

Larry Ashley, Ed.S.
LCADC, CPGC
Vice Chair



Lesley Dickson, MD
Psychiatrist
Chair

The Governor's Committee on Co-Occurring Disorders
SB2

For improving the treatment provided to persons with mental illness and substance abuse.

MEMBERS

Ex Officio
Harold Cook, PhD
Administrator
Mental Health,
Substance Abuse
Prevention and
Treatment (SAPTA)

Richard M. Baldo,
PhD., Psychologist

Elena Brady
Family Member

Mel Pohl, M.D.,
ABAM,
Addictionist

An-Pyng Sun, Ph.D
Policy Analyst

Donna Wilburn,
M. S., MFT

David Sonner,
Captain
DPS/Parole and
Probation

The Honorable
Robert Perry,
Second Judicial
District Court

Judy Bousquet,
Mental Health
Planning and
Advisory
Council, COD

Kathy Eppen,
Consumer

Nancy Domiano-
Sader, LCSW,
LADC

Ronald Lawrence,
MFT, LADC

Stuart Ghertner,
Ph.D, Agency
Administrator,
SNAMH

Date: January 31, 2011

To: Director, Legislative Council Bureau

Re: Committee Report

Dear Sir,

Please find attached the Governor's Committee on Co-Occurring Disorders report on our accomplishments and recommendations. The Committee experienced significant turnover in membership during the last two years due to the loss of our previous Chair, election of a new Chair and Vice-Chair, and the resignation of other members and appointment of new members. This past 24 months has been challenging as well as rewarding. The task that was set before us as a result of SB 2 was significant but the enthusiastic participation of our dedicated committee members made possible significant work and recommendations for improving the treatment of Nevadans diagnosed with co-occurring disorders.

To summarize, the committee addressed the following issues;

- Established a "Welcoming Statement" to be enacted through legislation as a statewide policy statement on the treatment of individuals with co-occurring disorders in Nevada.
- Solicited testimony from the Nevada Department of Corrections regarding treatment programs for inmates with co-occurring disorders.
- Solicited testimony from the Department of Public Safety, Division of Parole and Probation on the supervision of offenders with co-occurring disorders.
- Solicited testimony from treatment professionals in the Clark County Detention Center on the resources available for inmates with co-occurring disorders.
- Solicited testimony from community treatment providers on the services available for individuals diagnosed with co-occurring disorders.
- Solicited testimony from local law enforcement regarding specialized training and approaches to persons with co-occurring disorders.
- Recommended enhancement of SB 2 to increase membership to include representatives from Vocational Rehabilitation, Department of Corrections, Juvenile Justice and local law enforcement.

This report is organized as follows: Cover Letter, Executive Summary, Recommendations and the Committee Report.

The Governor's Committee on Co-occurring Disorders appreciates the opportunity to serve the citizens of this state and we look forward to the continued accomplishment of our mandates.

Sincerely,

Lesley Dickson, MD, Psychiatrist
Chair

The Governor's Committee on Co-Occurring Disorders

January 31, 2011 Report

The Governor's Committee on Co-Occurring Disorders - January 31, 2011 Report

Executive Summary

As per Senate Bill 2 of the 2007 Nevada State Legislature, the Committee on Co-Occurring Disorders is required to submit a report on January 31, of odd numbered years, to the Director of the Legislative Counsel Bureau summarizing the work of the committee in the preceding two years. Attached is the full report and recommendations. The first, third and fourth recommendations are for legislation and the second a plea for retention of funding for a critically important program.

The Committee spent the last 18 months primarily evaluating the interaction of the criminal justice system with the agencies within the state which provide services to individuals with mental illness and substance abuse which is defined as a co-occurring disorder (COD). It is believed and evidence supports that individuals with COD's do best when treated in integrated programs and therefore we focused on what factors are preventing such integrated treatment.

We looked first at points where individuals initially make contact with the systems such as police, hospital emergency rooms and jails and where treatment could be initiated with the expectation that early and appropriate intervention would serve as preventative of future need for service in those locations. We found that psychiatric evaluation and treatment in hospital emergency rooms rarely occurs leading to patients who might otherwise be discharged to appropriate outpatient care lingering in the ER's while awaiting transfer to a psychiatric hospital. Also, frequently individuals who are rapidly released from jails leave without assessments or referrals to community resources thus prolonging the time before they enter treatment as they await adjudication. We make several recommendations to facilitate this.

Next we evaluated treatment that is occurring in outpatient clinics, jails and prisons and how efforts at treatment fail as the individual moves from one location to the next. The most important finding was that programs exist in many locations but communication between agencies is limited and individuals frequently fail to obtain integrated treatment or be referred to appropriate resources.

We then examined programs that would maintain achievements of treatment and prevent recidivism once the individual is released from prison or jail. Again we found communication problems but also practical problems such as loss of personal identification and discontinuation of medical insurance preventing access of programs and treatment.

As we pursued this investigation, we heard many times of professional licensing problems that limit recruiting appropriately trained clinicians who can treat individuals with COD's. The State of Nevada has few clinicians available to treat such individuals and funding streams of agencies frequently prevent the hiring of the appropriate clinician, particularly psychiatrists and the dually licensed therapist. There has been limited training in screening for and treating those with COD's.

We have made several recommendations that can be implemented by the appropriate agencies without legislative action. We therefore ask that this report be accepted by the Legislature and then disseminated to agencies in the State of Nevada which provide treatment and carry out sentencing for individuals suffering from co-occurring disorders.

The Governor's Committee on Co-Occurring Disorders - January 31, 2011 Report

Recommendations

1. A bill to: 1) amend NRS 439.527 to increase membership of the Committee on Co-Occurring Disorders to include representation from Juvenile Justice, Police, Department of Corrections, local jails, Department of Vocational Rehabilitation and Clinical Licensed Professional Counselors and 2) amend NRS 439.528 to adopt the Welcoming Policy (below) and require its posting in all agencies which provide mental health and substance abuse treatment.

