



JIM GIBBONS
Governor

Chair: Lesley Dickson, MD

Vice-Chair: Larry Ashley, PhD

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

Minutes

Date and Time of Meeting: *Tuesday, November 2, 2010 at 1:00pm*

Attendance: Larry Ashley, Richard Baldo, Harold Cook, Lesley Dickson, Nancy Domiano-Sader, Stuart Ghertner, Ron Lawrence, David Sonner, An-Pyng Sun and Donna Wilburn.

Absent: Judy Bousquet, Elena Brady, Kathy Eppen and Mel Pohl.

Public: Kevin Crowe.

Minutes: The minutes of the September 20, 2010 meeting were approved with the change that David was present.

Update on Replacement for Judge Elliott: Judge Glass approved Judge Kerns but Judge Kern's office sent word he would not be able to do it. Richard said that Judge Perry from Reno has completed his application. We agreed he would be acceptable with us.

Committee membership renewals: All have been renewed.

Co-Occurring Disorders website: Lesley had received word that all committees, etc., would be required to have websites. Dr. Cook reported that it is really a webpage linked to the MHDS website and that his staff will be working on it and should be up by the end of the month. We should have SB 2, members with contact information, minutes, letters to LCB, agendas etc. put on it. Minutes must be completed within 30 days. Lesley will be contacted for more info.

Discussion of Budget: Dr. Cook has been giving Town Hall meetings to discuss the budget. The budget is about \$3 Billion short of revenues with little prospect for recovery while the needs have increased in DHHS with increases in Medicaid caseload, food stamp applications, etc. MHDS submitted a cut of 10% in General Fund (45 million), plus cuts in TANFF and Medicaid, altogether a \$70 million reduction in funding. Funding for autism services will be cut and staffing reductions, altogether 137 FTE, in mental health will be at SNAMHS (75), NNAMHS (18), Lakes Crossing (20) and Rural Services (20). There will be a decrease in funds for supported living and SAPTA Co-Occurring funds will be cut again by \$1 million. The funds for Mental Health Court in Clark County will be eliminated and ½ the funds for MH court at NNAMHS will be cut. There will be more cuts to come. Richard reported on some of the success of the Northern MH Court including saving money by decreasing recidivism. David indicated that the judges in the Southern MH Court will try to make up funds with grants and other funding.

2011 Report: David had a few corrections. Stuart will send his section and Donna had sent something today. Larry will send something on specialty courts to add to what Dave had written and Lesley will write on CCDC. An will write on referral sources. Richard had sent some numbers of folks being serviced and some staff vacancies including two psychiatry positions in medication clinics at NNAMHS. The Welcoming Policy had been passed but no legislation had been proposed and it was not in SB 260. We will ask that it be put into a bill and put the recommendation into a cover letter. We then discussed recommendations that belong in part 3 and agreed to remove most of the recommendations that were in the 2009 report as they were not in our purview. Donna mentioned a presentation by Frank Parenti about integration. Harold then suggested that we set our sights realistically and work on some of these integration issues for the next two years. Ron mentioned that the

program that serves the homeless in Clark County does serve as a model for systems integration. We also agreed that we shouldn't be pushing for a bill with fiscal impact.

Harold suggested we prioritize our recommendations and that our document should acknowledge the financial situation. We should indicate where we want to draw the line. David said the funding for the specialty courts should be continued as they work and involve all three systems. Richard said that the specialty courts are used for training in the Judicial College. Lesley added that the residential programs support the specialty courts which Ron agreed with and which are supported with State money. Lesley said there is a bill for outpatient commitment. Nancy sees a lot of inmates getting out of prison without a way to keep getting their medications and she favors a statement of need for improved communication. Also, there is a need for list of resources when folks leave jail. Harold said there is communication between DOC and MHDS with a notification of inmates being released on psychotropic meds sent to his office and then the expected clinic and inmate are notified. Many do not have addresses to contact them after release to see whether they followup or why not. Since there are several problems in getting to the appointments, peer support services could help. An suggested a research study on who shows up after release and what factors influence success or relapse. Harold indicated there are no funds within MHDS for such a study and we agreed a small grant should be sought.

We discussed the work force issues and Richard has some information to add to the report. We decided to support CEU's in COD rather than recommending mandates. The state has been providing some training in co-occurring disorders. Richard said getting training to those in the field who need it rather than requiring specific CEU's of everyone is the way to go. We agreed to make the recommendation that professionals maintain an awareness of the number of individuals with COD on their case load and review the effectiveness of treatment.

Ron described the limits of funding, particularly in hiring psychiatrists, in providing treatment. His agency is working successfully with SNAMHS. Larry added that from now on all TIP's must be aimed at Co-Occurring disorders – this is a Federal mandate – and not substance abuse only. He describes it as a major shift on the Federal level. As to programs other than Community Counseling, it is hard to do Co-occurring treatment without psychiatrists and psychologists and therefore effective COD treatment becomes a “hit or miss” proposition. We looked at section 6 and decided to write that substance abuse programs have in place a plan and policies to obtain psychiatric treatment. A similar recommendation was made for the communication between therapists and also for identifying such patients. David asked if there is an agreement on a standardized assessment tool. Ron described doing an ASI and then a mini-mental to see if they appear to have a mental health problem and if so, then a full assessment is done.

For number 7 we again agreed to recommend increase in membership from the criminal justice system. Larry reported that SAPTA is presently looking at the Substance Abuse Prevention Coalitions. Ron added that we need to look at the Licensing Boards which are inefficient and discourage therapists from coming to the state. We need low cost education and CEU's and particularly within agency training. Richard suggested a clearing house to share training staff. We then discussed that folks are getting much of their training online and also are not joining professional organizations.

Public Comment: None.

Agenda and Date of Next Meeting: We reached some consensus to try Monday, January 10, 2011 and make it from 2 to 4 pm. We will focus on completing our report.

Meeting was adjourned.

Respectfully submitted,

Lesley Dickson, MD