

Division of Public and Behavioral Health
Substance Abuse Prevention and Treatment Agency (SAPTA)
Advisory Board

MINUTES

DATE: February 17, 2016

TIME:

Videoconference

LOCATION:	DPBH	HCQC	DHCFP
	4126 Technology Way	4220 S. Maryland Pkwy.	1020 Ruby Vista Dr.
	Second Floor Conference	Building D	Suite 103
	Carson City, NV	Las Vegas, NV	Elko, NV

BOARD MEMBERS PRESENT

Michelle Berry, Vice Chair
Lana Robards
Tammra Pearce
Michelle Watkins
Denise Everett
Dani Tillman
Frank Parenti
David Robeck
Jamie Ross
Kevin Morss

CASAT
New Frontier
Bristlecone
Central Lyon Youth Connections
Quest Counseling
Ridge House
HELP of Southern Nevada
Bridge Counseling
PACT Coalition
WestCare

BOARD MEMBERS ABSENT

Diaz Dixon
Debra Reed
Pauline Salla-Smith
Ester Quilici
Jennifer Snyder

Step 2
Las Vegas Indian Center
Frontier Community Center
Vitality Unlimited
Join Together Northern Nevada

OTHERS PRESENT

Roxane DeCarlo
Mark Disselkoen
Denna Atkinson
Barry Lovgren
Leah Cartwright
Christopher Croft

Empowerment Center
CASAT
Foundation for Recovery
Citizen
J.K. Belz & Associates
Tahoe Youth Family Services

SAPTA/STATE STAFF PRESENT

Kevin Quint
Kendra Furlong
James Kirkpatrick
Agata Gowronski
Stephanie Woodard
Sara Weaver

SAPTA Bureau Chief
SAPTA Health Program Specialist
SAPTA Management Analyst
Board of Examiners For Alcohol, Drug, & Gambling
Licensed Psychologist
Administrative Assistant

1. Welcome and Introductions:

The meeting was called to order by Michelle Berry at 9:43 a.m. A quorum was established.

2. Public Comment:

Barry Lovgren stated there was a Medicaid Public Workshop during which expansion of reimbursements for all providers regardless of whether they were SAPTA-funded or not. He stated he would like clarification on that matter and perhaps there could be discussion when the Board addresses agenda item 6.

Mr. Lovgren stated he needed clarification on agenda item 8. It was his perception that it was only for fiscal monitoring. He inquired as to whether programmatic monitoring would be included.

3. Approval of Minutes of the December 11 Meeting:

Denise Everett moved to approve the minutes with revisions. Lana Robards seconded the motion. The motion carried.

4. Standing Informational Items (Chair Report, SAPTA Report, CASAT Report):

There was no Chair report.

Kevin Quint gave the SAPTA report. He summarized the vacancies and new hires in SAPTA. He stated that, once fully staffed, a list of provider assignments would be distributed to providers. Mr. Quint advised the Board of the newly appointed staff in the Division's Administration unit.

Mr. Quint stated the kickoff meeting for the provider rate study was held on February 5. He stated that the rate study was not solely for funded providers. He indicated that the rate study was an effort to determine actual rates that providers charge, not arbitrary rates set by SAPTA.

Mr. Quint indicated the DDCAT [Dual Diagnosis Capability in Addiction Treatment] training program would be a concerted effort by SAPTA, CASAT, as well as others throughout the State. The intent is to provide funded providers the opportunity to become co-occurring enhanced.

Mr. Quint stated the "one-twelfth rule" would be lifted as of March 1. This would be an effort for SAPTA to extricate itself from micromanaging provider budgets and cash flows.

Mr. Quint stated the RFQ [Requests for Qualifications] should be posted soon. Mr. Quint stated the RFA [Requests for Applications] for prevention coalitions was posted recently.

Mr. Quint stated that Jon Perez of SAMHSA [Substance Abuse and Mental Health Services Administration] would be visiting SAPTA the week of February 21. Mr. Quint and Mr. Perez would be visiting providers in northern Nevada.

Mr. Quint stated there have been changes to 42 CFR. Mr. Quint stated he would email pertinent information to providers.

Mr. Quint stated there has been a movement to move all fee-for-service to MCOs [Managed Care Organizations]. Medicaid will hold a public hearing in March regarding this matter.

Mr. Quint stated the President's budget had been released with unprecedented funding for substance abuse and related issues. He stated he would forward providers an email he received regarding this matter.

Mr. Quint indicated that Quantum Mark undertook a study to look at provider billing. He stated that, because the report is voluminous, staff would be determining how best to send the report to providers.