Welcoming Policy:

It is recognized that when a person enters the door of any program at this agency, she/he is reaching out for help and deserves an empathic, welcoming response. We take responsibility for assisting each person who enters our doors for help by making sure she/he has an integrated risk assessment and screening to assure safety and supportive assistance to engage appropriate services. This agency's programs provide the opportunity for a treatment relationship that integrates attention to clients' multiple needs in treatment, and to appropriate referrals and resources during and after treatment. The life of each person is precious, and we are part of welcoming each person into healthy living that includes recovery from mental illness and substance abuse.

2. Maintain the funding of the specialty courts and their residential programs.
3. Support legislation to create an outpatient commitment law, 2011 AB 94.
4. Modify state statutes (NRS 433A.165) to allow patients to be transported directly to the POU of SNAMHS for medical clearance and immediate psychiatric evaluation.
5. Encourage local hospital emergency rooms to employ psychiatrists.
6. Identify resources to fund a Local Alcohol Reception Center and temporary shelters.
7. Support improved communication and coordination between the criminal justice system and the mental health system.
8. Assure the provision of access to community resources to individuals leaving prisons, jails and mental hospitals including printed lists of those resources and encourage pre-plea assessment of recently incarcerated individuals for mental illness and substance abuse.
9. Support existing supportive organizations and encourage creation of peer support services.
10. Identify ways to recruit dually trained professionals and encourage Professional Boards to change requirements for licensing that prevent or discourage clinicians adequately trained to treat individuals with COD's from relocating to the State of Nevada.
11. Assure that clinicians treating individuals with Co-Occurring Disorders obtain specific training in the recognition and treatment of COD's.
12. Ensure that programs treating individuals with COD's have a plan and policy in place for obtaining timely psychiatric evaluations and initiation of treatment.
13. Require that programs treating individuals with COD's establish guidelines and policies, within HIPAA regulations, for communication between clinicians who are treating such individuals in separate agencies.
14. Ensure that substance abuse and mental health treatment programs and correctional facilities identify simple screening tools for COD's and develop a policy for their use.
15. Explore obtaining grant funding to conduct research studies which evaluate how systems fail in providing adequate care of individuals with Co-Occurring Disorders.

The Governor's Committee on Co-Occurring Disorders – Full Report

Date: January 31, 2011

To: Legislative Council Bureau

From: Governor's Committee on Co-Occurring Disorders

Re: Committee Report

Introduction:

Nevadans with mental illness and substance abuse disorders benefit from services provided by a broad array of federal, state and locally based organizations and will attain the most positive and sustainable improvement if provided in a coordinated, integrated manner. However, there is inefficiency when these services are provided in multiple settings where there is little communication between services resulting in duplicative and fragmented care. Historically, complex factors and constraints have prevented program changes to improve this situation but the Committee on Co-Occurring Disorders, after much study, believes the criminal justice and behavioral health systems are ready for change and integration.

The Committee on Co-Occurring Disorders (CCOD) was established by the 2007 Nevada State Legislature, under SB 2, to address the problems of lack of integration, fragmentation and duplication in the treatment of patients with mental illness and substance abuse. The Committee is composed of family members and persons with mental illness in addition to members of the psychiatric, addictions, psychology, social work, marriage and family therapy, criminal justice, UNLV, and community based services communities. The Committee initially convened January 10, 2008 and continues to meet regularly on a quarterly basis. Please see the report of January 31, 2009 for the accomplishments of the first year and a half of the CCOD.

The Committee on COD has witnessed and supported several improvements in the care of individuals with co-occurring disorders. Community Counseling Center of Southern Nevada began co-occurring programming on an outpatient basis in November of 2007 in collaboration with Southern Nevada Adult Mental Health Services (SNAMHS) and Solutions Recovery. The Specialty Courts continued to expand and many individuals successfully completed the programs in Mental Health Court and Drug Court. It will be clear from the following report of the continued importance of these programs and specialty courts. Special group homes have been opened so that the individuals participating in the above programs have a stable environment since they are frequently homeless.

The COD has spent the time since the 2009 Legislative Session focusing on the Criminal Justice System and how individuals with co-occurring disorders are impacted when they enter and leave the system. We looked at preventive approaches, treatment while incarcerated and re-integrative programs. This report, as in the 2009 report, is organized according to the mandates of SB 2.

MANDATES FROM SB 2: COMMITTEE FINDINGS AND RECOMMENDATIONS:

I. Study and review issues relating to persons with co-occurring disorders.

A. Points of Entry into the Mental Health, Substance Abuse and Criminal Justice Systems:

Patients with co-occurring disorders enter the mental health and criminal justice system in several ways. We evaluated the following to establish the nature of the services provided, how many are served and what are the barriers to prevention and effective integrated treatment.

- 1. Hospital Emergency Rooms and the Psychiatric Observation Unit:** Southern Nevada Adult Mental Health Services (SNAMHS), located in Las Vegas, provides a full range of services for seriously and persistently mentally-ill individuals residing in Southern Nevada.

Foremost among these services are emergency assessment, crisis stabilization and treatment of persons who have been identified as acutely dangerous to themselves or others as a result of a mental illness. The entry point of these services is available through the SNAMHS Psychiatric Observation Unit (POU), located adjacent to the Rawson-Neal Psychiatric Hospital. State statutes require that prior to admission into this unit, which is primarily on an involuntary basis, medical screening/clearance must be provided. Once medically cleared, patients are held while they await psychiatric evaluation by a psychiatrist or one of the Mobile Crisis teams and if still in need of inpatient psychiatric treatment, they are transferred to SNAMHS or one of the private mental health facilities. At the present time, medical clearance is being provided by local hospital Emergency Rooms (ER's), often resulting in severe over-crowding and which at times has reached crisis proportions. Concurrently, this crisis has diminished the capability of local ER's to adequately serve the expanding population of Las Vegas and Clark County.

