

15 Oct 2013

TO: NV State Board of Prison Commissioners

FROM: Mercedes Maharis MA MS MA

RE: Comments for Today's Agenda

Question: Are all HIV/AIDS NDOC prisoner patients seeing MD specialists in the HIV/AIDS field?

HIV Specialist Comment about current Meds for NV Prisoner who is HIV positive:

"Hi Mercedes,

Thanks for reaching out to me. I'm sorry he is having such a hard time. I definitely disagree with some of his meds:

Prezista should be dosed one 800 mg tab once a day (not 600) and Norvir is 100 mg once a day. Intencele must be given with meals.

As far as his other meds, I don't understand why he gets Elavil 10 mg when he takes high dose Neurontin. No need to use CTM if he us on Singulair. His case us a pharmacist's drug interaction nightmare. I hope this helps. Take care,..." Sent to me 15 Oct 2013.

Question: I cannot find an AR requiring that medical releases from MD's be provided for treat and return cases in NDOC. What is it? If 1 does not exist, please create this to avoid critical health care complications. The disabled medical prisoner population in NV deserves stable care at the regional medical center in NNCC.

Question: Are there emergency exits, strategies and education about exiting prison buses during transport?

Question: RE: Static-99 Risk Assessments: Are Static-99 certifications taking place for all those who administer them? Further, why aren't prisoners allowed to see the results as a check to see if information is correct?

Quesiton: Why are the Static 99 records not reaching the parole board on time? How correct are these records? How correct are the parole board records since 01 July 2013 when legislature eliminated the NV Psychological Review Panel? I feel uncomfortable about these records and you should, too, because of the additional time for incarceration that is happening, in my opinion.

Question: With 23.67% recidivism rates for sex offenders in NDOC, why aren't certified programs in place with certified trainers and instructors in charge? Iowa's rate of recidivism, 1 example, for new crimes for this population is 3.5%. We need to follow their lead, their template for sex offender rehabilitation==to save hundreds of millions of dollars and promote public safety, NDOC's mission, by lowering victim numbers==that will result if NDOC sex offenders are empowered to leave our prisons with the knowledge they need==so that they understand how not to reoffend.

Question: How extensive is the policy of polypharmacy in NDOC? See attached Oct 2013 article: *Caution! Many Common Drugs have Negative Brain Effects.*

Thank you for your consideration.

Mercedes Maharis

Mercedes Maharis MA MS MA

Las Vegas, NV

Lifetime Member CURE, Washington, DC

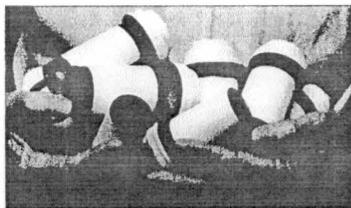
mmaharis@gmail.com

P.S. Is Taylor vs. Wolfe still being honored?

Caution! Many Common Drugs Have Negative Brain Effects

Frequent medication reviews can help prevent side effects.

Taking too many drugs, or taking drugs that adversely interact with one another is a major factor in the cognitive problems of many older adults, a fact that was illustrated by a recent study involving brain scans of 514 older patients at a memory clinic.



Taking three or more drugs is linked to higher risk for brain atrophy.

are being used to protect brain functioning. For example, anti-hypertensives and anticoagulants may protect against strokes.

“However, the sheer number of medications, the side effects of

different types of medications, and the interactions of medications can compromise the cognitive performance and brain health in these people.

The problem is compounded by the fact that older adults tend to be more sensitive to the effects of medications because of age-associated changes to their bodies.”

Older adults should work closely with their physicians and care providers to ensure that their brains are protected from adverse effects associated with both the over-the-counter and the prescription drugs they are taking, Dr. Fricchione says.

INDIVIDUAL DRUGS, TOO

In addition to the problems linked to polypharmacy, scientists have identified a number of medications and classes of medications that, on their own, can cause cognitive symptoms.

Of particular note are the **anticholinergic drugs**, which interfere with the actions of the neurotransmitter *acetylcholine*, a chemical essential for the relaying of signals between brain cells to promote memory, attention, and many other brain functions. Anticholinergics include common drugs for mood and movement disorders, pain, urinary incontinence, gastrointestinal discomfort, peripheral neuropathy, and insomnia. In a study published in the July 2013 issue of *Alzheimer's & Dementia*, researchers compared the length of anticholinergic

WHAT YOU CAN DO

The following Web sites provide information on drugs that may impair memory and other cognitive functions in older adults:

- www.indydiscoverynetwork.org. See The Anticholinergic Cognitive Burden Scale under Services/Tools
- www.americangeriatrics.org. Search for “2012 AGS Beers Criteria”

use and the strength of the medication burden in a group of older adults with symptoms of cognitive decline. They found that the likelihood of developing cognitive impairment increased by 100 percent in participants who received one strong anticholinergic agent for more than 60 days, and by 50 percent in participants who received at least three mild anticholinergic agents for more than 90 days.

