

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

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**SAPTA ADVISORY BOARD**  
**MINUTES**

**DATE:** December 12, 2018

**TIME:** 9:00 am

	<i>Meeting</i>	<i>Videoconference</i>
<b>LOCATION:</b>	4126 Technology Way 2nd Floor, Conf. Room 201 Carson City, NV 89706	4220 S. Maryland Parkway Building D, Suite 810 Las Vegas, NV 89119

**TELECONFERENCE:** (888) 363-4735 / Access Code 3818294#

**BOARD MEMBERS PRESENT**

David Robeck, Co-Chair, Bridge Counseling Associates	Denise Everett, Ridge House
Lana Robards, Co-Chair, New Frontier	Jamie Ross, PACT Coalition
Andrea Zeller, Churchill Community Coalition	Jasmine Troop, HELP of Southern Nevada
Betty Magney, proxy for Ester Quilici, Vitality	Leo Magridician, WestCare
Jolene Dalluhn, Quest Counseling	Mari Hutchinson, Step 2
Jennifer DeLett-Snyder, Join Together Northern Nevada	Michelle Berry, Center for the Application of Substance Abuse Technology (CASAT)
Jeff Munk, Frontier Community Coalition (FCC)	Patrick Bozarth, Community Counseling Center
Patrick Bozarth, Community Counseling Center	Tammra Pearce, Bristlecone Family Resources (BFR)
Tammra Pearce, Bristlecone Family Resources (BFR)	

**BOARD MEMBERS ABSENT**

None

**OTHERS PRESENT**

Dani Tillman, Ridge House	Wendy Nelson, FCC
Amanda Henderson, WestCare	Laura Oslund, PACE Coalition
Rikki Hensley-Ricker, BFR	Mark Disselkoe, CASAT
Linda Lang Nevada Statewide Coalition Partnership	Amy Roukie, Well Care
Sandal Kelly, Consultation and Counseling Associates	
Lea Cartwright, Nevada Psychiatric Association	
Savannah Chavez-Hinke, United Citizens Foundation	

**SAPTA/STATE STAFF PRESENT**

Stephanie Woodard, Division of Public and Behavioral Health (DPBH)	Dawn Yohey, DPBH
Laurie Gleason, SAPTA	Brook Adie, Bureau Chief
Kendra Furlong, SAPTA	Stephen Wood, SAPTA
Raul Martinez, SAPTA	Meg Matta, SAPTA
Bill Kirby, SAPTA	Auralie Jensen, SAPTA
J'Amie Frederick, SAPTA	Danielle Hewitt, DPBH
Darcy Davis, DPBH	
Joan Waldock, SAPTA	