The projected volume of caseload is determined, in part, by the data collected during the past several years by the Southern Nevada Health District and the SNAMHS Mobile Crisis Team. This information is descriptive of the number of under-insured and uninsured being "held" in Clark County hospital emergency rooms, on an involuntary basis, as a result of the imminent danger they present to themselves or others, not only as a result of a severe mental illness, but frequently as a result of a concurrent drug and/or alcohol problem.

During Calendar Year (CY) 2007, a total of 12,161 patients, an average of 33.32 per day, were "held" in local ERs for an average of 29.4 hours per person prior to a SNAMHS mobile crisis evaluation. In CY 2008, 13,080 patients, an average of 35.84 patients per day, were "held" in local ERs for an average of 31.0 hours per person prior to a SNAMHS mobile crisis evaluation. And, for CY 2009, a total of 13,779 patients, an average of 37.75 per day, were "held" in local ERs for an average of 38.46 hours per person prior to SNAMHS mobile crisis evaluation. In addition to the initial "wait" time, following a mobile crisis evaluation, patients can wait up to an additional 24 hours depending on POU bed availability and/or the availability of transport services. Another limiting factor is the lack of availability of psychiatrists to most hospital ER's who, if available, could assess the patients, release the legal holds (Legal 2000) if appropriate, initiate treatment and refer to appropriate outpatient resources.

2. Las Vegas Metropolitan Police Department CIT (Crisis Intervention Team):

The Clark County Detention Center (CCDC) is the largest mental health facility in the state of Nevada as many individuals arrested and brought in suffer from mental illness and substance use disorders. Therefore, the Las Vegas Metropolitan Police Department in Clark County has a crisis intervention team strategy that they utilize when confronting possible suspects on the street. The CIT program was started in 2002 with training provided to officers beginning in 2003. There are now approximately 600 trained CIT officers out of 2500 sworn personnel in the Las Vegas Metropolitan Police Department. The training for CIT is voluntary. The training also occurs in the academy and is required for correctional officers. CIT training classes are held 8 times per year; 6 sessions for street officers and 2 sessions for corrections officers. The academy provides 6 hours of introductory CIT training. Calls to Metro are screened for CIT issues and they are referred to the CIT units. CIT officers are trained in communication and assessment of mental health issues. Metro estimates that the majority of offenders that they have contact with have co-occurring disorders and officers must determine which offenders would be better served in mental or detox facilities rather than detention, especially if their offenses are of a minor or non-violent nature, and they may instead be escorted to a hospital for medical clearance or a detox facility.

3. Pre-trial programs: Many offenders brought to CCDC and the city jails are suffering from a co-occurring disorder and will require strong incentives to maintain sobriety. When a person is arrested for a crime related to substance abuse or in the context of substance

abuse the probability is high that if they are released without supervision or structure, they will have difficulty refraining from using substances. It is not possible to detain everyone that is suffering from a substance abuse problem as the jails would be overflowing; therefore many are released on bail or their own recognizance with a court date in the future. The time between the release date and the sentencing date can be months. That is a dangerous time for the offender who is in the system and facing sentencing yet frequently not able to refrain from drug use since he may not have engaged in treatment.

CCDC is the jail for much of Clark County with the cities of Las Vegas, North Las Vegas and Henderson having smaller facilities. It has room for about 3000 inmates and is often referred to as the "largest mental health facility" in the state of Nevada. In 2009, 73,175 inmates were booked into CCDC for an average of 200 bookings per day. Of those, 11,804 inmates were booked on a charge categorized by the UCR as Narcotics, a number which is low since it doesn't represent those arrested for crimes related to obtaining drugs or those arrested under the influence of legal drugs such as alcohol. Of the 73,175 bookings, 26,932 inmates were released within 24 hours and 45,459 bookings had at least one prior booking into CCDC. Generally, those released are not referred to treatment and are truly on their own to try to stay out of further difficulties until their court date at which time they may be subjected to a fine or time in jail or referred to a specialty court. Presently there are few pre-trial programs to monitor the offender by doing random urine toxicology screens, counseling and encouraging sobriety.

4. **Intensive Outpatient Co-Occurring Programs:** Community Counseling Center of Southern Nevada began co-occurring programming on an outpatient basis in November of 2007. Collaboration with Southern Nevada Adult Mental Health Services (SNAMHS) and Solutions Recovery provides a complete range of assistance for the individual with a co-occurring disorder. SNAMHS provides a referral base, treatment space and medical intervention, while Solutions Recovery provides temporary therapeutic sober living environments. Intensive outpatient programs of 90 days duration are currently in operation at four Clark County locations in addition to Community Counseling Center's Main Office. Additionally individual and group psychotherapy are facilitated in Pahrump and Laughlin clinics.

During the first eighteen months of operation through June 30th 2009, 639 individuals were referred to the program, 374 actually attended an introductory orientation group and 261 were actually treated. From July 1, 2009 to June 30th, 2010, 270 persons received co-occurring treatment. The average monthly waiting list includes 50 persons waiting for intensive outpatient services. The average client enters co-occurring programming with a global assessment of functioning (GAF) at 56. At the end of the 90 day intensive outpatient experience the average GAF is 65, a 9 point elevation. 85% of clients are free of addictive substances after 90 days. While very successful, the program is limited by lack of space and funds for increased staffing with dually trained therapists.

B. Treatment of Co-Occurring Disorders while in the Criminal Justice System:

A large number of persons with co-occurring disorders enter the criminal justice system with the disorders frequently having played a large part in the criminal activity that led to entry. In order to decrease recurrence of such behaviors, it is important to initiate or continue treatment while in the System. According to a recent report, Nevada had 18,265 prisoners in state prisons and jails in June, 2005 and of those 2,922 were likely to have a serious mental illness if the national percent of 16% is applied. Due to the low number of psychiatric beds in Nevada at the time, the odds of a seriously mentally ill person being in jail or prison rather than a psychiatric hospital was 9.8 to 1 compared to the national odds of 3.2 to 1.¹ We looked at programs that presently exist in the state, primarily in Clark County.

