

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

---

**SAPTA ADVISORY BOARD  
MINUTES**

**DATE:** April 10, 2019

**TIME:** 9:00 a.m.

**LOCATION:** **Meeting**  
**4126 Technology Way**  
**2<sup>nd</sup> Floor, Conf. Room 201**  
**Carson City, NV 89706**

**Videoconference**  
**4220 S. Maryland Parkway**  
**Building D, Suite 810**  
**Las Vegas, NV 89119**

**TELECONFERENCE (888) 363-4735 / Access Code #3818294**

**BOARD MEMBERS PRESENT**

David Robeck, Co-Chair, Bridge Counseling

Lana Robards, Co-Chair, New Frontier

Andrea Zeller, Churchill Comm Coalition

Denise Everett, Ridge House

Ester Quilici, Vitality Unlimited

Jamie Ross, PACT Coalition

Jasmine Troop, HELP of Southern Nevada

Jolene Dalluhn, Quest Counseling

Jennifer Snyder, Join Together Northern Nevada

Leo Magridician, WestCare Nevada

Mari Hutchinson, Step 2

Michelle Berry, CASAT - UNR

Patrick Bozarth, Community Counseling Ctr

Rikki Hensley-Ricker, Bristlecone

Wendy Nelsen, Frontier Community Coalition

**BOARD MEMBERS ABSENT**

**OTHERS PRESENT**

Tenea Smith, Rural Nevada Counseling

Amanda Henderson, WestCare Nevada

Kay Velardo, CCC of Southern Nevada

Mark Disselkoen, CASAT

Taylor Allison, PDC

Dani Tillman, Ridge House

Michelle Padden, CASAT

**SAPTA/STATE STAFF PRESENT**

Brook Adie

Raul Martinez

Auralie Jensen

Tracy Palmer

Rhonda Buckley

Stephanie Woodard

Dennis Humphrey

Dawn Yohey

Charlotte Andreasen

J'Amie Fredrick

1. Roll Call, Introductions and Announcements  
Completed by Lana Robards, Co-Chair.

2. Public Comment

Ms. Quilici – Asked to give presentation at NAPCON. Expressed her position and thoughts of being part of coalition.

3. Approval of Minutes of Feb. 13, 2019

Members ask for minor edits/corrections to names, acronyms and language in minutes. Raul Martinez suggests emailing SAPTA staff for corrections prior to meeting.

Mr. Robeck – Cannot vote on approving minutes with so many changes to be made to minutes.

Ms. Adie – No requirement for summary or full transcript (by AG's office). Asks those who may have changes, send them to Rhonda (Buckley) prior to meeting so they will be on record. SAPTA to contact AG's office to see if this process is acceptable.

Ms. Robards – Agrees changes should be made prior to vote of approval. Asks for feedback.

Ms. Snyder – Motions for February minutes be tabled to next meeting and include December minutes on agenda, for approval.

Ms. Dalluhn seconds motion. Motion in favor (numerous ayes); opposed (none). Motion to table to next meeting approved.

4. Standing Informational Items

- Co-Chair Report – David Robeck. Nothing to report.
- Ms. Robards – Impressed with Ms. Quilici's presentation at NAPCON. Thanked her.
- Substance Abuse Prevention and Treatment Agency (SAPTA) Report  
(Brook Adie, Kendra Furlong, Dawn Yohey)

Ms. Adie – Noted she also attended NAPCON. Well-attended event; good information. Has invited guest speaker from NAPCON, who spoke on Medicare, to Nevada for two presentations. Introduced Tracy Palmer as Health Program Manager at SAPTA, her role within division. HIV/AIDS program back under SAPTA bureau. Current legislation in progress to bring problem gambling to SAPTA bureau. Update on 1115 demonstration waiver; working with CMS to ensure all aspects are ready to move forward. Legislation has been proposed nationally for extensions of CCBHCs. Will be releasing RFA for adolescent services; met with DCFS criminal justice to look for gaps in services so dollars can be focused to meet needs of community. Working on next round of PFS and block grant funding.

