The third meeting of the Nevada Legislature’s Legislative Committee on Health Care Subcommittee to Study Services for the Treatment and Prevention of Substance Abuse was held on April 25, 2006, at 9:30 a.m. in Room 4401 of the Grant Sawyer State Office Building, Las Vegas, Nevada. The meeting was videoconferenced to Room 2135 of the Legislative Building, 401 South Carson Street, Carson City, Nevada. A copy of this set of “Summary Minutes and Action Report,” including the “Meeting Notice and Agenda” (Exhibit A) and other substantive exhibits, is available on the Nevada Legislature’s Web site at http://www.leg.state.nv.us/73rd/Interim. In addition, copies of the audio record may be purchased through the Legislative Counsel Bureau’s Publications Office (e-mail: publications@lcb.state.nv.us; telephone: 775/684-6835).

SUBCOMMITTEE MEMBERS PRESENT IN LAS VEGAS:

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

LEGISLATIVE COUNSEL BUREAU STAFF PRESENT:

Amber J. Joiner, Senior Research Analyst, Research Division, Legislative Counsel Bureau (LCB)
Leslie K. Hamner, Principal Deputy Legislative Counsel, Legal Division, LCB
Andrew K. Min, Deputy Legislative Counsel, Legal Division, LCB
Ricka Benum, Senior Research Secretary, Research Division, LCB
OPENING REMARKS

Chairwoman Leslie opened the meeting and welcomed members, presenters, and the public to the final and work session meeting of the Legislative Committee on Health Care Subcommittee to Study Services for the Treatment and Prevention of Substance Abuse (A.B. 2). The Chairwoman outlined the procedures for the work session portion of the meeting and explained that the actions taken by the Subcommittee would be reported to the Legislative Committee on Health Care (Nevada Revised Statutes [NRS]439B.200).

APPROVAL OF MINUTES OF MARCH 14, 2006, MEETING

SENATOR HECK MOVED FOR APPROVAL OF THE MINUTES OF THE MARCH 14, 2006, MEETING OF THE LEGISLATIVE COMMITTEE ON HEALTH CARE SUBCOMMITTEE TO STUDY SERVICES FOR THE TREATMENT AND PREVENTION OF SUBSTANCE ABUSE. THE MOTION WAS SECONDED BY ASSEMBLYMAN HARDY AND PASSED UNANIMOUSLY.

EXAMINATION OF THE BARRIERS THAT PREGNANT WOMEN ENCOUNTER IN ATTEMPTING TO RECEIVE APPROPRIATE SERVICES FOR THE TREATMENT OF SUBSTANCE ABUSE

- Senator Maggie Carlton, representing Clark County Senatorial District No. 2, thanked the Subcommittee for reviewing the topic of perinatal substance abuse prevention and provided an overview of the problems associated with the “time-sensitive” issue. Senator Carlton stated she has been involved with the Perinatal Substance Abuse Prevention Subcommittee (PSAP) for six years and with the aid of several physicians, has learned the difficulties and problems encountered by children due to substance use during pregnancy.

- Cynthia C. Huth, MSD, CNM, Perinatal and Women’s Health Nurse Consultant, Perinatal Substance Abuse Prevention Subcommittee (PSAP), Health Division, Department of Health and Human Services (DHHS), Carson City, provided information on the work of the PSAP Subcommittee, Maternal and Child Health Advisory Board, Health Division, DHHS. Ms. Huth provided a Microsoft PowerPoint presentation (Exhibit B) to outline the depth of fetal alcohol spectrum disorders (FASD) and the statutory mandates of PSAP. (Please refer to Exhibit B1 for Ms. Huth’s testimony.) She stated that:

1. Fetal alcohol spectrum disorder is an all-encompassing term associated with the range of effects that may occur in an individual prenatally exposed to alcohol. The effect of alcohol on a fetus can manifest to behavioral, learning, mental, or physical disabilities. (Please refer to Exhibit B2.)

2. Fetal alcohol syndrome is 100 percent preventable when the pregnant woman abstains from alcohol intake.
3. Specific provisions stated in NRS 442.137, “Advisory Board on Maternal and Child Health: Purpose and objectives” serves to reduce the incidence of preventable diseases and handicapping conditions among children, identify effective methods of preventing fetal alcohol syndrome (FAS), and oversee programs of public awareness on the dangers of FAS and other adverse effects that may result from the consumption of alcohol during pregnancy.

4. A number of barriers to services exist for individuals diagnosed with a FASD and obstacles are encountered by families who graduate from foster care to adoptive status. Therefore, the PSAP Subcommittee recommends the Nevada State Legislature deem adoptive children with FASD suitable for “special need” status, clearing the way for additional benefits.

- Chairwoman Leslie and Ms. Huth discussed the dilemma that there is only one geneticist in the entire State qualified and trained to diagnose FASD. She identified Colleen Morris, M.D., University of Nevada, Las Vegas (UNLV), Nevada System of Higher Education, and emphasized the need for additional and properly trained geneticists, noting that Nevada’s population has grown to over 2 million people. According to Ms. Huth, if funding were allocated to the University of Nevada School of Medicine to fund another geneticist position, Dr. Morris would have time to provide training to pediatricians and family physicians statewide and educate them on diagnosing FASD.

- Chairwoman Leslie considered the need for additional doctors with the ability to diagnose FASD to be a priority and recognized the need for long-term cognitive intervention to help those diagnosed in dealing with “daily life challenges.” She reiterated that FASD is not reversible, and asked Ms. Huth to prioritize the items she considered essential to help make a difference in preventing FASD.

- Ms. Huth stated prevention requires treatment for recurring offenders, meaning women who already have children with FASD, since the evidence shows that families often have multiple children with alcohol-related disorders. There is a need for these families to receive priority treatment. She suggested a pilot project focused on outcome measures which would create a center for FASD Family Services to include assessment, diagnosis, family parenting plans, prevention campaigns, and referrals, in addition to training and technical assistance to prepare professionals. She envisioned the center to be a facility containing multiple services.