1. E. Fuller Torrey et. al: *More Mentally Ill Persons are in Jails and Prisons than Hospitals: A Survey of the States.* Treatment Advocacy Center and National Sheriff's Association, May 2010

1. **CCDC, jails and court adjudication:** CCDC is the jail for Clark County and typically houses 3100 inmates with about 600 on psychiatric medications. The psychiatric staff consists of a psychiatrist, 3 APN's and several psychiatric nurses which are not adequate for the number of inmates with psychiatric problems. There are no specific COD services but rather mental illness and substance abuse are treated separately. Basically CCDC functions primarily like a psychiatric emergency room with a focus on evaluation and rapid stabilization and includes inpatient psychiatric care and such programs as AA.

When inmates who have been stabilized on psychotropic medications are released into the community, they need rapid access to services to prevent return to drug abuse and non-violent crime. From 150 to 200 inmates, with 1/3 of them being homeless, are released daily and they can be released at all times of the day or night and weekends. This makes it difficult to create good discharge plans, particularly with only the psychiatrist and a social worker available to do discharge planning. Additionally, inmates are only given a small supply of medication or a written prescription on release, increasing the likelihood they will relapse before being able to access community services which are limited and already overburdened. Presently, Medicaid is cancelled when an individual is incarcerated, even for a few days, making it difficult to return to treatment and obtain medications after release. Although we did not interview any staff from the city jails in Clark County or the rest of the State of Nevada, it is assumed they struggle with the same problems.

When an inmate is adjudicated in court, he or she may be released from jail and referred to one of the Specialty Courts such as the Drug Court which has about 500 spaces and Mental Health Court which has 100 spaces. There they receive intensive supervision and case management services over several months time. The individuals who have been adjudicated to the Specialty Courts have generally done well but clearly there is a need for many more spaces.

2. **Prisons:** In Nevada, the prisons are operated by the Nevada Department of Corrections (DOC). There are 12,584 inmates in the system with about 15% with mental illness and 70% with substance use histories. The prisons receive 15 to 20 new inmates daily and an attempt is made to determine immediately if the inmate has a mental health or a co-occurring disorder. On staff are psychiatrists, psychologists, social workers, mental health counselors and substance abuse counselors and the inmate can petition for services which are not specific for those with COD. Psychoeducational groups, monitoring and specialty groups are offered. Though legislation mandates that rehabilitation programs be offered to incarcerated individuals, several barriers to rehabilitation exist. One such barrier is the longstanding philosophical debate of whether to punish or rehabilitate. Punishment over rehabilitation may be the current trend. In such an environment the inmate with a co-occurring disorder is the least likely individual to thrive.

Funding cuts can cause inmates to move through the prison system, from prison to prison and unit to unit so quickly that there may be an inability to complete a psycho-educational class within a normal 12-week time frame. A Nevada Department of Correction mental health representative cites a lack of competency within its mental health staff and sees this as an additional barrier to providing sufficient treatment. LADC's are not able to treat those with MH issues and there are not enough counselors with competencies in both fields.

While in prison many inmates are stabilized on medication. Those inmates ready to be released from prison face a particular struggle as they confront the limited availability of continuity of care. Inmates are normally released from prison with a two-week supply of medication but there are problems obtaining medications after discharge since Medicaid stops when they are incarcerated. Without communication between the prison mental health staff and the community mental health staff, the inmate may be unable to be seen for a medication follow-up in the community for a period of six weeks or longer. This can

cause a stable inmate, even one with the best of intentions, to quickly decompensate and/or return to substance abuse.

3. **Casa Grande Transitional Center:** The Nevada Department of Corrections established the Casa Grande Transitional Center with 400 beds for the purpose of low risk inmates serving the last portion of their sentence at a low level security transitional center. Programming is available to inmates to secure employment, housing and treatment to increase the chance of successful reintegration into the community.
4. **Specialty Courts and Diversion:** Specialty or Therapeutic Courts, such as Mental Health Courts and Drug Courts, are a direct response to individuals who have special needs that are either frequently involved in the Criminal Justice system or it is felt would benefit from mandated court oversight. Individuals such as these make up a significant number of the individuals incarcerated or on Probation or Parole. Those with addiction and psychiatric disorders may have difficulty complying with societal norms and laws and as a result are often involved in criminal behavior. Successful treatment of such co-occurring conditions is a key to decreasing or eliminating criminal behavior and keeping such individuals out of the DOC.

Mandated or coercive treatment is the basis of intervention and treatment of Impaired Professionals such as physicians and airplane pilots and has been associated with very positive results. It is clear that when the individual with addiction or mental health concerns has not satisfactorily addressed these issues court intervention is often warranted. Specialty Courts are an integral and much needed part of the integrated co-occurring treatment network. Mental Health Court serves those with a DSM IV Axis I Disorder and 5 contacts with the Criminal Justice system. Other courts include the Parents Delinquent in Child Support and with Substance Abuse (SA), Dependency Court for those who have committed child abuse and with SA, Dependent Mothers Court which has a federal grant, Juvenile Drug Court, Justice Court for misdemeanors, Prison re-entry and 3 DUI courts. These courts serve 1200 to 1500 individuals in Clark County. They have a 3 year SAMSHA grant for inpatient beds but most of their funds come from the State with the funds originally from county collections. The outpatient treatment is provided by Choices, Bridge Counseling, Cornerstone, Pathways and New Beginnings.

