
Substance Abuse Prevention and Treatment Agency (SAPTA)

SAPTA ADVISORY BOARD DRAFT MINUTES

DATE: August 21, 2019 TIME: 9:11 a.m.

Meeting Locations:

Division of Public and Behavioral Health
4126 Technology Way, Suite 200
2nd Floor Conference Room
Carson City, Nevada 89706
Division of Public and Behavioral Health

Bureau of Health Care Quality and
Compliance
4220 Maryland Parkway, Building D,
Suite 810
Las Vegas, NV

CALL-IN NUMBER: (888) 363-4735 / Access Code: 3818294 #

1. Call to order/roll call

Ms. Robards determined there was a quorum present.

Members Present: David Robeck, Co-Chair, Bridge Counseling; Lana Robards, Co-Chair, New Frontier; Andrea Zeller, Churchill Community Coalition; Dani Tillman, Ridge House; Ester Quilici, Vitality Unlimited; Jamie Ross, PACT Coalition; Jasmine Troop, HELP of Southern Nevada; Jolene Dalluhn, Quest Counseling; Mari Hutchinson, Step 2; Leo Magridician, WestCare; Michelle Berry, Center for the Application of Substance Abuse Technology (CASAT), University of Nevada, Reno (UNR); Jennifer DeLett-Snyder, Join Together Northern Nevada

Members Absent: Patrick Bozarth, Community Counseling Center; Rikki Hensley-Ricker, Bristlecone

Others Present: James Popovich, 2nd Judicial District Court; Roxanne DeCarlo, The Empowerment Center; Lea Cartwright, Nevada Psychiatric Association; Sandal Kelly, Consultation and Counseling Associates; Char Frost, United Citizens Foundation; Michelle Guerra, Health Plan of Nevada, Behavioral Health; Michelle Padden, CASAT; Roseann Hogan, The Leading Edge; Stephanie Asteriadis Pyle, CASAT

SAPTA/State Staff Present: Brook Adie, Bureau of Behavioral Health Wellness and Prevention (BHWP); Tracy Palmer, Bill Kirby, Meg Matta, Raul Martinez, Sara Weaver, J'Amie Frederick, Joan Waldock, SAPTA; Christie Caire, WITS; Elyse Monroy, Department of Public and Behavioral Health (DPBH) – Office of Public Health Investigations and Epidemiology (OPHIE); Kristen Rivas, Division of Child and Family Services (DCFS)

2. Public Comment

Ms. DeCarlo informed the Board that a marijuana dispensary was attempting to set up shop next to the Empowerment Center. Their licensing is on the agenda for the September 11, 2019, city council meeting. She asked those who were willing to attend the meeting or send letters to the city council asking that the council stop licensing but also add treatment centers and halfway houses to be protected by ordinance in the way schools, churches, and community centers are.

3. Approval of Minutes from the Bi-Monthly Meeting on June 12, 2019

Ms. DeLett-Snyder made a motion to approve the minutes. Ms. Tillman seconded

the motion. The motion passed without opposition or abstention.

4. Standing Informational Items:

- **Co-Chair's Report**

Mr. Robeck reminded members to provide Dr. Stephanie Woodard at SAPTA with the number of clients who have substantial co-pays and/or deductibles or have no behavioral health treatment coverage. The working poor may not qualify for a sliding fee scale and cannot afford to pay treatment costs.

Ms. Robards said New Frontier's unfunded population is mostly Medicare clients, some of whom have deductibles they will never meet in a year. Others they see do not qualify for Medicaid because they make less than \$1 per hour too much, but cannot afford commercial insurance. Ms. Tillman said Ridge House has 63 clients who have excessive deductibles or barely have too much income to qualify for Medicaid. Of those, 24 are working full time at minimum wage. Medicare/Medicaid clients cannot be on the sliding-fee scale.

Ms. Adie asked agencies to provide data for the past year of funding—October 1 to current. Mr. Martinez will send information out on ListServ about interactions with Centers for Medicare and Medicaid Services (CMS) regarding Medicare coverage. David Swan wrote a formal letter to agencies that they should receive today.

Ms. Robards pointed out they work hard to get clients employed and housed, but once clients start working they do not qualify for Medicaid and SNAP benefits. A client who makes \$9.05 per hour does not qualify for services, but cannot live on that income.

- **Substance Abuse Prevention and Treatment Agency (SAPTA) Report**

Ms. Adie reported that the draft of the Substance Abuse and Mental Health Block Grant has been put out on ListServ and SAPTA's website. Public comment will be taken through the end of this week. She recommended providers look at the gaps in services in step 2.

