



BRIAN SANDOVAL  
Governor

*Chair: Lesley Dickson, MD*

*Vice-Chair: Ron Lawrence, MFT, LADC*

**Governor's  
Committee on Co-Occurring Disorders  
(SB 2)**

**Minutes**

**Date and Time of Meeting:** *Monday, May 21, 2012 at 2:00pm*

**Attendance:** Richard Baldo, Lesley Dickson, Nancy Domiano-Sader, Stuart Ghertner, Ron Lawrence, David Sonner, An-Pyng Sun, Donna Wilburn and Deborah McBride of SAPTA/MHDS.  
**Absent:** Judy Bousquet, Elena Brady and Mel Pohl.

**Guests:** Barry Lovgren and Jodie Gerson

**Minutes:** The minutes of the October 10, 2011 meeting were approved.

**Public Comment:** Barry Lovgren wants to talk us out of disbanding. He represents himself only. He has been communicating with individuals in MHDS. One issue is SAPTA funding programs which are certified by criteria which hasn't been approved. He also expressed concern that optimal treatment for individuals with COD is not taking place. He also described some administrative difficulties with a lack of support from MHDS such as not having minutes available in the north. He expressed hope that things will improve with the new administrator of MHDS, Mr. Whitley. He will continue to work with us. He suggested we work with SAPTA on criteria and develop educational programs for the public. Ron has worked with Barry in the past and assured him that he will bring his concerns to SAPTA via a staff member on the SAPTA Advisory Board. He also said the program Community Counseling he runs with SNAMHS is having good success.

**Update on letters to Governor Sandoval and LCB:** Nothing to report. No response from the Governor's office. We know we will have to be disbanded through the Legislature so Lesley will be presenting to the Interim Healthcare Committee June 12 and all are welcome to attend. No agenda is available yet. Lesley has sent some minutes to MHDS for posting on website.

**Upcoming Presentation to Interim Healthcare Committee (IHC) June 12:** Lesley had asked to be on the agenda. Community Counseling will be sending someone to the meeting. Ron suggested we discuss the COD programs which were pilot programs and now they are blended into SAPTA treatment grants. They would like supplement funding from the State. They would like to increase the funding to other locations and agencies that have patients with co-occurring disorders, particularly they need more psychiatric care and MH treatment. For instance, the downtown SNAMHS clinic population has 80% with substance abuse problems which are not being treated. The present COD program picks out the worst cases and treats them for three months. They work with Solutions Recovery for housing since 75% are homeless. The therapist does a 5 day a week, 3 hours a day treatment consisting of individual, group and family therapy. They have a 5% recidivism rate. Donna suggested getting someone from Solutions to make a presentation. Lesley discussed the intensity of MH treatment compared to treatment of most medical problems. Dave asked if homelessness impacts and Ron said many stay in Solutions for three months and then get a placement. Solutions includes a behavioral component to deal with their problems. An agreed that one of the indicators of effectiveness includes reduction in homelessness. An recently wrote a paper on this subject and it will be published soon. Dave asked if a significant number are involved in criminal activity and Ron said yes and that many are in Mental Health court also. Lesley had sent an article out about jails being the largest MH facility. Dave asked the purpose of the IHC which Lesley explained as dealing with all kinds of issues. We will be asking to be legislatively disbanded among our other recommendations. Lesley suggested the timing of submitting our report is a problem since it is due just as the

Legislature goes into session. Richard added that last legislative session tried to pass costs on to other agencies such as counties and we should point out cost savings of certain programs and that problems affect all of us and they should try to solve problems instead. An suggested we define our role and that we work with SAPTA to implement our recommendations. Deborah described moving some services under the federal block grant and therefore provide some strong COD services. And she pointed out that SAPTA had paid attention to our 2011 report. She also said we could increase our impact by having the IHC legislators read our report. She also recommends keeping funding stable particularly with the Affordable Healthcare Act which will expand Medicaid services. Dave asked if any recommendation would be most feasible for us to concentrate on. Deborah will look at report again and get back to us. She is not sure if she will be the MHDS representative or if Richard Whitely will come or delegate someone.

**Lesley's report to the Attorney General's Substance Abuse Working Group:** Previously the committee was forming. Since Lesley met with the AG and had a good discussion. The working group has formed. One previous accomplishment was to take the precursors of meth off the shelves and put behind the counter at pharmacies. Now they want the Working Group to apply to all substances of abuse and include treatment issues. The two members involved in treatment are Dr. Peter Mansky who works with impaired physicians and other professionals and Dave Marlon of Solutions. They have since had two meetings of which the first focused on law enforcement in getting control of availability of drugs and legalization of marijuana. The second meeting was about organization and then Lesley reported on our Committee and some of our recommendations. Some doctors have lost licenses for irresponsible prescribing and also there is a lot of theft in pharmacies but some are not reporting the thefts. There may also increase the requirement of physicians to use the monitoring program. There was a take-back program recently which has good possibilities. They were also able to get a lot of new "designer" drugs put on the Schedule I group. Nancy asked about pharmacies being disciplined. SAPTA is working with Board of Pharmacy to get better use of the monitoring program, including the pharmacies. Lesley added that we need to stay focused on treatment because as doctors recognize they have been prescribing to an addict, they will cut the patient off without referring to treatment and with opiate withdrawal being so uncomfortable, it just drives the person to find more drug.

**Membership issues:** Ron Agreed to be the vice-chair and motion was made, seconded and voted on. Richard discussed whether we should try to find replacements. We are official for another year. On reading SB2 we decided that Stuart can remain on the Committee given that he had recent changed positions. Dave suggested that since Judge Linda Bell will take over mental health, drug and DUI courts and she might be a good appointment. Dr. Gary Fisher was suggested as a representative of higher education and Richard said he would ask around at UNR. We also need a consumer representative and Deborah said she might be able to send something out to SAPTA involved folks.

**Public Comment:** None. Ron added that we need to find when public awareness funds will be available from the new Healthcare Act and we need to do so much more education. Deborah suggested talking to Medicaid about this as they are to do public awareness. SAPTA does education through the Prevention Coalitions and we can have someone talk with us. Ron suggested Charlene Hurst.

**Agenda and Date of Next Meeting:** We set August 13 or 20 for our next meeting. We may invite someone from the VA to talk about outreach to rural areas. Stuart suggested we consider the MHDS plan for the budget in where we go with our committee.

**Meeting was adjourned.**

Respectfully submitted,

Lesley R. Dickson, MD