- Senator Heck requested clarification on the increased statistics of FASD in Nevada. Ms. Huth restated that Nevada’s FASD rate has increased to ten times the national average in case reports of fetal alcohol syndrome. He questioned how it is possible for Nevada’s system to be so broken that one mother could give birth to 11 children with FAS, stressing that this one statistic underscores the severity of the problem.
• Assemblyman Hardy stated the focus of FASD training should be directed to obstetricians first, so FASD facts could be relayed to the pregnant mother, hopefully avoiding damage to the fetus. Secondly, focus on pediatric FASD training aimed to help children already afflicted with alcohol-related problems.

• Chairwoman Leslie inquired whether each county Child and Family Service agency has the ability to make the “special needs adoption” assessment for FASD children within their jurisdiction.

• Susan Klein-Rothschild, Director, Clark County Department of Family Services, Las Vegas, stated it is her understanding that a “special needs assessment” allows for many types of needs. The problems occur if the child has not been diagnosed with FASD and they cannot be determined to be special-need. Through additional funding in Clark County, a clinic was formed allowing 32 children suspected of having FASD, to be evaluated and diagnosed. Until a child is medically diagnosed, foster and adoptive parents encounter barriers to services.

• Cynthia Lu, Chief Deputy Public Defender, Washoe County Public Defender, Reno, gave an overview of the barriers encountered by pregnant women associated with substance abuse programs. Ms. Lu stated that any entity that receives federal funding must adhere to federal guidelines. Highlights from her presentation included the following barriers:

  1. Beds filled to capacity and lack of treatment space that requires pregnant women to wait from one to five weeks for treatment;

  2. Transportation to treatment facilities, including the lack of personal or public transportation primarily from out-lying areas or rural counties; many low-income women cannot afford transportation costs;

  3. The need for transitional living facilities for women who have children at home. Oftentimes there is no responsible person to care for children, and since many women lack safe or sober familial support they are reluctant to enter an in-patient treatment center;

  4. The lack of child care while the pregnant woman attends treatment and the inability to afford their own day care; and

  5. The lack of follow-up services after women complete treatment, care that is not tailored to the individual, and the lack of a support system to establish a successful relapse prevention plan.

Concluding her testimony, Ms. Lu commented on the issue of criminalization of substance-abusing pregnant women and noted that Nevada currently does not prosecute women who access treatment. However, if the laws change, Ms. Lu predicts that these women would “go underground” and not seek treatment, inflicting further damage on
the unborn. A complete copy of Ms. Lu’s presentation is available as Exhibit C. She submitted four recommendations:

1. Funding day care for pregnant women in substance abuse treatment;

2. Consider funding for additional in-patient beds and facilities to house women along with their children during substance abuse treatment;

3. Review the Parents and Children Assistance Program (P-CAP) project implemented in Fallon, Nevada, and consider expanding the program to other treatment providers in the State; and

4. Consider funding transportation expenses for pregnant women who are unable to afford the cost of travel to treatment facilities.

Chairwoman Leslie solicited Ms. Lu’s opinion regarding an approach for resolutions to the FASD problem. Ms. Lu agreed with the need for additional practitioners able to diagnosis FASD.

- Chris Bayer, Director, CASA of Carson City, spoke on the child advocacy organization that works through Carson City’s Juvenile Court. Mr. Bayer discussed a sampling of agencies that may become involved when the Division of Child and Family Services (DCSF), DHHS, can not. According to Mr. Bayer, an instance of substance abuse involving a pregnant woman is not considered child abuse and a visit by DCSF is not allowed by law. Therefore, a barrier to pregnant substance abusing women is the absence of a legal mandate to assist and inform them to proactively seek services. (Please refer to Exhibit D for a copy of Mr. Bayer’s comments.) He offered the following recommendation:

1. A legal mandate for DCSF to visit and engage pregnant substance abusers and their partners to be directed within the child welfare system. The child welfare system could be involved as part of its general responsibility to offer service referrals to families. A possible funding source could be explored under a P-CAP or similar type grant.

- Chairwoman Leslie summarized Mr. Bayer’s proposal as an aggressive outreach program for home visits to be established by DCSF.

- Assemblyman Hardy commented on identifying and recognizing the risk factors of alcohol use during pregnancy. Commonly the use of alcohol is not at the level society would consider abuse, but the fact remains that for an expectant mother, one drink a day for a week may put the fetus at risk. He added that an aggressive message must be sent that if a woman is pregnant or plans to become pregnant, do not drink.
Senator Horsford and Mr. Bayer discussed scenarios regarding the federal grant development for home visitation and health care incentive programs, including the feasibility of programs being continued by the State once federal funds dissolve.

- Dorothy B. North, Vitality Center, Elko, commented on an extensive public awareness program in the State of Washington, which has public information flyers posted in all establishments selling or serving liquor, to deter women from drinking alcohol. Ms. North suggested that Nevada expand its public information program regarding alcohol and pregnancy, citing the need to inform the public and target all pregnant women, not just alcoholics.

EXAMINATION OF THE CONNECTION BETWEEN METHAMPHETAMINE USE AND TECHNOLOGICAL CRIMES

(As directed by Chairwoman Leslie, this agenda item was taken out of order.)

- James D. Earl, Executive Director, Advisory Board for the Nevada Task Force for Technological Crime, Reno, informed the Subcommittee that there is an apparent relationship between methamphetamine use and identity theft. Mr. Earl stated that a number of methamphetamine users are turning to identity theft in order to fund future purchases of the drug, and, statistically, Nevada leads the nation with the highest per capita rate of perpetrators of Internet fraud. The State’s population rate for those who have used methamphetamine is 2.2 percent, and leading the nation.