Ms. Yohey – Spoke on 1915i, state health plan for Medicaid, was placed in Governor's budget. Hope to have go-live date in January 2020. Working with CMS, project is for homeless population and those who are at-risk of homelessness.

Ms. Zeller – Asked Brook who surveys were going to (regarding RFAs). Ms. Adie clarified no surveys; will have (statewide) focus group to talk as a community.

Ms. Tillman – Question regarding HIV/AIDS group back under SAPTA; where will she send RFRs?

Ms. Adie – Advised process will be the same; no changes at this time.

Ms. Dalluhn – Asked for clarification, if juvenile services were a part of RFA (as she said earlier);

Ms. Adie confirmed, yes.

Ms. Ross – Asked about statement of gambling coming under bureau; was there an actual bill for this and what is the bill number.

Ms. Adie – Not BDR, a budgetary request to move problem gambling from current budget account to SAPTA budget account. There is current legislature regarding budget, not sure of bill number(s), will send out (via email). No other questions for SAPTA.

- CASAT Report  
(Michelle Berry, Mark Disselkoe, Michelle Padden)

Ms. Berry – Referring to Medicare training Ms. Adie spoke about; is July 18 in Las Vegas; July 19 in Reno, 8:30 a.m. to Noon each day. As soon as contract information is worked out; an email will be sent for registration. Released funding for State Opioid Response dollars; dispersed from university throughout the community. Informational webinar April 11. There are eight categories for solicited information; applicants may apply for more than one area. All information can be found at [www.nevadasor.org](http://www.nevadasor.org). CASAT working on training, teams include Carson Tahoe Hospital and Northern Nevada Hopes. Anyone familiar with NPRC, transitioned to online service. Looking for guest contributors.

Ms. Padden – Division certification, through SAPTA, based on NRS 458 and NAC 458. Have more providers who are not SAPTA funded, than those who are.

Ms. Ross – Gives shout out to Auralie for her assistance. Asks SAPTA staff to update provider list on website, as it is very helpful.

Ms. Padden – Refers request to Raul Martinez she sends updated provider list to him.

Mr. Martinez – Agrees, list is buried on website. It is a pending project for website to be reconfigured and user friendly. What could be done, when list is updated, send it out on Listserve. Will also send out after meeting.

Ms. Dalluhn – Asks who Medicare training would be best to participate (employees).

Ms. Padden – Will send information (once contract is done) to her so she can determine who would benefit most.

Ms. Adie – The desired outcome (of Medicare training) is to increase Medicare providers. Knowing this, would enable agencies to send appropriate employees to the training for potential enrollment.

Ms. Robards – Grateful for this opportunity as more and more Medicare clients are being seen, who have no other coverage.

Mr. Disselkoe – Spoke on CCBHC project. Specifically, thanked Vitality Unlimited in Elko, New Frontier in Fallon, and Bridge Counseling in Las Vegas. These agencies have been working hard over past couple of years, building capacity, increasing number of services provided, basic skills training. Also, proposed CCBHC locations working toward building system, on-site visits have been made, eventually formal on-site certification will be done. Mentioned Vitality Unlimited has applied for separate, federal CCBHC expansion grant for Carson City and Dayton and was awarded this grant.

Ms. Robards asked for Mr. Disselkoe to outline the six facilities funded and are part of the CCBHC project. They are: Rural Nevada Counseling, Quest Counseling, Northern Nevada Hope, Carson City Community Counseling Center, Bridge Counseling Associates, FirstMed Health and Wellness Center. Added Vitality Unlimited opened new CCBHCs in Carson City and Dayton. Noted efforts for businesses to become “recovery friendly,” by request of former Governor Sandoval. Question was asked, how is “recovery friendly” defined. Facility must develop policies and procedures, go through training, an application process, a number of steps, and be supportive of recovery.

Ms. Berry – Brought handouts for training. Regarding STR, noted to date, 8,634 naloxone kits distributed across Northern Nevada; 3,870 administered to individuals (within recovery centers); inducted 3,042 individuals into methadone; 254 with buprenorphine; 79 administered naltrexone; 911 services collected and brought back; overdose death reversals data brought back, 212. Question asked if data is only from IOTBs; answer, only IOTRCs.

