

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

MINUTES

DATE: April 12, 2017

TIME: 9:00 a.m.

LOCATION:	Meeting	Videoconference	
	Carson City	Las Vegas	Elko
	DPBH	SNAMHS	DHCFP
	4126 Technology Way	6161 W. Charleston Blvd, Bldg. 1	1010 Ruby Vista Drive
	Second Floor Conference Room	West Hall Conference Room	Suite 103

BOARD MEMBERS PRESENT

Steve Burt, Chair
Michelle Berry
Diaz Dixon
Jennifer Snyder
Kim Moore
Tammra Pearce
Lana Robards
Amanda Swenson
David Robeck
Ester Quilici
Deb Kamka

Ridge House
CASAT
Step 2
Join Together Northern Nevada
HELP of Southern Nevada
Bristlecone
New Frontier
WestCare
Bridge Counseling
Vitality Unlimited
Quest Counseling

BOARD MEMBERS ABSENT

Pauline Salla-Smith
Michele Watkins
Debra Reed
Ron Lawrence
Jamie Ross

Frontier Community Coalition
Central Lyon Youth Connections
Las Vegas Indian Center
Community Counseling Center
PACT Coalition

OTHERS PRESENT

Dani Tillman
John Firestone
Jessica Leman
Roxanne DeCarlo
Christopher Croft
Cheryl Bricker
Barry Lovgren
Diane Jones
Dani Doehring
Trey Delap
Judy Marshal
Josh Coello
Stephanie Borene
Michelle Padden
Mark Disselkoen
Kevin Morris

The Life Change Center
The Life Change Center
The Life Change Center
The Empowerment Center
Tahoe Youth & Family Services
Partnership of Community Resources
Private Citizen
Step 1
Step 1
Group Six Partners
Eternity's Path
Behavioral Health Options
UNLV
CASAT
CASAT
WestCare

SAPTA/STATE STAFF PRESENT

Kyle Devine
Marco Erickson
Ruth Condray
Kendra Furlong
Auralie Jensen
Meg Matta
Sheri Haggerty
Alexis Tucey

Bureau Chief
Health Program Manager
Clinical Program Planner
Health Program Specialist
Health Program Specialist
Health Program Specialist
Health Program Specialist
Business Process Analyst
Social Services Program Specialist

1. Welcome and Introductions:

Mr. Burt opened the meeting at 9:06 a.m. He noted there was a quorum present.

2. Public Comment:

Ms. Snyder stated that JTNN would be holding prescriber training in Reno on May 17. She stated physicians, prescribers, nurse practitioners, et cetera, were encouraged to attend.

3. Approve Minutes of December 14, 2016, and February 23, 2017:

Regarding the December 14, 2016, minutes, Ms. Snyder stated there was a lengthy discussion during the meeting in which Ms. Furlong announced there would be two funding opportunities. Ms. Snyder stated that during the discussion of the funding opportunities, Mr. Burt stated that the coalitions were doing a good job and that treatment providers should not apply for the funding opportunities. Ms. Snyder motioned that the December 14, 2016, minutes be approved with corrections. Mr. Dixon seconded the motion. The motion carried.

Regarding the February 23 minutes, Ms. Snyder motioned to approve. Ms. Pearce seconded the motion. The motion carried.

4. Standing Informational Items:

Mr. Burt gave the Chair report.

Mr. Burt stated Senate Bill (SB) 181 increased taxes on tobacco and alcohol, and the revenue would go toward substance abuse treatment. However, SB 181 would also create a pilot program within the Department of Corrections for “heroin-assisted treatment.” He stated there were studies out of Europe that suggested that heroin-assisted treatment was for those persons who did not respond well to other medicated-assisted treatments. He indicated he had reservations and concerns about these provisions and was doing what he could to dissuade inclusion of the language on heroin-assisted treatment in the Bill.

Mr. Burt addressed Assembly Bill (AB) 425. He stated the Bill cleans up language in general, creates a long-term inactive status for counselors who have left the field, and increases the scope of work for Bachelors-level Certified Alcohol and Drug Addiction Counselors to supervise interns after the proper CASAT training. He said the intent of the latter was the expansion of intern opportunities.

Mr. Burt addressed AB 457 as the “board consolidation bill.” He stated that after discussions with the Division of Public and Behavioral Health (DPBH) Administrator, the Bill was no longer one to consolidate the Boards. Instead of consolidating the Boards, the Boards would be required to regularly report to the Commission on Behavioral Health.

