

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

MINUTES

DATE: October 12, 2016
TIME: 9:00 a.m.

	Meeting	Videoconference	
LOCATION:	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	Ridge House
Michelle Berry	CASAT
Frank Parenti	HELP
Jolene Dalluhn	Quest
Jennifer Snyder	Join Together Northern Nevada
Lana Robards	New Frontier
David Robeck	Bridge Counseling
Kevin Morss	WestCare
Mary Cannizzaro	PACT Coalition
Patrick Bozarth	Community Counseling Center
Ester Quilici	Vitality Unlimited
Diaz Dixon	Step 2

BOARD MEMBERS ABSENT

Tammra Pearce	Bristlecone Family Resources
Pauline Salla-Smith	Frontier Community Coalition
Michelle Watkins	Central Lyon Youth Connections
Debra Reed	Las Vegas Indian Center

OTHERS PRESENT

Mark Disselkoen	CASAT
Debra Kamka	Quest
Roxanne De Carlo	Empowerment Center
Barry Lovgren	Citizen
Stephanie Borene	University of Nevada, Las Vegas
Aaronell Matta	Community Counseling Center
Trey Delap	Group Six Partners
Heidi Gustafson	Foundation for Recovery
Christopher Croft	Tahoe Youth & Family Services

SAPTA/STATE STAFF PRESENT

Kyle Devine	Bureau Chief
Kendra Furlong	Health Program Specialist
Karen Larin	Health Program Specialist
Alexis Tucey	Social Services Program Specialist
Sara Weaver	Administrative Assistant

1. Welcome and Introduction:

Steve Burt opened the meeting at 9:05 a.m. Mr. Burt noted that there was a quorum present.

2. Public Comment:

Mr. Lovgren read from his written statement:

When the Division applied for 2017 Block Grant funding it gave SAMHSA assurance that it complies with the federal requirements for eligibility to receive the funding, including:

Maintaining a capacity and waiting list management system which requires funded treatment programs to report when they reach 90% of capacity, and if a pregnant woman applies [sic] for treatment at a program that's full that SAPTA be notified so the agency can refer her to a program that can accept her, and that provides for SAPTA to ensure that she receives interim services if she can't be admitted to a program within 48 hours; Submission to SAMHSA of a Statewide substance abuse needs assessment which meets federal standards; and Requiring funded treatment programs to conduct outreach to injection drug abusers which meets federal standards.

We're now in the 2017 Block Grant funding cycle. Have these assurances been met?

Ms. Quilici asked Mr. Burt if he had looked into electronic telehealth systems for the Board meetings. Mr. Burt stated he would follow up with Ms. Berry and report the status during the next meeting. Ms. Quilici asked if the teleconference number was toll free. Ms. Weaver stated she would inquire about a toll-free number for future meetings.

Mr. Croft stated that his facility was selected to participate in a transitional youth study. He inquired as to SAPTA's roll in the process. Mr. Devine stated he would follow up on this matter and report to the Board during the next meeting.

3. Approval of Minutes from the August 24, 2016, Meeting:

Ms. Quilici motioned to approve the minutes with corrections. Ms. Robards seconded the motion. The motion passed.

4. Standing Informational Items:

Mr. Devine gave the SAPTA report.

Mr. Devine advised the Board that he had been named the permanent Bureau Chief. He stated he was most concerned with getting dollars out the door. Mr. Devine stated that SAPTA was making progress on revising processes to make this effort more efficient; however, there was still progress to be made.

Mr. Devine stated that SAPTA needed to do a better job of planning. He stated that it was his goal to have all subgrants out prior to the beginning of the federal fiscal year. Mr. Devine acknowledged that SAPTA had not done a good job in this matter. He stated that if there were subgrants that were not received by providers, the subgrants would be made retroactive to October 1.

Mr. Devine stated there were questions on the provider agreements. He stated that frequently asked questions (FAQs) were being answered and collected in an effort to post the FAQs on SAPTA's website.

Mr. Devine stated he reviewed the pilot program for targeted case management (TCM). He stated it was not a pilot program in the typical sense because there were no defined objectives or timeframes. Mr. Devine stated he was interested in continuing the pilot program for a number of months. He stated he would pull together the organizations that were part of the program to determine what worked, what did not work, and what needed revision. In addition, he stated he wanted to put policies and procedures in place and rollout, with certain constraints, to the provider community. Mr. Devine stated it was his intent to do a proper analysis of TCM.