Mental Health Court in Washoe County is the oldest and longest running program in the state. This program keeps people from the revolving door use of services from various agencies which are not adequate to serve the COD patient's needs. The power of the court to apply consequences and containment for behaviors that cost society not only financially, but in other severe ways as well makes improvement more likely. At two years follow-up, participants in the Mental Health Court have 80% reduction in jailed days, emergency service use and hospitalized days. This relatively inexpensive program saves millions in costs to health care, public services and damage to property and persons. This Mental health Court currently has 138 participants and a waiting list of 25.

In addition the National Judicial College on the UNR Campus does training for Judges from all over the country. One of the specialty training programs they now do is for co-Occurring Disorders Courts. That Reno is also the home of one of the most successful system of mental health and drug courts in the country is no small advantage to Nevada. In addition to the dollars these courts save in State and Local resources, they bring in dollars from other states and bring people to Reno to take the classes when they are held here.

C. Prevention of Recidivism: Post release programs.

As individuals with co-occurring disorders and other medical problems are released from jails and prisons, it is essential that there is a realistic plan in place for ongoing treatment and support in maintaining sobriety, preventing recurrence of psychiatric symptoms and decreasing the risk of reincarceration. An open and clear system of communication between Parole and

Probation and the Department of Corrections is imperative to ensure sufficient time exists to allow an inmate to be released with not only a two-week supply of medication but also a simple clear plan for mental health follow-up in the community within that two-week window.

Once back in the community, many individuals lack family support and housing becomes problematic. Outpatient addiction counseling is a scarce commodity as community resources are overburdened. The possibility of successful transition between prison and the community for the person with co-occurring disorders is further complicated by the fact that many inmates are released without acceptable identification, such as a birth certificate or social security card. Without these, the individual will not qualify for basic community services. If basic needs are not met the likelihood of stability remains elusive and the individual with co-occurring disorders can easily turn to behaviors that lead to a return to prison.

The Nevada criminal justice system has made some impressive strides over the last two years as regards the implementation of re-entry programs for offenders which include substance abuse and mental health treatment components to treat individuals diagnosed with co-occurring disorders. These programs illustrate the collaborative efforts of various state agencies to provide services to offenders in the criminal justice system.

1. Parole and Probation Programs:

- a. On-Site Substance Abuse/Mental Health Evaluations:** The Division of Parole and Probation, Southern Command, currently has employed 4 substance abuse counselors who conduct substance abuse and mental health assessments with inmates on house arrest as well as probationers and parolees. Three of the positions are grant funded. These counselors conduct assessments and then refer appropriate offenders to local substance abuse/mental health services for treatment.
- b. Technical Violations: Intermediate Sanctions Program:** This program is for parolees who have committed technical violations of their parole agreement. Technical violations do not include absconding or arrests on new charges. The Division will refer these offenders for possible participation in the Technical Violations: Intermediate Sanctions Program at Casa Grande. Offenders will be returned to the parole board and the Board may order the offenders into Casa Grande for programming. These inmates will avail themselves of all programming available to other participants in Casa Grande; intensive case management, transitional housing, employment training and placement, life skills training, mental health services, substance and drug abuse counseling, mentoring and other comprehensive transitional services. Successful completion of this program will eliminate parole revocation proceedings and possible return to incarceration in the Nevada Department of Corrections.
- c. District Court: Specialty Court Programs:** The Nevada Division of Parole and Probation supervises two caseloads for two Specialty Courts in the state: Drug Court and Mental Health Court. These caseloads are calendared in the Eighth Judicial District Court, Department V by the Honorable Jackie Glass. There is also a Drug Court and Mental Health Court in the Second Judicial District Court in Reno. The Division supervises offenders that have been adjudicated with Drug Court or Mental Health Court as a condition of their parole or probation or have been diverted out of the criminal justice system into these two specialized court ordered programs. Judge Glass estimates that in Clark County approximately 85% of these offenders have been diagnosed with co-occurring disorders.
- d. OPEN (Opportunity in Probation with Enforcement in Nevada):** The OPEN program is a pilot program that works in conjunction with a District Court Judge, Casa Grande, the District Attorney's Office and the Public Defender's Office. The program is monitored by one probation officer and targets those probationers that have been

identified as having technical violations that without a structured intervention plan would most likely be returned to the Courts for revocation proceedings.

The probationers in this program are supervised at an intensive supervision level. Any probationer who violates the conditions of OPEN is placed in Casa Grande and the case is referred to the court. While at Casa Grande, the probationer undergoes a psychological evaluation that is forwarded to the court. This assessment determines the appropriate treatment plan for the probationer. While at Casa Grande, the probationer also receives other re-entry services. There are a maximum of 30 probationers in this program.

- e. **PRIDE (Purpose, Respect, Integrity, Determination and Excellence):** The PRIDE program is a collaborative effort of the Nevada Department of Corrections, the Division of Parole and Probation and the Department of Education, Training and Rehabilitation. The program provides pre-release and post-release assistance to parolees and felons through a holistic program that incorporates intensive case management, transitional housing, employment training and placement, life skills training, mental health services, substance and drug abuse counseling, mentoring and other comprehensive transitional services. Parolees are housed at Casa Grande for 6 months and provided services to obtain employment, housing, transportation and treatment. This program is funded through a workforce investment grant and provides services to 115 offenders statewide.
2. **Outpatient Commitment:** Outpatient commitment is reserved for the severely mentally ill who may also have a substance abuse problem and therefore a “co-occurring disorder.” The patient must be 18 years or older, generally has failed usual approaches and is non-compliant with treatment recommendations resulting in repeated hospitalizations and/or incarcerations but is not guilty of serious violent crimes. Outpatient commitment is ordered through the courts and requires the patient to participate in community-based outpatient services in a treatment plan approved by the courts.

New York State’s “Kendra’s Law” has been the most visible and studied and has shown considerable success in decreasing homelessness, limiting hospitalization, fewer arrests and incarceration concomitant with decreases in the most expensive services. It has also reduced harmful behaviors such as suicide attempts, abuse of alcohol and drugs, physical harm to others and destruction of property.

