



**NEVADA LEGISLATURE**  
**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, 22<sup>nd</sup> Special Session*])

**SUMMARY MINUTES AND ACTION REPORT**

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The first 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 February 2, 2006, at 9 a.m. in Room 4412 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 [www.leg.state.nv.us/73rd/Interim](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](mailto:publications@lcb.state.nv.us); telephone: 775/684-6835).

**COMMITTEE 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  
Ricka Benum, Senior Research Secretary, Research Division, LCB

## **OPENING REMARKS**

Chairwoman Leslie opened the meeting and welcomed participants, members, and persons in the audience. She introduced the members and noted that the Subcommittee is comprised of four of the six members of the Legislative Committee on Health Care (*Nevada Revised Statutes* 439B.200). She emphasized the interest of the entire Committee on Health Care. The Chair outlined the scope of the remaining scheduled meetings. The March meeting will focus on the problem of methamphetamine addiction and the April meeting will be the Subcommittee's work session to finalize recommendations to be included in the Health Care Committee's final report to the 74<sup>th</sup> Legislative Session.

## **REVIEW OF ACTIVITIES, RESPONSIBILITIES, AND WORK PLAN OF THE LEGISLATIVE COMMITTEE ON HEALTH CARE SUBCOMMITTEE TO STUDY SERVICES FOR THE TREATMENT AND PREVENTION OF SUBSTANCE ABUSE**

- Amber J. Joiner, Senior Research Analyst, Research Division, LCB, outlined the Subcommittee's responsibilities and work plan for the treatment and prevention of substance abuse. She clarified the extent of the duties do not include review of the transfer of the Bureau of Alcohol and Drug Abuse (BADA) from the Health Division to the Division of Mental Health and Developmental Services, Department of Health and Human Services (DHHS). At the request of Chairwoman Leslie, representatives from DMHDS will report on the transfer plan.

Ms. Joiner discussed the issues to be evaluated by the Subcommittee and outlined the topics and activities illustrated in the 2005-2006 Work Plan for Assembly Bill 2 (Chapter 1, *Statutes of Nevada 2005, 22<sup>nd</sup> Special Session*). (Please refer to [Exhibit B](#) and [Exhibit B1](#).)

## **OVERVIEW OF THE CURRENT ORGANIZATIONAL AND DELIVERY STRUCTURE FOR THE TREATMENT AND PREVENTION OF SUBSTANCE ABUSE IN NEVADA**

- Carlos Brandenburg, Ph.D., Administrator, DMHDS, DHHS, introduced Alexander Haartz, Administrator, Health Division, DHHS, and Fernando Serrano, Administrator, Division of Child and Family Services (DCFS), DHHS, all of Carson City, Nevada. Dr. Brandenburg discussed the division's approach to Section 211 of A.B. 2. The three administrators were appointed by Michael J. Willden, Director, DHHS, to spearhead the transfer of BADA. A group of service providers were appointed to explore the transfer issues, and technical assistants with varied degrees of expertise were recruited to aid in formulating the transition plan. Dr. Brandenburg provided a synopsis of the January 27, 2006, transition meeting, and recounted the discussions regarding the integration of the mental health and substance abuse entities. (Please refer to [Exhibit C](#), [Exhibit C1](#), and [Exhibit C2](#).)

Providers expressed concern that funds from the Substance Abuse Block Grant would be used by the DMHDS for mental health programs or co-occurring disorders. Another concern was that prevention funds (an area of extreme importance to providers) would also be used for mental health or co-occurring disorders. Dr. Brandenburg assured the Subcommittee and the providers that the DMHDS would not use existing program funds or take funds away from the BADA programs, but rather the intention is to utilize their expertise in the area of the prevention.

During general discussion Chairwoman Leslie was assured that case-load growth would be factored into the upcoming budget. Dr. Brandenburg responded to comments from Senator Horsford regarding need assessment, utilization of services, formulas for calculation of need assessment, including persons not served by BADA. Dr. Brandenburg stated discussion on those and other topics would be discussed with the BADA Advisory Board. He has requested a compilation of current data including: actual case-load growth, waiting list information, and statistics on unmet need. The divisions' focus will be to develop a methodology to address every issue.

