

Draft Only
Approval Pending
**SUMMARY of
PROCEEDINGS**



SELECT COMMITTEE ON MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

COMMITTEE MEETING INFORMATION

April 19 – 20, 2007
Wyoming State Training School
Lander, Wyoming

COMMITTEE MEMBERS PRESENT

Senator Pat Aullman, Co-chairman
Representative Keith Gingery, Co-chairman
Senator Ken Decaria
Senator Bob Fecht
Senator Wayne Johnson
Senator Ray Peterson
Representative Tim Hallinan (April 20 only)
Representative Jack Landon
Representative Jane Warren

COMMITTEE MEMBERS ABSENT

Senator Rae Lynn Job
Representative Patrick Goggles
Representative Hallinan (April 19 only)
Representative Jerry Iekel

LEGISLATIVE SERVICE OFFICE STAFF

John Rivera, Senior Staff Attorney
Joy N. Hill, Associate Research Analyst

OTHERS PRESENT AT MEETING

Please refer to Appendix 1 to review the Committee Sign-in Sheet
for a list of other individuals who attended the meeting.

The Committee Meeting Summary of Proceedings (meeting minutes) is prepared by the Legislative Service Office (LSO) and is the official record of the proceedings of a legislative committee meeting. This document does not represent a transcript of the meeting; it is a digest of the meeting and provides a record of official actions taken by the Committee. All meeting materials and handouts provided to the Committee by the Legislative Service Office, public officials, lobbyists, and the public are on file at the Legislative Service Office and are part of the official record of the meeting. An index of these materials is provided at the end of this document and these materials are on file at the Legislative Service Office. For more information or to review meeting materials, please contact the Legislative Service Office at (307) 777-7881 or by e-mail at lso@state.wy.us. The Summary of Proceedings for each legislative committee meeting can be found on the Wyoming Legislature's website at <http://legisweb.state.wy.us>.

CALL TO ORDER (APRIL 19, 2007)

Chairman Gingery called the meeting to order at 8:00 a.m. The following sections summarize the Committee proceedings by topic. Please refer to Appendix 2 to review the Committee Meeting Agenda.

INTRODUCTION OF MEMBERS/DISCUSSION OF INTERIM OBJECTIVES

Chairman Gingery indicated that the first hour will be a brainstorming session to develop a road map of where the committee wishes to go. The purpose of the meeting is also to get input from stakeholders regarding what should be addressed this interim. The Committee members discussed the following as possible issues to consider in selecting topics:

- Not many Committee bills will have funding, in light of a letter from the Governor indicating the current level of mental health and substance abuse (MHSA) funding will be difficult to sustain.
- The funding formula regarding community MHSA centers, based on population, is not fair. Funding based on the number of clients served may be more appropriate.
- Look at Title 25 differently than in the past. Utah has addressed their involuntary commitment statutes recently, which could be used as a model.
- The Committee could possibly consider creating a mental health court pilot project that would work like drug courts, including the requirement that outpatients report to the court on a regular basis.
- Regionalization and perhaps linking funding to the implementation of that process.
- Interest in substance abuse staffing issues, because 20 of 66 positions in that Division are currently vacant.
- Possibly resurrect last session's HB 122, Psychologist licensure; HB 305, Mental Health Professions Practice Act-amendments; and, SF 91, Wyoming State Training School-name change.
- Perhaps studying the perceived shortage of trained addictions therapists and counselors in co-occurring conditions, which perception came originally from the blueprint prepared by LSO research staff last year. This could result in a pilot training program in UW/Colleges to make sure the faculty exists to teach addictions programs.
- The Committee has sponsored two major funding bills. It is necessary to fine tune things now, including making sure the money is spent for the purposes intended.
- The Committee needs to oversee information technology efforts, to get hard numbers to determine if the state's dollars are being spent wisely.
- Prevention, particularly creating early intervention programs to address problems younger children are presenting is necessary, as well as preventing alcohol abuse.

Ms. Joy Hill discussed her research on addictions therapists. Mary Alice Bruce, University of Wyoming distributed Appendix 3, relating to University's counselor education track. The Committee directed LSO to proceed with a provider survey to determine the scope of workforce shortage in the state and the needs that may exist. The survey may give the Committee direction, using the UW program as a model which could later be expanded to include community colleges. The survey should examine where people were trained and coming from. The Committee does not wish to train therapists and have them leave the state.

