



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, August 13, 2012 at 2:00pm*

Attendance: Judy Bousquet (by phone), Lesley Dickson, Nancy Domiano-Sader, Stuart Ghertner, Ron Lawrence, David Sonner and An-Pyng Sun. MHDS was represented by Steve McLaughlin, Tami McKnight and Dave Caloiaro.

Absent: Richard Baldo, Elena Brady, Mel Pohl and Donna Wilburn.

Guests: Jeanette Belz, Megan Adams, Pamela Rinato, Scott Drew, Thuy Boardman and Kevin Quint

Minutes: The minutes of the May 21, 2012 meeting were approved.

Presentations on Veterans Services:

Reno VAMC: Thuy Boardman is the supervisory psychologist for the Addictive Disorders Program which they are redesigning to address some of the barriers. They have paired with the Vet Center. They provide primary treatment for folks with Substance abuse and/or dependence, they have a variety of levels of care including intensive outpatient and they meet three times a week. There are several different tracks including a harm reduction program aimed at younger, recent veterans who don't see SA as a problem. The focus is on using a public health perspective to increase awareness and reduce stigma. The other piece is for rural veterans to increase services by using video conferencing to 4 CBOC's and one outreach clinic (Winnemucca) which have access to psychiatric services and the PTSD clinic.

Reno Vet Center: Scott Drew, MFT and Team Leader, reported on the vet centers for all of the state and said they are in a different chain of command in VA. Vet Centers began after the Vietnam War, are community based and in discreet properties. They provide services to veterans of combat, military sexual trauma victims, active duty family members and families of deceased veterans. There is also legislation pending to provide services to active duty members which would be significant in Las Vegas with its many military installations. Co-occurring services are provided to veterans with PTSD and SA who will be referred to VAMC if SA gets too much in the way of therapy. Main barriers are the rural areas with difficulties to outreach. There are mobile units with chairs and V-tel and they just got one in Reno Vet Center and will start going out shortly once technical issues are worked out. They need relationships with providers in the rural areas and ways to make referrals. Dave asked if either program provides services to Washoe County jail and those who are recently released. Thuy said there are a lot of veterans on probation/parole and they have a social worker liaison to the jail and veterans court with the goal of ensuring cooperation and compliance with treatments. Scott added they are working with the courts also to decide if the vet center is a better referral for therapy. Thuy added that the courts have been very willing to work with VA in allowing them to develop individualized treatment plans. Stuart asked about the inpatient program. Reno has a psychiatric inpatient program that does a 3-5 day detox and then veterans are discharged to ADTP. An RN from ADTP will see patients on the ward to do motivational interviewing to engage in treatment. Patients are discharged with appointments to be seen in outpatient within 7 days of discharge. Lesley mentioned the problem of veterans in rural areas getting their medications and Thuy said they can get meds through the mail program. Lesley asked for recommendations we could make to the State. Scott mentioned a VA rep will be going to the SAMHSA academy which will cover issues of integration. There are some efforts to work with community providers by doing Grand Rounds. Lesley mentioned the problems of veterans being resistant to going to the VA's. Thuy said they recognize this and that the Suicide Prevention team has been going out into the community to provide a greater presence and encourage veterans to

look into veterans services. They also told us of their evening clinics to accommodate veterans with jobs and childcare issues. Another challenge is engaging the OIF/OEF veterans who are often resistant and are often seen 3-5 years post-deployment when they start to realize they have problems which aren't going away. They also said they do have a 5 day outpatient detox program which is popular with the veterans.

Las Vegas VAMC: Pamela Rinato is the unit chief for the addiction disorder treatment program (ADTP). They start with assessments for substance abuse and gambling addiction. They have a 25 class program and educational classes for families also. There is an aftercare program and encourage attendance for at least three months. The IOP will begin in two months in the new hospital. They have telemental health programs to Laughlin and Pahrump. Detox is now done at the MOFH and they will open a detox unit at the new facility in Jan, meanwhile they also send patients to WestCare. They send veterans to CBH for opiate detox or methadone and Suboxone maintenance and are hiring a psychiatrist to do Suboxone at the new facility. Only thing lacking is a domiciliary and therefore they send veterans to White City, Oregon for up to 18 months or San Diego for 6 months. 98% of their population in ADTP are homeless veterans and are referred to US Vets, Genesis and Bonanza View apartments. They are probably treating 100 veterans in their evening program. Nancy asked about Legal 2000's in veterans who are now sent to Rawson-Neal and will they go to new hospital? Pamela said their new ward will be short-term. Nancy also asked about referrals which should go to ADTP program. The new ward will be locked and have a 23 hour observation room. Not clear if new ward will take L2K's. Barriers to treatment are enrollment problems due to being spread out throughout the city but with the new hospital everything will be in one place. They need to reach out more to community to make veterans aware of services. Also there will be more integration of the hospital with the clinics. An asked about homelessness. CBOC provides the services and assessment. If they are using drugs or drinking they are placed at US Vets but must stay sober. About 1/3 are chronically homeless and there is a program at the Salvation Army. Lesley asked about the Veterans court and they have been asked to do more treatment and testing of court ordered veterans. Judges are referring to them and check on their attendance – if they miss, they are put in jail for the weekend. Ron added that he had attended a County Commission meeting which focused on the veterans court and that Assemblyman Elliot Anderson testified for it. Stuart asked about the services that have been referred to community agencies and Pamela did say they will mostly go back to the VA. Nancy asked for clarification on housing opportunities of which there are several with eligibility based on income and jobs. An asked about requirements to be sober for housing and Pamela said yes and they are randomly tested and they are assigned case managers. Lesley asked about appropriate funding for staff in new hospital and they were recently authorized for 26 more SW positions. Judge Bell added that there will be a separate veteran's program through the Drug Court.