While at least 42 states have some form of outpatient commitment, Nevada does not and attempts to pass such legislation in the 2009 session failed. In conducting our interviews of police officers, correction officers and probation officers we established strong support for such a program. Mental health workers and substance abuse counselors are generally in favor while the Nevada Psychiatric Association has voted to support legislation for an outpatient commitment law and programs for its support.

3. **Peer Support Services:** As individuals move out of institutions such as state mental facilities, prisons and jails, they are frequently homeless, with little social and family support and vulnerable to the stress of living in a complex and rapid paced environment. They frequently need supportive living situations, work programs and help from more stable individuals who understand their plight. Some of the organizations providing peer support include NAMI of Nevada, DBSA, HOPE of Nevada and Foundation for Recovery.
- a. **NAMI (National Alliance on Mental Illness) and DBSA (Depression and Bipolar Support Alliance):** Advocacy and support groups are provided by NAMI and DBSA chapters in Nevada. Recently Hope of Nevada, an independent organization of /and for persons seeking recovery and good mental health, formed in Nevada and recently sponsored its first conference. They plan to open a stand alone drop in center to include such services as help with employment, social skills training and advocacy.

- b. **Peer Support Services:** Peer-based recovery support is the process of giving and receiving nonprofessional, nonclinical assistance to achieve long-term recovery from severe alcohol and/or other drug-related problems. This support is provided by people who are experientially credentialed to assist others in initiating recovery, maintaining recovery and enhancing the quality of personal and family life in long-term recovery. Peer support specialists and the agencies that they work within, coordinate and provide the necessary linkages to and from other systems including professional treatment, criminal justice, child welfare, employment, housing, primary health and other needs as identified. Data from peer support programs have shown decreased substance abuse, decreased arrests, increased employment and decreased homelessness.

The Foundation for Recovery is currently working with the University of Nevada, Las Vegas (UNLV) to create the first certificate program for peer specialists in the State of Nevada. The Certificate Program will involve a combination of university-level classroom coursework as well as field work facilitated by the Foundation for Recovery. In addition, certified peer specialists will be required to maintain their certificate by receiving a minimum number of Continuing Education Units per year on specialized and relevant topics including peer support techniques and crisis intervention.

- 4. **Assuring Continuity of Care and Referral Sources:** To ensure continuity of care for individuals with co-occurring disorders (COD), there are at least five strategies: help them apply for government entitlements, restore their relationships with family and friends, link them with housing, assist them with employment training and placement, and encourage them to receive COD-specific treatment.
 - a. **Government Entitlements:** Many individuals with COD's are eligible for government entitlements which can prevent vulnerable populations from becoming homeless or lower the risk of becoming homeless. Many who may be eligible for SSI/SSDI do not apply for or maintain such benefits because of various obstacles including a lack of identification documentation or mailing address, being discouraged by red tape and a complex bureaucracy. To ensure continuity of care, it is critical to help COD individuals obtain and sustain government entitlements. Nevada is one of the 47 states that participate in a SAMHSA sponsored program, SSI/SSDI Outreach, Access and Recovery (SOAR), helps vulnerable populations, including COD individuals, to obtain SSI/SSDI.
 - b. **Families:** Families and friends are the primary support systems of COD individuals and are critical to their long-term recovery. With clients' permission, we can help restore their relationships with their family and friends. Service and treatment may be provided to train family members and significant others to better communicate with the COD individuals, as well as help them be more effective.
 - c. **Housing:** Housing is particularly critical for COD individuals when they are released from institutions like hospitals, residential treatment programs, and jails/prisons. The traditional model that requires a client's compliance with treatment and sobriety before referring him or her to permanent housing may not work for some COD individuals, whose first priority usually is not treatment but housing. A newly emerging model—"Housing First" as opposed to "Treatment First"—shows evidence that a Housing First program not only can better retain clients but can also yield similar AOD treatment outcomes. Southern Nevada Regional Housing Authority Nevada, H.A.N.D. or Nevada 2-1-1 links COD individuals with housing.
 - d. **Employment:** Return to gainful employment is another critical factor with respect to a COD individual's long-term integration into the community. Employment enhances financial stability and self-esteem, and provides a structure for daily life. However,

COD individuals often face more obstacles in securing or maintaining a job than their non-COD counterparts do. The Urban League (e.g., “Prisoner Re-entry Program”) and Nevada JobConnect provide employment training to ex-inmates and link them with potential employers in Nevada. The Urban League not only accepts clients referred from other agencies, families, and individuals, but it also reaches out to jails and prisons to approach inmates who are about to be released. However, their focus is to help ex-inmates obtain employment, and they do not necessarily target inmates with more severe COD symptoms. Individuals with more severe COD’s benefit from a “supported employment” approach that involves an employment specialist who can craft individualized plans and offer long-term support to help COD individuals obtain and maintain competitive jobs.

- e. **COD Specific Treatment:** An assertive community treatment (ACT) approach can also help ensure continuity of care for individuals with a more severe mental disorder. ACT emphasizes community tenure and provides 24/7 intensive and proactive case management, with a small caseload. Depending on various degrees of the COD severity, ACT may be scaled down for some clients and step-down programs may be offered. Community mental health and/or substance abuse treatment agencies should provide COD-specific motivational interviewing, cognitive behavioral therapy, and/or contingency management to COD clients. They should also make COD-specific self-help groups (e.g., Double Trouble in Recovery) available to their clients.

Reno has a Services Coordination Program aimed at transitioning people moving out of jail and prison. This is the population of most concern since this is an access point to make a productive transition back to society. This program currently has 488 clients with a wait list of 104. There are currently 100-150 people receiving services in jail with a wait list there as well. The Co-Occurring Disorders Program treats 152 (wait list 104) patients with group therapy, medical coordination and other services. This program is currently staffed 2 ½ positions.

