



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, July 12, 2010 at 2:00pm

Attendance: Larry Ashley, Judy Bousquet, Elena Brady, Harold Cook, Lesley Dickson, Nancy Domiano-Sader, Ron Lawrence, Mel Pohl, An-Pyng Sun and Donna Wilburn.

Absent: Richard Baldo, Judge Elliott, Kathy Eppen, Stuart Ghertner and David Sonner

Public: Invited guests.

It was announced that Judge Elliott had to resign from the Committee due to health problems. We discussed a replacement and Judges Cedric Kerns, Cynthia Leung and Weller (Reno District Court) were suggested. Lesley will inform Annalyn of the Governor's office and ask Judge Elliott's office for recommendations and pursue the suggestions.

Minutes: The minutes of the May 3, 2010 meeting were approved with a spelling change.

Presentations:

Todd Fredlund of the US Parole and Probation spoke about procuring services for substance and mental health treatment of prisoners as they are released from federal prisons. He reported that about 11% have co-occurring disorders and can pose a danger to selves, family and community and therefore require a disproportionate amount of supervision. Others have limited ability to correlate behavior with consequences due to psychotic symptoms which results in violations. They frequently have multiple limitations, are difficult to manage and have mental health issues which are often undiagnosed with substance use complicating treatment. There is a lot of recidivism and they are difficult to engage in treatment. US P&P does contract with various vendors but not with psychiatrists or providers of medications; rather they rely on SNAMHS which many find difficult to navigate.

Todd went on to describe the challenges in supervising these cases, particularly that inmates are released with few skills, limited resources, little support and trouble getting on or staying on meds. They are often jobless and homeless which leads to associating with drug users and criminals and then to recidivism and relapse. Finding integrated services is difficult and there are few dually licensed clinicians or those with expertise in both. Biggest challenge is getting medications and then getting them to take it. Some use illicit drugs to control the symptoms of their illness. None are on depot medications. Ron added that he commends their efforts to work with agencies and help the clients. In response to a question by Larry Todd said they do try to collaborate with state agencies but the state's numbers are much higher and they have few financial resources than the federal agency.

In answer to Lesley's questions Todd reported about 1,100 federal offenders are on supervised release in the state with 900 in Las Vegas. A case load is 50 – 60 with 12 or 13 officers in the Las Vegas office. Most offenses are white collar, gun charges, trafficking, bank robbery, fraud and gang related. Most cases are local charges with decisions to go Federal related to seriousness. Cases are getting increasingly violent and dangerous. He said that outpatient commitment would be very useful and he would testify to that. Mel asked about medication treatment and difficulties obtaining it. Todd responded there are a lot of delays at clinics and it is hard to call and speak to anyone. Mel and Ron suggested working on the coordination issues. Todd reported

good diagnostic workups are critical in getting treatment. Lesley asked about random urines and they have a system. They are tested 1 to 12 times a month. 1 to 2 positives lead to corrective actions, 3 or more a year positives are mandated back to court. The individual may be mandated back to IOP or a halfway house. Larry pointed out the two populations: criminals who do drugs and drug addicts who do a crime and the need to approach differently as the latter is much more responsive to treatment. Todd left saying he would be willing to continue to work with us.

Edith Kline, LADC, of Nevada Parole and Probation: Edith works with substance abuse risk control unit with inmates coming out on house arrest program. She had worked previously with Oasis program. Removal out of treatment can happen suddenly. The Parole Board refers every parolee to a substance abuse and a psychiatric evaluation but these are very difficult and they may have to wait all day or get turned away making getting on medications very difficult. Clinics often do not want to work with parolees. Confounding the problem is a lack of ID's and no money. In February P&P was awarded a new grant which allowed hiring of 3 new SA counselors. One of them deals with gross misdemeanors and the other two do evaluations and make referrals. Since February 486 parolees have been seen by the three and then referred to community programs. Today 217 are currently in community based treatment and 129 are being followed by the P&P counselors, the remainder probably finished their parole. Problems are getting back on Medicaid although some do not qualify. The problem of lack of ID's should be addressed on entry to prison as there are no SW's in P&P. An added that SAMHSA has a special program to get the ID's and birth certificates. They could use help by having phone numbers and names of persons to make direct referrals for outpatient treatment such as at SNAMHS. The transition back to care at the VA tends to go much smoother. They do not refer those with Medicaid to Mojave.