Report from Co-Occurring Workgroup of MHDS: Tami McKnight and Steve McLaughlin reported that this new subcommittee was formed, partly out of our report. Steve reported it is focusing on re-entry problems and gaps in services for those coming out of the jails and prisons. It is based on an "intercept model" and looks at gaps and barriers and treatment interventions and diversion programs. It is formed partly to put a request into the budget. Stuart asked if this is "new money" for the budget. Steve said yes but that they can also use existing money in different ways and augment services or increase links between existing services. Lesley asked what we can put in our report and Tami suggested focusing on gaps in services and barriers to treatment. Tami described her desire to collaborate more and that she sees little improvement since she left the state several years ago and has recently returned.

Membership: Judge Linda Bell and Dr. Gary Fisher have both agreed to be members and are working on the application. Deborah McBride hasn't gotten back to us on a consumer member and Ron will look around also.

Screening instrument: Barry Lovgren had sent us one instrument that is free. Since we had not had a chance to review it we will defer to next meeting. We could also use some other suggestions.

Report on Presentation to Interim Healthcare Committee (IHC) June 12: Lesley had asked to be on the agenda and gave a summary report including that we felt we had met our mandate of SB2. She presented our recommendations also to the Sunset Committee and suggested they will need to pursue our recommendations. We were thanked for our work by both committees and the chair of the IHC suggested we had a lot more work to do and Lesley suggested it is now up to the Legislature to pursue our recommendations. Richard Whitley and Dr. Green were there also and acknowledged our work. The Sunset Committee will make their recommendation to the legislature. Not clear if any bills will come out of our report, etc. Meanwhile Assemblyman Stewart has agreed to resubmit the bill for mandated outpatient treatment and a committee with police and Judge Voy and others has begun meeting on improving the 2011 bill.

Report on Attorney General's Substance Abuse Working Group: Lesley has attended these meetings and they will talk more on treatment issues at their next meeting.

Planning for our 2013 Report: Dave suggested that we re-emphasize portions of our last report that have the best chance of being brought forth and instituted. Stuart agreed. Lesley said we should keep it briefer and that we can put in the VA piece and the peer to peer programs. They commented that federal funding allows for much better services than state funding and that we might want to highlight these disparities. Ron added there is confusion about SAPTA's function regarding co-occurring disorders treatment. Co-occurring disorders treatment is not a level of care but endorsement of treatment provided by existing programs. Recent revision of 2007 criteria occurred in July 2012 and the guidelines are used to certify programs. Thus programs will vary in their interventions, policies and procedures yet still meet criteria for Level I and II services. An asked if increased funding is necessary and Ron said they could use double the staff and they depend on unpaid interns for some of the work. Stuart added that it would be helpful if someone from SAPTA could explain moving money from substance abuse to Medicaid. Dave Caloiaro said that they cannot address that now and they (MHDS/SAPTA) are in the midst of budget making right now. They might be able to give more info at our next meeting. Lesley asked if anyone knows what the Health Exchange requirements will be for providing for care of mental illness and substance abuse. No one could answer although it is a requirement that such services be in the plans offered by the Exchange.

Public Comment: Kevin Quint of the Commission on MHDS said they are interested in our plans and offered that they want to do whatever they can. The Commission is hoping to get a staff member to help with their plans. They are working on their letter to the Governor and some children's mental health issues.

Agenda and Date of Next Meeting: We set October 22 or 29 for our next meeting which will be a working meeting. For later meetings we may invite someone from the Silver State Exchange and MHDS to discuss the budget in where we go with our committee. Ron also suggested hearing from State Medicaid and how we are going to adapt to the Affordable Care Act.

Meeting was adjourned.

Respectfully submitted,

Lesley R. Dickson, MD