- Senator Horsford expressed concern that the two inadequately funded divisions will continue to experience the problems of not having the ability to reach citizens who are currently under-served and in dire need of help.

Further discussion between Dr. Brandenburg and Senator Horsford centered on identifying items that can be included in the budget, and an explanation of the two-part process of budget calculations. Chairwoman Leslie noted that the funding formula has never been accurate in that it does not include case-load growth. Senator Horsford requested information on projections for future needs assessment. Dr. Brandenburg said the information that needs to come from substance abuse providers, includes: the funds currently received; the number of persons on treatment waiting lists; the unmet need projections; and an assessment of case-load growth.

- Alexander F. Haartz, Administrator, Health Division, DHHS, Carson City, encouraged the Subcommittee and interested parties to visit the Health Division's Web site: (<http://health2k.state.nv.us/>) noting that a link is provided to BADA, DHHS: (<http://health2k.state.nv.us/BADA/>).

Mr. Haartz referred to the packet provided ([Exhibit D](#)) to the Subcommittee. He focused on the two-page document outlining the July 1, 1999, restructuring of the agency. Mr. Haartz said the background information will assist in the current transfer of BADA and aid with the transition process directly involving service delivery structure and schedules of both the Bureau and from community providers. Mr. Haartz spoke on the following items:

1. A number of significant and positive changes have occurred within BADA since the Legislative Audit of March 2000. The Bureau has effectively engineered the business functions and obtained additional federal and state funds. The delivery

structure has improved and met dedicated and professional agency goals and advanced community provider relations. Comparing the 1999 budget of \$13,745,600 to the current amount of \$22,761,167, BADA obtained funding to directly target services of prevention and treatment.

- Chairwoman Leslie commented that slightly over \$3 million of the \$22 million BADA budget comes from State General Funds and Liquor Taxes, pointing out that figure has not increased since 1999. She requested data from Mr. Haartz on Nevada's national standing in the area of funding substance abuse from the General Fund.
- 2. The statutory role of BADA is one of assurance and oversight of Prevention and Treatment Programs and includes the primary function of certification. The development of the infrastructure is an important tie to community-based prevention and treatment service programs. The transition should encompass opportunities and include various service delivery structures which overlap, can be strengthened, and do not compete with existing resources.

Responding to Senator Horsford's questions regarding case-loads, unmet needs, and need assessment, Mr. Haartz stated that BADA has never developed a case-load methodology for substance abuse. In other programs mechanisms have been approved and put in place; however, the current plan does include the development of specific tactics. He explained that national estimates, percentages, and population modifiers are often used to develop funding formulas for different programs such as children with developmental delays, or needs of HIV-AIDs patients. Another often-used formula is the basic calculation comparison between the number of persons who visit or call a provider and the number of persons turned away and placed on waiting lists. There was further discussion regarding Senator Horsford's questions regarding the budget process, common formulas, and calculations.

- Fernando Serrano, previously identified on page 2, stated he is the new Administrator, holding his position just four weeks. He summarized his background as the Chief Juvenile Probation Officer in Humboldt, Lander, and Pershing Counties. Mr. Serrano listed several of the services the DCSF provides to youth and families including the child welfare system, oversight to Clark and Washoe Counties, and is the primary child welfare service provider in the remaining 15 counties. In the juvenile justice arena the Division operates the Nevada Youth Training Center, Elko, Nevada; Caliente Youth Center, Caliente, Nevada; Summit View Youth Correctional Center, Las Vegas, Nevada; and the Juvenile Justice Programs Office, Carson City. In addition, juvenile mental health services and residential facilities are provided in Clark and Washoe Counties. Substance abuse is the common denominator in each aspect of each facility he oversees.

