



**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:** Monday, May 3, 2010 at 2:00pm

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

**Absent:** Judy Bousquet, Elena Brady, Judge Elliott.

**Public:** Staff and clients of Community Counseling and Solutions.

**Minutes:** The minutes of the March 15, 2010 meeting were approved.

**Review of Presentations:**

Dr. Cook reported that most information was not new to him due to his position. He just wants to review what actions we might want to take.

Ron Lawrence described how the presentations made it clear how isolated the agencies from each other – the various segments of the system have no idea what is going on with each other. We need liaisons between the treatment and criminal justice programs.

Donna Wilburn remarked on the lack of information sharing between agencies and also the lack of dually trained providers. She believes that encouraging or motivating training should be a focus of our committee.

Larry Ashley expressed his concern about the overwhelming numbers and that the criminal justice system is the largest holder of those with mental illness and substance abuse. There is not enough staff and they are forced to turn inmates loose without followup and the situation is only going to get worse. He also addressed the problem of being dually trained and that therapists need a working knowledge of both mental health and substance abuse, how they interact with each other and that therapists need cross training, not necessarily another degree but enough training to feel competent and how to make a referral. He also said the physicians need to get on board. One problem is the scope of practice issue where those of each board are suspicious of each other whereas other states there is a lot more training individuals to do both. Also, curriculums of programs need to be evaluated and modified.

Donna suggested minimal criteria be developed for therapists to be able to treat and at least recognize both types of problems. Larry agreed and reported he is seeing a lot folks take courses in different fields in their desire to be better in their own field and that there could be developed some required basic courses.

An-Pyng Sun added that things are getting better such as in the Schools of Social Work. She offers classes in substance abuse and has found students from several other disciplines are signing up for them.

Mel Pohl expressed his weariness with the task and that we all agree that there a lot of deficiencies in the systems but that a lack of resources and money make it difficult to do much. He believes we do not have a clear goal and that we should re-evaluate what we want to do and be more solution focused. He does agree with recommending CME's as we did for the 2009 Legislative session.

**SB 260 and CEU's:** Lesley Dickson reviewed that SB 260 required 6 CEU's in Co-Occurring Disorders of many MH/SA providers in their renewal cycles. There was some opposition and she had rewritten the bill to require 2 units but it did not get another hearing. Mel agreed that is a good recommendation and we should continue writing it in our report and testify to that effect. Also that we should use the information we are gathering on the criminal justice system in the testimony and report which would put some meat on it by saying that therapists trained to do both would improve the system. An agreed and said we should explore what the resistance was, particularly the MFT board which testified against the requirement. Donna described the opposition as limiting the training thus not leaving time for subjects they want to explore but she supports the training in Co-Occurring and a minimum of 2 credits. Larry says he hears from all the boards that they do not want any more hours but that there is a movement round the country to increase the required number of hours. Harold added that the Boards were not contacted prior to the BDR and they felt "blind-sided."

Lesley suggested that since the Committee has representatives of all of the Boards, we should carry it back to them to get support. Nancy Domiano-Sader suggested that part of the problem is cost for CEU's so offering the training inexpensively might help. She agreed communication with Boards is essential. Lesley reminded the group that we had put on a free course for 6 CEU's and had a good attendance. We should look into online courses. Mel agreed we need to get this palatable for the boards. Ron suggested we send a letter of inquiry to each board asking what they are doing in training in Co-OD. Richard Baldo was at meeting of NPA and it was clear there would be a lot of resistance. He suggested that a lot of folks are both being trained and working with Co-Occurring issues but having to take a specific course on COD and deal with paperwork is probably annoying and seen as an additional burden. Kathy Eppen said she can't understand how an addict cannot have a Co-Occurring Disorder. Perhaps we need to approach from a different angle and we have to have both mental illness and addiction addressed in treatment. Lesley asked which group of practitioners is having more trouble treating the other, ie. Mental health providers treating substance abuse or vice versa. Mel remarked that incorporating treating addiction is the bigger problem for medical doctors and it goes back to schooling. We can take it on as our issue in a politically savvy way and work with the "lobbyist" for SB 260 and work with Boards.