1. Roll Call, Introductions, and Announcements  
Ms. Robards determined a quorum was present.
2. Public Comment  
Mr. Munk announced that he would be retiring January 31, 2019 and that his replacement would be Wendy Nelson. Ms. Pearce announced that she, too, would be retiring January 31 and that her replacement would be Rikki Hensley-Ricker.
3. Approval of Minutes from the October 10, 2018 Meeting  
Ms. Robards pointed out that Ms. Quilici attended the October meeting by telephone. Ms. Dalluhn moved to approve the minutes with that change. Ms. Pearce seconded the motion. The motion passed without opposition or abstention.
4. Standing Informational Items:
  - Co-Chair's Report
    - Update on Presentation to the Behavioral Health Planning and Advisory Council (BHPAC)  
Mr. Robeck reported he attended the BHPAC meeting on November 1 at which he gave a presentation. The group had not met on a regular basis for the past year. BHPAC should advise SAPTA on the focus of block grant funds. That council will continue to interact with the SAPTA Advisory Board.
  - Substance Abuse Prevention and Treatment Agency (SAPTA) Report  
Ms. Furlong reported that Sara Weaver would be on medical leave indefinitely and that her providers have been distributed among the SAPTA treatment analysts. Ms. Weaver had been responsible for tracking when subgrants were submitted and where they were in the process. Ms. Furlong referred members to the [Subaward Status Report](#). She and Ms. Jensen have put together a list of current status that does not include work orders, contracts, or anything under negotiation. Ms. Furlong is working with the contract unit and can be contacted directly. Anything sent to Ms. Weaver after November 15 that has not received a response should be forwarded to Ms. Furlong to be taken care of. She noted she would send a copy of the executed subgrant to Ms. Everett. Ms. Troop said HELP of Southern Nevada's report was marked "uploaded for review." She asked for an explanation. Ms. Furlong replied that Jessica Hoff would contact her about it.
    - Update on Progress of Notice of Grant Awards (NOGAs) that Began October 1, 2019  
Ms. Adie said the report contained everything that has been worked on since October 1. Ms. Furlong said the status of the NOGAs should be included. Ms. Robards said she could not bill until she had a signed NOGA. She has requests for reimbursements (RFRs) outstanding for October and November for four specified funding sources. Ms. Furlong said, for things marked "pending"—her next step would be to review them to ensure appropriate follow-up. Some things have been executed, but not sent.  
Ms. Adie reported the Bureau was attempting to increase transparency about awards. For each request for application (RFA) or request for proposal (RFP), the information will be available on the website once the awards have been executed. Ms. Furlong recently uploaded information on fee-for-service, women's services, and State Targeted Response (STR) awards. The information can be found [here](#). The information shows the 2016-2018 trend. Ms. Adie said the Bureau's was streamlining internal processes so things can be approved more quickly.  
Ms. Furlong pointed out the report did not include the Programs for Assistance in Transition from Homelessness (PATH), Cooperative Agreements to Benefit Homeless Individuals (CABHI), and Partnership for Success (PFS). It includes the primary prevention block grant. As awards are announced, they will be posted.

Ms. Adie announced that Marco Erickson will be leaving the Bureau. His last day will be December 20. She will work with Meg and Bill to cover prevention until he is replaced.

Ms. Furlong pointed out SAPTA is reviewing the RFR process. In the future, there may be both a fiscal analyst and a program analyst for each agency.

Ms. Robards asked how long it should take for a provider to receive a monitor report. Ms. Gleason replied that the monitor for her agency was postponed due to vacancies in the Bureau. She said she would write up a report of the information they have at this point.

Ms. DeLett-Snyder reminded SAPTA that, when creating an RFP for prevention, staff should see if they could complete it in order to determine if practical information was being requested. Coalitions are in the middle of the process and have discovered that the RFP is not cohesive. The information in the long chart would have been better provided in a narrative. Ms. Furlong said SAPTA was always trying to improve the RFP, RFA, or funding opportunity announcement process and appreciate feedback from agencies.

- Center for the Application of Substance Abuse Technologies (CASAT) Report

Ms. Berry began with STR-related updates. She added that CASAT's year 2 STR subawardees are listed on [nevadasor.org](http://nevadasor.org). She reported they were negotiating several year 2 subawards that will be listed once negotiations have been completed.

CASAT completed trainings for alternatives for the prescription of opiates in emergency department settings that were attended by emergency department personnel. They met with Renown Pregnancy Center about starting a neonatal abstinence syndrome (NAS) project in northern Nevada that would be similar to the one at Dignity Health in Las Vegas. The subaward is underway. They are looking at pain management integration with Renown. They met with St. Mary's Hospital to add the mobile recovery outreach team. They are communicating about St. Mary's becoming a naloxone distribution site for emergency department patients who present with opioid use, misuse, or overdose.

Nevada has three integrated opioid treatment and recovery centers (IOTRCs)—Life Change Center, Center for Behavioral Health, and Vitality—where clients have been given medication-assisted treatment (MAT) since February 1. A beta project was started with the jail on Parr Boulevard. It will provide overdose education and naloxone distribution. The jail has received 300 two-unit kits of naloxone to dispense upon release of inmates identified with an opioid use disorder. CASAT distributed 100 two-unit naloxone kits to Mineral County's jail as a leave-behind program in the department.

The IOTRCs and community-based organizations have distributed 1,600 two-dose units. 2,700 two-dose units have been distributed among 55 law enforcement agencies. In community training, 634 two-dose units have been distributed.