Mr. Devine gave the SAPTA report.

Mr. Devine gave an update on SAPTA staffing. He introduced Mr. Erickson as the new Health Program Manager. Mr. Erickson stated he had a background in mental health and was supportive of the coalitions’ work. Mr. Devine introduced Ms. Condray. He stated Ms. Condray was a research psychologist and her job would be to “tell the story.” In addition, Mr. Devine stated that Raul Martinez had joined SAPTA’s administrative staff.

Mr. Devine stated that SAPTA was in the process of building a grants management unit. He stated the unit would enable SAPTA to be more responsive to subgrantees. He encouraged subgrantees to contact him if there were any communication problems encountered by subgrantees. He also stated that SAPTA would be issuing written guidance to subgrantees. Mr. Devine stated that SAPTA was in a rebuilding process and he encouraged input from providers.

Regarding General Fund funding, Mr. Devine stated that SAPTA recently requested information on scopes of work and budget information from coalitions. Mr. Devine stated that the General Fund had been cut. This was the result of Governor Sandoval's request to cut funds by 5 percent. In addition, he explained that the State budget was base budgeting and was built on actual expenditures that occurred two years prior. He stated the Legislature could decrease or increase the General Fund. He stated, however, that the Division was awaiting what would ultimately come out of the Legislature. He stated the Division was planning based on assumptions for the new budget with the intention to make adjustments following the Legislative Session. Mr. Devine stated that all SAPTA subgrants needed to be executed by July 1. In addition, Mr. Devine stated that SAPTA had received approval to prepare two-year subgrants using General Fund dollars. Regarding treatment funding, Mr. Devine stated that there would be new funding on July 1. He stated that SAPTA would be building the subgrants for treatment.

Regarding federal funding, Mr. Devine stated there were many unknowns since there was a new administration in place. He stated that SAPTA had not received its federal grant award yet for the federal fiscal year. He stated SAPTA would plan as if it would be receiving flat funding; however, he warned that funding could be lower. He stated, for prevention funding and the PFS [Partnership for Success] grant, although it was a five-year grant, he was unsure whether funding would be available the fifth year. Mr. Devine stated that SAPTA was awaiting SAMHSA's decision on that matter. He stated SAPTA would move forward as if the PFS grant would continue into the fifth year but, again, warned that continued funding could end.

Regarding funding for treatment, Mr. Devine stated that Nevada Revised Statutes (NRS) 458.125 required SAPTA to issue a Request for Proposal (RFP) to enhance adolescent services. He stated that SAPTA would be issuing an RFP in the upcoming months to comply with the NRS. He stated that this would have some impact on some treatment services. Mr. Devine stated that it was SAPTA's intent to comply with the statute and that there was a need to enhance adolescent services. He added that General Fund dollars would be designated for residential services and transitional living. Mr. Croft asked what the timeline was for the RFP. Mr. Devine stated that he wanted to have everything in place at the beginning of the State Fiscal Year. He added that the subgrants would be for 18 months. Ms. Kamka asked if the RFP would be out by July 1. Mr. Devine stated it was his intent to have the RFP out by July 1, but he added that the awards would not be made at that time because it would take 3 to 6 months to go through the RFP process. In addition, Mr. Devine stated that once the subgrant awards were in place, the statute required that data be gathered and reported to the Director of Health and Human Services.

Mr. Devine stated that SAPTA changed some of its templates to move to outcome-based templates. The hope was that if SAPTA did more on the front end, the back end would be much easier. He encouraged providers to contact him if there was confusion about the new templates.

Mr. Devine stated that there was an effort underway to deactivate NHIPPS for submission of RFRs [requests for reimbursements]. He requested that information be sent via email (with attached Excel spreadsheets, for instance). He stated that SAPTA would be working with