Mr. Quint stated that SAPTA is planning to discontinue use of the sliding fee scale as of July 1. Staff is developing a flowchart to determine "What is a SAPTA client?" There will be additional details regarding this matter during the next Board meeting.

Michelle Berry provided the CASAT report. She stated that CASAT would be holding a "Summer Institute" the first week of August in Las Vegas.

Ms. Berry stated CASAT was working with Foundation for Recovery to update the 46-hour peer support specialist training. Once updated, CASAT will conduct in-person training in northern and southern Nevada.

Ms. Berry stated CASAT is now an ISO [International Standardization Organization] testing site. Examinations can be scheduled through a third party. However, the testing would take place at the University of Nevada, Reno.

Ms. Berry gave a brief update on the Behavioral Health Association. The Association met and decided to obtain ICRC [Integrated Care Resource Center] endorsement so they can work with those who want to become certified peer support specialists. In addition, the Association is developing a position paper on Medicaid that should be released soon.

In addition, Ms. Berry stated that Sheila Leslie had developed a position paper outlining various issues with Medicaid, MCOs, and SAPTA. Ms. Berry will forward the paper to providers and will have the paper included in the minutes of this meeting.

5. Discussion of Medicaid Reimbursement:

Alexis Tucey gave an update on the Division of Health Care Financing and Policy (DHCFP). She stated that Coleen Lawrence was no longer with DHCFP. Ms. Tucey indicated that she was trying to pick up where Ms. Lawrence left off. Ms. Tucey assured the Board that her goal is to be an active participant in the SAPTA Advisory Board meetings. She acknowledged that there are still unresolved provider concerns.

Ms. Tucey indicated that DHCFP is undergoing further challenges since a new Medicaid Management Information System (MMIS) system is currently being implemented. She stated there might be delays in implementing provider issues in the new system.

Ms. Tucey stated she was in the process of developing a matrix of provider concerns. She will distribute the matrix by the end of February or early March to providers for their input.

Ms. Tucey reiterated her commitment to facilitate communication between Medicaid and the SAPTA Advisory Board.

6. Update on Medicaid Meetings on Fee-for-Service and Managed Care Organizations:

This item was tabled.

7. Certified Community Behavioral Health Clinics (CCBHC) Update:

Stephanie Woodard stated that she is the program director of the CCBHC planning grant. She stated that Nevada was awarded the grant in October 2015. Nevada was 1 of 24 states awarded the grant. The grant is co-funded by CMS [Centers for Medicaid and Medicare Services] and SAMHSA. She stated it is a one-year planning grant. Of the deliverables, Nevada must create a prospective payment system and quality bonus payment options through Nevada Medicaid. Currently, we are looking at data quality measures and trying to find ways that CCBHCs are able to report on those quality measures since payment is based on quality measures. Dr. Woodard stated there are ongoing outreach efforts for stakeholders. Another aspect is to define what services will be available under CCBHCs. CCBHCs are supposed to provide specific core service types. Dr. Woodard indicated the CCBHC RFA was released on February 16.

Dr. Woodard listed the core services under the CCBHC planning grant:

- Crisis mental health services, including 24-hour mobile crisis teams
- Emergency crisis intervention
- Crisis stabilization
- Screening assessment and diagnosis, including behavioral health risk management
- Patient-centered treatment planning
- Outpatient mental health and substance use services for children and adults
- Provide outpatient primary care screening and monitoring of key indicators and health risks
- Targeted case management
- Psychiatric rehabilitation services
- Peer support counseling services and family support services
- Intensive community-based mental health care for the armed forces and veterans, particularly in rural areas under the standards of Veterans Administration for clinical care

Ms. Everett inquired if an organization does not provide services for children under the age of 12, were these organizations able to apply to be a CCBHC. Dr. Woodard replied that the CCBHC would have to contract to place a child with behavioral health issues under the CCBHC.

Dr. Woodard stated that technical assistance is being sought through CMS and SAMHSA. She stated that she is open to all of those seeking to become CCBHCs. Dr. Woodard stated the CCBHC effort was to move clinical care beyond traditional brick-and-mortar provision of services and to integrate services where they are most accessible for individuals.

Dr. Woodard indicated that there would be outreach to providers and other stakeholders to have open forums to incorporate input in the planning. In addition, a CCBHC listserv has been created and providers and other interested parties may subscribe:

<https://listserv.state.nv.us/cgi-bin/wa?A0=ccbhc>

Ms. Everett inquired if there was technical assistance available for providers wishing to apply for the grant. Dr. Woodard stated that Sheila Lambert was the contact for technical assistance.