TOUR OF WYOMING STATE TRAINING SCHOOL (WSTS)

Ms. Diane Baird Hudson, Director, Wyoming State Training School (WSTS), provided a PowerPoint presentation on the facility and distributed Appendix 4, containing a summary of proposed legislation to change the name of the WSTS to "Wyoming Therapeutic Resource Center," a history of the institution and a map of the campus. The goal of WSTS is to establish the best and highest use of WSTS that is possible. The brain injury program was described as a new program that is highly successful with remarkable results. Senator Cale Case spoke highly of the results of that program and encouraged the Committee to consider the proposed legislation.

In response to a question from Senator Aullman, Ms. Hudson explained that WSTS is able to retain professional staff partly due to location. WSTS also has a certain culture that draws people here. The focus is on people who live here and those who work here, most are from Wyoming and 25% or more of professional staff have been here more than 20 years.

POSSIBLE ALTERNATIVE USES OF WSTS FOR MENTAL HEALTH OR SUBSTANCE ABUSE TREATMENT

Chairman Gingery advised the Committee needs to remain on schedule, but testimony is necessary regarding uses of the WSTS. The Committee saw several empty buildings on campus which are potentially available for some sort of use. Perhaps the facility could restart the Winds Program.

An individual who went through Winds Program relayed his story of how he landed in the Winds program, beginning with jail to Wyoming State Hospital, then to the Winds Program. Currently he is the Wind Farm renewable resources project manager and leading expert in the state on alternative wind energy. He had been through treatment 2 times before, and the Winds Program is the one that helped the most. Mark Russler, Washakie Mental Health Center, provided some background information about the Winds Program.

Senator Case said the tour should have focused on the 108 vulnerable adults living at WSTS, rather than the empty buildings. There has been a 10% growth in population in the last year and it is unwise to mix populations like the vulnerable adults at WSTS with the participants of programs like the Winds Program.

Dr. Sherard, Director, Wyoming Department of Health (WDH), discussed the master facilities project the state began developing last year, looking at 5 facilities administered by the Departments of Health and Family Services. The goal is to provide integrated services as much as possible. Many programs go down parallel paths. The project is a large coordinated effort to look at institutions and cross-agency collaborations. Dr. Sherard said the project would bring together stakeholders from government, people in treatment and local citizens. He would like legislative endorsement of the concept and for funding of the project in the amount of \$700,000.00. He believes there is more opportunity for collaboration within state government at this point than ever before. Apart from this effort, 06HB91 requires a facilities study of the state hospital and a report is due later this year on that study.

REVIEW OF THE DEPARTMENT OF HEALTH PROGRAMS CREATED IN 2005-2006

Dr. Sherard and Mr. McDaniel distributed Appendices 5 through 8, consisting of a notebook with tabs containing information on most issues the Department will be presenting on the following two days, an organizational chart for the senior management level in the Department, the organizational chart for the reorganized Mental Health and Substance Abuse Services Division (MHSASD), and an executive summary of the gap analysis conducted by Dr. Nancy Callahan, Ph.D., under contract with the MHSASD.

Dr. Sherard explained the revised organizational chart, which is based on the Management Audit report submitted in recent years. Merging the former Mental Health and Substance Abuse Divisions into a single entity under Mr. McDaniel occurred recently. He discussed the challenges of such a complex organization. Current staff is positive and chemistry among staff is good. There is now an actively practicing clinical psychiatrist on staff.

Mr. McDaniel said the ability to collect and analyze data was seriously lacking and the contracting process and the role of the Division in coordinating interagency relations for mental health and substance abuse issues needed to improve significantly. He explained the organizational chart for the MHSASD. He advised that no new positions have been created, but there has been some reclassification and shifting of some positions. Six AWEC positions have been filled, but 4 have resulted in turn-over already. He would like to use the AWEC funding to contract for professional positions because AWECs will not provide the quality of people needed otherwise.

