

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

MINUTES

DATE: May 20, 2015
TIME: 9:30 a.m.

	Meeting		Videoconference	
LOCATION:	Sierra Regional Center	DPBH	HCQC	DHCFP
	605 S. 21st St.	4150 Technology Way	4220 S. Maryland Pkwy.	1020 Ruby Vista Dr.
	Room 124	Room 301	Building D	Suite 103
	Sparks, NV	Carson City, NV	Las Vegas, NV	Elko, NV

Call-In Number: 888-363-4735, Access 3818294

BOARD MEMBERS PRESENT

Steve Burt (Chair)
Tammara Pearce
Debra Ridenour
Lana Robards
Jennifer Snyder
Diaz Dixon
Ester Quilici
Dave Marlon
Ron Lawrence
Jamie Ross
Debra Reed
Patrick Bozarth
John Seeland
Frank Parenti
David Robeck
Mark Disselkoen
Christopher Croft

Ridge House
Bristlecone
New Frontier
New Frontier
Join Together Northern Nevada
Step 2
Vitality Unlimited
Solutions Recovery
Community Counseling Center
PACT Coalition
Las Vegas Indian Center
Community Counseling Center
Central Recovery
HELP of Southern Nevada
Bridge Counseling
CASAT
Tahoe Youth Family Services

BOARD MEMBERS ABSENT

Michele Watkins
Richard Jimenez

Central Lyon Youth Connections
WestCare

OTHERS PRESENT

Barry Lovgren
Stacie Mathewson

SAPTA/STATE STAFF PRESENT

Kevin Quint
Kendra Furlong
Sheri Haggerty
Stephanie Woodard
Agata Gawronski
Cathy Wright

Bureau Chief
Health Program Specialist
Health Program Specialist
Psychologist
Board of Examiners
Administrative Assistant

1. Welcome and Introductions:

Steve Burt called the meeting to order at 9:50 a.m. Mr. Burt noted there was a quorum present.

2. Public Comment:

Barry Lovgren stated that Senate Bill (SB) 489 had been dropped from the list of bills SAPTA was tracking. Mr. Lovgren stated the bill provides for licensure by Health Care Quality and Compliance (HCQC) and has provisions for peer support organizations. He also stated the bill defines peer support services as, “supportive services relating to mental health, addiction, or substance abuse which . . . do not require the person offering the supportive service to be licensed.”

Mr. Lovgren indicated that the language seemed broad and that it may encompass organizations such as Alcoholics Anonymous and Narcotics Anonymous sponsors. Mr. Lovgren recommended that volunteer organizations be excluded in the definitions within the bill; however, the bill is in the Senate Finance Committee, so hearings have already been held and there is no longer an opportunity to present an amendment.

Mr. Lovgren stated that it occurred to him that SB 489 may require substance abuse treatment programs that offer peer support services to be licensed as “Peer Recovery Support Organizations.” In addition, he stated SB 489 has an exception for a “facility for the dependent,” which would exclude licensed facilities for treatment of alcohol or drug abuse; however, that would leave outpatient and intensive outpatient clinics, intervention, and WestCare’s community triage facilities which are not licensed as facilities for treatment of alcohol or drug abuse.

Mr. Lovgren indicated he wanted to bring this to the Board’s attention because it may mean that some programs may need to be licensed as a result of SB 489.

3. Approval of the Minutes of the April 15, 2015, Meeting:

This item was tabled.

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

Kevin Quint provided the SAPTA report. He advised the Board that SAPTA has fully staffed management team although there are other vacancies in the program.

Mr. Quint advised the Board that the SAPTA Block Grant is being worked on and is due September 1. In addition, the SAPTA Needs Assessment is ongoing. SAPTA is currently receiving input from those individuals involved in the assessment.

Mr. Quint stated that SAPTA is looking to work with a State contractor to address issues related to Medicaid. The contractor may work with specific providers.

Lana Robards inquired whether the Block Grant would be allocated to six categories. She stated that NHIPPS requires that State General Funds are spent down first. She indicated that it is difficult to determine where funding may still exist because of this issue. Several Board members indicated that this was an issue for them as well. Mr. Quint stated he could not answer the question at this time.

Mr. Quint indicated that provider contracts would be extended for the remainder of the year.