providers to develop better mechanisms to ensure the needed information was received. He added that he was aware that some organizations were using NHIPPS as their EHRs [Electronic Health Records] and that SAPTA would work with these organizations until there was a viable alternative to NHIPPS. Ms. Snyder asked how prevention subrecipients would report their data. Mr. Devine responded that he would meet with the coalitions to determine the best means for them to report their data; however, he stated that subrecipients should be reporting their data to the coalitions and the coalitions should be reporting this data to the State. Ms. Snyder stated that her organization would be applying for SPI and Meth subgrants; however, she stated the coalitions would be at a conference. She asked for an extension to submit the paperwork. Mr. Devine replied that although SAPTA could provide leniency, SAPTA was obligated to approve subgrants by July 1 and would not be able to approve the subgrants retroactively. He added that this issue would have to be reviewed on an individual basis. In addition, he stated that although there were several attachments, there were only two items being requested and the rest was reference materials. Ms. Snyder asked what would happen if the paperwork was late. He stated that although there would be no retroactive approvals, in the event there were delays, he was willing to do what he could to ensure services could be covered due to those delays. Ms. Snyder asked where the information regarding disallowing retroactive approvals came from. Mr. Devine stated the information came from the Division Fiscal Unit.

Ms. Tucey asked when SAPTA intended to phase out NHIPPS. Mr. Devine replied that he was reviewing what was currently being collected. He added that notifications would be sent and the deactivation of NHIPPS would be the end of April at the earliest. An attendee asked if data would be accessible in NHIPPS after it was deactivated and Mr. Devine replied, yes, data would be accessible. Ms. Quilici asked if Mr. Devine had determined the manpower needed to provide SAPTA with information. Mr. Devine stated that it was his hope less manpower would be needed. He recommended that providers run reports from their EHRs and submit them to SAPTA. Mr. Devine reiterated that for those providers using NHIPPS as their EHR, NHIPPS would be available until there was a viable alternative. Ms. Quilici asked if Mr. Devine could provide a comprehensive list of the data SAPTA would need. Mr. Devine stated SAPTA would work with Ms. Quilici's organization on the data requirements.

Mr. Devine stated that allocations for Fiscal Year 2016 – 2017 would be available on our website by April 14: <http://dpbh.nv.gov/Programs/ClinicalSAPTA/dta/Partners/ToolsforProviders/>

Mr. Devine advised that SAPTA was moving forward with its Strategic Plan. Regarding the Strategic Plan, Mr. Burt stated that following had been completed:

- Situational analysis.
- Draft strategic plan, 2017 – 2020, with revisions.
- Additional town hall meetings to review the draft plan with the revisions.

Mr. Burt stated the next town hall meetings related to the SAPTA Strategic Plan would be:

- Monday, April 24, Carson City
- Tuesday, April 25, Elko
- Wednesday, April 26, Las Vegas

Mr. Robeck stated that the Strategic Plan and the associated town hall meetings were never brought to the attention of providers during their biweekly provider calls. He stated he had discussed the town halls with several individuals in the community and the individuals expressed confusion about the town hall meetings. Mr. Devine stated he appreciated Mr. Robeck's feedback. He stated that he wanted everyone's input into the SAPTA Strategic Plan. Mr. Devine

added that the plan was a “living plan,” not a plan that cannot be changed. He added that its intent was to have SAPTA move in the right direction by addressing gaps, et cetera. He stated that the plan allows SAPTA to comply with NRS 458, and it should be the driving factor for how SAPTA develops its Block Grant and how SAPTA uses State funds. Mr. Devine added that the plan would be reviewed on an annual basis. Mr. Robeck requested that documents presented at the first series of town hall meetings be shared with providers. Ms. Berry added that the contractor working on the plan would be holding a webinar on April 18. Ms. Berry stated she would also request that the webinar be recorded for those unavailable on April 18.

Mr. Disselkoen gave the CASAT report.

Mr. Disselkoen stated that Nevada Administrative Code 458 was revised and the Division Criteria was approved by the State Board of Health on March 10. As a result, there would be a new certification instrument used as of June 1.

Mr. Disselkoen stated 42 CFR Part 2 was revised and went in to effect March 21. He stated that CASAT would be providing technical assistance regarding changes to 42 CFR Part 2 during upcoming site visits. He indicated that technical assistance provided would be noted in site visit reports.

