



BRIAN SANDOVAL
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: *Monday, October 10, 2011 at 2:00pm*

Attendance: Larry Ashley, Judy Bousquet, Lesley Dickson, Nancy Domiano-Sader, Ron Lawrence, Mel Pohl, David Sonner and Donna Wilburn.

Absent: Richard Baldo, Elena Brady, Stuart Ghertner, Judge Perry and An-Pyng Sun. Also Dr. Cook has retired.

Guests: Deborah McBride of SAPTA, Bradford Glover of Casa Grande, Dr. Edwards of the DOC and Cheryl Murphy of DBSA and Hope of Nevada.

Minutes: The minutes of the July 11, 2011 meeting were approved.

Announcement: There will be a 3 hour training on COD among gangs on November 4 at Fitzgerald's.

Update on letters to Governor Sandoval and LCB: No response from the Governor's office. We did hear from Lorne Malkiewich of LCB who said we need to be disbanded by the legislature and perhaps through the Sunset Committee which we have not heard from. Mr. Malkiewich will be retiring. Four of our members are up for renewal of membership but we haven't heard about re-applying.

Cheryl Murphy of DBSA and Hope of Nevada: DBSA which started in 2001 is completely consumer run and holds support groups including one on COD which lost its room. They do educational programs, support, community education, etc. There are 1000 chapters of DBSA in US, Canada and Mexico. The local chapter won the "Chapter of the Year" award in 2006 and is the only consumer run group. They were also the first group to do Depression screening day in Nevada and do something every May for Mental Health month. Hope of Nevada started in 2009 from a grant from SAMHSA to start a state consumer organization. They held a 2 day consumer conference in Las Vegas and they now staff a "Warm-Line" for people to call in before they go into crisis. It started in March, initially received 40 calls and now 200 calls a month. Calls are referred from suicide lines etc., and runs 24 hours a day with all volunteers. They will have a website and a quarterly newsletter. They plan for another conference in May. They get MHA funding and are working on non-profit status. They now have a 5 year plan to have a drop-in center for recovery meetings, wellness, and job finding etc. support meetings. Second phase would be a respite/step-down center. Would also like a transitional program for kids aging out of foster care. They have divided the state into several sectors and all have reps on the Board of Directors (15). They would like support for the programs and training. Peer specialists have been trained but need a way to be certified after the training but State of Nevada will only certify state employees. If they are certified by a National Certification Board, which is expensive, then they can bill Medicaid. They will also need letters of support for funding the drop-in center. The state has peer-specialists hired through the CAP (Consumer Assistance Program) program and they hold support groups, help with housing, benefits, etc., and they are supported by a grant. Barriers include the funding for the certification but we also want to know more about barriers since this program will be helpful as we move into the new healthcare act institution. There is resistance from the State and they have been told they will not be able to bill Medicaid but Cheryl has been told otherwise by Medicaid. UNLV has a peer-support program underway for substance abusers. Larry added that the primary problem is the professional "silos" which Cheryl agreed but explained that peer specialists are to help with issues like taking medicines, exercising, life skills, etc. and not take patients away from their doctors.

Ron added that he has studied Medicaid a lot and that a peer support specialist has to be working under certain other professionals and that a lot of changes will be taking place with the new healthcare.

Deborah McBride, agency director of SAPTA: SAPTA has a pilot project started in 2007 to provide integrated services for COD patients. They fund 5 treatment programs: Community Counseling, Bridge Counseling, Quest, Family Counseling and Bristlecone. Current funding \$986,000 from State General Fund and also use \$320,000 from the Federal Block grant. In 2010 served 653 clients and 592 in 2011 which they feel has been successful. Future projects include focusing on COD in the block grant, increase work force and dual-licensed professionals, increase collaboration with the mental health community, increase access to treatment in target populations such as military, adolescents, focus on evidenced based treatment and training. So far not able to cover the rural areas but looking into that. Also plan for adoption of a standardized assessment tool and HIT. They have 3 staff in the treatment program including one person in Las Vegas (Steve McLaughlin). Challenges include funding as they lost \$1/2 million from the State but moved clients into the block grant, building a community network for collaboration and maximizing funding, more integration of MH and SA with a big gap in rural communities, also access for veterans in the rural areas who presently have to travel to the cities for their medication. One need is for some agreement between VA's and local pharmacies. Larry added that Elko is starting a geriatric psychiatric ward and they cannot find a psychiatrist to get accredited, i.e. they need a live psychiatrist at least once a week. They had planned to apply for some S-PERT (?sp) grants which would put screening into primary care settings but SAMHSA pulled them. Larry pointed out that JCAHO is now requiring screening of all patients in hospitals. Ms. McBride asked for our support in the funding issues and also agrees with our recommendations for licensing simplification.