## **EXAMINATION OF THE PROVISION OF SERVICES FOR THE PREVENTION OF SUBSTANCE ABUSE**

- Kathy Bartosz, Statewide Coordinator Enforcing Underage Drinking Laws, Juvenile Justice Programs Office, DCFS, DHHS, Carson City, provided a Microsoft PowerPoint presentation and a pamphlet ([Exhibit E](#)). Ms. Bartosz discussed the coordination of Enforcing Underage Drinking Laws (EUDL) programs and sub-programs.
- Pauline Salla, Program and Grant Analyst, Juvenile Justice Programs Office, DCSF, DHHS, Carson City, explained the Title V Grant includes federal funds awarded to the State through the Office of Juvenile Justice and Delinquency Prevention focusing on risk reduction and enhancement of protection factors. The goal is to prevent youths from entering the juvenile justice system. The \$100,000 grant is broken down to the three sub-grantees:
  1. Washoe County Juvenile Services;
  2. Clark County Juvenile Services; and
  3. Churchill County Juvenile Probation.

There are seven other sub-grantees that provide prevention programs serving ages 5 to 15 years of age and include programs in Carson City and rural counties. The recipients of the Community Corrections Partnership Block Grant funded through the State General Fund include:

1. City Juvenile Probation, Three R's Program: Reasonable, Respectful, and Responsible; and
  2. Douglas County Juvenile Probation, Resiliency and Development Program.
- Senator Horsford requested Ms. Bartosz provide comparison data of Nevada's underage drinking to statistics from other states.
  - Michael Fitzgerald, Coordinator, Safe and Drug-Free Schools and Communities Program, Nevada Department of Education (NDE), told the Subcommittee the Program is totally funded from the Federal Safe and Drug-Free Schools and Communities Act (SDFSCA) originally funded in 1986. The funds are divided into two areas: 80 percent goes to NDE for distribution to local school districts, and 20 percent to be administrated by BADA for the support of community prevention.

Mr. Fitzgerald stated that Nevada is minimally funded and only received \$1,708,024 in federal allocations for the 2005-2006, school year which resulted in a sub-grant total of \$1,588,462 to local school districts. Based on the required formula, the amount

Clark County received is \$1,175,027, leaving 15 of the States' school districts with less than \$35,000. (Please see [Exhibit F](#) for Mr. Fitzgerald's complete testimony.)

Discussion ensued between Subcommittee members and Mr. Fitzgerald regarding the data contained in the Nevada Youth Risk Behavior Survey and State Comparative Data (included in [Exhibit F](#)). Assemblyman Hardy requested Mr. Fitzgerald provide information on surveys that illustrate whether or not students drink less if provided alcohol by their parents at home.

- Senator Horsford questioned the make-up of survey pools used to accumulate the data from students and requested the formula NDE uses for its surveys. He commented that with the small number of students being surveyed, accurate results may not be depicted on student drinking and substance abuse. Additionally he asked whether Nevada has lost any federal funds due to the State's failure to match federal funds. Mr. Fitzgerald responded that NDE has not lost federal funds, but there may be funds that have not been applied for by local school districts.
- Sandy Mazy, Administrator, Office of Criminal Justice Assistance, Nevada's Department of Public Safety, Carson City, said her office receives grants through the United States Department of Justice and geared toward law enforcement. Currently, no funds are allocated for prevention of substance abuse, in past years financial support has been given to the Drug Abuse Resistance Education (DARE) Program. Ms. Mazy stated that her office has joined with the Nevada State Pharmacy Board in a current media campaign focused on prescription drug education and abuse prevention. (Please refer to [Exhibit G](#) for information provided by Ms. Mazy.)
- Christie McGill, Chair, Statewide Coalition Partnership, Dayton, Nevada, informed the Subcommittee of success stories associated with Nevada's community coalitions. Common participants involved in the State's coalitions are comprised in part, by county human service personnel, law enforcement representatives, school districts, parents, prevention agencies, and faith-based organizations. A total of 1,833 agencies, citizens, and local leaders have worked together to plan multiple prevention strategies utilizing various sectors with common goals. Ms. McGill discussed several successful examples, please refer to [Exhibit H](#).
- Belinda Thompson, Chair, Nevada Substance Abuse Prevention Council (NSAPC), Las Vegas, Nevada, reported that the Council was formed in 2001 to address issues of substance abuse prevention and to provide an educational resource for disseminating information, policy review, national trends, and effective measures for providing services statewide. (Please refer to [Exhibit I](#).) Ms. Thompson focused her comments on three primary issues:
  1. Outlining the provision of services offered: A sample list that includes: mentoring and parenting programs, teen pregnancy prevention, tobacco prevention education, human trafficking, and enforcing underage drinking laws. There are 13 coalitions

throughout Nevada that fund 55 separate programs and service organizations such as: Challenging College Alcohol Abuse, Clark County Department of Family Services, WestCare Nevada, Inc., Boys and Girls Club of Western Nevada, and the Boys and Girls Club of Mason Valley.