Mr. Disselkoe said CASAT completed certification of three IOTRC programs to provide MAT. He works with the certified community behavioral health clinics (CCBHCs)—Vitality, New Frontier, and Bridge. Six additional state-funded CCBHCs will be coming on board; one federally-funded one will be added. He has overseen training for them.

Mr. Disselkoe explained the recovery-friendly workplace project is based on a program in New Hampshire. It provides an opportunity for businesses to be recognized by the State. Information can be found at [recoveryfriendlyworkplace.nv.gov](http://recoveryfriendlyworkplace.nv.gov) for guidance. The Division of Public and Behavioral Health is in the process of becoming a recovery-friendly workplace.

- State Opioid Response (SOR) Grant

CASAT has developed a survey that will be sent to all certified providers in order to identify their current capacity and whether they would like to expand services to include MAT. In January, CASAT will release an RFA for up to \$75,000 for organizations to increase infrastructure to provide medication-assisted treatment.

Dr. Woodard reminded the Board that when Nevada receives large grants, the Bureau does not multiply in size to process them which slows down the process. For the SOR, the Bureau will

use CASAT and their master service agreement (MSA) to administer SOR funds. CASAT will do program and fiscal monitoring. The Bureau will monitor CASAT's monitoring of the subgrantees. This is the quickest way to get funds to programs. The Government Performance and Results Act (GPRA) for direct services providers is the Addiction Severity Index (ASI), which will be done at intake, at 30 days, at 60 days, at 90 days, and at discharge. It is a requirement of the grant. When making application, part of the allowable budget is a request for funding to collect and input all of the data. Each program will be required to enter the data being collected into the Substance Abuse and Mental Health Services Administration (SAMHSA) Performance Accountability and Reporting System (SPARS) database. The Bureau has advocated that providers not be required to do this with SOR funding because it is a burden for providers and patients. SAMHSA may provide a fix that would allow a data extract from an electronic health record (EHR) if an agency is already administering the ASI. Targets for SOR are similar to those for STR.

For STR, SAPTA put out an RFA for \$3.1 million. There were seven applications. The Bureau has reached out to communities and talked to providers who might be interested in order to encourage them to apply for competitive funding announcements. Any agency interested in receiving SOR dollars will go through a competitive process to get them. The Bureau has been working to make sure that everyone knows what the Bureau plans to fund long before it releases an RFA. That is one reason for the survey, which should not take more than 5-7 minutes to complete. It will collect information about MAT in a provider organization and whether the provider would like to expand. It also asks what the provider would need—education or connection to other providers—in order to expand. The Bureau wants to understand the barriers to expanding to MAT. Not every provider would want to expand services to include MAT. The Bureau wants to ensure that if a client who meets the criteria for opioid use disorder comes into a provider organization, unbiased education about available treatments is provided. An organization that does not provide MAT needs to refer to an organization that does.

Dr. Woodard also reported that the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT Act) will directly and indirectly affect every substance abuse treatment provider. Through it, Medicaid will be required to cover MAT and Medicare will expand coverage for opioid treatment programs. It will provide additional funding. States should be getting additional formula grant funds. STR will sunset at the end of April 2019, putting the burden on the State to continue activities funded through STR that cannot stand on their own.

Ms. Hutchinson said Step 2 wanted to expand into the MAT program for the pregnant and newly-parenting population. She asked for information from Dr. Woodard and Ms. Berry. Dr. Woodard said she would send the RFA released last summer so Ms. Hutchinson could get a sense of what was funded in the past. The information for the funding stream Ms. Berry spoke about should be available on the SAPTA website.

Ms. Roukie asked if the information could go out on the ListServ. Dr. Woodard said everything and anything is going out through the ListServ. National Survey on Drug Use and Health (NSDUH) data, information about trainings or webinars, and policy briefs have been sent. NSDUH collects national data annually. The national data is reported every year; state data is reported every other year. A link to a helpful webinar by Dr. Elinore McCance-Katz, the current head of SAMHSA, was sent out on ListServ.

- Medicaid Report  
There was no Medicaid representative present to provide a report.