Mr. Bob Peck, WDH Fiscal Officer, explained the budget information contained in Appendix 5. Representative Warren asked if KidCare was not part of the Medicaid budget. Mr. Peck advised that it is the KidCare Program is treated as a separate health insurance program. No Medicaid funds are used and participants in the Program are not Medicaid eligible. KidCare is a federal match program and it would require legislative approval to amend the KidCare state plan. Dr. Sherard added that the Healthcare Commission has a Medicaid subcommittee with some funding to do some research and may be an avenue to pursue to address respite care for caregivers of children with severe emotional disturbances.

PowerPoint Presentation of GAPS Analysis

Ms. Korin Schmidt, WDH Administrator for Policy and Planning, introduced Dr. Nancy Callahan, WDH consultant, and Ms. Marla Smith, WDH Research/Data Manager. Dr. Callahan presented the GAPS Analysis (Appendix 8). Mental health and substance abuse services are moving toward regionalization throughout the state. She explained the difference between targeted and non-targeted clients and the unduplicated number of clients that have received services in FY05, based on the most recent data available. She also discussed services hours delivered, and hours of services per client. The WDH has been working with providers to come up with performance measures for outcomes.

Regionalization and Goals

Ms. Carol Day, WDH Community Services and Treatment Manager, discussed regionalization efforts as a result of 06 HB 91. Not all counties have the resources or workforce to provide all services within the county. The goal is to ensure that no matter where people live in the state they have access to appropriate services nearby. With only 9 months of experience in regionalization, it is too soon to determine the success of efforts. 07 SF 76 includes services that are in addition to services funded by HB 91. The challenge is to merge substance abuse free standing centers with mental health centers. Local contracts include provision that they must participate in regionalization services plan.

Chairman Gingery stated that the goal is not just regionalizing the service, but to require centers to collaborate on services within an area. He also discussed the existence of too many centers and potentially combining some centers. Has the WDH discussed any of this? Ms. Day replied there had some of that discussion, but current rules and legislation prescribes how contract with agencies are to be structured. Currently, the WDH's regionalization contract are executed with only one entity per region, which entity then distributes funds to other providers in the region. She added that it would take legislative action to do what Chairman Gingery suggests. Mr. McDaniel stated that if Legislature wants to

reduce the number of centers to serve multiple counties, then debate that results in specific legislation is necessary. Chairman Gingery stated he is not proposing closing centers, but consolidating administrative services and keeping treatment services at local offices.

Chairman Gingery said he has been advised that the children's Medicaid Mental Health Waiver does not provide respite care for parents. He asked that the issue be presented to Ms. Liz Mikesell who was not present at the meeting.

Dr. Kevin Robinett, Wyoming Association of Psychiatrist Physicians, said his organization is recruiting psychiatrists, but he is not sure what is happening through the state's efforts or community mental health center's efforts. He described the results of his organizations recruiting efforts.

Representative Warren asked about advanced psychiatric nursing program recruitment efforts and whether these people could help meet workforce shortage problems. Ms. Day replied that some of those students have been placed in internships.

Senator Fecht asked if drug court funding would be subject to a 5% withholding requirement under 07 HB 74, until agreements were signed. Mr. McDaniel stated the provision applied to mental health and substance abuse programs. (Note: review of the legislation indicates that drug court programs are subject to the provision).

Ms. Day answered Committee questions about the programs and funding authorized under 07 SF 76.

Wyoming Client Information System (WCIS)

Dr. Sherard provided a brief update. Data is very important because it drives policy. The WDH is at a point where it can start analyzing data. The system is programmed, running and operational and client data are being entered. The WDH is finding low error rates. By April 30th, all provider data should be in the system and the WDH will be able to distribute monthly service reports. Ms. Smith is creating a comprehensive WCIS newsletter (see Appendix 5).

Ms. Smith described the national outcomes measures (NOMS) and the Wyoming Performance Outcome Measures (WYPOMS), instruments that, when implemented by 2008, will help answer questions regarding clients' perceptions of services received and the effectiveness of those services. States are still in process of testing measures, and there is no consensus yet as to how meaningful the data collection will be. It is necessary to develop protocols, frequency of reporting, and other criteria to understand trends.

MEETING RECESS

The Committee recessed at 5:15 p.m.