*Lesley asked that everyone bring something back from their board or professional organization as to what might work to get their members more Co-OD education.*

**Scope of Practice:** We then discussed the scope of practice issue as mentioned by Dr. Hermann and how that works. Larry described the limitations of the licenses and how one is not allowed to go outside them. It is particularly a problem for people coming from other states. Nancy said one can become an intern to develop some expertise and work but still must take some state exams for licenses and certifications. Ron elaborated on the requirements as they have developed and become more up to par. Now we have a clinical drug and alcohol counselor program and we are "growing" these programs and professions. Larry said our reports should always include training issues.

*We agreed we need to have a sub-committee to deal with the training aspect of our biannual report and Larry, Ron and An agreed to be on the subcommittee.*

**Standardized screening:** David Sonner asked if there is a universal standardized instrument that is being used across the state assess co-occurring disorders and should we work toward requiring a standardized instrument to arrive at a proper diagnosis. Also, that we should focus on recommending resources as a starting point and move onto continuity of care as inmates are released into the community to reduce recidivism and focus on in our recommendations to the legislature.

Richard said that implementing such a standardized test would cost a lot of money but that as long as we have individuals qualified to do the assessments and make the diagnoses of co-occurring disorders it would be adequate. Who is going to assure this happens in the criminal justice system with the manpower issue is a problem. Someone would have to exhibit the symptoms for such an evaluation unless they came in with a diagnosis. He agreed we need to start with the inmate population.

An said SAMSHA has developed some screening tools and will find out if they are free and in the public domain. Nancy agreed a proper screening tool is very important and it can be simple but still make it clear that an individual has the disorder. It is essential that screening identify individuals for treatment and that it needs to be done early enough. She has seen some of the tools and they are not always adequate but also remarked that inmates can hide the problems if they want.

*An, Nancy and Mel will look into assessment instruments further.*

**Bridge:** Donna expressed interest in the bridge between release and getting into programs and working with Judge Elliott on the problem. Harold described that individuals' names who have been treated for a psychiatric diagnosis in the prisons are forwarded to him prior to release and then he forwards those names to the MH clinics to be aware and expedite them getting into treatment if they show up. He doesn't know how many make it to the clinics as treatment is voluntary. He reported the number of names he receives is probably less than 75 over the 2009 year and could easily be accommodated.

David added that those released into parole and probation are supervised and failure to follow through with treatment is a violation and will need to be addressed. He did not know what percent are released on parole but Nancy believes it would be about 70%. Nancy asked how the information gets to Parole and Probation and David says the inmate can report it and the Parole Board forwards it.

Richard said if we were able to identify all those in the prisons and how could we provide the services. Mel suggested that we have the hook and we should focus on capturing those folks as released and where they are ending up and why they are going for care. Lesley remarked that there are a lot more in the system than are ending up in the MHDS system. Harold said that many could be diagnosed but did not feel the need or are referred to followup. David said there are a variety of reasons that they do not go for treatment, such as return to criminal activity, abscond from parole, revert to substance abuse, etc. There are some limited resources but most have waiting lists such as the Salvation Army program.

Nancy expressed concern that inmates are released without medications. Lesley pointed out that this is particularly a problem for those being released from the jails and detention. An mentioned a method called "critical time." Lesley reported that groups such as DBSA could do some "buddy work" to help assure individuals get to treatment. Dave reported that a recent grant has allowed them to hire 4 substance abuse counselors to do assessments and then link to referral sources. He will invite one to talk with us. Larry suggested we include the federal system since they have a lot of folks with these problems and he will invite someone.