5. Presentation to Share Information Regarding Four Bill Draft Requests (BDRs) from the Regional Behavioral Health Boards

Ms. Robards stated that Joelle Gutman was unable to attend the meeting. This item will be placed on the agenda for the February 2019 meeting.

Ms. Robards reported that the Northern Regional Behavioral Health Policy Board reviewed Nevada's law on involuntary mental health holds, Legal 2000 issues. The Washoe Regional Behavioral Health Policy Board is putting forth legislation to address crisis mental health care after the county's only crisis triage center abruptly shut its doors earlier this year. The Rural Regional Behavioral Health Policy Board—covering Elko, Eureka, Humboldt, Lander, Lincoln, Pershing, and White Pine—is proposing legislation to address the unique problem rural communities face in providing crisis mental care. In rural Nevada, the burden of crisis mental health care often falls on sheriffs and deputies who seek alternatives. The Southern Regional Behavioral Health Policy Board—covering Clark, Nye, and Esmeralda—put forth a bill that builds on and refines the legislation passed in 2017 that created the four policy boards. Assemblyman Steve Yeager, who chaired the board, said the aim of the bill was to expand the ability of the boards to collect and analyze behavioral health data as they put forward solutions. Ms. Yohey said she is the point of contact for the regional behavioral health coordinators. She has tasked each to write a one-page synopsis of their BDRs. They will be send out once she has received them.

6. Review the Funding Subcommittee Composition, Nominate, and Approve Membership

Ms. Robards stated the Subcommittee was created several meetings ago. Chaired by Ms. Quilici, it consisted of Advisory Board members representing Bridge, New Frontier, Vitality, HELP of Southern Nevada, Quest, JTNN, WestCare, Step 2, and Bristlecone. Some attendees of the last Board meeting asked to be added to the subcommittee. It was not an agenda item for that meeting. To add nonmembers to a subcommittee requires a vote of a quorum of the Advisory Board. Ms. DeLett-Snyder said she did not mind having nonmembers attend the subcommittee meetings, but she would not support having non-Board members being on the subcommittee. Mr. Robeck agreed. The list of those wanting to be on the subcommittee would give some agencies multiple representatives. He suggested allowing only Board members to serve on the subcommittee. Nonmembers can attend the meeting and offer public comment. Mr. Martinez pointed out the bylaws did not state that nonmembers could not be part of a subcommittee: "At least three Board members shall serve on each subcommittee. Additional members shall be recommended by the Substance Abuse Prevention and Treatment Agency and/or Board and need not be a member of the Board." The Board can decide not to include nonmembers on the subcommittee. Dr. Woodard asked if SAPTA could recommend additional non-board members to be part of the subcommittee. Mr. Martinez said the Board had ultimate say on it. Mr. Robeck clarified that the Board decided who would be on the subcommittee. Mr. Martinez provided a list of the people interested in serving on the subcommittee. He suggested the Board identify those on the list they did not want to be on the subcommittee; the Board could vote to approve. Mr. Robeck moved to select representatives of member agencies to be on the subcommittee. Ms. Zeller asked if they could discuss this further. She stated there should not be more than one vote from an agency. Ms. Robards agreed there should be one vote per seat on the Advisory Board. Ms. Everett asked if members could still volunteer to be on the subcommittee. Ms. Robards asked if other members of the Advisory Board would like to be members of the subcommittee.

Ms. Dalluhn asked if they could discuss the subcommittee's goal. It was formed because of changes in SAPTA eligibility criteria. Agencies were concerned about being able to cover the costs of delivering outpatient services. Many agencies lost clients and funding over the change. The subcommittee was formed to talk with SAPTA to determine what options were available, such as alternative funding sources, so that agencies could continue to operate. Ms. Furlong said the SAPTA funding formula for block grants needs to be a focus of the subcommittee. SAPTA eligibility became a secondary discussion for the subcommittee. Ms. Ross said the August meeting

minutes reflect the subcommittee would help determine how SAPTA would fund prevention and treatment agencies through the substance abuse block grant starting in the 2018-2019 year. She asked if that happened. If it happened, she wondered what the recommendations were. If it did not happen, she asked how SAPTA fund prevention and treatment through the block grant. Ms. Furlong replied SAPTA was too close to getting funding awards out so flat funding, based on the previous year, was decided. The subcommittee was going to help determine future funding. Ms. Robards said that would still be the intent of the subcommittee.