CALL TO ORDER (APRIL 20, 2007)

Chairman Aullman called the meeting to order at 8:00 a.m. The following sections summarize the Committee proceedings by topic. Please refer to Appendix 2 to review the Committee Meeting Agenda.

MENTAL HEALTH AND SUBSTANCE ABUSE DIVISION – UPDATE/PLANNING

Mr. McDaniel introduced Ms. Mary Flanderka, who will be working with the Division to bolster community outreach, and Dr. Mindy Dahl, Ph.D., who will be a senior researcher with the WCIS program. Both have been with the WDH for a short period of time, but are already producing valuable results.

Ms. Flanderka distributed her PowerPoint presentation to the committee in a CD format (Appendix 9), which contained various charts showing how the energy boom in the state has affected, and may affect in the future, the need for mental health and substance abuse treatment services. She described efforts of the larger energy companies that are working with communities to address alcohol and substance abuse problems. Dr. Dahl described a survey of junior high and high school students, examining alcohol and substance abuse by those students.

Mr. McDaniel advised that data collected by Ms. Flanderka and Dr. Dahl will drive how funds are distributed to communities and what services may be necessary in a particular community. As WCIS is fine-tuned, the data will drive the decision-making process even more.

Mr. McDaniel provided an update on Casper substance abuse treatment facility that is being built in Casper. Local funds are being used to build the treatment bed facility, and the Legislature approved funding to operate the facility when built.

Mr. Mike Huston, Director, Central Wyoming Counseling Center, advised that \$5.1 million has been raised of the \$7.8 million needed to build the facility. He is planning on breaking ground in May 31st. Eighty-six beds, including social detoxification, men, women and family suites and adolescent beds are planned for the facility. He described typical treatment times needed for various addictions. The Legislature appropriated funds that will help pay for operation of the facility through reimbursements, and Mr. Huston will work with some local businesses, such as energy groups, to help pay the expenses of the facility.

DEPARTMENT OF HEALTH RECOMMENDATIONS

Mr. McDaniel provided the following recommendations for the Committee to consider:

- It would be worthwhile for this Committee to look at implementing mental health courts, including bringing some people from other states that have implemented them to discuss the concept with the Committee.
- Funding treatment has been reactive in nature. We should look at early intervention also. (see Appendix 5, pp. 302 et seq., "Drawing the Science Together" tab, and Appendix 10, describing the program from New Mexico addressing intervention and screening). Mr. McDaniel offered to get New Mexico people here to visit with the Committee if they wish, as an example of a successful intervention program that is nonjudgmental and cost-effective.
- Data sharing, 07 HB 133 required the WDH to put together data system to share client data. It is necessary to add a law enforcement component for more information, including consulting with different law enforcement entities, including drug courts, to decide what data is needed. The WDH will ask providers to submit the social security numbers (SSN) of clients, which will raise concerns. Governor Freudenthal indicated that if the WDH is to share data across agency lines, the SSN is the most accurate client identifier. Trying to create a different identifier will hold up the process. Even if using the SSN, that information can be kept confidential.

- Legislation authorizing the WDH to share information with entities outside the WDH may be necessary, including law enforcement, local providers, the correctional system, etc. (Note: W.S. 9-2-125(d), created by 07 HB 133, authorizes such sharing of client information, under specified conditions).
- Another issue is pre-placement assessments. The Committee should look at timeliness of assessments and tools, and how they can be used in the adjudication and placement processes.
- The funding formula for community mental health and substance abuse centers should be examined, in light of Don Richards' memo last year. Every contract has an incentive and what is it? The WDH will be looking at this.
- Workforce issues, including a discussion of 07 HB 122 and 07 HB 305, should be examined, along with mentoring strategies used in some states.
- Appendix 11, a Resolution from the Governor's Substance Abuse and Violent Crime Advisory Board, and Appendix 12, a Report of the Institute of Medicine/National Academy of Sciences entitled *Reducing Underage Drinking in Wyoming: A Collective Responsibility*, should be discussed by the Committee.

Mr. Chuck Rogers, clinical psychologist, agreed with the data collection idea, but was concerned that identifying client by SSN for state purposes is a breach of confidentiality and hoped the Committee looks very carefully at it. Professionals may be reticent to do this to avoid losing the confidence of the client. The client would need to complete a written consent before data could be shared.

