

STATE OF NEVADA SUBSTANCE ABUSE WORKING GROUP

MINUTES OF MEETING

May 14, 2013

Office of the Attorney General
Mock Courtroom
100 N. Carson Street
Carson City, NV 89701

VIDEOCONFERENCE TO:

Office of the Attorney General
Grant Sawyer Building
Room 4500
555 E. Washington Ave.
Las Vegas, NV 89101

1. Call to order and roll call of members.

Chairperson Catherine Cortez Masto called the meeting of the Substance Abuse Working Group to order at 2:00 p.m. Senior Deputy Attorney Henna Rasul called the roll.

Members Present:

Catherine Cortez Masto, Attorney General – Chair
Kent Bitsko, Executive Director, Nevada HIDTA
David Marlon, President, Solutions Recovery
Richard Varner, Washoe Tribe Chief of Police
Linda Lang, Nevada Statewide Coalition Partnership, EUDL Program
Rory Planeta, Chief, Carson City Alternative Sentencing
Mark Jackson, Douglas County District Attorney

Members Appearing by Telephone:

Peter Mansky, M.D., Director Nevada Professionals Assistance Program

Members Absent

Kevin Gehman, Chief, Fallon Police Department
Mike Willden, Executive Director Nevada Department of Health and Human Services

Others Present

Linda Fitzgerald, Executive Assistant to the Attorney General
Henna Rasul, Senior Deputy Attorney General, Office of the Attorney General
Heather Cooney, Legal Secretary II, Office of the Attorney General
Sheila Leslie, Nevada Assemblywoman
Richard Whitley, Administrator, Department of Health and Human Services, Nevada Division of Public and Behavioral Health

Dr. Tracey Greene, State Health Officer, Department of Health and Human Services,
Nevada Division of Public and Behavioral Health
Marti Washington, Grants and Projects Analyst, Attorney General's Office
Barry Lovgren, Citizen

2. Comments from the public

Chairperson Masto opened the floor for public comment.

Citizen Barry Lovgren provided an update on SAPTA's progress in providing substance abuse services to pregnant women and stated SAPTA and the Bureau of Child, Family, and Community Wellness are partnering to conduct a statewide public-education campaign through the Nevada Broadcaster's Association. The campaign will be on the dangers of drinking during pregnancy, and on how pregnant women can obtain substance abuse treatment and other services. Mr. Lovgren stated this was a very significant step forward in how Nevada deals with substance abuse among pregnant women.

3. Approval of January 11, 2013 Minutes.

Minutes were reviewed and changes were submitted. A motion to approve with changes was made, seconded and unanimously approved.

4. Presentation on Washoe County Specialty Court.

Assemblywoman Sheila Leslie, Specialty Courts Manager made the following presentation:

Two-thirds of all adult arrestees and over half of juvenile arrestees test positive for illicit drugs at arrest, up to 80% of child abuse and neglect cases and nearly 50% of domestic violence cases are substance-abuse related. She added that Drug Courts produce \$2.21 in benefits for every \$1.00 in costs.

The specialty courts include Adult Drug Court, Diversion Court, Prison Re-Entry Court, Mental Health Court, Felony DUI Court, Veterans Court.

The ten key components of drug courts are:

- Integration of alcohol and other drug treatment services with justice system case processing
- Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights
- Eligible participants are identified early and promptly placed in drug courts
- Drug Courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.
- Abstinence is monitored by frequent alcohol and other drug testing.
- A coordinated strategy governs drug court responses to participants' compliance.
- Ongoing judicial interaction with each drug court participant is essential.

- Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.
- Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.
- Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.

The funding for specialty courts comes from the \$7 misdemeanor assessment, grants from WCDSS, Office of Traffic Safety, and OJJDP Mentoring and currently funds 4 positions. Client fees generate approximately \$400,000 per year.

The Adult Drug Court is an 18 months program, established in 1995, focusing on outpatient counseling, life skills, and education/employment. Participants are drug offenders, probationers and prison re-entry who pay \$2,000 for the cost of the program. The current caseload is 393 and the program consists of one year of outpatient counseling, 6 months of after care and random testing 2-3 times per week. The team consists of Senior Judges Breen and Blake, the Public Defender, State Parole and Probation, Bristlecone Family Resources for treatment and Case Management Services for drug testing and life skills.