Ms. Hutchinson asked Mr. Martinez to clarify if the subcommittee could include non-Board members and if the subcommittee could vote and make a recommendation to the Board. The Board would then decide to approve the recommendation or not. Mr. Martinez said that was correct. That being the case, it would be okay to have non-Board members on the subcommittee. Ultimately, the Advisory Board would vote to agree with the subcommittee or not. Mr. Robeck said it was important to have one person represent an agency. The Board can approve membership on the subcommittee, but the decision about agency representation should be made first. Ms. Hutchinson agreed—no agency should have more than one vote on the subcommittee. She added the subcommittee should be made up of members with skin in the game, who can speak knowledgeably in the subcommittee, and make a proper recommendation to the Board. Ms. Dalluhn asked if the State intended to help providers figure out how they could continue to offer outpatient services. Ms. Furlong replied that eligibility has not changed—providers will be held accountable to what the eligibility requirements have been. It will require an explanation of benefits (EOB) and a copy of a denied insurance company application. SAPTA will determine what is payable by SAPTA and what is not. They have discussed the impact on providers of the deeper look at what is billed and agencies' ability to assist clients just outside the eligibility cutoff. They could discuss if there should be exceptions for some populations. The eligibility must take place so everybody can share concerns, leading to creative solutions on how to fund. The bottom line is that SAPTA did not receive an increase in funding, but the need in communities has grown. Finding alternative solutions and having one-on-one meetings to match agencies with other resources are things SAPTA wants to do. The intention of the subcommittee was to discuss a funding formula that would allow SAPTA to appropriately distribute block grant dollars throughout communities. SAPTA is working on eligibility policy that will go along with other State agencies, such as Welfare. SAPTA has continued to meet with other agencies to determine what can and cannot be covered for Medicare/Medicaid clients. Each conversation has provided more information. SAPTA will pay for dually eligible Medi/Medi clients, but must have an EOB.

Dr. Woodard said SAPTA would work with other agencies. This discussion should include Medicaid and Welfare because they can contribute to the conversation. SAPTA has finite funding sources, of which providers are aware. Providers may not be familiar with other assistance they can receive through other agencies within the Department of Health and Human Services (DHHS). There may be dollars available through Welfare to offset Medi/Medi costs. There may be some flexibility in SAPTA funding, but if SAPTA were to look at a formula of funding that dispersed the funds geographically based on population, some treatment facilities in northern Nevada would close down. Everything is open for discussion, but how we use the discussion to form the recommendations from this group to SAPTA to help guide final policy decisions—there is a lot more to it. In a meeting in the Director's Office, SAPTA was made are of the SilverState exchange and other insurance options available for individuals without coverage. These offer lower deductibles and co-pays. Ms. Ross said members of the Board would welcome a discussion with Medicaid. It has been a goal of the SAPTA Advisory Board for years.

Mr. Robeck repeated his motion that subcommittee members be selected by the Board and be exclusively Board members. Mr. Martinez asked which agencies would be on the subcommittee and who the agencies' representatives were. Mr. Robeck did not consider that pertinent to his motion. Mr. Martinez pointed out that even for the Advisory Board, a representative for each agency is listed. Mr. Robeck reiterated that his motion was to have Board members put forward

members for the subcommittee. Ms. Robards explained they would list those Board members who would serve on the funding subcommittee. The agencies represented on the subcommittee are: Bridge Counseling, David Robeck; New Frontier, Lana Robards; Vitality Unlimited, Ester Quilici; HELP of Southern Nevada, Jasmine Troop; Quest Counseling, Jolene Dalluhn; JTNN, Jennifer DeLett-Snyder; WestCare Nevada, Leo Magridician; Step 2, Mari Hutchinson; Bristlecone Family Resources, Tammra Pearce; Ridge House, Denise Everett; and Jamie Ross, PACT Coalition.