Ms. Quilici – Wants to recognize CASAT team for general support and advances, helping agencies evolve with training. Ms. Robards seconds her comments.

5. SAB Funding Sub-Committee Update  
(Ester Quilici)

Ms. Quilici – Recaps first three meetings of sub-committee; who was eligible to be on board, names all board members. Discussed agenda items; sees need for additional meetings with number of agenda items. Brought up timeliness of RFR payments; asks this agenda item be recurring of SAB meetings in future.

Ms. Everett – Two questions: Ms. Quilici mentioned Life Change Center as board member, they are not. Also, Ridge House volunteered to be on committee, has not heard anything since it was created.

Ms. Quilici – Life Change Center mention was an “oops”; Ridge House was not listed as absent.

Ms. Tillman – Asked to be added to email list for SAB Funding Sub-Committee for meeting notices.

Ms. Robards – Noted Jennifer DeLett-Snyder withdrew from funding sub-committee.

Ms. Snyder – Noted reason for first volunteering; added if she was again needed, to let her know.

Ms. Robards – Is active member of funding sub-committee and thanked Ms. Quilici for her contribution as chairperson with so many important topics to cover. Noted item of 1115 waiver on sub-committee’s agenda; most concerting questions around item are the, “What ifs?” Most importantly regarding residential programming services, and other services needing to be addressed.

Ms. Dalluhn – Agrees with Ms. Quilici on importance of sub-committee meeting. Her suggestion and request is to keep meeting monthly.

Ms. Quilici – Understands what Ms. Dalluhn is saying; whatever group wants to do is okay with her.

Ms. Buckley – Will send Doodle Poll today for availability of members for next meeting.

Ms. Smith – With Nevada Rural Counseling asked to be added to email list for meetings of funding sub-committee so they may listen in.

Ms. Buckley – Yes, will add to emailing list.

Ms. Robards – Recognizes Dr. Stephanie Woodard.

Ms. Woodard – Have completed internal fiscal analysis of the 1115 demonstration waiver impact. Wanted to walk everyone through the thought process of the analysis as there are many contingencies to deal with. The IMD exclusion is not currently funded in the governor’s recommended budget. Concern is, if not funded, SAPTA will not be able to it enact it, will then be put in inactive status. One possibility, since SAPTA does receive general fund dollars, could we use the general fund dollars to use at the match to draw down federal funding. As a reminder, block grant funds cannot be used to match and draw down federal funding because you cannot use federal funds to match federal funds. Did the analysis, not beneficial to use the funds at this time for us to put up general fund dollars for match under the IMD exclusion. Not everyone who receives SAPTA funding for residential services is not on Medicaid. Vast majority are receiving funds through block grant funding or Medicaid. If 1115 Waiver is funded, did not anticipate it would start until January 2020, need time on back end to complete projects. Explained financials of funding with IMD; both projected and past use. What this could mean is an exponential number of beds to be opened as we could draw down revenue from Medicaid. Current budget is \$7 million dollars; budget over biennium with general fund as well as Medicaid match, more than \$28 million dollars. It would open up access without hurting SAPTA’s budget.

Ms. Robards – Appreciates the information and clarification.

Ms. Woodard – Added rates were taken from Meyers and Stauffer survey completed in 2016; used rate increase for this budget. Depending on level of care, could see a significant rate increase in IMD exclusion. Tried to make sure it reflected cost of doing business, including staffing.

Ms. Robards – Asked if 1115 waiver was put in, in pieces.

Ms. Woodard – Noted it is one waiver. With guidance received from CMS, IMD with the exclusion goes into the 1115. Only portions at this time of the CCBHC will go into the 1115; other parts will go into the State plan. All of this is still under negotiation with CMS.

Ms. Robards – Asked if the CCBHC portion of the 1115 waiver was still projected for July 1. And the IMD is slated for July 2020.

Ms. Woodard – Explained all of it is going into the same application, with staggered starts. There is an implementation plan that goes into the 1115. A very specific step wise integration plan.

Ms. Quilici – Ms. Quilici asked for clarification of State plan.