Medication Clinic is a vital service for most COD patients. The NNMHS medication clinic serves 4,000 patients with a waiting list and is chronically understaffed because of the difficulty in recruiting and keeping the psychiatrists necessary to treat this population. Urgent cases are seen on a walk in basis if they are willing to wait long hours for a possible opening. The Hearts program is an intensive outpatient program that is currently not functioning due to unfilled staff positions.

To implement the above tasks, it is critical that residential and correctional facilities, the foster care system, and hospitals collaborate with agencies and programs in the community. It became obvious from our interviews that many agencies are not aware of what other agencies are doing or the services they offer. An interagency council could be formed to focus on communication and sharing of available resources. Each agency could assign a specific worker to take charge in the collaboration to ensure clients’ continuity of care. Because of the multiple barriers they face, COD individuals are particularly in need of such assistance and need information of what is already available.

II. Develop a policy statement confirming the commitment of this State to treatment for persons with co-occurring disorders and the expectations of this State concerning such treatment.

The following policy was developed by the CCOD in 2008:

Welcoming Policy:

It is recognized that when a person enters the door of any program at this agency, she/he is reaching out for help and deserves an empathic, welcoming response. We take responsibility for assisting each person who enters our doors for help by making sure she/he has an integrated risk

assessment and screening to assure safety and supportive assistance to engage appropriate services. This agency's programs provide the opportunity for a treatment relationship that integrates attention to clients' multiple needs in treatment, and to appropriate referrals and resources during and after treatment. The life of each person is precious, and we are part of welcoming each person into healthy living that includes recovery from mental illness and substance abuse.

Recommendation: The CCOD recommends legislation where Nevada adopts the above Welcoming Policy statement and mandates that it be posted for public view in all mental health and substance abuse provider settings. The success of this effort carries the broadest of implications for both clients and providers.

III. Review and recommend strategies for improving the treatment provided to persons with co-occurring disorders, including, without limitation, reducing administrative barriers to such treatment and supporting the provision of coordinated and integrated services relating to mental health, substance abuse and criminal justice to persons with co-occurring disorder.

Recommendations: The Committee on Co-Occurring Disorders recognizes that the 2011-2013 Nevada State budget is facing serious problems with decreasing revenues and increasing expenses due to the increased social service needs following the recession which has yet to show significant improvement. Therefore we are not recommending new services but instead are suggesting how existing services can more effectively meet the needs of individuals with Co-Occurring disorders and which we believe are essential to maintain.

1. **Maintain the funding of the specialty courts** as they work to keep individuals out of expensive institutions such as jails and hospitals.
2. **Continue funding residential programs** since homeless individuals with COD's are more likely to deteriorate and again end up back in hospitals and jails.
3. **Support legislation to create an outpatient commitment law** which keeps the most seriously impaired with high recidivism in treatment and out of hospitals and jails. In conducting our interviews of police officers, correction officers and probation officers we established strong support for such a program. Mental health workers and substance abuse counselors are generally in favor while the Nevada Psychiatric Association has voted to support legislation for an outpatient commitment law and supporting programs. AB 94 has just been introduced.
4. **Modify state statutes (NRS 433A.165) to allow patients to be transported directly to the POU** for medical clearance and immediate psychiatric evaluation and allocate funds to centralize transport services under the direction of the POU in order to reduce the ER wait time.
5. **Encourage local hospital ER's to employ psychiatrists** to evaluate patients in the ER and discharge those individuals who are inappropriate for hospitalization.
6. **Identify resources to fund a Local Alcohol Reception Center and temporary shelters** for those individuals who continue to recycle through the local ER's due to homelessness and behavioral health disorders.
7. **Support improved communication and coordination** between the criminal justice system and the mental health system to facilitate smooth transitions for individuals as they move from one to the other and therefore maintain stability as much as possible.
8. **Assure the provision of access to community resources** to individuals leaving prisons, jails and mental hospitals including printed lists of those resources. Resources which are essential

include enough medications to last until seen in outpatient settings, outpatient appointments in clinics that are accessible, monitoring and support for sobriety, aid in obtaining identification, housing, transportation and rapid reinstatement of health insurance coverage.

9. **Support existing supportive organizations** and encourage creation of peer support services to aid in keeping individuals in treatment.
10. **Identify ways to recruit dually trained professionals** including psychiatrists and make training in treatment of individuals with co-occurring disorders available to those already employed.
11. **Encourage pre-plea assessment** of recently incarcerated individuals which would benefit specialty court programs and place professionals such as LCSW's and LDAC's in the jails to perform those assessments thus allowing for earlier identification of needs and facilitate appropriate adjudication.
12. **Explore obtaining grant funding** to conduct research studies which evaluate where and how systems and individuals fail in attaining these goals.

IV. Develop recommendations concerning the licensing and certification of treatment programs for persons with co-occurring disorders, including, without limitation, the standards that should be required of such programs to increase their effectiveness.

The need for well trained people in strategic places to direct Co-Occurring Disordered patients to appropriate treatment is imperative. It is well established that there is a vast number of individuals seeking mental health treatment who have co-occurring disorders. It is important for mental health professionals to be aware of those individuals seeking such integrated services and that they receive appropriate and effective care. It is therefore important for all mental health professionals to be able to recognize these individuals and provide appropriate treatment and or referral for their special needs.

The Committee on COD supports that clinicians who treat clients with mental illness and substance abuse obtain continuing education in co-occurring disorders. Recently the state has been providing some training in co-occurring disorders and we encourage continuing such education. It is important that all such professionals maintain an awareness of the number of individuals with COD on their case load and review effectiveness of treatment.

Significant difficulties and barriers to recruiting a professional medical and behavioral health workforce in Nevada are due to the requirements that the Professional Boards place on individuals wishing to move to Nevada. Many professionals choose not to move to Nevada to practice their profession, at a time when Nevada is seeing significant workforce shortages. Action is needed to directly address this workforce crisis by streamlining the qualifying standards for professionals and improve Nevada's job opportunities.