2. Estimating the number of people served: An estimated 58,552 persons were recipients of services in a wide variety of programs including various entities; media campaigns reached an approximate 30 million people, and the number of citizens affiliated with NSAPC included 2,033.
3. Effectiveness of Services: — Documentation provided by Coalition Partners and data reported in the 2003-2005 Youth Risk Behavior Survey indicated significant decreases in behavior considered to be of risk.

## **EXAMINATION OF THE PROVISION OF SERVICES FOR THE TREATMENT OF SUBSTANCE ABUSE**

- Pauline Salla, previously identified on page 5, provided an overview of treatment programs and focused her remarks on items contained in her presentation. (Please refer to [Exhibit J.](#))
- Senator Horsford expressed concern that the final segment of the funding equation is not responsive to prevention and treatment programs. He commented that when the State relies on federal resources, with unsuccessful programs, funding cuts require that the State take responsibility for those programs. Senator Horsford emphasized priority should be given to juvenile justice and substance abuse treatment and they need to be factored into the budget equation.

Senator Horsford also questioned the accuracy of the JABG data. He wanted assurance that the information is correct, and the unmet need of adolescents will be accommodated.

Mr. Serrano, identified on page 2, responded that the survey captures the number of adolescents within the juvenile justice system; however, it does not identify youths not in the system and it would be difficult to make an accurate assessment.

- Jay Terrell, Substance Abuse Program Director, Nevada's Department of Corrections, Las Vegas, Nevada, outlined the program parameters that constitute solid substance abuse treatment. (Please refer to [Exhibit K.](#)) She noted that behavior-based theories have been developed to help inmates overcome very specific and individual problems that contribute to the core of substance abuse. Seventy to 85 percent of the offenders in the criminal justice system have committed substance abuse-related crimes or have addictions. Ms. Terrell explained the current intake procedure used is the Level of Service Inventory Revised (LSIR), which allows personnel to look at substance abuse, mental health concerns, education, and family issues. The process identifies a variety

of problems that help determine what services each inmate will need. Without efforts to help inmates overcome addiction problems contributing factors such as the lack of solid education or vocational skills, the majority will likely return to prison. Nevada's recidivism rate is maintained at 15 percent, which is considered very good (most states remain at 30 to 35 percent).

- Senator Horsford requested Ms. Terrell to provide at the next meeting, the available statistics on the number of drug dealers that make up the 70 to 85 percent figure she noted in her testimony. He commented there may be a benefit to statistics that separate drug dealers from drug users. Senator Horsford stated that it is important to find methods to reform drug dealers since it is the dealers that inflict pain on families and our communities.
- Chairwoman Leslie requested that Ms. Terrell also include a brief summary of the latest research indicating how well substance abuse treatment programs work within an incarcerated population.
- Sandy Mazy (identified earlier on page 6) spoke on the 68 percent reduction in the Residential Substance Abuse Treatment for State Prisoners (RSAT) Grant. The Edward Byrne Memorial State and Local Law Enforcement Assistance Grant Program has funded various treatment programs since 1990. Ms. Mazy expressed concern that without additional funding from other sources the programs will not be continued.
- Frank Parenti, Executive Director, Nevada Alliance for Addictive Disorders, Advocacy, Prevention and Treatment Services (Nevada AADAPTS), Las Vegas, Nevada, stated that AADAPTS is a statewide organization, comprised of human service organizations focused on prevention, intervention and treatment of addictive disorders. Mr. Parenti spoke from prepared testimony and discussed the major aspects. (Please refer to [Exhibit L.](#))
- Chairwoman Leslie requested Mr. Parenti to forward the waiting list data to the Subcommittee. She noted that federal waiting list requirements state only the number of pregnant women and intravenous drug users be reported to BADA. The Chair considered the waiting list information valuable for planning purposes and the budget process.
- Nancy A. Roget, MS, Director of Treatment and Recovery Grants, Center for the Application of Substance Abuse Technologies, University of Nevada, Reno, System of Higher Education, Reno, presented a packet outlining the depiction of the substance abuse workforce. She presented statistics on mental health treatment professionals, substance abuse social workers, and the aging workforce. In addition, Ms. Roget provided a sampling of the careers young professionals are currently choosing, which illustrates the trend is moving away from health care professionals, substance abuse counselors, and treatment providers. (Please refer to [Exhibit M.](#))