The Diversion Court is an 18 months program, established in 2000, focusing on treatment, drug testing, and life skills. The program is designed for alcoholics and addicts under NRS 453 and 458. The clients can pay-as-you go with an average cost of \$2,000. The client can choose their own counseling service and may be able to reside out of state, but must return for court reviews.

5. Merger of Health Division and the Mental Health Division to Emphasize a Broader view of Substance Abuse Treatment.

Richard Whitley, Administration, Mental Health and Developmental Services, Nevada Department of Health and Human Services made the following presentation:

The merger emphasizes a holistic healthcare approach and integrates services that address both physical and mental issues. The overall vision is to effectively serve individuals no matter where they enter the system.

The benefits of integration are the ability to use PH data and epidemiology to identify areas for prevention and early intervention, providing comprehensive healthcare services through primary care, and using a population based approach to develop systems of care in the community utilizing both public and private resources.

The integration would assist in recognizing co-morbid issues among vulnerable populations, would maximize pharmaceutical opportunities, and centralize and standardize billing and collections, grants management and fiscal monitoring.

The Health Division will integrate with Mental Health to form the Division of Public and Behavioral Health; the Early Intervention Services will be transferred out of the Health Division and integrated into the Aging and disability Services Division. Developmental

Services will be transferred out of the Division of mental Health and integrated into the Aging and Disability Services Division and the Office of Suicide Prevention will be integrated into Public Health's Bureau of Child Family and Community Wellness.

Dr. Tracey Greene, State Health Officer made the following presentation on discussed treatment services for pregnant women and drug dependent children:

According to the pregnant Women and Substance Abuse in Nevada 2012 Needs Assessment, pregnant women who received treatment were younger by four years than no-pregnant women, have never been married, and had a divorce rate of 25.5%. 66% of the pregnant women receiving treatment have used methamphetamine.

Narcotics was the category of substance most frequently used during pregnancy, and only 82.4 percent of substance affected infants attain a gestational age of 36 weeks compared to the statewide value of 92.3 percent and 26.1 percent of substance affected infants had low to extremely low birth weights.

The current perinatal substance abuse prevention activities include convening of a Statewide/Multi Agency working group to define the system addressing substance abuse and its effects on women prior and during pregnancy and children born to them.

Efforts at primary prevention (preconception) include increased awareness through ad campaigns addressed at pre-pregnant women regarding the dangers of substance abuse during fetal development to include internet, tv and radio. Drug affected and FAS manikins that display physical abnormalities associated with FASD would be used in presentations to young mothers and school aged children to build awareness. Informational brochures/posters on dangers of substance abuse during pregnancy with referral information would also be utilized.

Secondary prevention (pregnancy efforts) which again emphasizes increased awareness will include a letter from Dr. Greene to all ob-gyn's and distribution of SAPTA List of certified treatment programs/centers that provide rehab services to pregnant women and the posting of this list in multiple venues: websites, facilities, etc.

They will also be utilizing a "Text 4 Baby Tool Kit" for providers who serve women of childbearing age to identify and refer women who are struggling with substance abuse as well as training to operators of NV-211 on how to refer pregnant substance abusing women.

Regarding tertiary prevention, Dr. Greene emphasized the collection of data using the Perinatal Substance Abuse Maternal Reporting Form completed after an interview by DCFS with the parent when removing a child from the home. Dr. Greene further added the need for working with DCFS to review and identify how to better promote the data collection. Birth Evaluation and Assessment of Risk Surveys were randomly distributed to 600 mothers for completion and return and 283 surveys were returned (47.2% response rate). Data will also be gathered by abstracting patient records to identify if a baby is being treated for drug withdrawals or conditions resulting from drug withdrawals.

Dr. Greene discussed a breakout session during the 2012 Immunization/MCH Conference to provide school/nurse personnel information on the identification and

resources for a child diagnosed with Fetal Alcohol Syndrome (FASD) in accordance with NRS 442.385. She stated they would also be developing an online webinar on the identification of FASD targeted to providers/professional/educators.

In treating the addict, family drug courts' team approach to recovery is instrumental in limiting the negative outcomes of parental substance abuse and obstructs the continued cycle of intergenerational substance abuse.

The Bureau of Child, Family and Community Wellness coordinated a meeting for leaders from various related agencies which identified the following gaps in pregnancy/substance abuse services:

- General Communications
- Hospital reporting of children born with substance abuse issues.
- Continuity of care and patient outcomes
- Need to work from integrated Public and Behavioral Health Model
- Basic needs services such as transportation, child care etc.
- Individuals leaving the jails system need to be connected to services
- Lack of detox facilities in Nevada
- Identification of women with substance abuse issues
- Women convicted of a crime not eligible for assistance programs
- Rural area coalitions staffed by parties also sitting on a task force or other committee.