In addition, Mr. Earl noted there has been no direct State funding and explained that the Task Force budget falls under the Office of the Attorney General. The Task Force operates two “electronic labs” using donated equipment and personnel from participating law enforcement agencies. (A copy of Mr. Earl’s handout is referenced as Exhibit E.)

EXAMINATION OF THE ROLE OF FAITH-BASED ORGANIZATIONS IN THE TREATMENT AND PREVENTION OF SUBSTANCE ABUSE

(As directed by Chairwoman Leslie, this agenda item was taken out of order.)

- Terry S. Robinson, Clinical Program Director, the Salvation Army Adult Rehabilitation Program, Las Vegas, spoke on the role of the Salvation Army’s faith-based treatment centers, which serves men and women with adult substance or behavioral addictions. The residential program is a 100- to 150-day curriculum, tailored to the needs of the individual and provide clothing, food, and shelter. All centers involve individual and group counseling, and a guided self-examination conducted under the care of credentialed clinicians. The primary goal is to respond professionally to the needs of those requiring treatment in a residential setting for substance abuse and gambling addictions. (Please see Exhibit F for a copy of Mr. Robinson’s testimony.) The suggestions offered by Mr. Robinson include:
1. Providing a method of funding for persons referred from the criminal justice system;

2. Implementing partnerships with agencies that provide valuable social service functions of residential substance abuse treatment, such as the Salvation Army Rehabilitation Programs; and

3. Ensuring that federal and State funding is dispersed on an “equal footing basis” for faith-based and spiritual centers that have completed the requirements of a licensed facility with certified professional counselors in an accredited program which implements evidenced-based practices.

- Senator Heck inquired if the Salvation Army employs personnel which are accredited licensed clinical social worker (LCSW) counselors. Additionally, he inquired what treatment practices are implemented for persons with co-occurring disorders.

- Mr. Robinson responded that all of the 14 counselors have the State certification; two are marriage and family therapists, and five are in the process of obtaining LCSW accreditation and customarily take other positions. The facility has a contract with Southern Nevada Adult Mental Health Services, Division of Mental Health Developmental Services (DMHDS), DHHS, and the ability to refer clients with co-occurring problems. Mr. Robinson’s primary concern is to ensure that staff is not working outside their scope of practice. He agreed with Senator Heck that it would be beneficial if there were an additional credential that would enable drug and alcohol counselors to provide mental health counseling.

- Philip G. Franklin, Program Director, the Salvation Army Adult Rehabilitation Program, Reno, provided an overview of the 70-bed facility, which accommodates men only. The program operates primarily the same as the Las Vegas facility but the length of stay is a minimum of six months to offer the client long-term stability. (Mr. Franklin’s testimony is referenced as Exhibit G.)

- Dan Drinan, Executive Director, the Ridge House, Reno, offered information on the mission of the Christian-based ministry which serves the criminal justice population through prevention, intervention, and rehabilitation services. The Ridge House target population consists of criminal justice offenders, typically homeless, served by five licensed and accredited alcohol and drug residential treatment facilities. The program’s goal is to help the client, both men and women, achieve and sustain long-term recovery and sobriety. (Please refer to Exhibit H for a copy of Mr. Drinan’s testimony.) Mr. Drinan told the Subcommittee that many paroled prisoners remain in prison due to the lack of bed space in rehabilitation or treatment facilities. Oftentimes a parole condition includes the next step into a treatment program.

- Chairwoman Leslie requested that Mr. Drinan provide the Ridge House information and his testimony 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]).

- When asked by Assemblyman Hardy for the actual number of persons incarcerated but that remain in prison, Mr. Drinan responded that he cannot provide the exact data, but has been made aware of the extent of the problem by the number of inmates he encounters on a regular basis.

- Rick L. Perry, Agency Director, LDS Family Services, Las Vegas, and a LCSW, informed the Subcommittee that the agency employs 12 licensed therapists. The two components of the LDS Family Services clinical program involve a 12-step addiction therapy support program, then an addiction recovery program. Clinical research has indicated that the combination of therapy and self-help groups is the most effective method of treating an alcohol addiction. Mr. Perry said support groups are located in Reno and Carson City in addition to southern Nevada. The LDS Family Services receives funds from a renewable grant through the LDS Church and fees collected from clients. The addiction recovery program is staffed solely by volunteers. (Please refer to Exhibit I and Exhibit I-1.)

- Lee Robertson, LDS Family Services, Coordinator, Addiction Recovery Services, offered a synopsis of the southern Nevada program. The curriculum does not require any specific religious concept or faith beliefs and sessions are held daily. Due to increased need, an addiction recovery group has been established in Logandale, Nevada. All program sites cover treatment for a spectrum of varied dependencies, including alcohol, gambling, prescription and street drugs, and pornography/sexual addictions. Mr. Robertson stated that a difference in people’s lives is noticeable within two to three weeks of starting the program.

There was discussion regarding the additional difficulties of working with methamphetamine addicts, and Mr. Perry (identified earlier) emphasized the dramatic increase in family services and the number of clients requesting help, due to that particular drug.

Chairwoman Leslie stated the final testimony from Agenda Item III would be heard.

EXAMINATION OF THE BARRIERS THAT PREGNANT WOMEN ENCOUNTER IN ATTEMPTING TO RECEIVE APPROPRIATE SERVICES FOR THE TREATMENT OF SUBSTANCE ABUSE

- Diaz Dixon, STEP2, Inc., Reno, Chief Executive Officer, spoke on the substance abuse rehabilitation program for chemically dependent women. The non profit organization provides rehabilitation services for clients as a referral program offered by Nevada drug courts. Oftentimes the clients are pregnant and services must include consideration for the needs of additional children and family members. He noted that the STEP2 program does not have the appropriate staff to handle the medical scope of prenatal services that would ensure babies are born healthy as well as drug-free. Other
considerations include medication management issues, obtaining individual medical histories, and recognizing co-occurring disorders. Mr. Dixon emphasized the difficulties encountered with the funding needs of the facility. Additional barriers pregnant women encounter during substance abuse treatment include safe and structured childcare environments, housing, and limited job opportunities for gainful and suitable employment during and after treatment.

