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## Testimony before the Nevada Commission on Behavioral Health November 18, 2016

My name's Barry Lovgren, and I'm a retired behavioral health professional.

It's now precisely seven years since I first brought to this Commission's attention the problem of insufficient substance abuse treatment being provided to pregnant women and how I ascribed much of this problem to SAPTA not meeting Substance Abuse Block Grant requirements designed to maximize substance abuse treatment of pregnant women and of injection drug users. That was back in 2009 when the number of pregnant women receiving substance abuse treatment had fallen to half what it had been. It's stayed down there since, with no corresponding decrease in the number of pregnancies and no evidence that the rate of substance abuse among pregnant women has diminished.

At your last meeting I spoke with you about how the Division had attained compliance with the requirement to publicize the availability of substance abuse treatment and admission priority for pregnant women, but had been failing to meet Block Grant requirements for a waiting list and capacity management system for pregnant women and injection drug users, for a substance abuse services needs assessment, and for funded treatment programs to conduct outreach to injection drug users. I spoke to how the Division Administrator had given signed assurance to the Substance Abuse and Mental Health Services Administration that these requirements would be met. That funding began on October 1<sup>st</sup>, and I asked that your agenda for today's meeting include a report from SAPTA on how those requirements now have been met.

While the agenda doesn't call for that, it does provide for SAPTA to report on simplification of the sub-grant process by which SAPTA distributes that Block Grant funding. I'm hoping that the report will include letting us know how SAPTA met the requirements for Nevada to be eligible for the funding. What I'm hoping for most is that you'll care about this. In 2007 SAPTA became an orphan agency not accountable to any public body and it may or may not be a coincidence that that's when the number of pregnant women receiving substance abuse treatment began to collapse. In 2013 you became the public body with statutory authority to provide citizen overview of SAPTA.

When the Division was considering consolidation of behavioral health with public health back in 2013 it commissioned a gaps analysis to identify the challenges to be met. One that was identified was the longstanding and continuing lack of sufficient public overview of behavioral health services. SAPTA needs you to help keep an eye on the shop. Whether we're going to have healthy babies or whether we're going to have addicted and disabled ones depends on whether we're doing all we should be doing to make treatment available to pregnant women who have problems with alcohol and other drugs.