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

MINUTES

DATE: August 24, 2016
TIME: 9:00 a.m.

	Meeting	Videoconference	
LOCATION:	**Carson City**	**Las Vegas**	**Elko**
	DPBH	**Desert Regional Center**	**DHCFP**
	4126 Technology Way	**1391 S. Jones Boulevard**	**1010 Ruby Vista Drive**
	Second Floor Conference Room	**Training Room**	**Suite 103**

BOARD MEMBERS PRESENT

Steve Burt, Chair	Ridge House
David Robeck	Bridge Counseling
Ester Quilici	Vitality Unlimited
Frank Parenti	HELP of Southern Nevada
Jolene Dalluhn	Quest Counseling
Jennifer Snyder	Join Together Northern Nevada
Lana Robards	New Frontier
Mark Disselkoen	CASAT
Michelle Watkins	Central Lyon Youth Connections
Tammra Pearce	Bristlecone Family Resources
Diaz Dixon	Step 2
Patrick Bozarth	Community Counseling Center
Debra Reed	Las Vegas Indian Center

BOARD MEMBERS ABSENT

Jamie Ross	PACT Coalition
Pauline Salla-Smith	Frontier Community Coalition

OTHERS PRESENT

Aaronell Matta	Community Counseling Center
Kay Velardo	Community Counseling Center
Michelle Velardo	Community Counseling Center
Christy Navarro	Community Counseling Center
Roxanne De Carlo	Empowerment Center
Reade Hulburd	Las Vegas Recovery Center
John Seeland	Las Vegas Recovery Center
Jim Jobin	NAMI Southern Nevada
Stephanie Borene	University of Nevada, Las Vegas
Heidi Gustafson	Foundation for Recovery
Barry Lovgren	Citizen
Tenea Smith	Rural Nevada Counseling
Sheila Leslie	Washoe County
Christopher Croft	Tahoe Youth Family Services
Michelle Padden	CASAT
Carol Schaye	Carol's Counseling, DUI
Janine Ward	CASAT

SAPTA/STATE STAFF PRESENT

Kyle Devine	Interim Bureau Chief
Martie Washington	Health Program Manager
Alexis Tucey	Social Services Program Specialist
Sara Weaver	Administrative Assistant

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1. Welcome and Introduction:

   Steve Burt opened the meeting at 9:23 a.m. Mr. Burt noted that there was a quorum present.

2. Public Comment:

   Ms. Quilici asked if Board meetings could be held in a different format. Mr. Burt stated he would discuss this with Ms. Berry of CASAT. Ms. Weaver stated she would look into options for holding future meetings in a different format.

   Mr. Lovgren stated that, although the Division Criteria would be discussed during the meeting, the criteria were an improvement over what was currently in place.

3. Approval of Minutes from the June 15, 2016, Meeting:

   Ms. Quilici moved to approve the minutes with corrections. Ms. Snyder seconded, and the motion carried.

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

   Mr. Devine, Interim Bureau Chief, gave the SAPTA report.

   Mr. Devine stated he had been assessing the current state of the Bureau and where the Bureau should be in the future. Mr. Devine outlined his observations:

   - SAPTA has a talented, although inexperienced, staff. Mr. Devine stated training would be one of his priorities.
   - SAPTA does not currently have a State Plan. Mr. Devine stated the Bureau would move quickly to resolve this issue.
   - SAPTA has a confusing subgranting process. Mr. Devine stated he would like to consolidate subgrants into fewer agreements and to create multi-year agreements.

   Mr. Devine stated this was the second year of the two-year subgrants and that those would be amended with the intent of aligning treatment funds with our purpose in mind. He indicated that as many treatment dollars as possible would be moved into the Block Grant. He stated that funding was being aligned with the budget. Allocations would be provided based on the previous billing history of facilities. Mr. Devine stated that funding would be at 77 percent of the actual billing history of providers of the previous year. He stated the caveat was that there would be additional analysis, within the next four to six months, based on needs and input to amend this policy as needed to reach priority and target populations. Priority populations include, but are not limited to, pregnant women, women with young children, and intravenous drug users. He stated that there were more providers in the pool and SAPTA was trying to build more capacity at the community level. He advised providers to maximize third party billing and look for additional funding sources. Mr. Devine stated that SAPTA would be collaborating with the HIV Program to provide training with the intent of allowing SAPTA providers to perform HIV/AIDS testing at facilities. In addition, SAPTA needed to do a better job toward promoting tuberculosis [TB] testing at facilities.