Kendra Furlong stated she had recently visited Vitality Unlimited and provided additional training on their Avatar conversion.

Mark Disselkoe provided the CASAT report. He advised attendees that CASAT will be providing DSM-5 [Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition] and ASAM [American Society of Addiction Medicine] training. The training calendar can be found on the training.casat.org website. In addition, CASAT will be developing ICD-9 [International Classification of Diseases, Ninth Edition] training.

5. Community Mapping Project Presentation:

Stacie Mathewson, Doors to Recovery, provided the Community Asset Mapping presentation.

6. Alcohol and Drug Counselor Requirements Presentation:

Stephanie Woodard and Agata Gawronski provided the Alcohol and Drug Counselor Requirements presentation.

Ms. Woodard indicated there have been changes made by the Board of Examiners (BOE) to the clinical training sequence provided by CASAT to support the BOE initiatives in Nevada Administrative Code (NAC) 641C. This will ensure that clinical supervisors will have standardized training in clinical supervision. Ms. Woodard indicated that one of the primary issues that was raised regarding the changes in the regulations is the requirement for the clinical supervisor to be physically onsite so they have access to all clinical documentation so supervisors can note that they have read the documentation. Documentation must be signed by clinical supervisors specifically if there is anything pertaining to a diagnosis.

The Board has provided preliminary guidance regarding existing supervisors. Contracts will be allowed to continue through December 2015. It is the hope of the BOE that contracts will be changed to accommodate the changes in the regulations. No new contracts will be approved with offsite supervision.

David Robeck stated that his facility is a training facility for university students. Mr. Robeck requested clarification regarding whether or not his facility will be required to add new supervisors for each student. Ms. Gawronski replied that, yes, the new regulations require that each staffer would need to have additional supervisors for substance-abuse patients onsite. Mr. Robeck as well as other attendees indicated this would be a challenge for facilities. Mr. Burt indicated that secondary supervisors would be covered under the requirements of the regulations. Mr. Burt stated that the new regulations are attempt to stop the practice of an individual contracting with an out-of-state provider, but practicing in Nevada. Mr. Burt indicated that the regulations have not been finalized and there will be ongoing revisions to the regulations and that issues pertaining to rural clinics will be addressed prior to finalization of the regulations. He also stated that there must be one supervisor for five staff. However, a supervisor along with secondary supervisors could supervise at many at 20 staff. Mr. Burt indicated that at some point the BOE may question if the supervision is "good" supervision to ensure compliance with NAC 641C. Ms. Quilici inquired what happens if an entity does not employ a supervisor but contracts with a supervisor. Ms. Robards stated this would be a burden for rural clinics. Mr. Burt indicated that the intent of the regulations is to ensure there is good supervision.

7. Utilization Management Criteria Presentation:

Mark Disselkoen provided a brief summary of outstanding utilization management (UM) issues;

- The goal was to create a UM team to provide prior approval. We do not want to create another level of bureaucracy.
- We want to determine if DSM-5 and or ASAM should be used.
- We want to determine length of care and stay.
- If we meet the level of care, we will give prior approval well in advance (90 days).
- We will be devising an audit methodology.
- We will create a UM appeal process.
- There will be a “step down” process to coordinate with Medicaid.
- There will be a pilot program, so volunteers should contact Mark Disselkoen if they would like to participate

The UM Subcommittee will be made up of the following individuals:

- Steve Burt
- Betsy Fedor
- Lana Robards
- Frank Parenti
- Ron Lawrence
- Mark Disselkoen
- Denise Everett
- Ester Quilici
- Tammara Pearce
- Stephanie Woodard
- Kendra Furlong

8. Prevention Statistics Presentation:

Sheri Haggerty provided the Prevention Statistics presentation.

9. Legislative Update:

Mr. Quint provided the legislative update on the following bills:

Assembly Bills (AB)	Senate Bills (SB)
AB 12	SB 31
AB 81	SB 84
AB 85	SB 114
AB 279	SB 136
AB 344	SB 219
AB 453	SB 234
	SB 275
	SB 288
	SB 309
	SB 450
	SB 464
	SB 500

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

None.

11. Public Comment:

Ms. Quilici expressed her gratitude to Mr. Quint and Ms. Furlong for their assistance with the implantation of Avatar.

12. Adjourn:

Mr. Burt adjourned the meeting at 11:47 a.m.