Ms. Roget stated that aging workforces, comprised of predominately female counselors treating male clients, and a predominately white workforce treating non-white clients, encounter major problems such low paying positions with minimal benefits. She recommended that changes focus on academic programs, loan-forgiveness and repayment programs, mentoring programs, and recruitment strategies to boost efforts to expand the workforce.

## **EXAMINATION OF THE BARRIERS THAT PERSONS DIAGNOSED WITH BOTH A MENTAL ILLNESS AND A SUBSTANCE ABUSE PROBLEM ENCOUNTER IN ATTEMPTING TO RECEIVE APPROPRIATE SUBSTANCE ABUSE SERVICES**

- Chairwoman Leslie requested that Judge John Tatro, testify out of order to provide testimony on examine the barriers that persons diagnosed with mental illnesses and substance abuse problems encounter.
- Judge John Tatro, Justice of the Peace, Justice and Municipal Court, Carson City, Nevada, recognized the need for a mental health court in Carson City to assist clients that are clearly troubled with both mental health and substance abuse issues. Judge Tatro said when creating the Carson City Mental Health Court, members and staff focused specifically on troubled clients, attended classes at the Judicial College, Reno, Nevada, and then modeled procedures after the successful practices of Judge Peter I. Breen, Second Judicial District Court, Department Seven, Washoe County, Nevada. A team approach was implemented that includes a public defender, a district attorney, a service coordinator, a technician from Carson Mental Health Center, and a psychologist funded by Carson City. Judge Tatro provided examples of success stories and spoke on the fulfillment he personally experiences in helping clients achieve small goals. (Please see [Exhibit N.](#))
- Judge John S. McGroarty, Mental Health Court, Eighth Judicial District Court, Department 16, Clark County, Nevada, discussed the inception of the court in 2003 with a small grant from the Bureau of Justice Assistance. The program was expanded by the 2005 Nevada Legislature to include 75 residential placements, three case service coordinators, and vocational rehabilitation specialists. Currently, the Mental Health Court serves 65 consumers and it is estimated that within a month the number will grow to 85 clients ([Exhibit O](#)).
- E.J. Maldonado, Pretrial Services Officer II, Second Judicial District, Washoe County, Reno, outlined the functions of the mental health courts and barriers to treatment when co-occurring disorders are involved. Speaking specifically to Washoe County statistics, Mr. Maldonado stated there is an 85 percent incidence of co-occurring disorders. Services are provided by eight local agencies which include in-patient substance abuse treatment, six are 28-day programs, and two are one-year programs which focus on a combination of work therapy and drug abuse. (Please review [Exhibit P](#) for details.)