Benzodiazepines are another common class of drugs with negative effects on cognition. These central nervous system depressants include drugs such as sleeping pills, anti-anxiety medications, muscle relaxants, anti-seizure medications, and tranquilizers. The brand names of some common benzodiazepine drugs include Ativan, Dalmane, Diastat or Valium, Doral, Halcion, Klonopin, Librium, Paxipam, ProSom, Restoril, Serax, Tranxene-SD, and Xanax. Benzodiazepines can cause symptoms such as confusion, dizziness, depression, and drowsiness, especially in older adults. Long-term use is often associated with increased tolerance and dependency, and has been linked to heightened risk for dementia.

Certain **sedatives and opiates**, like benzodiazepines, may also have unwanted cognitive side effects and can become habit-forming.

Recent research has associated increased risk for memory loss with certain antidepressants used to treat major depressive disorder, including **selective serotonin reuptake inhibitors**, like Prozac, Paxil and Pexeva, and **serotonin/norepinephrine reuptake inhibitors**, like Effexor; older as well

POLYPHARMACY

The study found that the more medications a participant was taking, the less gray matter the individual had. Because gray matter is correlated with cognition, a loss of gray matter reduces the ability to perform activities of daily living. The researchers found that the atrophy of gray matter was especially serious in participants who took more than three medications, according to a paper presented at the July 2013 Alzheimer's Association International Conference in Boston. Approximately 40 percent of all study participants—whose mean age was 74—took four or more different types of drugs, including significant levels of medications for cardiovascular disease, antithrombotics, diabetic drugs, and neurological drugs.

“The study does not prove conclusively that *polypharmacy*, or taking many drugs, causes loss of gray matter, but it does point to a critical area that needs further research,” says Gregory Fricchione, MD, Director of the Division of Psychiatry and Medicine at MGH. “Medication is a hugely important and complex factor when it comes to protecting mental acuity in older age. Many older people have multiple health concerns, each of which may require distinct medications. Indeed, many medications taken by the elderly

From: Mercedes Maharis [mmaharis@gmail.com]
Sent: Friday, October 25, 2013 3:27 PM
To: SOS Exec
Subject: Re: Addendum to my Public Comment at NV's Prison Commissioners' Meeting
15 Oct 2013
Hello, SOSExec...

Seems as through my prior email a few minutes ago were truncated...
Resending... I apologize for the inconvenience...
mm

Here is the complete message:

Good Day,

RE: Proposed NDOC AR's presented at the NV Prison Commissioners' meeting of 15 Oct 2013

Comments:

AR 643.02 STANDARDS FOR MENTAL HEALTH CARE

#11. Mental health care, including psychotherapy, counseling, medication and diagnostic procedures/testing, is given with the inmate's consent.

Doesn't #11 conflict with:

AR 643.04 USE OF PSYCHOTROPIC MEDICATIONS

#1. Psychotropic medications for inmates should be prescribed and monitored by a practitioner (physician, physician assistant, or advanced practitioner of nursing).

I do not think that an advanced practitioner of nursing has enough medical education complex psychotropic medications, or any medications, especially the knowledge about the potential side effects, when many medications are being combined (polypharmacy), as discussed in my written comments for 15 Oct 2013.

Will you please eliminate "advanced practitioner of nursing" in #1 to avoid unwittingly harming our NDOC prisoners, which I have reason to believe may have already happened?

AR 643.05 INVOLUNTARY USE OF PSYCHOTROPIC MEDICATIONS?

Rules governing the administration of medications during the involuntary medication procedure seem to be absent from AR 643.05. Will you establish and add them, please, to prevent future problems in this area?

How many NDOC medical cases are there regarding the involuntary administration of psychotropic medications, or, any other medications?

I object to the involuntary medication of our NDOC prisoners and see them as potentially dangerous to both prisoners and staff.

AR 430.01 and 431.03 and 432 (Medical Transport) VEHICLES USED TO TRANSPORT

I see no rules governing the inspections and approval of inmate transportation vehicles, including vehicles for medical transport, nor schedules for safety inspections, nor credentials allowing them to be on public highways, as our trucks and cars must have on NV's public highways.