Ms. Berry stated AB 194 pertained to the certification of peer support specialists. She stated the certification process would be overseen by the State Board of Examiners of Alcohol, Drug, and Gambling Counselors. She stated that in the first iteration of AB 194 there were several flaws; however, there would be amendments pertaining to the number of training hours required, costs for certification, et cetera, associated with the Bill. Ms. Berry stated AB 194 would make it mandatory for anyone providing a peer-support service be certified to do so. Mr. Robeck stated he was concerned about the impetus of the Bill. Mr. Burt stated it was not the State Board of Examiners of Alcohol, Drug, and Gambling Counselors that were behind AB 194. He stated it was sponsored by Assemblywoman Daniele Monroe-Moreno along with co-sponsors Assemblywoman Amber Joiner, Assemblywoman Brittney Miller, and Assemblyman Michael Sprinkle. He stated the Bill was being moved forward despite the Board of Examiners’ objections. Mr. Burt stated that his only recommended amendment was to change language in the Bill from “shall” to “may,” but that was not considered. He stated that following the 2015 Legislative Session, the DPBH wanted to have agency, rather than individual, certifications for peer-support services. The Nevada Behavioral Health Association then adopted a different strategy. The Association, Linda Lang, and SAPTA decided to create a means for voluntary certifications. Mr. Burt stated the language in AB 194 was concerning because of the mandatory nature of certification. Although Assemblywoman Monroe-Moreno was open to amendments, she was not open making the provisions in the Bill anything other than mandatory. Mr. Lovgren asked if there were provisions in AB 194 to allow billing Medicaid for peer services. Mr. Burt said no. He added that Provider Type 17s could bill Medicaid only after having 16 hours of training in peer support. Mr. Delap stated AB 194 illustrated a misunderstanding of peer services. He added that the Legislature needed input from providers to have a better understanding. He encouraged attendees to reach out to Legislators. Mr. Devine reminded providers that they were free to lobby as individuals, not as representatives of the SAPTA Advisory Board or as representatives of their respective organizations.

5. Review and Make Recommendations on the Capacity Policy:

Mr. Devine advised the Board that in the future SAPTA would bring all its policies before Board for consideration and recommendations. Ms. Furlong stated that SAPTA had begun using the HAvBED [Hospital Available Beds for Emergencies and Disasters] system. She stated HAvBED

was a real-time reporting system that hospitals use for emergencies and disasters. Ms. Haggerty explained that SAPTA would use HAvBED as its capacity resource for those providers who have beds for transitional housing and those who provide residential levels of care. Providers could list the number of beds available in the HAvBED system. In addition, HAvBED would allow other providers who may not have any available beds to refer patients to those who do. Mr. Devine advised attendees that there was a caveat to the HAvBED system in that it was dependent on user input and user maintenance. He stated that the HAvBED system would need to be updated on a daily basis if not more often. Ms. Furlong stated that HAvBED would be used by SAPTA to track capacity.

Ms. Furlong stated that the Capacity Policy detailed SAPTA's expectations regarding capacity. She stated that designated analysts would work with providers during the transition period because HAvBED had not been used by SAPTA providers in the past. Ms. Furlong asked that providers review the Capacity Policy as well as the Waitlist Policy and Utilization Management Process and provide feedback within two weeks. The revised policies would be discussed during the June 14 SAPTA Advisory Board meeting.

Mr. Croft asked what the relationship was to outpatient services and HAvBED. Ms. Haggerty responded that there was no relationship to outpatient services; however, a policy would be developed for outpatient services. Mr. Croft stated that he envisioned circumstances in which a provider of outpatient services might determine that a patient needed to be referred for residential or transitional housing services. Ms. Haggerty agreed that his scenario was a possibility and that it would be appropriate for all providers to have access to HAvBED. Mr. Robeck agreed that all providers needed access to the HAvBED system. Ms. Haggerty indicated she would distribute the HAvBED enrollment form to all providers.

6. Review and Make Recommendations on the Waitlist Policy:

The revised policy will be discussed during the June 14 SAPTA Advisory Board meeting.

7. Review and Make Recommendations on the Utilization Management Process:

The revised process will be discussed during the June 14 SAPTA Advisory Board meeting.

8. Public Comment:

Ms. Snyder stated she had been on the SAPTA Advisory Board for three years but she had never seen the Board's bylaws. Mr. Burt stated that it would be best to review the bylaws during the June 14 SAPTA Advisory Board meeting. He added that there was no medicated-assisted treatment representative on the Board. Ms. Quilici took exception to Mr. Burt's comment and stated that her organization provided medicated-assisted treatment and that there were other providers doing the same. Mr. Burt stated that he was referencing medicated-assisted treatment, not medicated-assisted treatment "capable."

Ms. Berry stated there was an email sent regarding a hearing on April 27 that the Legislative Counsel Bureau was holding for peer-recovery support organizations. The hearing would be regarding SB 489 of the 2015 Legislative Session.

9. Adjourn:

Mr. Burt adjourned the meeting at 10:41 a.m.