Recommendations:

1. **Clinicians treating individuals with Co-Occurring Disorders must obtain specific training in the recognition and treatment of COD's.**
2. **Encourage Professional Boards to look for and change requirements for licensing that prevent or discourage clinicians adequately trained for and able to treat individuals with COD's from relocating to and practicing in the State of Nevada.**

V. Develop recommendations concerning the creation of incentives for the development of treatment programs for persons with co-occurring disorders.

Given the current budget restraints, the Committee recommends that agencies look for research and other types of grants which encourage and support development of treatment programs.

VI. Evaluate the utilization of existing resources in this State for the treatment of persons with co-occurring disorders and develop recommendations concerning innovative funding alternatives to promote and support mental health courts, the prevention of co-occurring disorders and the coordination of integrated services in the mental health, substance abuse and criminal justice systems.

This report is the result of our investigation of the criminal justice system and its ability to provide evaluations, treatment and then referral on discharge for continued care of individuals with co-occurring disorders. It demonstrates failure primarily in the successful referral for continued care upon discharge from the criminal justice system, ranging from individuals who are released rapidly from the jails all the way to those leaving prison after a lengthy sentence. Some solutions are simple and not particularly costly such as not suspending Medicaid immediately when individuals are incarcerated, social services within the system aiding in obtaining replacement ID's and making appointments for outpatient care, releasing the inmate with an adequate amount of medication and having lists of resources for the inmate on release. Much of this can be accomplished with existing resources but also will be significantly improved with improved interagency communication which presently is very limited.

VII. Identify and recommend practices and procedures to improve the effectiveness and quality of care provided in both the public and private sector to persons with co-occurring disorders.

- A. Psychiatric Diagnoses:** The treatment of individuals with co-occurring disorders requires the ability to make psychiatric diagnoses according to DSM IV criteria and to prescribe and monitor medications when indicated. Therefore, the availability of a psychiatrist is essential but is frequently lacking in many agencies, particularly substance abuse treatment programs, due to agency regulations, lack of funding and inability to deal with complex medical insurance programs. Referrals to agencies which employ psychiatrists fragments care and often results in recurrence of symptoms when the referral fails to occur or is delayed. We therefore recommend that all programs who are treating individuals with substance use disorders or co-occurring disorders have a psychiatrist working within the program or have identified psychiatrists who will take referrals in a timely manner for such evaluations and treatment. All such programs should have plans and policies in place to meet this expectation.
- B. Communication between Therapists:** While integrated programs which treat both substance abuse and mental illness in the same facility are ideal, it is clear that there are many issues that prevent such programs. Therefore, when an individual is receiving treatment for both problems but in separate programs or agencies, it is essential that there be communication between the therapists working in the separate programs. We recommend that all such programs establish guidelines and policies, within HIPAA regulations, for such communication.
- C. Screening for Co-Occurring Disorders:** Identification of individuals with co-occurring problems generally requires screening for substance use and symptoms of mental disorders. Therefore, we recommend that all substance abuse treatment programs, all mental health treatment programs and all correctional facilities identify simple screening tools and develop a policy for their use. These agencies should also develop policies and procedures for treatment or referral to appropriate resources for individuals who screen positive.
- D. Increase Representation on Committee:** The Committee on Co-Occurring Disorders interviewed representatives from various agencies within the Criminal Justice System over the previous 18 months. It became apparent that many of those agencies deserve representation on the committee so that their needs are addressed more effectively. We recommend that the

Committee be increased with members from the Juvenile Justice System, the Police, local jails and the Department of Corrections. Additionally a representative from Nevada Department of Vocational Rehabilitation would allow the Committee to more directly address vocational rehabilitation, job training and placement issues. Finally, representatives from the legislature, such as one senator and one assembly person would facilitate development of legislation and an appreciation of the use of state funding mechanisms.

Recommendations:

- 1. Programs treating individuals with COD's must have a plan and policy in place for obtaining timely psychiatric evaluations and initiation of treatment.**
- 2. Programs treating individual with COD's must establish guidelines and policies, within HIPAA regulations, for communication between clinicians who are treating such individuals in separate agencies.**
- 3. Substance abuse treatment programs, mental health treatment programs and correctional facilities shall identify simple screening tools for COD's and develop a policy for their use. These agencies shall also develop policies and procedures for treatment or referral to appropriate resources for individuals who screen positive.**
- 4. Increase membership of the Committee on Co-Occurring Disorders to include representation from Juvenile Justice, Police, Department of Corrections, local jails and the Department of Vocational Rehabilitation.**

VIII. Examine and develop recommendations concerning training and technical assistance that are available through the Substance Abuse and Mental Health Services Administration of the United States Department of Health and Human Services and other entities to support the development and implementation of a comprehensive system of care for persons with co-occurring disorders.

This will be a future goal of the Committee.

IX. Submit on or before January 31 of each odd-numbered year a report to the Director of the Legislative Counsel Bureau for distribution to the regular session of the Legislature. The report must include, without limitation, a summary of the work of the Committee and recommendations for any necessary legislation concerning issues relating to persons with co-occurring disorders.

The following individuals were interviewed in preparation of this report:

Keith Courtney, DO, Psychiatrist at Clark County Detention Center

Roy Hookham, PhD, Psychologist with the Department of Corrections (DOC)

Linda Hermann, PhD, Psychologist with the DOC

Steve Roll, Clark County Specialty Courts of the 8th Judicial Courts in Clark County

Fritz Reese of Juvenile Justice

John Martin and Brett Allen of Youth Parole

Todd Fredlund of US Parole and Probation

Edith Kline, LADC, of Nevada Parole and Probation

Sergeants McDonald and Wilde of the CIT (Crisis Intervention Team), Clark County Metropolitan Police Department.

Brad Greenstein of Foundation for Recovery