Mr. Devine addressed the matter of data collection. He stated that he understood the challenges providers faced with the requirement of dual entry in NHIPPS [Nevada Health Information Provider Performance System] and the various electronic health records (EHRs) systems. Mr. Devine stated that SAPTA was looking for alternatives that would allow SAPTA to validate data, and he stated resolution of this matter was a priority to SAPTA. He stated SAPTA was approximately one year behind in reporting data to SAMHSA [Substance Abuse and Mental Health Services Administration], and there might be consequences as a result.

Mr. Devine stated SAPTA was using point-in-time surveys as a mechanism to look at waiting lists. He advised the Board that the surveys should be done every other week so SAPTA can obtain consistent data on priority groups (e.g., pregnant women, residential services). Mr. Devine stated he was looking to the Board to advise SAPTA on the best means to collect the data. In addition, he advised the Board that there was a requirement within provider agreements for providers to do outreach to injection drug users.

Mr. Devine revisited the matter of SAPTA issuing a request for proposals (RFP) for "claims processing." Although a draft RFP had been prepared, he stated that the decision had been made to put this matter on hold to determine the best path. Mr. Devine stated SAPTA was looking at other options such as building the infrastructure internally by building upon the current MMIS [Medicaid Management Information Systems].

Mr. Devine stated that SAPTA had identified an increase in residential rates. He stated he was hopeful the rates would be rolled out at the beginning of 2017, but he wanted to ensure SAPTA had the appropriate policies and procedures in place as well as adequate staff to address the issue. Ms. Quilici asked why SAPTA was increasing residential rates but decreasing detoxification rates. She stated that detoxification services were expensive to provide. Mr. Devine responded that the rate for residential detoxification level 3.2 was moving from a bundled rate of \$152.14 to an unbundled rate of \$130.92. He reminded the Board that rates for some services should be recovered through Medicaid. Ms. Robards asked for clarification as to why unbundled residential rates were increasing, yet the unbundled rate was higher than their current rate was bundled. She added that, with detoxification, the current bundled rate was higher than the unbundled rate. She stated that the logic used to increase and unbundle residential rates was not applied to detoxification rates increasing and unbundling. Mr. Devine stated SAPTA would look at that issue in further detail. Ms. Quilici asked if the rollout of the subgrant awards would reflect the decrease in reimbursements at 77 percent. Mr. Devine replied that it did reflect the decrease to 77 percent. He added that the decreased reimbursement rate was calculated on a prior 12-month period of expenditures during the last State funding year. Mr. Devine stated that SAPTA would reassess this matter in November.

Mr. Devine asked the Board how SAPTA could communicate better with the provider community. In addition, he advised the Board that SAPTA would be performing an internal functional reorganization. He asked that the provider community to provide input on how SAPTA could best use its analysts more effectively.

Mr. Devine stated that SAPTA would be applying to SAMHSA for a Policy Academy award to be used for birth outcomes. In this regard, SAMHSA would provide assistance to build better policies pertaining to birth outcomes and possibly provide a training program for obstetrics and gynecology as well as pediatric physicians. This initiative would ensure SAPTA performs outreach to pregnant women and dependent children as required in the Block Grant.

Mr. Lovgren asked about the needs assessment and the waiting-list management system. He stated that a computerized waiting-list management system was not necessary. He also stated he was skeptical of reliance on point-in-time surveys conducted every other week to ensure that pregnant women receive treatment within 48 hours. Mr. Lovgren stated it was most important that SAPTA knew which programs were full and which programs were not.

Mr. Devine addressed Mr. Lovgren's concerns regarding the needs assessment. He stated the needs assessment was being addressed by developing a comprehensive behavioral health plan.

Ms. Quilici asked how many pregnant women were not being served. Mr. Devine stated that SAPTA was not able to obtain the data to ensure they receive treatment. Mr. Devine suggested that this issue be placed on the next agenda.

Mr. Devine was asked about the costs of medication-assisted treatment (MAT) and if this was considered a priority. He stated that this matter was related to the 77 percent reimbursement level and that the next step was to look at new projects based on available funds. He added that MAT services were a priority. Mr. Disselkoe stated that Medicaid reimburses for saboxone. Ms. Quilici stated, although Medicaid reimburses for these medications, it must be prior authorized. She asked if the prior authorization requirement could be removed. Ms. Tucey suggested that Ms. Quilici email her concerns, and Ms. Tucey would relay the information to the appropriate staff. Mr. Burt suggested that MAT be placed on the next agenda for further discussion.