Mr. McDaniel said this a very difficult issue regarding data sharing. Within a system, last four digits of the SSN will work. Comparing data across systems is where issues arise, because the client identifier is collected in different ways. He would like to bring Hank Gardner before the Committee to talk about client data collection and how it can be protected. The Legislature will ultimately need to make a decision on this.

The Committee discussed the drawbacks and advantages of using a client's SSN as the common identifier. Mr. McDaniel suggested the Committee may want to have this as an agenda item at the next meeting to specifically look at creating a client identifier, whether a number or other identifier.

Dr. Sherard stated he supports Mr. McDaniel, but is very sensitive to the issue of SSN usage. It may be important to have Hank Gardner come to the next meeting to share with the Committee what barriers he has encountered by not having appropriate identifiers. Chairman Aullman agreed that Mr. Gardner should be invited to the next meeting.

Mr. McDaniel discussed the report required pursuant to 07 SF 76 on the mental health needs of veterans returning from the Iraqi and Afghanistan conflicts. Chairman Aullman asked Mr. McDaniel to keep the Committee updated on the progress of the WDH in implementing the recently enacted bills. She would like to be informed about how fast the money is being used.

After observing a moment of silence to honor those killed at Virginia Tech University, discussion resumed. Representative Hallinan asked, with respect to the incident in Virginia, should the Committee look at laws regarding the sharing of mental health information with law enforcement when someone is buying a gun? Senator Fecht advised that there are laws in place that should have prevented the shooter from getting guns. He is not sure how the shooter obtained guns, but existing laws should work and he does not believe the Committee needs to address that issue.

Mr. McDaniel stated that, in our communities, there are people who have similar problems who don't end up in such dramatic episodes as occurred at Virginia Tech. But the local problems do result in violence and havoc in affected families and neighborhoods. Data sharing across agencies could help address this.

Mr. Rogers stated there are laws regarding those posing danger to self or others.

WYOMING PSYCHIATRIC ASSOCIATION PROPOSALS

Dr. Kevin Robinett, distributed Appendix 13, containing a non-comprehensive list of psychiatrists who are practicing and various charts describing expenditures related to mental health treatments. The information is intended to provide examples of the numbers treated and costs associated with the treatment. A few psychiatrists have come into the state, but some money the Legislature appropriated for recruitment hasn't had much of an impact yet because recruitment efforts are just starting. The charts he provided described the costs for medications related to treatment.

Cochairman Gingery was concerned that we are creating a society of people on anti-depressants. He asked what the effect of that is? How do we find a balance between being over-medicated and treatment? How about discussing with people why they are being medicated and the interaction of medications with other medications? Should the highest priority be a combination of drugs and therapy? What is the most cost efficient means of treatment? Should the state get more nurse practitioners out there just to push drugs?

Dr. Robinett replied that psychotherapy is better than medication, sometimes. The results become apparent over time when person tries medications. Psychotherapy is more difficult to demonstrate its effective. Some of the problem may be medical marketing, but it is difficult to quantify. Dr. Robinett has some concerns about non-psychiatrist professionals prescribing medication.

Chairman Aullman applauded the money appropriated to train family physicians. She expressed concern with family physicians because they are so busy and deal with so many drugs. Some people are taking medications that should not have been prescribed because the doctor is not appropriately educated about the drug. Mr. McDaniel explained that Roxanne Homar, state pharmacist, is working with a contract psychiatrist to work on this type of education. The process has begun and there have been meetings with physicians.

Dr. Robinett added that the Drug Utilization Review Board tracks how many physicians prescribed psychotropic drugs for Medicaid patients. Many of those psychotropic medications were prescribed by non-psychiatrists, but this may not be unusual. With the \$75,000.00 appropriated for this purpose, the WDH is looking at providing training programs throughout the state.

Senator Peterson raised the issue of the addictive nature of prescription drugs for pain. He asked if drugs may be causing mental health problems. Dr. Robinett advised there are prescriptive drugs that can lead to addictive behavior. The drugs listed in the charts he provided are intended for treatment of mental disorders. Some medications overlap, such as anti-convulsants, ADD and seizure medications. Mr. McDaniel added that addiction to prescribed medications is the fastest growing addiction problem nationally. He hopes to begin an initiative this Spring to address that issue within the state.