   Mr. Devine acknowledged that SAPTA providers are doing great work at the community level. However, he stated that data was not being collected to demonstrate the work being performed; therefore, it could not be shared with federal funders. In addition, Mr. Devine would like to share the data with SAPTA providers.

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Mr. Devine stated SAPTA was unable to evaluate. Federal requirements usually involve counting and measuring. Evaluation includes outcomes, successes, reductions in recidivism, etc. Mr. Devine indicated he wanted to meet provider data needs. He stated SAPTA would establish the minimum data elements that needed to be collected and the format in which to submit the data to SAPTA. Mr. Devine stated that he wanted all providers, including funded providers as well as all certified providers, to submit data.

Regarding the Block Grant scope of work (SOW), Mr. Devine stated that we were in the second year of a two-year funding cycle of the Block Grant. He stated SAPTA was submitting a "mini" application. The mini application did not give SAPTA the ability to change the SOW that was previously submitted; however, Mr. Devine noted that there were some discrepancies in what was submitted, so he reached out to the SAMHSA project officer to determine how those items (e.g., the absence of a State Plan, addressing pregnant women) could best be addressed. SAPTA would address those issues in its September report as well. Mr. Devine stated that it was his intent to begin work on the submission of the next application well in advance of its due date.

Regarding the rate study, Mr. Devine stated the study had been completed and SAPTA was working to finalize the report. He stated that SAPTA wanted to make it congruent with Medicaid so that the processes were similar. Mr. Devine stated it was SAPTA's intent to work into the rates such things as clients who fail their appointments, time in which providers write case notes, etc. As soon as the information was finalized, the rate study would be distributed to providers.

Mr. Devine stated that SAPTA was looking at possibly moving forward with an Administrative Services Organization (ASO) model for fee-for-service reimbursements. SAPTA's intent was for administrative fees to be capitated so all dollars, as included the rate study, were reimbursed at that amount. A Request for Proposal (RFP) was currently being prepared. The RFP is seeking industry input on this matter. Mr. Devine indicated that, as this was rolled out, it met the needs of providers and did not create additional barriers. The intent is to have a more efficient process for reimbursements by possibly moving to an ASO model.

Ms. Quilici stated she was stunned by the reduction in reimbursements from 90 percent to 77 percent. She stated that her facility had done everything to maximize funding by billing different levels of service and by billing Medicaid. She indicated there were patients that come to her facility who have HPN [Health Plan of Nevada] or who have Medicaid but neither entity would pay for the services provided. Mr. Devine stated that reimbursements were being rolled out at 77 percent, but that staff was looking into ways to increase the levels of reimbursements throughout the year. Mr. Devine indicated that it was imperative that SAPTA have a balanced budget and the 77 percent level of reimbursement was the maximum that could be paid in order to maintain a balanced budget. The caveat, stated Mr. Devine, was for SAPTA to be looking for additional funding sources. He stated it was his hope that within six months SAPTA would reimburse at a higher level. Mr. Devine stated that bringing in new providers would help build infrastructure within the State and meet additional needs. Mr. Devine stated he was trying to avoid returning funds. Currently, he explained, SAPTA is dealing with two fiscal years—the State fiscal year and the federal fiscal year. The State fiscal year runs July through June while the federal fiscal year runs October through September. Mr. Devine stated he wanted to move forward with amendments to current agreements so that funds would be able to flow on October 1.

Ms. Robards asked if there would be two separate awards because of the two fiscal years. Mr. Devine acknowledged that SAPTA needed to do a better job of blending the two fiscal years. In addition, he stated that SAPTA was looking at all issues pertaining to funding and

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reimbursements in an effort achieve a more efficient way to administer funds so that priority needs were addressed.