Ms. Robards asked if SAPTA had applied for the SBIRT [Screening, Brief Intervention, and Referral to Treatment] grant. Mr. Devine stated he would need to follow up on that issue. Ms. Berry stated that UNR [University of Nevada, Reno] and UNLV [University of Nevada, Las Vegas] had received funding for SBIRT training. Ms. Berry stated that she would be providing SBIRT training for primary care in Fallon in February or March.

Ms. Robards asked for the status of the Statewide Youth Treatment grant. Ms. Furlong stated that the grant year ended September 30, but there was work being done for the second year of the grant. Mr. Devine stated he would give an update on the grant during the next Board meeting.

Ms. Robards asked why SAPTA expanded HIV testing into the individual provider agencies. Mr. Devine responded that there had been changes to the laboratory regulations. The new regulations allow rapid HIV testing to be expanded to the populations in need. He stated that SAPTA is required to provide 5 percent of the Block Grant for HIV testing and it was a way to streamline the process.

Mr. Robeck asked for clarification on the dual entry in NHIPPS. Ms. Furlong stated that SAPTA was seeking data for changes in levels of care, discharges, and new admissions. Mr. Robeck asked for clarification on the earlier statement that providers were not treating pregnant women. He stated that the first question they ask during admission of women is if they are pregnant. Mr. Devine stated that the real issue was the lack of collection of data. He added that SAPTA wanted to collect data from all certified providers. Mr. Devine concluded by stating that the bottom line was that SAPTA needed the data so it could be transmitted to the federal government.

Mr. Burt indicated there was no Chair report.

Ms. Berry gave the CASAT [Center for the Application of Substance Abuse Technology] report.

First, Ms. Berry asked Mr. Disselkoen to give a report on the DDCAT [Dual Diagnosis Capability in Addiction Treatment] presentation. Mr. Disselkoen stated he had given a presentation to staff of the Department of Health and Human Services Office of the Director. He stated the presentation provided an overview of the process. Mr. Disselkoen stated the next step was to provide technical assistance, training, and ways to build capacity and competency to achieve integrated care.

Ms. Berry stated CASAT would be attending the annual IC&RC [International Certification & Reciprocity Consortium] conference to solidify the Behavioral Health Association efforts to become a certifying board for prevention and peer support specialists. She stated the certification was voluntary. She stated there would be two opportunities for training in Las Vegas and Reno in January 2017. She stated the goal was to certify 20 prevention specialists and approximately 15 peer support specialists.

5. Discussion of Medicaid Reimbursement for Substance Abuse Treatment:

Ms. Tucey indicated that she had no update regarding this agenda item.

6. Update on Medicaid Meeting on Fee-for-Service and Managed Care Organizations (MCOs):

Ms. Tucey stated that the managed care expansion was still under review. Mr. Burt asked when the decision would be made regarding MCOs. Ms. Tucey replied that the procurement process was underway and the decision would be made within the next few weeks. Mr. Burt asked what the target implementation date would be. Ms. Tucey stated she thought the contract ended June 2017, so the implementation date would be July 1, 2017.

7. Discuss the NAADAC [National Association for Alcoholism and Drug Abuse Counselors] and Possible Adoption of the IC&RC Credentialing:

Mr. Burt stated that this agenda item was addressed in the CASAT report.

8. Discussion of the SAPTA Subcommittee on Division Criteria:

Mr. Disselkoen stated that the Subcommittee was still working on the Division Criteria. He advised the Board that the next Subcommittee meeting was October 26.

9. Public Comment:

Mr. Robeck stated that one of the challenges encountered in southern Nevada was that there were no local testing sites for addiction counselors, so those wanting to take the Licensed Alcohol and Drug Counselor examination were being sent to Utah to do so. Mr. Burt stated he would check with the Board of Examiners for Alcohol, Drug, and Gambling Counselors. He indicated he would advise the SAPTA Advisory Board of his findings.

Stephanie Borene stated that UNLV offers SBIRT training to a variety of agencies.

10. Adjourn:

Mr. Burt adjourned the meeting at 10:34 a.m.