Chairman Aullman asked what Dr. Robinett's opinion is on telepsychiatry. Dr. Robinett responded that it has a lot of potential, but that it has taken time to get the program implemented. It may be a challenge to get it patients involved, but he has patients who would rather use telepsychiatry than drive a long distance

for a face-to-face consultation. Since there is a dearth of psychiatric beds, telepsychiatry is a viable option. More beds would equal less of a waiting list.

WYOMING ASSOCIATION OF MENTAL HEALTH & SUBSTANCE ABUSE CENTERS (WAMHSAC) PROPOSAL

Dr. David Birney, Director of Peak Wellness Center and outgoing President of WAMHSAC, provided a history of WAMHSAC to the Committee. He introduced Ms. Marian Schulz, Executive Director, and Mr. Mark Russler, President-elect of WAMHSAC. Dr. Birney explained that WAMHSAC serves over 15,000 persons with mental health problems and 7,000 clients for substance abuse. The incomes of those they serve are quite low and those clients do not have access to other private sector treatment.

Dr. Birney and Mr. Russler discussed WAMHSAC recommendations (Appendix 14). The recommendations are not necessarily immediate concerns, but are long-term concerns that will need to be addressed eventually.

After responding to Committee questions about WAMHSAC's recommendations, Dr. Birney stated that WAMHSAC members find themselves in a dilemma with the SSN issue. They have concerns about privacy issues, but also about appropriate care. Many people are not willing to give SSN and requiring informed consent may be a barrier to care and may damage the therapeutic relationship. The issue may prevent some people from getting care. The WDH has been receptive to WAMHSAC's concerns. WAMHSAC would prefer that there be an alternative way to create identifiers, although that may make things more complicated.

Mr. McDaniel advised of the issues in negotiation for WAMHSAC contracts. Collecting names of clients has also been an issue. Listening to providers in discussions, the decision was the WDH will not ask for names, but will require SSNs. The WDH will not initially reject payment for services for failure to provide SSNs. The WDH will look at alternatives, but unless the Legislature comes back with something different, SSNs will be required for all future contracts.

Darwin Irvin, Big Horn County Counseling, expressed his feeling of responsibility to clients if SSNs will be required to be collected. The SSN is very significant matter for the individual. He believes another identification system can be used. The requirement may cause overall harm to the system.

PUBLIC COMMENT/COMMITTEE DISCUSSION FOR NEXT MEETING

Calling for public comment and hearing none, Chairman Aullman then asked that the Committee for input on agenda items for the next meeting.

Committee members recommended the following:

- Representative Warren suggested consideration of:
 - Advanced psychiatric nurse practitioners program, e.g., how is it working?
 - Workforce issues in general, including the LSO survey results and the proposal from UW if feedback justifies addressing the workforce shortage and relating to information prepared as a result of the survey. Accessible training at UW and community colleges and the Oklahoma peer training model could be examined.

- Last session's bills (HB122 and HB305) and a proposed increase in the beer tax that was deleted from the budget bill.
- Senator Decaria suggested:
 - A consideration of bills that didn't make it through last year.
 - Addressing bottlenecks in the system and deal with aging population.
 - Look at tracking and get the information needed.
- Senator Peterson suggested:
 - Consideration of regional facilities for adults and youth.
 - To avoid duplication, look at state, federal and local efforts aggregated.
 - Determining what the next step should be to implementing bills that have been passed.
 - Consideration of increasing the alcohol/beer taxes.
- Representative Gingery suggested consideration of:
 - Geriatric beds, with Dr. Hernandez present.
 - Title 25 revisions, looking at Utah statutes and adjudication of mentally ill persons.
 - Workforce issues and budgeting for UW to begin a training tack.
 - A Medicaid option to leverage federal funds for treatment.
 - Increasing the number of residential treatment beds, with testimony from providers of those beds.
 - Creating mental health courts.
 - Last session's bills (HB122 and HB305).
 - Research funding to UW.
 - Funding being spent under appropriations authorized by the Legislature.
 - Assessments and looking at the New Mexico model program for early intervention in suspected alcohol abuse cases.
- Representative Hallinan suggested looking at the Wyoming State Hospital (WSH) with an eye toward expanding the facility's capacity. Chairman Aullman advised the efforts of the Committee were to reduce the reliance on the WSH and to expand regional treatment options.
- Senator Johnson prefers to monitor what is happening with programs addressed in 06 HB 91 and 07 SF 76, which haven't been in effect long enough to properly assess the impacts.
- Chairman Aullman suggested most of her priorities most have been mentioned already; but wants:
 - The client data information system discussed more after input from Hank Gardner.
 - More consideration of the aging population, not just beds, but an overall look at where we are in terms of the aging population.
 - To address overall youth issues, i.e., what we have and what we may be lacking.
 - Workforce issues.
 - The New Mexico model.
 - Medicaid.
- Representative Landon would like to divide these issues into categories, e.g.:
 - Some things that have had a lot of work done and can move forward, like the licensing bills.
 - Road blocks to creation of mental health courts appear to be district court judges, as a group.