- Chairwoman Leslie encouraged the Subcommittee members to visit the Light House facility in Reno, and commended the program for its work to keep children with their mothers and stated that the program is known to be a successful long-term transitional program.

In conclusion, Mr. Dixon recognized the need for case-management personnel and recommended a liaison to work specifically with the women to access the resources available, more extensively than that of the typical substance abuse counselor. He noted that this is a position not allotted under most funding grants.

- Chairwoman Leslie clarified Mr. Dixon’s recommendation for more intensive case management services to address the issues utilizing holistic methods.

- Senator Horsford commended Mr. Dixon’s successful facility and suggested the need to identify the “best practice” programs that can be evaluated, then replicated, and established at both ends of the State and possibly in rural areas. He added that the use of a pilot approach could confirm that utilization of research-based, comprehensive services could prove successful and spare many of the Subcommittee’s recommendations from landing in the “money committee graveyard.”

PUBLIC COMMENT

- Larry Struve, Religious Alliance in Nevada (RAIN), Reno, listed the five judicatories involved in the organization which include: the Episcopal Dioceses; Lutheran Advocacy Ministry in Nevada; United Methodist Church; Nevada Presbytery; and Nevada Catholic Conference (Roman Catholic Dioceses of Las Vegas and Reno). Mr. Struve complimented the Subcommittee for their interest in the presentations from the faith-based groups. He recommended developing methods to bring the work of these groups into public focus and to expound on the problems these organizations have the ability to address. Faith-based organizations have a significant role in resolving a multitude of problems of substance abuse and addictions, and often provide such services with insufficient and meager resources. In addition, faith-based organizations should be eligible for available grant funds for such addictions as gambling. Mr. Struve asked consideration be given to the inclusion of a statement in NRS that encourages faith-based organizations to have a role in the programs under discussion.

Mr. Struve proposed that a resolution be introduced to the 2007 Nevada State Legislature to highlight the important work of faith-based organizations and the role they play in the astronomical needs of unmet services relating to addictions.
Martha Drohobyczer, a certified nurse and midwife in the Las Vegas area, spoke on the need for pregnant women to have the ability to obtain Medicaid services under presumptive eligibility to access prenatal care as soon as possible. For women currently receiving Medicaid, managed care programs make it possible to help these women transition into mental health programs or to find chemical dependency care services. Ms. Drohobyczer emphasized the increasing problem in the number of women who postpone prenatal treatment until the late second or third trimester and the risk factors associated with the lack of care. Obstetrical doctors and associated agencies are reluctant to take on a pregnant client without early prenatal care, due to the problems that can manifest.

According to Ms. Drohobyczer, women with the human immunodeficiency virus (HIV) leaving the prison system, or women inmates with breast cancer in need of surgery, are eligible for expedited Medicaid services and she requested the same consideration for pregnant women in need of prenatal care.

WORK SESSION

The following list of recommendations was compiled by the chair and staff of the Legislative Committee on Health Care Subcommittee to Study Services for the Treatment and Prevention of Substance Abuse (Assembly Bill 2, Chapter 1, Statutes of Nevada 2005, 22nd Special Session). This document contains recommendations that were either submitted in writing or presented during the Subcommittee’s hearings on February 2, 2006, or March 14, 2006.

The recommendations listed in this document are in no particular order and do not necessarily have the support or opposition of the Subcommittee chair or members. The recommendations are organized by topic so that the members may review them to decide if they should be adopted, modified, rejected, or left for later discussion. If action is taken to adopt a recommendation, it will become part of the Subcommittee Report and will be presented to the Legislative Committee on Health Care (Nevada Revised Statutes 439B.200) for consideration.

Note: During this portion of the meeting, the Subcommittee members will discuss the content of the Work Session Document and may adopt certain recommendations proposed at this and other meetings held during the 2005-2006 Legislative Interim. The adopted recommendations will be presented to the Legislative Committee on Health Care NRS 439B.200). The recommendations contained in the “Work Session Document” (Exhibit J) are listed herein in bold and italicized text and precede the actions of the Subcommittee.

WORK SESSION DOCUMENT

Recommendation No. 1: Provide licensing for professional counselors in Nevada by developing the Licensed Professional Counselors Credential.
During discussion Senator Heck expressed support for Recommendation No. 1, and stated he has been working with the involved entities. Nevada is one of two states that do not recognize the Licensed Professional Counselors Credential (LPCC); he deemed it necessary noting the prevalence of co-occurring disorders and problems associated with clients seeking treatment in multiple facilities. Assemblyman Hardy favored taking advantage of existing infrastructure rather than expanding to an additional licensing board. Chairwoman Leslie noted that the Subcommittee could approve the recommendation in concept for a bill draft request (BDR) and work out the specific language at that time.

- The Subcommittee **TOOK THE FOLLOWING ACTION:**

  SENATOR HECK MOVED TO ACCEPT RECOMMENDATION NO. 1 AND TO FORWARD TO THE MEMBERS OF THE LEGISLATIVE COMMITTEE ON HEALTH CARE (LCHC) FOR THEIR CONSIDERATION OF THE ISSUE AS A BILL DRAFT REQUEST (BDR). SENATOR HORSFORD SECONDED THE MOTION, WHICH PASSED UNANIMOUSLY.

**Recommendation No. 2:** Change reciprocity provisions to make it easier for treatment professionals licensed in other states to become licensed in Nevada.

There was discussion in which Senator Heck explained that the issue of reciprocity is currently being reviewed by the LCHC. Chairwoman Leslie said the recommendation may only warrant the inclusion of a statement in the Subcommittee’s report.