Sergeant Jerry McDonald and Sergeant Wilde of the CIT (crisis intervention team) program: Sgt. McDonald has been with Metro (Metropolitan Police Dept) for 17 years and works on the strip. In 2002 the CIT program came on line and training started in 2003. There are now about 600 trained CIT officers with the training being voluntary for the policemen of which there are presently 2500 commissioned officers. CIT training occurs in police academy and is required of correction officers. CCDC is the largest mental health facility in the state. CIT training classes are held 8 times a year with 2 for corrections and 6 for police and they are 40 hour classes. The academy gives 6 hours of introduction to CIT to all trainees. Many calls to Metro are CIT related and they are screened for mental health issues and referred to CIT officers if possible.

CIT officers are trained to talk with people and offer services. Many individuals who are a threat to selves or others are put on Legal 2000's with 3800 in 2009 and so far in 2010, 2900 have been put on L2K's. About 50% of CIT calls result in L2K's. One problem is that at the hospitals where L2K's are taken are shutting down nursing stations resulting in decreased number of beds.

Concerns expressed are that although CCDC does a great job diagnosing and treating, there is lack of followup and resources on release. They were asked how to decide what to do on a call. Those who have perpetrated a felony crime go to jail and will get treatment while those who commit a misdemeanor, for instance while homeless and trespassing, can go voluntarily to a hospital or are put on a L2K and taken to a hospital. Elena asked if this program is in other counties which it is and officers from other counties attend their training.

Lesley asked what recommendations they would encourage. He liked a mandated outpatient program for those who get into crises frequently. Elena asked what percentage had co-occurring disorders and he guessed most they see have co-occurring problems.

Discussion of other possible presentations:

Donna summarized that we have first-responders, assessments in jail, probation and parole programs evaluated but there are giant chunks of time where nothing is happening, such as between arrest and court date. No probation officers are assigned or treatment referrals made. She wonders if there could be more coordination and continuity such as a person assigned to help individuals start counseling or make referrals. Lesley added that she sees folks who do start treatment hoping it will help for their eventual court date.

Elena added we should include how integration is working and that there are improvements that have been made that are working.

Ron described a program at family court where they assess families and send them right to treatment. He wonders how we can parallel this with substance abusers and mental health problems.

Nancy sees Parole Board as different from P&P and that sometimes they are reluctant to release inmates with mental health problems and they might have a different perspective we might want to hear.

Elena suggested everyone email other ideas.

Report on Professional Boards:

Larry has it on the August 20 agenda for the Alcohol, Drug and Gambling Counselors Board.

Nancy spoke with Sandra Lowery on the Board of Examiners for Social Workers who has a great interest in the mission of the Governor's Committee on Co-Occurring Disorders. She wanted to attend the meeting today but had a previous engagement. She hopes to attend the next meeting. When asked how to promote education and continuing training to social workers surrounding the complexity of co-occurring disorder treatment with the goal of improving the treatment provided to such individuals, she graciously provided the following comments:

- LCSWs can treat for dual diagnosis; no additional license is needed. The Board of Examiners for Social Workers have several levels of licensure, Licensed Social Workers (LSW) Independent Licensed Social Workers (ILSW) and Licensed Clinical Social Workers (LCSW). The Board's only ability to influence those licensed is through the mandate that requires yearly CEUs be taken in the clinician's area of practice.
- LCSWs take national exams. Every 8 to 10 years a survey goes out to clinicians who are two-years post graduate in order to re-adjust the content on the State Board Exam. The amount of addiction content on the exam may be adjusted.
- Clinicians could offer to their fellow clinicians more CEUs pertinent to dual diagnosis screening, evaluation and treatment, etc.
- Suggest that UNLV offer more addiction coursework.
- Suggest and motivate MSW students to minor in the treatment of addictions.

In response to her suggestion that UNLV offer more courses with addiction content An-pyng reported that she and Larry offer around 25 addiction courses.

Donna suggested we have reps from the Boards come and talk with us in addition to the professional organizations. We may want to develop some minimal course work in the training programs. Nancy suggested changing the exam content.

Mel pointed out that mandated requirements can cause us trouble. Donna said that recommended course lists could be developed.

Lesley reported that she is asking Assemblymen Denis and Leslie for a bill that all providers who prescribe controlled substance be mandated to take 2 CME's in prescription drug abuse prevention and treatment.

Training program was officially cancelled by a unanimous vote.

Honoring Rosetta: Elena has not been able to talk with Rosetta's husband. She suggested we move ahead with a plaque and a proclamation to give to Mr. Johnson. Lesley will ask Annalyn in governor's office about how to issue a proclamation.

Commission on MHDS: Agenda was not sent so they were not in attendance.

Next meeting will need to focus on our report due in January.

Public Comment: None.

Agenda and Date of Next Meeting: September 20 looks good.

Meeting was adjourned.

Respectfully submitted,

Lesley Dickson, MD