Ms. Woodard – Explains State plan refers to Medicaid, with the exception of CCBHC as that's under a demonstration. Defers additional information to Tracy Palmer.

Ms. Palmer – Informs everyone to go to Medicaid Division of Healthcare, Finance and Policy website; at bottom link to Medicaid Service Manual and Medicaid State Plan, to find this information. Important for providers to read/comply as they are bound by the language.

Ms. Woodard – Noted part of discussion has been on prior authorization. Under the 1115 demonstration waiver able to waive prior authorization for those for fee for service. Trying to find out if this can be done as there may not be actual permissions, due to CMS regulations. This is on-going.

Ms. Dalluhn – Asks about IMD exclusion in regards to CCHBC and future funding.

Ms. Woodard – Explains funding as one application, two programs.

Ms. Quilici – Asked if legislative approval was needed or is the process administrative.

Ms. Woodard – Asks which portion.

Ms. Quilici – All of the changes that were mentioned.

Ms. Woodard – Explains funding is legislatively allocated. Funding piece does go through legislative process, they are the ones who approve the budget. All other pieces, 1115 demonstration waiver and state plan amendment, are an administrative function that is in negotiation with CMS.

Ms. Quilici – Questioned support at state level.

Ms. Woodard – Blood, sweat and tears, meeting with CMS each week. Doing absolutely everything possible to evaluate the current project. Level of detail with all the allowable services, trying to negotiate, up to plate as much as possible for everyone at this point.

Ms. Quilici – Questions legislative support. Do they support the funding?

Ms. Woodard – That would be a good question for your legislators.

Ms. Quilici – We have gone to our legislators, but I'm concerned about the whole state. If they all support the funding. Asks for suggestions of Ms. Woodard, legislatively.

Ms. Woodard – Noted there are always opportunities for people to reach out to their legislators, not germane to only this but to anyone and everyone. Public body, public building, free to go and speak to who you like about what is important.

Ms. Quilici – Noted her last attempt in this manner was not ideal. Will go attempt to go to legislature again.

Ms. Robards – Thanked Ms. Woodard for her update on the 1115 waiver. Mentioned finding out who are on the (legislative) committees for contact to garner support. A multifaceted project.

6. Present and Discuss the Consumer Satisfaction Survey that will be forthcoming to providers (Dennis Humphrey)

Mr. Humphrey – Plan is to expand survey to all treatment providers. There are presently six different consumer surveys that three of the certified CCBHCs are using: Adult, English & Spanish; Youth, English & Spanish, and Parent/Child, English & Spanish. Explained criteria of survey; they are submitted quarterly. Assigned code will be placed on forms to identify providers. Initial cost for developing forms and printing, paid by SAPTA. Subsequent payments will be made by the provider(s). When information comes in and is scanned, will create files for the

information. Reports are generated from the survey and sent to James Kuzhippala, who then generates a satisfaction survey report. Distribution date is set for July 1, which will begin the first quarter.

Ms. Adie – Wants to make clear this effort ties back to the funding sub-committee, as it relates to how funds are distributed to providers. There are data elements missing that are needed to help drive decisions. One is the satisfaction survey. Starting July 1<sup>st</sup> to be able to compile solid data; very important providers get this to us. Next step will be to have certified providers participate. Technical memo to be sent out regarding TEDS data; if information is not sent in, provider may be in danger of losing funds. Prevention organizations will not need to complete surveys; for treatment agencies only.

Ms. Everett – Asked who surveys will go out to. And, what will be done with information once surveys are returned.

Ms. Adie – Noted it will only go out to SAPTA-funded providers. The intention is to publish information.

Ms. Robards – Said it is being done with her CCBHC outpatient program, asked if it would be required of their residential program as well.

Ms. Adie – SAPTA wants all funded providers to conduct the survey on all people served, not just funded individuals.

Ms. Quilici – Asked about detox clients completing survey, and CPC.

Ms. Robards – Understands request, however, these clients are generally in no shape to participate in survey. Personally, feels they (clients) will not be able to complete survey.

Ms. Adie – Clarifies survey is not upon admission.