- The Subcommittee **APPROVED THE FOLLOWING ACTION:**

  THE SUBCOMMITTEE AGREED TO INCLUDE A STATEMENT IN ITS FINAL REPORT RECOGNIZING THE NEED TO CHANGE RECIPROCITY PROVISIONS AND TO WORK WITH THE LCHC AND OTHER GROUPS TO ESTABLISH RECIPROCITY FOR TREATMENT PROFESSIONALS.

**Recommendation No. 3:** Create an education tuition waiver or loan forgiveness program for students who become substance abuse treatment professionals.

**Recommendation No. 4:** Increase the number of clinicians and experts who are certified in both substance abuse and mental illness services.

**Recommendation No. 5:** Fund three State positions for teaching substance abuse professionals at universities in Nevada. Positions that are currently federally funded may be cut.

The Subcommittee did not discuss Recommendation Nos. 3, 4, and 5.

There was discussion regarding the issue of diagnosing fetal alcohol spectrum disorders (FASD) and training. Assemblyman Hardy promoted fostering education for physicians to adequately train them to diagnose FASD. Senator Heck recommended encouraging the
coverage of FASD diagnosis as an educational concept in the residency programs established in Nevada. With the current backlog, there is a need to educate all practitioners who may have contact with potential FASD cases. Senator Horsford said he was hopeful that the institutions of higher education would recognize the need for FASD education and work with the Board of Regents, Nevada System of Higher Education, or chancellors to bring forward a recommendation or funding request.

- The Subcommittee **TOOK THE FOLLOWING ACTION:**

  SENATOR HORSFORD MOVED THAT THE SUBCOMMITTEE 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 SUBCOMMITTEE’S STRONG SUPPORT FOR CHILDREN TO HAVE ACCESS TO DIAGNOSIS AND THERAPY FOR 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 MOTION WAS SECONDED BY ASSEMBLYMAN HARDY AND PASSED UNANIMOUSLY.

Chairwoman Leslie stated her intention to request that staff summarize all concerns heard or discussed by the Subcommittee, in addition to recommendations not approved, and incorporate them as statements in the final report.

**Recommendation No. 6:** Improve recruitment strategies to expand the workforce of substance abuse professionals.

**Recommendation No. 7:** Develop mentoring programs for professionals in the field of substance abuse treatment.

**Recommendation No. 8:** Develop more internship and clinical training programs for substance abuse treatment professionals.

The Subcommittee did not discuss Recommendation Nos. 6, 7, and 8.

**Recommendation No. 9:** Revise funding provisions to allow for case-load growth of treatment programs.
Recommendation No. 10: Change the insurance industry’s outdated 30-day treatment limitations.

Recommendation No. 11: Provide additional long-term residential treatment facilities for substance abusers.

Senator Horsford encouraged support for Recommendation Nos. 9 and 11. He requested rewording the proposal in such a manner to link it with Recommendation No. 14, and to enable funding for a pilot program of long-term residential facilities for substance abusers with comprehensive services and programs and incorporate Recommendation No. 14.

Recommendation No. 14: Provide State funding to implement more comprehensive prevention services and programs.

During a discussion, Senator Horsford stated there is specific need for comprehensive case management and wrap-around services at residential facilities for substance abusers. Assemblyman Hardy supported the concept and suggested the inclusion of faith-based, semi faith-based, or other venues which are not currently being utilized, but are financially viable. Senator Horsford asked to keep the wording broad enough to encompass any responsive agency that would submit a proposal could be funded if passed by the Nevada State Legislature. Chairwoman Leslie commented that the whole system is under funded, and that she is reluctant to ask agencies to compete for finances by implementing a specialized pilot program.

- The Subcommittee **TOOK THE FOLLOWING ACTION:**

  THE SUBCOMMITTEE MOVED TO REWORD RECOMMENDATIONS NOS. 11 AND 14 AND FORWARD TO THE MEMBERS OF THE LCHC FOR THEIR CONSIDERATION OF THE ISSUE AS A BDR TO FUND A PILOT PROGRAM FOR COMMUNITY- AND FAITH-BASED ORGANIZATIONS THAT PROVIDE LONG-TERM RESIDENTIAL TREATMENT FACILITIES FOR SUBSTANCE ABUSERS WITH AN EMPHASIS ON COMPREHENSIVE PREVENTION AND TREATMENT SERVICES AND PROGRAMS. THE MOTION WAS SECONDED BY ASSEMBLYMAN HARDY AND PASSED UNANIMOUSLY.

Chairwoman Leslie requested further discussion of Recommendation No. 9.

- The Subcommittee **TOOK THE FOLLOWING ACTION:**

  SENATOR HORSFORD MOVED TO FORWARD RECOMMENDATION NO. 9 TO THE LCHC FOR APPROVAL TO SEND A LETTER TO THE DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS) RECOMMENDING THAT THE BUDGET REQUEST FOR THE BUREAU OF ALCOHOL AND DRUG ABUSE (BADA), INCLUDE A FORMULA FOR CASE-LOAD GROWTH IN FUNDING SUBSTANCE
ABUSE TREATMENT AND PREVENTION PROGRAMS. THE MOTION WAS SECONDED BY ASSEMBLYMAN HARDY AND PASSED UNANIMOUSLY.

Recommendation No. 12: Provide State funding to compensate for the anticipated loss of the federal State Incentive Grant that currently funds programs.

Recommendation No. 13: Change the workers’ compensation insurance structure to provide discounts to employers who address substance abuse prevention by carrying out random drug testing (not only upon hire), and providing opportunities to access treatment at reduced rates.

Recommendation No. 14: Provide State funding to implement more comprehensive prevention services and programs.

Chairwoman Leslie requested a general statement of concern be included in the Subcommittee’s final report specific to the importance of prevention. In addition, Senator Horsford requested inclusion of a general statement of concern pertaining to the loss of federal funding.