Bradford Glover of DOC's Casa Grande and Dr. Edwards, the DOC SA Treatment Program Director: Dr. Edwards had replaced Dr. Heiman. Casa Grande Transitional Center has 400 beds and is located at Russell Rd. and Valley View. There are probably 352 inmates, men and women. In the state DOC has 12,600 inmates and releases 5,700 yearly. Eligible inmates are non-violent and non-sexual offenders with less than 18 months on their sentence. They try to keep them from coming back. One problem is there is no aftercare. Look at employment, housing and COD. They have a PRIDE program which is funded through Deter Wagner Pizer funds and through Workforce Connections. SA and MH provided by WestCare. Service about 150 individuals a year but they are not under DOC. They will service every individual going through Casa Grande. They have two diversionary programs, one through District Court 5 for probation revocators obtained through AB 92. The other program is the Young Offenders through Judge Kerns and for young inmates, 18-24. Received some \$ from Second Chance for services for COD and WestCare will provide the service. They need help for the 70% who are indigent and can provide housing at Halfway houses for 2 ½ weeks. They could use a list of agencies providing services. Many have Medicaid which has been stopped and they do start some processing to restart SSI. Lesley suggested contacting Kate Osti of Disability Advocacy and Frank Reagan of CCDC. They are having a 22.5% recidivism rate, much less than the national rate although they don't know if some are in the jails.

Report on the Attorney General's Task Force on Substance Abuse: Lesley reported that she had finally been in contact with Linda Fitzgerald of the AG's office and she said they were still putting the task force together and thus they had no one to send to our meeting. We have set it up that Lesley will meet with the AG when she is in Las Vegas.

Updates: Dr. Cook retired as of September 30. Richard Whitley of the Health Division is now Interim Administrator of MHDS and Dr. Tracy Green also of the Health Division is now the Acting Medical Director of MHDS. Lesley did send the agenda before Dr. Cook retired but didn't hear from him. She is working on getting representation from MHDS. Dr. Ghertner is on vacation and we haven't heard from Judge Perry as to his state of health. An-Pyng is teaching today and Elena has not responded recently.

2011 Report and Recommendations: The plan is to send the recommendations to agencies and we looked at making any adjustments. Dave suggested identifying the Substance Abuse system on number 2. On number 5 replace the term dually trained with trained in COD. Donna suggested switching number 10 to a more positive statement.

Plans for Coming Year: We discussed the licensing of individuals moving into the state due to difficult reciprocity issues. For example the MFT Board may require a new internship rather than accepting prior experience. Ron described a degree in LCADC which allows treating substance abuse and mental health. He also said the need is to determine what is adequate training to do specific therapies. Mel suggested we focus on what we think is necessary to treat individuals with COD. Mel also said perhaps we should look to help out the

peer to peer counselors get certified, etc. Dave said a peer to peer counselor would be very helpful to offenders being released. Donna discussed the problem of poor reimbursement by Medicaid versus straight volunteer approaches. Larry brought up the problem of non-accredited programs that offer training and SAMHSA is pushing developing these accredited programs.

Public Comment: None.

Agenda and Date of Next Meeting: We set mid-January for our next meeting. We may invite someone from the VA to talk about outreach to rural areas. Also US Vets and Vet Center.

Meeting was adjourned.

Respectfully submitted,

Lesley R. Dickson, MD