Lesley asked about working on this issue. *Richard will work on this with Donna, Judge Elliott, Nancy, Dave and Stuart and they will break it into two parts: prison and detention/jails.*

Lesley suggested we also include the "front end" such as Metro and Larry mentioned the CIT trained officers who see them on the streets. Mel also suggested the ER's who also deal with them and Nancy said she now works on the mobile crisis team and can report on the team. She also remarked that if there was more treatment etc. there would be less in the ER's.

Ron suggested we have someone from Child Protective Services come as 56% of their call are drug related. He could also bring in some of those on the receiving end while Larry suggested Dr. Carrison of UMC ER could give an interesting perspective.

Stuart said there are lots of patients, etc., but the big problem is lack of treatment dollars. We may have to start prioritizing and also identifying new funding sources. Harold added that we will see even less as the state's budget cuts take more effect. Lesley added that Medicaid reimbursement is so low that Mojave MH has stopped seeing new patients for now.

Lesley agreed but that our job is to make a report on the problems. Mel said we should keep our focus and make recommendations that don't cost the state a lot but identify problems that are costing a lot such as the recidivists. Richard added that there are estimates of costs savings that we can use in making recommendations.

Mel asked about the Commission and how we are liaisoning with them. Lesley reported that we are staying in touch by going to their meetings and Harold gives reports of our activities. They are somewhat depending on us to give them information on Co-OD's. They were unable to attend our meeting today.

**SB 260 and Screening and Communication:** Discussion of the requirement of screening by mental health and substance abuse treatment programs to screen for the other problem and communicate with each other. An elaborated on her study and how there wasn't enough cross communication. Nancy mentioned that one problem with communication is the issue of medication where substance abuse programs don't always support it and may even oppose the use of medication. Nancy believes education is the solution while Lesley pointed out that sometimes there is a strong philosophy against medication. Ron said that the Co-Occurring program of

Community Counseling with SNAMHS is doing great and has about 55 on the waiting list. The program is doing well with the acknowledgment of usefulness of medication since properly medicated patients are more able to benefit from therapy. A survey of MH clients in one of the clinics found that 80% admitted to alcohol and drug abuse problems. Ron also described that when clients have completed the program, they frequently show a 10 point rise in their GAF scores. Lesley asked what is preventing the 55 on the waiting list from getting in the program. Ron said he functions with interns in addition to paid staff so he needs more money for the staff and space. Stuart agreed that funding issues are the main limitations. Lesley asked what is preventing the substance abuse programs from providing mental health care. Ron said it is having qualified people, i.e. master levels therapists, and adequate pay. Apparently they can go out in the community and make more in the private sector. Stuart added that they often cannot afford to have a psychiatrist on the staff or find a psychiatrist in the community who takes Medicaid, etc. An asked if substance abuse money can be used to hire psychiatrists and Ron and Stuart said no as SAMHSA money is limited to where it can go. Nancy asked about getting federal grants and Ron said they will get a little more due population growth. Ron said that there are a lot of grants being written but many are not useful for treatment of most individuals.

**Presentations for next meeting:** Dave will ask someone from Parole and Probation, Larry will ask someone from the Federal Criminal Justice system and Lesley will ask someone from Metro.

**Judge Elliott:** Sarah Dayani was here for the Judge who wants to know about NRS 433B.333 which establishes the Children's Mental Health Consortium and she also wants to know who are the members. She was advised to contact Patty Merrifield. She would also like some help in going through the statutes regarding mental health, etc. *Lesley and Donna agreed to work with her.* Sarah would email the statutes.

**Honoring Rosetta:** will defer to Elena's report when she next attends.

**Public Comment:** Shawn, a client of Community Counseling, talked about the stigma associated with MH and SA which keeps them from getting help in addition to the decrease in services such as the beds closed at 6161. HE also described a law that the state can't "lobby" i.e. ask for private funds (philanthropy) and that needs to be changed.

**Set Agenda and Date of Next Meeting:** We will continue with Monday afternoons and have a meeting in July but not July 5. Richard will look into inviting someone from St. Mary's ER to talk.

**Adjournment:** The meeting was adjourned.

Respectfully submitted,

Lesley Dickson, MD