Christina Caire, project manager for WITS, was tasked with completing the WITS project for the central data repository (CDR) and the prevention modules. The state is not moving forward with the electronic health record (EHR) piece of WITS. She is working through treatment work groups relating to which vendors providers are using. She is holding weekly meetings with prevention, building consensus on what needs to be configured in the system. Prevention should be using the system by November 1 with all of their prevention activities. Data on the treatment side should be entered directly or through the CDR by November 1. Ms. Adie explained that SAPTA would like to capture an extensive grid of data. Some of that may not be captured or might be difficult to get into the CDR, so they are identifying the information they must have, would like to have, and what is optional to get this moving. The mandated information is what is currently collected in the treatment

episode data set (TEDS). Ms. Caire said they the file will include the TEDS data and fields from the system, such as the unique client identifier.

- Center for the Application of Substance Abuse Technologies (CASAT) Report
Ms. Berry reported there would be a medication-assisted treatment (MAT) training with the Washoe Tribe on August 28. CASAT will provide naloxone for Burning Man. There is a training for state opioid response (SOR) grantees. The state targeted response (STR) results from 2017 to the end of April 2019:
 - 30,666 individuals attended trainings on recommended prescribing practices, alternative pain management strategies, screening, brief intervention and referral to treatment, and medication-assisted treatment.
 - 4,340 clients received treatment for opioid use disorder (OUD) at integrated opioid treatment and recovery centers (IOTRCs); 1,137 clients received recovery support services—a 132 percent increase in the number of clients receiving MAT; 82 medical providers attended Data 2000 Waiver trainings in an effort to increase the number of medical providers available to provide office-based opioid treatment (OBOT), increasing the number available to prescribe MAT. A few mobile recovery outreach teams have been established. Hospitals signing on with emergency departments to call mobile recovery teams in the event someone presented with an overdose include: Carson-Tahoe Regional Hospital, North Vista Hospital, Mountain View in Las Vegas, Renown, St. Mary's, and the University Medical Center.
 - 398 individuals received peer recovery support services from spoke agencies.
 - Additional modules were added to the peer recovery support specialist training curriculum, including an overview of MAT information on harm reduction and overdose.
 - Naloxone distribution—4,925 naloxone kits were dispensed with 277 reversals reported. Media campaigns were developed to reduce stigma and promoting access to naloxone.
 - Community overdose preparedness plans were developed by counties and communities.
 - A pilot project on reducing the impact of neonatal abstinence syndrome (NAS) was started at Dignity Health in Las Vegas. Under the SOR, Renown will duplicate it.
 - Work was done on ODMAPs projects, criminal justice intervention, and funding a transitional housing project with the Eight Judicial Court in Clark County.

Ms. Berry said the Board of Pharmacy will provide naloxone to the pharmacists who man the medical tent managed and certified by the Board

of Pharmacy. Information is going out to the public about its availability. Ms. Monroy said a message about bad batches and the risk of fentanyl-laced substances is being created. There will be people at Burning Man who come from states where they cannot access naloxone, so messaging has been done about its over-the-counter availability in Nevada. Ms. Zeller said the coalitions will get the information out.

Ms. Berry said CASAT provided seed funding to develop and implement a neonatal abstinence syndrome program called The Empower Program for women who are pregnant and need to start on MAT, finding the connections, and providing services for the babies up to age 3.

The SOR funding period started July 1. The following organizations were awarded: Bridge Counseling, to enhance access to MAT services; The Empowerment Center, for a client-care coordinator to assist individuals with opioid use disorder(OD); FirstMed Health and Wellness, to expand and enhance access to MAT services; Foundation for Recovery in northern Nevada, to establish a mobile recovery outreach team, provide peer internships and support a peer-led warm line, and coordinate mental health first aid training for individuals in recovery; the High Risk Pregnancy Center, for case management services; Northern Nevada Hopes, for naloxone distribution and overdose education and to be content experts in Project Echo for prescribers and physicians; Quest Counseling, to expand and enhance access to MAT services, plus a second award to develop a home worker training addressing NAS and training for behavioral health and/or MAT services for mothers pre- and postpartum; Trac-B will onboard peer recovery support services personnel to provide a 24/7 mobile outreach team around Clark County and some of the rurals and establish a peer-led warm line in southern Nevada; the continuing education unit at UNR, to help maintain their enduring library resources and to develop additional enduring resources and continuing medical education (CME) for various upcoming conferences; UNR Project Echo, for establishing the MAT clinic and the alternative pain management clinic, and their Echo clinic on opioid use among pregnant women; the Washoe County Sheriff's program, to establish a MAT program within corrections; the Eighth Judicial Court, for a transitional housing program with the MAT court; the Center for Behavioral Health as an IOTRC; and Renown, to develop their NAS program in northern Nevada. Information will be available on nvopioidresponse.org.