- Sharon Dollarhide, Licensed Clinical Social Worker III, Division of Mental Health and Developmental Services, DHHS, Carson City, currently serves as the Program Coordinator for the Co-occurring Disorders Program and the Mental Health Court Program. These programs recently implemented a one-door admission/treatment approach in an attempt to eliminate the shuffle of clients back and forth between mental health services and substance abuse treatment facilities. She noted that 60 percent of their clients are documented with dual or multiple problems. In addition, co-occurring disorders are difficult to diagnose and have been recognized as primary rather than separate disorders, often characterized as chronic, relapsing, stigmatizing, and difficult to treat in traditional settings. The information provided by Ms. Dollarhide ([Exhibit Q](#)) illustrates a model solution to effective management of co-occurring disorders.
- Vic Davis, President, National Alliance on Mental Illness (NAMI) of Southern Nevada, Las Vegas, offered remarks on barriers to implementing dual-diagnosis treatment. A primary service of NAMI is providing support groups for patients and families. Persons with mental disorders are the most frequent re-offenders and often use alcohol or drugs to self-medicate following inconsistent use of prescribed medications. Mr. Davis emphasized the need for additional state funding and more long-term programs in southern Nevada. Along with his testimony, he provided facts relating to mental illness ([Exhibit R](#)).
- Frank Parenti, President, Nevada AADAPTS, previously identified on page 9, commented on the crisis of methamphetamine use and the degree of damage it adds to the mix of co-occurring disorders. Mr. Parenti said statistics illustrate that substance abuse is definitely a chronic-relapsing disease and evidence-based therapy is effective, while punitive measures are not successful treatment practices.

## **PUBLIC TESTIMONY**

- John Yacenda, Director, Teen Challenge International Nevada, Sparks, Nevada, introduced the Subcommittee to the faith-based approach to drug addiction. The complexity of academic failures mixed with family problems in conjunction with substance abuse often overwhelms adolescents. Dr. Yacenda invited the members to contact him for further information on the accomplishments of the Teen Challenge concepts (please refer to [Exhibit S](#)).
- Jay Terrell, previously identified on page 7, commented that she also is a licensed clinical social worker and was very supportive of treatment for persons during their incarceration. She noted the success rate and achievements made during inmate programs.
- Dorothy B. North, Chief Executive Officer, Vitality Center, Elko, Nevada, spoke on the 78 percent success rate of the WINGS Program (Willing Inmates in Nevada Gaining Sobriety), which was developed eight years ago. The trademark program of the Vitality Center currently serves 171 inmates, and employs a proprietary approach to

substance abuse while focusing on changing the criminal thought processes. The program's success can be attributed in part to the use of medical doctors, registered nurses, and clinicians to ensure continuity of medication. Ms. North was distressed that the Vitality Center will be directly impacted by the loss of the Residential Program, Bureau of Substance Abuse Treatment of State Prisoners (RSAT) funds.

- Dottie Whitacre, Las Vegas, Nevada, spoke of the death of her daughter due to abuse of prescription drugs. Ms. Whitacre requested that State laws be changed to hold physicians responsible for over prescribing medication. Ms. Whitacre's handout includes a copy of a prescription monitoring report that illustrates the number of prescriptions Tammie Whitacre was given (please refer to Exhibit T).

## ADJOURNMENT

There being no further business to come before the Committee, Chairwoman Leslie adjourned the meeting at 1:10 p.m.

Respectfully submitted,

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Ricka Benum  
Senior Research Secretary

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Amber J. Joiner  
Senior Research Analyst

APPROVED BY:

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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 memorandum dated October 17, 2005, to the Members of the Legislative Committee on Health Care, regarding Assembly Bill 2, Study of Substance Abuse Treatment and Prevention Services, from Amber Joiner, Senior Research Analyst, Research Division, LCB, Carson City, Nevada.

[Exhibit B1](#) is the 2005-2006 Work Plan for Assembly Bill 2 (Chapter 1, *Statutes of Nevada 2005, 22<sup>nd</sup> Special Session*) provided by Amber Joiner, Senior Research Analyst, Research Division, LCB.

[Exhibit C](#) a brochure titled “Co-Occurring Center for Excellence (COCE),” produced by the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services.