- The Subcommittee APPROVED THE FOLLOWING ACTION:

  THE SUBCOMMITTEE AGREED TO INCLUDE A STATEMENT IN ITS FINAL REPORT RECOGNIZING THE IMPORTANCE OF SUBSTANCE ABUSE PREVENTION STRATEGIES IN THE STATE AND ITS CONCERN ABOUT THE RECENT AND ANTICIPATED LOSSES OF FEDERAL FUNDS FOR PREVENTION PROGRAMS.

Recommendation No. 15: Provide additional State funding and long-term programs for persons with mental disorders and substance abuse problems.

Recommendation No. 16: Increase the number of licensed or certified co-occurring mental health and substance abuse treatment programs to improve the capacity of substance abuse services.

Recommendation No. 17: Increase the number of inpatient and outpatient programs for people with co-occurring disorders.

Recommendation No. 18: Support ongoing funding for community triage centers that provide services for mentally ill persons and abusers of alcohol or drugs.

Referring to Recommendation No. 15, Chairwoman Leslie called for the final report to specifically address the need for additional funding for integrated substance abuse treatment. Assemblyman Hardy suggested the wording in the report be specific to indicate the Subcommittee’s concern regarding the need for appropriate State funding for long-term substance abuse programs that provide integrated treatment for persons with co-occurring disorders.
The Subcommittee APPROVED THE FOLLOWING ACTION:

THE SUBCOMMITTEE AGREED TO INCLUDE A STATEMENT IN ITS FINAL REPORT RECOGNIZING THE CONCERN FOR THE NEED OF APPROPRIATE STATE FUNDING FOR LONG-TERM PROGRAMS THAT PROVIDE INTEGRATED TREATMENT FOR PERSONS WITH CO-OCCURRING DISORDERS.

The Subcommittee did not discuss Recommendation Nos. 16 and 17.

During discussion of Recommendation No. 18, there was consensus among the members to emphasize the Subcommittee’s strong support for ongoing State funding for community triage centers.

The Subcommittee TOOK THE FOLLOWING ACTION:


Recommendation No. 19: Provide State funding for the Willing Inmates in Nevada Gaining Sobriety (WINGS) program to compensate for the reduction of the Residential Substance Abuse Treatment of State Prisoners (RSAT) funds.

Recommendation No. 20: Provide $500,000 a year in funding to compensate for lost RSAT money and maintain the drug treatment program at the Northern Nevada Correctional Center.

Recommendation No. 21: Fund an additional 10 to 15 statewide substance abuse counselor positions in Nevada’s Department of Corrections to provide assessments, nonintensive treatment, Parole Board required evaluations, and services to facilities that currently do not provide treatment.


**Recommendation No. 22**: Decrease the amount of time it takes for competency hearings and court hearings relating to substance abuse cases.

**Recommendation No. 23**: Provide drop-off detoxification units to house intoxicated people since the present practice of confinement in jails is not always warranted.

**Recommendation No. 24**: Integrate all detention services beginning with arrest through the adjudication process, including in-custody treatment programs through the conclusion of out-of-custody programs.

**Recommendation No. 25**: Increase the number of out-patient beds for inmates.

**Recommendation No. 26**: Provide additional counseling and treatment professionals to work in alliance with officers and security forces within detention facilities.

**Recommendation No. 27**: Augment current funding levels for in-custody substance abuse care.

**Recommendation No. 28**: Expand correctional programs like the Offenders Acting in Solidarity to Insure Sobriety (OASIS) and other closely supervised re-entry programs for inmates with drug problems.

The Subcommittee discussed the possibility of joint recommendations with the Legislative Commission’s Subcommittee to Study Sentencing and Pardons, and Parole and Probation (Assembly Concurrent Resolution 17, File No. 98 Statutes of Nevada 2005). Senator Horsford favored the concept of joint recommendations stating that the proposals may be more effective. Assemblyman Hardy said the Subcommittee recognized there is a problem with prisoners and substance abuse and that treatment should be completed while incarcerated. He suggested Recommendations 19 through 28 be incorporated into one item using a philosophical approach. Senator Horsford said that the A.C.R. 17 Subcommittee may not have heard testimony as specific to the detriments of methamphetamine and substance abuse to inmates, families, and eventually our communities. Additionally, he said that the State’s system of corrections needs to make treatment of substance abuse a priority. Assemblyman Hardy stated that as a Subcommittee they are in a position to pursue these items of concern in their role as members of the LCHC.

- The Subcommittee **TOOK THE FOLLOWING ACTION**:

  ASSEMBLYMAN HARDY MOVED THAT THE LEGISLATIVE COMMITTEE ON HEALTH CARE (LCHC) 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 CONCERNS RELATING TO THE EXISTING SUBSTANCE ABUSE PROGRAMS IN THE STATE CORRECTIONAL AND PRE-CORRECTIONAL FACILITIES
Chairwoman Leslie outlined the proposals contained in the section of the “Work Session Document” that referred to methamphetamine, Recommendation Nos. 29 through 38. Many of the proposals in this section were the result of the Methamphetamine Summit held in Las Vegas and were not specific. It was noted that requested clarification of several items was not received.

**Recommendation No. 29:** Expand treatment options to develop appropriate practices specific to methamphetamine abuse.

**Recommendation No. 30:** Increase penalties for persons who manufacture methamphetamine.

**Recommendation No. 31:** Strengthen import laws.

**Recommendation No. 32:** Make penalties for drug use equitable to penalties for alcohol use.

**Recommendation No. 33:** Create penalties for Internet drug sales and “how to” [make methamphetamine] instructions.

**Recommendation No. 34:** Create “behind the counter” laws for precursor drugs.

**Recommendation No. 35:** Send a letter of support to encourage all members of the Nevada State Legislature to become familiar with and support the prevention coalitions in their area.

**Recommendation No. 36:** Encourage legislators to support the local prevention coalitions by becoming members and taking an active role in the work of the community coalitions fighting methamphetamine.

**Recommendation No. 37:** Train personnel such as emergency room staff, first responders, physicians’ assistants, and social workers to screen for methamphetamine use and how to refer identified users to effective treatment services.