Will you please add them? Safety first...

AR 506.03 (E) Transfer to another institution/facility: RECLASSIFICATION SCHEDULE

I see nothing in this AR requiring a medical release from the Northern Nevada Regional Medical Center to the home institution, for treat and return individuals.

This needs to be added, I think, to avoid adding more suffering to those with serious health issues. Officials should not be allowed to transport the prisoners without a doctor's release that deems them able to travel without undue stress and suffering.

In closing,

AR 509 PROTECTIVE SEGREGATION

#2. Protective Segregation units may be managed differently a different institutions, depending on the security needs and management of the institution.

This is 1 example of why NDOC needs uniformity of rules and regulation throughout institutions. Separate rules and regulations for different institutions are confusing to prisoners and demonstrate no standardization of operation. This is another reason that we need American Correctional Association accreditation to standards, like our schools and hospitals have.

"The Standards and Accreditation Department of the American Correctional Association (ACA) serves a dual mission of providing services for ACA and the Commission on Accreditation for Corrections (CAC). These services include the development and promulgation of new standards, revision of existing standards, coordination of the accreditation process for all correctional components of the criminal justice system, semi-annual accreditation hearings, technical assistance to correctional agencies, and

training for consultants who are involved in the accreditation process."

Source:

[https://www<https://www/>.aca.org/standards/](https://www.aca.org/standards/)

Thank you for all you do to make our NV prisons healthier and safer for all.

Mercedes Maharis MA MS MA

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From: Mercedes Maharis [mailto:mmaharis@gmail.com]

Sent: Wednesday, December 04, 2013 12:05 PM

To: SOS Exec

Subject: 2nd Addendum to my Public Comment at NV's Prison Commissioners' Meeting 15 Oct 2013

RE: 1) Additional comments for AR 643... Use of Psychotropic Medications; and
2) Tie down 5 point restraints

Currently 643.04 reads:

1. Psychotropic medications for inmates should be prescribed and monitored by a practitioner (physician, physician assistant, or advanced practitioner of nursing).

Rationale:

See attached letter from Director Cox., 4th paragraph. He wrote "Only Doctors can prescribe medication."

Doctors, to me, means physicians, so, does he means physicians?
If so, I request the following:

1) Please eliminate the words physician assistant, as well as advanced practitioner of nursing in 643.04; and

2) Will you kindly change AR 643.04, Section 1 to read as follows, excluding both physician assistant and an advanced practitioner of nursing:

1. Psychotropic medications for inmates should be prescribed and monitored by a currently state licensed physician.

In addition, RE: Tie Down Restraints:

I am requesting that all tie down 5 point restraints, or any other type of restraints, cases be videotaped for the duration of time involved and that these videotapes be kept on record permanently at all NV prisons where this procedure may be happening and that these records become part of the permanent public record and state archives.

In closing, I request that any other existing, or upcoming AR's referring to those prescribing NV prisoner medications be written likewise, indicating that only currently state licensed physicians can prescribe medications for our prisoners.

Thank you for your attention to this critical Nevada health care matter.

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Mercedes Maharis MA MS MA

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October 18, 2013

Craig Hoeffcker, Sr. Research Analyst
Research Division – Constituent Services Unit
Legislative Counsel Bureau

Dear Sr. Research Analyst Hoeffcker,

In regards to your constituent's request involving several instances of problems at Ely State Prison I provide the following information.

Constituent's first issue regarding 5 point restraints: Inmates put in "5 Point Soft Restraints" is only done when ordered by a Psychiatrist; used only for the safety of the inmate who may be a threat to harm himself, in addition to protect other inmates and staff alike.

Constituent's second issue regarding "beating" of mental health inmates: Beatings of mental health inmates, or any inmate, is unauthorized and unacceptable. Ely State Prison is staffed with Mental Health professionals who tend to inmates with mental health issues on a regular basis; when further mental health care is needed inmates are transferred for care and treatment.

Constituent's third issue regarding "Poly Pharmaceutical" practices of Nevada Department of Corrections related to prescription prescribed: Only Doctors can prescribe medication.

Constituent's fourth issue regarding Inmate Ronald Jenkins #48209: Due to HIPPA I can not discuss his or any inmate's treatment and or medical condition with you; however inmates within the Nevada Department of Corrections that have medical issues are treated under a doctors care.

Sincerely,

A handwritten signature in blue ink, appearing to read "James G. Cox".

James G Cox, Director
Nevada Department of Corrections