[Exhibit C1](#) is a packet of information submitted by Carlos Brandenburg, Ph.D., Administrator, Division of Mental Health and Developmental Services (DMHDS), Department of Health and Human Services (DHHS), Carson City, Nevada, which include:

- A memorandum dated January 11, 2006, to Carlos Brandenburg, Alexander Haartz, and Fernando Serrano, from Michael J. Willden, regarding the transfer of the Bureau of Alcohol and Drug Abuse (BADA) from the Health Division, Department of Health and Human Services (DHHS) to the Division of Mental Health and Developmental Services, (DHHS);
- A series of three memorandums dated January 11, 2006, to Frank Parenti, Belinda Thompson, and Tammra Pearce, from Michael J. Willden, Director, DHHS, concerning the creation of the workgroup developing the transition plan for the transfer of BADA;
- A series of three Memorandums dated January 12, 2006, to Frank Parenti, Belinda Thompson, and Tammra Pearce, from Carlos Brandenburg, Administrator, DMHDS regarding the scheduled meeting date of the transition workgroup;
- A document titled “List of Issues for the BADA Transition Plan from the BADA Staff Teams,” dated June 2005, updated November 2005; and
- A “Draft Agenda” for the January 27, 2006, Planning Committee Meeting for the Transfer of the Bureau of Alcohol and Drug Abuse to the Division of Mental Health and Developmental Services.

Exhibit C2 is a document titled “Welcome to the Policy Academy on Co-Occurring Disorders” presented by David Westheimer, Kelly Point Partners, Co-Occurring Policy Academy, April 2004, submitted by Dr. Carlos Brandenburg.

Exhibit D is an informational packet submitted by Alexander Haartz, MPH, Administrator, Health Division, DHHS, Carson City, Nevada, consisting of:

- “The Bureau of Alcohol and Drug Abuse Administrative Manual,” dated July 2005, this document can be found at the following link: <http://health2k.state.nv.us/BADA/0705AdminManual.htm>.
- “A History of the State Health Division, Bureau of Alcohol and Drug Abuse Key Milestones, 1999 – 2006;”
- “Bureau of Alcohol and Drug Abuse Prevention Coalitions,” dated January 31, 2006;
- “Bureau of Alcohol and Drug Abuse Prevention Certified Prevention Programs,” dated January 31, 2006;
- “Bureau of Alcohol and Drug Abuse Prevention Certified Treatment Programs,” dated January 31, 2006;
- A copy of *Bureau of Alcohol and Drug Abuse Prevention 2004 Annual Report*, State Health Division, DHHS, Carson City, Nevada, December 2004; this document can be found at the following link: <http://health2k.state.nv.us/BADA/2004AnnualRpt.pdf>; and
- A compact disc titled *Bureau of Alcohol and Drug Abuse Prevention 2005 Needs Assessment*, the document contained on the disc is available at the following link: <http://health2k.state.nv.us/BADA/NeedsAssmt05/Start.htm>.

Exhibit E contains documents submitted by Kathy Bartosz, Statewide Coordinator, Enforcing Underage Drinking Laws, Juvenile Justice Programs Office, DHHS, Carson City, Nevada, which included:

- A Microsoft PowerPoint presentation titled “Substance Abuse Prevention Sub-Grantees, Juvenile Justice Programs Office”;
- A pamphlet titled *Stand Tall Don't Fall* created by Nevada's Enforcing Underage Drinking Laws (EUDL) Project;
- A table titled “Nevada State Department of Education's Office of Child Nutrition and School Health Nevada Youth Risk Behavior Survey Results”; and

- A table title “Nevada Youth Risk Behavior Survey Results” prepared by the Nevada State Department of Education’s Office of Child Nutrition and School Health, Carson City, Nevada.

[Exhibit F](#) is a document titled “An Examination of the Provision of Services for the Prevention of Substance Abuse,” submitted by Michael Fitzgerald, Coordinator, Safe and Drug-Free Schools and Communities Program, Nevada Department of Education, Carson City, Nevada, dated February 2, 2006.

[Exhibit G](#) consists of a series of documents submitted by Sandy Mazy, Administrator, Office of Criminal Justice Assistance, Nevada’s Department of Public Safety, Carson City, Nevada, consisting of:

- A letter dated January 23, 2006, to the Legislative Subcommittee on Substance Abuse and Assemblywoman Sheila Leslie, regarding Substance Abuse Prevention and Treatment Programs;
- A document titled “Department of Public Safety, Office of Criminal Justice Assistance Funded Programs, Edward Bryne Memorial State and Local Law Enforcement Assistant Grant Funded Prevention Programs, 1989 through 1997, Drug Abuse Resistance Education (DARE) Programs”;
- A document titled “History of Residential Substance Abuse Treatment of State Prisoners (RSAT) Funding, 1996 through 2005”; and
- Three tables outlining budget documents for the Department of Corrections Programs (Budget Category 12): Therapeutic Community Programs.