Ms. Gustafson asked why peer recovery services and recovery services in general were not mentioned by Mr. Devine as one of SAPTA's priorities. Mr. Devine acknowledged that SAPTA fully supports such efforts; however, he stated he was primarily addressing the Block Grant. Mr. Devine stated SAPTA needed more flexibility in funding and that funding for services like Ms. Gustafson spoke of would possibly be funded by the State General Funds.

Ms. Quilici asked if Mr. Devine would be able to resolve the funding issue sooner than within six months. Mr. Devine responded that it was his intent to resolve the issues as soon as possible. He added that he wanted to have an open and transparent process.

Mr. Burt provided the Chair report.

Mr. Burt indicated that he attended to the Block Grant meeting sponsored the SAMHSA [Substance Abuse and Mental Health Services Administration].

Mr. Burt stated that the Summer Institute went very well. He stated that it was an opportunity to bring people together and address shared issues.

Mr. Burt addressed the Behavioral Health Association meeting. There was discussion at the meeting to address shifting responsibilities and the function of the SAPTA Advisory Board and its role.

Ms. Ward gave the CASAT report.

Ms. Ward stated the Summer Institute was held in Las Vegas, August 4 and 5. She stated there were 159 persons who registered with 131 in attendance, there were 19 speakers, there were 8 exhibitors, and 7 exemplary service awards issued. At the end of the conference, participants were divided into groups and feedback was obtained regarding what changes they could implement in addition to what the State could implement. A report will be created and presented to the State.

Ms. Ward gave an update on the individual peer certification. She stated the certification was initially explored during the 2015 Legislative Session, but was not formally adopted. The Behavioral Health Association would like to move forward with a voluntary certification for peer-support specialist endorsements through the IC&RC [International Certification & Reciprocity Consortium]. A statewide survey was completed to determine the interest and demand for this certification. The results of the survey indicated an overwhelming positive response to the need for this certification. Ms. Ward stated that there would be a meeting held in late August to review the process for endorsements for the credentialing of peer support and discuss the application process in detail.

5. Discussion of Medicaid Reimbursement for Substance Abuse Treatment:

Ms. Tucey stated there was no update on merging provider types.

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

   Ms. Tucey stated that a contracted vendor, Navigant, had been brought on to continue to review the process internally regarding the MCO [managed care organization] expansion statewide. Ms. Tucey stated Navigant would perform a climate survey throughout the State.

   Ms. Tucey stated the current MCO RFP was posted on State Purchasing website for interested parties to review.

7. NAADAC [The Association for Addiction Professionals] and Possible Adoption of the IC&RC Credentialing:

   This item was addressed in agenda item 4, under the CASAT report.

8. Discussion of Draft Division Criteria, Certification Instrument, and Policies:

   Mr. Disselkoen stated the Division criteria, the certification instrument, and policies were discussed during the April 13 and June 15 meetings.

   There was discussion as to whether to approve the drafts and make revisions at a later date. Mr. Disselkoen suggested that a subcommittee be formed to include Ms. Quilici, Mr. Lovgren, Mr. Parenti, and Mr. Disselkoen. Mr. Parenti moved to form the subcommittee. Mr. Disselkoen seconded the motion, and the motion passed.

9. Public Comment:

   Mr. Burt advised the Board there was a Legislative Committee on Health Care meeting occurring while the Board was meeting August 24. One of the issues being discussed would be the creation of a “super board” to combine behavioral health care licensing boards. Mr. Burt indicated he would attend the meeting following the Board meeting. He stated he would voice his opposition to the creation of the super board. Ms. Quilici stated that if combining boards would be beneficial, she would be in favor of the initiative; however, she feared the SAPTA Advisory Board would be diminished by combining the boards.

   Mr. Lovgren indicated that the Legislative Committee on Health Care was attempting to eliminate the professional licensing boards. He stated this was an effort to make licensing boards essentially subcommittees of the Board of Health. Investigations and complaints pertaining to facilities would be performed and addressed by Health Care Quality and Compliance.

10. Adjourn:

    Mr. Burt adjourned the meeting at 11:09 a.m.

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