8. Presentation and Discussion on SAPTA Monitoring Process:

Mr. Quint stated that SAPTA would begin a new monitoring process. He stated the monitoring process would be driven by the Nevada Revised Statutes (NRS), the Nevada Administrative Code (NAC), and federal regulations as they pertain to the block grant. The monitoring program includes fiscal and programmatic aspects of entities monitored. Ms. Robards asked if the same tools of the past would be used in the new monitoring process. James Kirkpatrick stated there would be two monitoring tools, although they have been revised. He stated that the tools would include federal citations explaining why certain aspects of programs would be monitored.

Mr. Quint stated that, in the past, there were two different monitors but SAPTA is combining the two into one monitoring tool. This will be the process to ensure that block grant funding is being used appropriately.

Ms. Everett asked when the monitoring process would begin. Mr. Kirkpatrick stated they would begin in May. A schedule will be issued on an annual basis in the future.

Mr. Quint stated that methadone programs would be included. SAPTA will work in concert with HCQC [Health Care Quality and Compliance] for monitoring these programs.

Mr. Lovgren asked if grant assurances in contracts would also be viewed during the monitoring process. Mr. Kirkpatrick replied in the affirmative.

9. Discuss the Future of the SAPTA Advisory Board:

Mr. Quint stated that there has been a movement to integrate mental health and drug and alcohol services. He stated there is the Behavioral Health Planning and Advisory Council (BHPAC). Members of the BHPAC are appointed by Governor Sandoval. Membership is comprised of consumers, providers, and State employees. The SAPTA Advisory Board is not a statutory Board. Mr. Quint stated that other states have combined the two similar groups. Combining the SAPTA Advisory Board and the BHPAC would not be a simple task. Mr. Quint stated he plans to ask SAMHSA's advice on combining the SAPTA Advisory Board and the BHPAC.

Ms. Everett stated she is a member of the BHPAC. She stated that one of the BHPAC's duties is to review the block grant and subsequently advise the State. She said it would be valuable for the SAPTA Advisory Board to be part of the BHPAC. In addition, she stated there are not many members of the BHPAC that work in the field of substance abuse. Tammra Pearce agreed, but added that she found value in the SAPTA Advisory Board.

Mr. Quint stated he appreciated the input, but stated he wanted to discuss the makeup of the SAPTA Advisory Board. He asked, "What is the best use and makeup of this group?"

Michele Watkins asked if coalitions would be involved in the BHPAC. Mr. Quint stated it would be best to address the question to Michael McMahon.

Mr. Quint stated that inclusion of the SAPTA Advisory Board members in the BHPAC would require that a Bill Draft Request be prepared and submitted to the Legislature. Ms. Everett stated it would also require research of the NRS and NAC. She stated the BHPAC meets quarterly and their primary focus is on mental health matters. However, Ms. Everett stated that the issues discussed by the SAPTA Advisory Board could easily be incorporated into the issues the BHPAC addresses.

Ms. Everett stated that she would like to maintain the SAPTA Advisory Board because it is the only time she has the opportunity to network with providers.

Dani Tillman represented Steve Burt in his absence. She stated that Mr. Burt is an advocate for combining the BHPAC and the SAPTA Advisory Board.

Frank Parenti stated he thought that the SAPTA Advisory Board was a forum for provider concerns; however, it seems that nothing of substance comes out of the meetings. Unless this Board is statutorily required and is considered as important as the BHPAC, he could see why there was a movement to combine the SAPTA Advisory Board and the BHPAC. Mr. Parenti also stated he would like the SAPTA Advisory Board to continue. He stated he was disappointed with what happened with the block grant. He stated that the Board had no input into the block grant. The value of the SAPTA Advisory Board has been at the mercy of who has held the positions of the Division Administrator and the SAPTA Bureau Chief. He stated that providers should have a say in what is going on in the State of Nevada.

Mr. Quint stated the Provider Association had not been active and, thus, the Provider Association is not on the radar. Mr. Quint stated, for the SAPTA Advisory Board to be effective, the Provider Association needs to be strong. It would be helpful if most of the advice emanated from the Provider Association.

Mr. Quint stated that during the last SAPTA Advisory Board meeting there was an agenda item pertaining to prevention. He observed that most treatment providers left the meeting at that point. He expressed his dissatisfaction that treatment providers left the meeting even though there was a valuable presentation given on prevention. Mr. Quint stated that the Advisory Board's work lies in its ability to advise SAPTA on all things pertaining to substance abuse prevention and treatment.

10. Discuss the 2016 SAPTA Advisory Board Meeting Schedule:

Ms. Berry stated she would send a survey to providers to determine what schedule would work best for the majority of Members.

11. Review Possible Agenda Items for the Next SAPTA Advisory Board:

This item was tabled.

12. Public Comment:

There were no public comments.

13. Adjourn:

Ms. Berry adjourned the meeting at 12:41 p.m.