Ms. Robards explained that Mr. Robeck's motion was intended to clarify whether outside agencies could serve on the funding subcommittee. The motion was to keep SAPTA Advisory Board agencies as the subcommittee. Anyone from the outside would be welcome to participate through public comment. She added that Mr. Martinez requested that final approval be given on those agencies from the SAPTA Advisory Board that will serve on the funding subcommittee.

Jennifer DeLett-Snyder asked what a quorum was for the subcommittee. The bylaws state that a quorum consists of a simple majority of member organizations and one officer. Ms. Hutchinson asked if the motion was that only person represent each agency. Mr. Robeck clarified that only members of the Advisory Board could have a position on a subcommittee. Ms. Hutchinson seconded the motion. Ms. Robards restated the motion: Only SAPTA Advisory Board agencies were eligible to participate on the funding subcommittee. The motion passed without opposition or abstention. Ms. Robards asked for clarification on which agencies would have one vote on the funding subcommittee. The agencies represented on the subcommittee are: Bridge Counseling, David Robeck; New Frontier, Lana Robards; Vitality Unlimited, Ester Quilici; HELP of Southern Nevada, Jasmine Troop; Quest Counseling, Jolene Dalluhn; JTNN, Jennifer DeLett-Snyder; WestCare Nevada, Leo Magridician; Step 2, Mari Hutchinson; Bristlecone Family Resources, Rikki Hensley-Richer; Ridge House, Dani Tillman; and PACT Coalition, Jamie Ross. Ms. Troop moved that these agencies represent the Board on the funding subcommittee. Ms. Ross seconded the motion. The motion passed without opposition or abstention.

7. Review SAPTA Advisory Board Member Attendance for 2018 and Determine Members Who Violated Attendance Requirements

Ms. Robards said this item would be on the agenda periodically because it was difficult to fill seats on the Advisory Board for agencies that did not meet the attendance requirement. She asked that any agency that sent a proxy to a meeting at which the representative was marked absent notify Mr. Martinez so that the record can be corrected. Absences noted were:

New Frontier – June 13 – Kasey Chu attended as proxy  
Ridge House—August 8  
Vitality—February 14  
PACT Coalition—August 8  
HELP of Southern Nevada—February 14  
JTNN—April 11  
Step 2—April 11 and October 10  
Bristlecone—June 13

8. Make Recommendations for the Meeting Schedule of 2019

Mr. Martinez commented that the 2018 schedule worked well; the Board met quorum at every meeting. Ms. Robards noted that would place the next meeting on the second Wednesday, February 13, at 9:00 a.m. She pointed out that two of the meetings were changed to accommodate the Attorney General's Substance Use Workgroup. It is unknown if the new Attorney General would continue that. Ms. Zeller moved to adopt the same meeting schedule as 2018. Ms. DeLett-Snyder seconded the motion. The motion passed without opposition or abstention.

9. Make Recommendations of Agenda Items for First Meeting in 2019

Ms. Ross commented that the current Las Vegas location has been an improvement. She asked that this location continue to be used. Ms. Dalluhn requested that the subcommittee's report be on the agenda. Ms. DeLett-Snyder asked that the Board share their expectations of SAPTA and that SAPTA share their expectations of the Board. Ms. Ross said at the last Governor's accountability workgroup, a breakdown of all the money for opioids coming into the State from different agencies was provided. It would be helpful for this group to have the information, to know where the money came from, and to have an explanation—in one paragraph or less—what each funding stream focused on.

10. Public Comment

Ms. Robards said several Advisory Board members requested that the agenda and supporting documents be sent out earlier than the day before the meeting so members could have enough time to digest the materials. They suggested the agenda be sent out when it is posted. Mr. Martinez pointed out that the open meeting law did not apply to handouts. Mr. Magridician asked when the subcommittee would meet. Ms. Robards said Ms. Quilici would send out a doodle poll to determine a date.

11. Adjourn

The meeting adjourned at 2:30 p.m.