The impact of perinatal substance abuse prevention includes better birth outcomes, substantial systems cost savings in health care, foster care, early intervention and special education and incarceration.

Dr. Green advocated the development of a "whole family" system of prevention and intervention through local SAPTA funded coalitions. Up to two-thirds of child maltreatment cases involve parental substance use. She added the "I Am One of Many" campaign which targets substance abuse around the entire family with messages about abstinence for pregnant women; parents talking to the children about substance abuse, parents locking up prescription drugs, and parents being responsible party hosts.

These coalitions also conduct family centered programs, medical events and school base mental health screenings and clinics, fund direct service prevention providers that conduct classes. They are also a resource for referral to mental health and substance abuse treatment services.

Dr. Greene then discussed community-based early identification and referral systems for first time offenders prior to adjudication. SAPTA data shows a majority of adolescent offenders are being identified after becoming involved with the criminal justice system, however there are few SAPTA funded providers that offer services targeting at risk adolescents.

The goal is to identify at risk youth prior to substance abuse and/or first involvement with law enforcement and sees to accomplish this through youth outreach activities,

early referral systems for middle and high school students and American Society of Addictive Medicine (ASAM) Level O.5, early intervention services.

After a youth's first legal incident, incident ASAM Level 0.5, early intervention psychoeducation is utilized to address and prevent substance abuse issues from becoming worse., as well as ASAM Level 1 and comprehensive evaluations following arrest and prior to court date to determine mental health and substance abuse status and provide appropriate referrals.

In situations with more than one legal incident, ASAM Level 1 services are provided as well as multidimensional family therapy. In addition adolescent diversion court is available.

Gaps in juvenile services are capacity, inefficient identification strategies prior to arrest, lack of community links, and lack of evidence based programs targeting at risk youth.

Dr Greene concluded by stating she would like to improve communication between community providers and State agencies, identify and employ evidence based practices to effectively intervene, and partner with school districts law enforcement, parole and probation and specialty courts to build a comprehensive model of intervention.

Mr. Whitley added that like adolescent clients, adults are often captured and referrals offered following contact with the criminal justice system and that referrals and services provided are similar. He added that CCDC data shows that the jail is a primary point of entry for mental health clients and a focus on misdemeanors may target young, first offenders.

6. Update from the Legislative Sub-Committee.

David Marlon stated that SB374, which would allow Marijuana to be sold in dispensaries, would be going to the Senate Committee on Thursday and that the Substance Abuse Working Group is against the passing of this bill.

Mark Jackson recommended the Legislative Sub-Committee take a position against the bill.

Chairperson Masto asked if law enforcement had expressed an opinion. Kent Bitsko responded that Metro has come out against it.

Linda Lang commented that Coalitions across the state have reached out nationally. Oregon wrote a letter as did "Save our Society" and the coalition drafted a letter to the legislature against the bill.

Mark Jackson moved that the Substance Abuse Working Group write a letter opposing the bill. The motion was seconded by Kent Bitsko. David Marlon was tasked with writing the letter and sending it to Mark Jackson and Kent Bitsko for review and then to all senators.

Chairperson Masto asked if the group wanted to send a letter or testify when the bill got to the Assembly. Mark Jackson recommended both.

A motion was made and seconded to both send a letter to the Assembly and have the Chair of the Legislative Sub-Committee testify. Rory Planeta asked that everyone who could, attend.

Mark Jackson proposed that as the group had taken action on this item, that the Substance Abuse Working Group adopts the recommendation of the Legislative Sub-Committee set forth in the last meeting.

Mr. Jackson made a motion to that effect, Mr. Planeta seconded the motion and it carried unanimously.

7. Appoint a chair and members to the Impaired Driving Sub-Committee.

8. Future Agenda Items.

Chairperson Masto requested that the Legislative Sub-Committee provide the Working Group with a list of active members for the next meeting.

Mark Jackson recommended that there always be an item on the agenda to discuss BDR's and Bills.

8. Comments from the Working Group.

There were no additional comments.

9. Comments from the public.

Marti Washington provided an update on Drug Endangered Children.

10. Adjournment.

Meeting was adjourned at 5:05 p.m.