During general discussion of the above items, Assemblyman Hardy stated that should the federal laws pertaining to methamphetamine not move forward, the Subcommittee should have the option to revisit the issue and attempt to limit the primary substances that are used to manufacture methamphetamine.

The Chairwoman asked for further discussion of Recommendation No. 29, and stated that she would request that BADA revisit the issue of developing treatment options specific to
methamphetamine. In addition, she stated that it is not certain the most current research is being implemented in the practice of methamphetamine treatment.

**Recommendation No. 29:** Expand treatment options to develop appropriate practices specific to methamphetamine abuse.

- The Subcommittee **APPROVED THE FOLLOWING ACTION:**

  THE SUBCOMMITTEE AGREED TO INCLUDE A STATEMENT IN ITS FINAL REPORT THAT RECOGNIZES THE CONCERN THAT TREATMENT NEEDS SPECIFIC TO METHAMPHETAMINE USERS, AND CURRENT APPROPRIATE PRACTICES FOR METHAMPHETAMINE TREATMENT BE UTILIZED BY ENTITIES PROVIDING TREATMENT IN NEVADA. IN ADDITION, MEMBERS CONSIDER METHAMPHETAMINE USE A PUBLIC HEALTH ISSUE AND 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.

Chairwoman Leslie again brought forth Recommendation Nos. 35 and 36. She suggested the two recommendations be combined, and that a letter be sent to members of the 2007 Nevada State Legislature to encourage support and participation in substance abuse prevention coalitions in each community.

**Recommendation No. 35:** Send a letter of support to encourage all members of the Nevada State Legislature to become familiar with and support the prevention coalitions in their area.

**Recommendation No. 36:** Encourage legislators to support the local prevention coalitions by becoming members and taking an active role in the work of the community coalitions fighting methamphetamine.

- The Subcommittee **TOOK THE FOLLOWING ACTION:**

  ASSEMBLYMAN HARDY MOVED TO COMBINE RECOMMENDATION NOS. 35 AND 36 AND FORWARD TO THE LEGISLATIVE COMMITTEE ON HEALTH CARE (LCHC) TO SEND A LETTER TO EACH MEMBER OF THE 2007 NEVADA LEGISLATURE TO ENCOURAGE THEIR SUPPORT OF AND PARTICIPATION IN SUBSTANCE ABUSE PREVENTION COALITIONS IN THEIR COMMUNITIES. SENATOR HORSFORD SECONDED THE MOTION, WHICH PASSED UNANIMOUSLY.
The Subcommittee did not discuss Recommendation Nos. 30 through 34 or Recommendation No. 37.

Chairwoman Leslie outlined the final section of the “Work Session Document” and solicited comments from the members.

**Recommendation No. 38:** Expand the reporting requirements by treatment centers of waiting list data to the Bureau of Alcohol and Drug Abuse (BADA), Division of Mental Health and Developmental Services (DMHDS), Department of Health and Human Services (DHHS), to include data on all people seeking substance abuse and treatment services.

During discussion Senator Horsford referred to Recommendation No. 38 and requested additional information regarding current reporting requirements pertaining to the unmet need of substance abuse clients seeking treatment. Chairwoman Leslie requested clarification from a representative of BADA to explain the limitations on current reporting requirements.

- Maria Canfield, Chief, BADA, Health Division, DHHS, testified that publicly supported programs are required to report on waiting list data for the priority populations only. Therefore, the “met need” has not been accurately assessed, and is missing an immeasurable number. She stated that inaccuracies exist in all but non priority populations, meaning intravenous drug users and pregnant women, and persons treated under private programs.

Senator Horsford said that the State should expand the definition of “priority populations” and involve the private treatment sector to accurately determine the statistics of unmet need. Further discussion resulted in a proposal for a voluntary annual survey of the treatment providers not supported by BADA. Basic information would include the number of admissions, characteristics of clients, involvement with the criminal justice system, with the request that the information be reported to the LCHC. Ms. Canfield clarified for Assemblyman Hardy that the “private sector” includes programs that have self-identified themselves as substance abuse treatment agencies in order to receive federal referrals. She proposed using the list of treatment agencies for the voluntary survey, some are agencies others are considered group practices, but are considered private. Additionally, she suggested a dual signature on the survey request letter, from BADA and the LCHC, encouraging a response.

- The Subcommittee **TOOK THE FOLLOWING ACTION:**

  ASSEMBLYMAN HARDY MOVED THAT THE SUBCOMMITTEE, IN CONJUNCTION WITH THE BUREAU OF ALCOHOL AND DRUG ABUSE (BADA), DHHS, SEND A LETTER TO PRIVATE SECTOR SUBSTANCE ABUSE TREATMENT AGENCIES AND PROGRAMS REQUESTING A VOLUNTARY REPORT OF THE DATA RELATED TO PEOPLE SEEKING SUBSTANCE ABUSE TREATMENT IN ORDER TO GAIN INFORMATION REGARDING THE UNMET NEED IN NEVADA. SENATOR HORSFORD SECONDED THE MOTION, WHICH PASSED UNANIMOUSLY.
Recommendation No. 39: Create stricter penalties for driving while under the influence of drugs.

Recommendation No. 40: Provide additional and continual support for substance abuse prevention coalitions, and encourage their development of comprehensive family prevention strategies at the community level.

Recommendation No. 41: Utilize the free services offered by the National Alliance for Model State Drug Laws (NAMSAL) to assess drug use in Nevada and suggest needed revisions to State laws. Also support local coalitions’ participation in the program.

Recommendation No. 42: Hold physicians responsible for over-prescribing drugs; restrict how often doctors are allowed to prescribe narcotics; require that doctors run the patient’s prescription monitoring report; and limit how much of a substance doctors may prescribe at one time.

The Subcommittee did not discuss Recommendation Nos. 39 through 42.