- Client tracking will be difficult too, but very necessary. This component needs to be addressed with more expertise.
- Issue of prevention – unless the Committee gets more information on prevention, the state will always be behind.
- Geriatric issues, including consideration of how much people value independence and examining models of in-home services.

Chairman Aullman advised the Cochairs would review the suggestions and work with staff to develop the topics that will be considered at the next meeting.

MEETING ADJOURNMENT

There being no further business, Chairman Aullman adjourned the meeting at 2:20 p.m.

Respectfully submitted,

Senator Pat Aullman, Cochairman

Representative Keith Gingery, Cochairman

Committee Meeting Materials Index

| Appendix | Appendix Topic | Appendix Description | Appendix Provider |
|----------|--|---|---|
| 1 | Committee Sign-In Sheet | Lists meeting attendees | Legislative Service Office |
| 2 | Committee Meeting Agenda | Provides an outline of the topics the Committee planned to address at meeting | Legislative Service Office |
| 3 | Wyoming Addictions Licensure Project: Addressing our Workforce Crisis | Describes a 5-year plan of the University of Wyoming to address a shortage of addictions therapist professionals | University of Wyoming, Mary Alice Bruce |
| 4 | Wyoming State Training School (WSTS) Folder | Provides a summary of 07 SF 91, programs at WSTS, and a map of the campus | Diane Baird Hudson, Director, WSTS |
| 5 | Wyoming Department of Health (WDH) Notebook | Summarizes various presentations made by WDH staff at the meeting | Wyoming Department of Health |
| 6 | WDH Management Staff Organizational Chart | Provides the names and positions of senior management staff of the WDH | Wyoming Department of Health |
| 7 | Mental Health and Substance Abuse Services Division Organizational Chart | Provides the names and positions of Administrative Staff within the Mental Health and Substance Abuse Services Division | Wyoming Department of Health |
| 8 | WDH Gaps Analysis Reports | Describes the services and gaps in mental health services provided by the WDH to clients in the State | Wyoming Department of Health |
| 9 | Energy Development Impact Information CD | Describes the impact of the energy boom on communities in Wyoming | Wyoming Department of Health |
| 10 | NASADAD State issue Brief and New Mexico SBIRT Project | White papers describing: 1) current research in brief intervention programs for alcohol and substance abuse problems; and 2) the success of a New Mexico intervention program | Wyoming Department of Health |
| 11 | Governor's Substance Abuse and Violent Crime Advisory Board Resolution | Recommends that the Select Committee conduct a study of alcohol-related state statutes, using a model developed by the Advisory Board | Wyoming Department of Health |

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| 12 | Wyoming Response | Provides the Wyoming Response to the Institute of Medicine/National Academy of Sciences Report with respect to underage drinking | Wyoming Department of Health |
| 13 | List of Psychiatrists Licensed in Wyoming and Other Charts | Provides a list of psychiatrists licensed in the State and various charts describing expenditures for mental health services and medications | Dr. Kevin Robinett, Wyoming Association of Psychiatric Physicians |
| 14 | Wyoming Association of Mental Health and Substance Abuse Centers Pamphlet and Recommendations | Provides the WAMHSAC recommendations for the Select Committee's consideration | Dr. David Birney, President, WAMHSAC |