Registration for the 2019 Nevada Suicide Prevention Conference in Las Vegas is open, with early bird rates ending August 31. The CASAT fall training calendar is on the [website](#). Trainings to highlight are: The Overview of American Society of Addiction Medicine (ASAM) Criteria for the Management of Client Care, Methamphetamine and Its Impact on the Brain

and Behavior, Supporting Women in Recovery, and the Diagnostic Assessment and Treatment of Gambling Disorders.

CASAT is working with newly funded prevention and SOR awardees to get them certified in the correct levels for the services they will be providing.

5. Vote to Dissolve the SAPTA Advisory Board Funding Committee

Ms. Robards explained that the subcommittee met several times. She suggested this was a larger discussion for the entire Advisory Board, not just members of a subcommittee.

Mr. Robeck moved to make the funding subcommittee be the Board as a whole. Ms. Troop seconded the motion. The motion passed without opposition or abstention.

6. Presentation on OpenBeds – an electronic treatment bed registry that will create a behavioral health referral network in the state of Nevada.

Ms. Monroy provided an overview of the [OpenBeds](#) system, a behavioral health and social services referral platform—how it works and when it is going to be implemented in Nevada. It was funded by a supplemental Centers for Disease Control (CDC) Partnership for Success (PFS) grant. This grant ends November 29, but OpenBeds is included in the next round of CDC grant funds—the Overdose Data to Action grant, which is for three-years. There could be a fourth year of no-cost extension. Leadership at Nevada's Department of Health and Human Services desires to sustain it.

7. Review and Approve the 2019 Updated Version of the Definition of Evidence-Based for Substance Abuse Evidence-Based Practice

The Evidence-Based Work Group is required by the Partnership for Success (PFS) and for the substance abuse block grant funding sources. Ms. Palmer said the work group has functioned without set methods of operations or coordinated definitions and procedures. SAPTA contracted with Dr. Roseann Hogan to find what was established in writing and to determine how to bring stability and guidelines to the evidence-based program workgroup and get it reestablished.

In July 2009, SAPTA approved definitions of evidence-based substance abuse prevention. Updating it would usually fall to the Multidisciplinary Prevention Advisory Committee (MPAC) or a different advisory board to approve, but SAPTA approved in the past. It has been updated, with more detail for fidelity reliability. Ms. Zeller brought up concerns about specific areas of inconsistency. Ms. Palmer, Ms. Adie, and Dr. Hogan suggested changes.

Ms. Robards recommended this item be tabled until the changes are made and there has been more discussion. It can be brought back for a vote.

Ms. Ross moved to refer this back to the work group for review and to bring a draft to the next SAPTA Advisory Board.

Ms. DeLett-Snyder seconded Ms. Ross's motion. The motion passed without opposition or abstention. Mr. Robeck commented that he does not like receiving these documents a few days before the Board meeting.

8. Presentation of the Following Documents Regarding Evidence-Based Practice:

This was discussed under agenda item 7.

- [Evidence-Based Practice \(EBP\) List](#)
- [Mission Guide: Workgroup Policy and Guidelines](#)
- [Waiver Guide for EBP Form: Guide on How to Complete the Waiver Form](#)
- [Waiver Form for EBP: Actual Form Used to Request a Waiver of EPB](#)

9. Discuss and Recommend Agenda Items for the Next Bi-Monthly Meeting on October 9, 2019

Mr. Robeck asked that members be alerted about anything brewing in SAPTA. Ms. Robards suggested carrying agenda items 7 and 8 to the next meeting. Mr. Robeck would like to have regular updates from SAPTA about funding decisions and about new agencies that have been certified. Ms. Robards suggested including the funding discussion in SAPTA's standing report at each meeting. That will allow the Advisory Board members to have input.

10. Public Comment

Ms. DeLett-Snyder announced a half day healthcare education program with Dr. Mark Gould, an expert in addiction science, on Sept 12. Dr. Gould will talk about drugs of abuse, including marijuana and methamphetamines. The second presenter will be Dr. Yifrah Kaminer, a psychiatrist with Yale. He will talk about the impact to the brain and development when a child is born with neonatal abstinence syndrome and the effect of maternal and paternal use of marijuana to the developing child. Licensed alcohol and drug counselors, nurses, and physicians can earn continuing education credits. Ms. Robards announced the September 10 Rural Children's Mental Health Consortium all-day event at the convention center in Tonopah. It is similar to the event held last year in Winnemucca.

11. Adjournment

The meeting adjourned at 11:11 a.m.