There was general discussion emphasizing the Subcommittee’s concerns related to substance abuse treatment services for incarcerated persons. Different scenarios for a BDR or a resolution and suggested language were discussed at length. There was consensus among the members to include the concerns in a letter to the Legislative Commission’s Subcommittee to Study Sentencing and Pardons, and Parole and Probation (identified on page 16).

The Subcommittee TOOK THE FOLLOWING ACTION:

ASSEMBLYMAN HARDY MOVED THAT THE SUBCOMMITTEE REQUEST THE LCHC TO APPROVE A BDR TO ADDRESS NEVADA’S DEPARTMENT OF CORRECTIONS FUNDING FOR POST INCARCERATION SUBSTANCE ABUSE TREATMENT SERVICES AND SEND A LETTER OF INTENT TO THE A.C.R. 17 SUBCOMMITTEE RELATING TO TREATMENT OPPORTUNITIES FOR INCARCERATED AND POST-INCARCERATED PERSONS FOR APPROPRIATE SUBSTANCE ABUSE TREATMENT TO EXPEDITE THE TRANSITION PROCESS. 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. SENATOR HORSFORD SECONDED THE MOTION, WHICH PASSED UNANIMOUSLY.

ADJOURNMENT

There being no further business to come before the Subcommittee, the meeting was adjourned at 1:38 p.m.

Respectfully submitted,

____________________________________
Ricka Benum
Senior Research Secretary

____________________________________
Amber J. Joiner
Senior Research Analyst

APPROVED BY:

____________________________________
Assemblywoman Sheila Leslie, Chairwoman

Date: _________________________________
LIST OF EXHIBITS

**Exhibit A** is the “Meeting Notice and Agenda” provided by Amber J. Joiner, Senior Research Analyst, Research Division, Legislative Counsel Bureau (LCB), Carson City, Nevada.

**Exhibit B** is a PowerPoint presentation titled “Prevention and Treatment of FASD” prepared by Cynthia C. Huth, MSD, CNM, Perinatal and Women’s Health Nurse Consultant, Perinatal Substance Abuse Prevention Subcommittee (PSAP), Health Division, Department of Health and Human Services (DHHS), Carson City, Nevada.

**Exhibit B1** is a copy of testimony given by Cynthia C. Huth, identified above.

**Exhibit B2** is a document titled “Fetal Alcohol Spectrum Disorders by the Numbers,” Fetal Alcohol Spectrum Disorders Center for Excellence, Substance Abuse and Mental Health Services Administration, (SAMHSA), U.S. Department of Health and Human Service, submitted by Cynthia C. Huth, identified above.

**Exhibit C** is an informational packet provided by Cynthia Lu, Chief Deputy Public Defender, Washoe County Public Defender, Reno, Nevada, including:

- **TAB I**: A copy of testimony titled “Written Testimony of Cynthia Lu, Regarding An Examination of Barriers that Pregnant Women Encounter in Attempting to Receive Appropriate Services for the Treatment of Substance Abuse in Nevada,” dated April 25, 2006;

- **TAB II**: A document titled “Parent Child Assistance Program (PCAP), Center on Human Development and Disability, Substance Abuse and Mental Health Services Administration, (SAMHSA) Model Programs, U.S. Department of Health and Human Service, dated April 12, 2006; and


**Exhibit D** is the testimony and information provided by Chris Bayer, Director, CASA of Carson City, Nevada.

**Exhibit E** is information submitted by James D. Earl, Executive Director, Advisory Board for the Nevada Task Force for Technological Crime, including:

- A copy of the prepared testimony dated April 25, 2006;
- An April 18, 2006, Nevada Department of Justice, Office of the Attorney General press release titled “Technology Crime Board Considers Response to Nevada Leading Nation as Home to Most Perpetrators of Internet Fraud”;

- A June 2, 2005, news article from the ABC.com Web site titled “Do Methamphetamine Addicts Want Your Identity?” authored by Dean Schabner;

- A March 10, 2004, news article from the MSNBC.com Web site titled, “The Meth Connection to Identity Theft”; and

- A July 29, 2005, press release from United States Senator Maria Cantwell, titled “Cantwell Measure to Investigate Link Between ID Theft and Meth Approved by Senate Committee.”

**Exhibit F** is a document titled “Adult Rehabilitation Program, An Overview,” provided by Terry S. Robinson, Clinical Program Director, the Salvation Army Adult Rehabilitation Program, Las Vegas, Nevada.

**Exhibit G** is the testimony of Philip G. Franklin, Program Director, The Salvation Army Adult Rehabilitation Program, Reno, Nevada.

**Exhibit H** is the a document titled “An Overview of Ridge House” submitted by Dan Drinan, Executive Director, the Ridge House, Reno, dated April 24, 2006.

**Exhibit I** is information submitted by Rick L. Perry, Agency Director, LDS Family Services, Las Vegas, Nevada, consisting of:

- An article from *Meridian Magazine* titled “LDS Family Services Addiction Recovery Program Guide,” by Dr. Rick Hawks; and

- A brochure titled “LDS Family Services, Addiction Recovery Program.”

**Exhibit I-1** is a booklet titled “LDS Family Services, Addiction Recovery Program, A Guide to Addiction Recovery and Healing” prepared by LDS Family Services, submitted by Rick L. Perry, Agency Director, LDS Family Services, Las Vegas.

**Exhibit J** is a copy of the Work Session Document titled Legislative Committee on Health Care Subcommittee to Study Services for the Treatment and Prevention of Substance Abuse (Assembly Bill 2, Chapter 1, *Statutes of Nevada 2005, 22nd Special Session*) prepared by

This set of “Summary Minutes and Action Report” is supplied as an informational service. Exhibits in electronic format may not be complete. Copies of the complete exhibits, other materials distributed at the meeting, and the audio record are on file in the Research Library of the Legislative Counsel Bureau, Carson City, Nevada. You may contact the Library online at www.leg.state.nv.us/lcb/research/library/feedbackmail.cfm or telephone: 775/684-6827.