Ms. Robards – Explains surveys are completed at end of month; turned in on first of month.

Ms. Adie – Appreciates feedback. There will be further discussion and she will return with more information as the process is defined.

Ms. Everett – Asked if surveys will be validated and reliable, what will be done with the information. Ridge House already does internal satisfaction survey, as does others. How will this survey be different from what they already do, and how will the information be useful?

Mr. Humphrey – Reminded all Ms. Adie addressed this issue with the funding for services agencies provide. A valuable tool for SAPTA to use. In-house surveys, he has not seen so he cannot address, but this is what SAPTA needs to do for their analytics department to generate a report that is handed out at some legislative hearings.

Ms. Tillman – Brought up ongoing cost to providers for printing of surveys, some with large client bases, could it go into an online format.

Ms. Adie – Is working with Scantron on this possibility. Has not had the opportunity yet to create the templates for online submission. SAPTA could email the form for agencies to print out but will look into online possibility. Will work on more cost-effective way for in-house supplies.

Ms. Tillman – Very happy to make computer available for her clients to complete survey online.

Ms. Smith – Asked if survey is based on national measures? SAMHSA clients completes survey based on national measures. Welcomes SAPTA to view their surveys.

Ms. Adie – Will get answers to her questions.

Ms. Robards – Refers to TEDS data. She received email for grouping of roll-out of WITS. Point of clarification, the TEDS data will now be collected within the TEDS data repository, as it rolls out. It also includes new data that is being required to collect outside of the TEDS data.

Ms. Adie – Thanked Ms. Robards for the TEDS data reminder. Data repository, otherwise known as CDR, provider data will be loaded through this. For the time being, submit as usual until system goes live. Next step is WITS group to be working with AWARDS and providers who use this system. Clarified, FEI – contracted entity to provide electronic health record and prevention modules. Goal is to have everyone go live in August. Electronic Health Record – EHR, outdated health system – not moving forward with this. Not ONC certified, very outdated system, too

many gaps in system. Exploring other options. Asks those who are looking into other systems to call her and have a conversation and, see if there are funds available to help cover cost.

7. Discuss Adolescent Funding Opportunities and Make Recommendations to the SAPTA regarding what to Explore, Pursue, Avoid, etc.  
(Kendra Furlong)

Ms. Adie – Been gathering data, showing where gaps are, reason why SAPTA is meeting with juvenile justice. Desire is to get feedback from community. Subject also circles back to submission of TEDS data. Opens for discussion.

Ms. Robards – Asks if input is wanted prior to putting out RFA for adolescent services (Yes).

Ms. Dalluhn – Asks how input is requested.

Ms. Adie – Agenda item is for possible action. Feel free to email her for thoughts or observations.

Ms. Zeller – What does that funding look like?

Ms. Adie – Targeted funds have been prioritized for adolescent services. Have identified gap in transitional services. Much of the gap sits in DCFS within their juvenile justice services. Not known if mental health services is included, will look into it.

8. Discuss and Recommend Agenda Items for the Next Bi-Monthly Meeting on June 12, 2019

Ms. Quilici – Would like SAB Funding Sub-Committee on Agenda

Ms. Snyder – Prior item, this group's expectations of SAPTA. Was going to gather input from others, did not. Will get it done and would like to present at next meeting.

Ms. Robards – Asks for any other items for future agenda. (None)

9. Public Comment

Ms. Yohey – Spoke on OCATS, have space for 12 organizations and have 5 signed up to date. On October 18, hosting Crisis Now Summit in Las Vegas.

Ms. Dalluhn – Asked about signing up for webinar and OCATS.

Ms. Yohey – Asked for participants to sign up for webinar, as whomever signs up for the webinar Will be placed in the pot for project.

Ms. Robards – Crisis Now Summit, is it part of plan Dr. Woodard rolled out with Crisis Call Center?

Ms. Yohey – Yes. Notes Dr. Covington, creator of the Crisis Now model will be at the summit as a speaker.

Ms. Robards – Any other public comment? (None) Hearing no comments, votes to adjourn.

Ms. Troop – Motions to adjourn; David Robeck seconds.

10. Adjourn