[Exhibit H](#) is the prepared testimony of Christy McGill, Statewide Coalition Partnership, Dayton, Nevada.

[Exhibit I](#) is a document prepared by Belinda Thompson, Chair, Nevada Substance Abuse Prevention Council (NSAPC), Las Vegas, Nevada.

[Exhibit J](#) is a Microsoft PowerPoint presentation titled “Substance Abuse Treatment Sub-Grantees” submitted by Pauline Salla, Program and Grant Analyst, Juvenile Justice Programs Office, DHHS, Carson City, Nevada.

[Exhibit K](#) is a document submitted by Jay Terrell, Substance Abuse Program Director, Nevada’s Department of Corrections, Las Vegas, Nevada, titled “Substance Abuse Programs Report,” dated February 2, 2006.

[Exhibit L](#) is a the prepared testimony of Frank Parenti, Executive Director, Nevada Alliance for Addictive Disorders, Advocacy, Prevention and Treatment Services (Nevada AADAPTS), Las Vegas, Nevada, dated February 2, 2006.

[Exhibit M](#) consists of a Microsoft PowerPoint presentation titled “Nevada Substance Abuse Treatment Workforce” submitted by Nancy A. Roget, MS, Director of Treatment and Recovery Grants, Center for the Application of Substance Abuse Technologies, University of Nevada, Reno, System of Higher Education, Reno, Nevada.

[Exhibit N](#) consists of a Microsoft PowerPoint presentation titled “The Carson City, Nevada Mental Health Court,” provided by Judge John Tatro, Justice of the Peace, Justice and Municipal Court, Carson City, Nevada.

[Exhibit O](#) is the testimony of the Judge John S. McGroarty, Senior Judge, Eighth Judicial District Court, Mental Health Court, Clark County, Las Vegas, Nevada, dated February 2, 2006.

[Exhibit P](#) is a Microsoft PowerPoint presentation titled “Identifying Barriers to Dual Diagnosis Treatment,” provided by E. J. Maldonado, Pretrial Services Officer II, Second Judicial District Court, Washoe County, Nevada.

[Exhibit Q](#) is a document titled “Behavioral Health Recovery Management Service Planning Guidelines Co-occurring Psychiatric and Substance Disorders” developed by Kenneth Minkoff, M.D., Director of Choate Health Management, Woburn, Massachusetts, and Assistant Clinical Professor of Psychiatry, Harvard Medical School, Cambridge, Massachusetts.

[Exhibit R](#) is the testimony of Vic Davis, President, National Alliance on Mental Illness (NAMI) of Southern Nevada, which includes “Facts About Mental Illness – Dual Diagnosis Services,” reprinted from the National NAMI Web site, dated February 2, 2006.

[Exhibit S](#) is a memorandum to Assemblywoman Sheila Leslie and Members of the Subcommittee, from John Yacenda, Director, Teen Challenge International Nevada, Sparks, Nevada, dated February 2, 2006, which served as his testimony.

[Exhibit T](#) consists of the prepared testimony of Dottie Whitaker, Project Tammie, Las Vegas, Nevada, and a series of documents including:

- A “Prescription Monitoring Report” which illustrates activity from June 3, 2004, through June 29, 2005;
- A “Prescription Monitoring Report” which illustrates activity from July 12, 2005, through October 18, 2004;
- Electronic mail correspondence from Larry L. Pinson, Executive Secretary, Nevada State Board of Pharmacy, to Dottie Whitacre, regarding Prescription Drug Abuse, dated October 12, 2005;

- Electronic mail correspondence from the Office of National Drug Control Policy (ONDCP), to Dottie Whitacre, regarding Prescription Narcotics, dated October 13, 2005;
- A letter from George Togliatti, Director, Nevada Department of Public Safety, to Dottie Whitaker, dated October 3, 2005; and
- A black and white photograph labeled “Tammie” August 2005.

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