

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

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**SAPTA ADVISORY BOARD  
MINUTES**

**DATE:** December 13, 2017

**TIME:** 9:00 a.m.

**LOCATION:** **Meeting**  
4126 Technology Way  
2nd Floor Conference Room 201

**Videoconference**  
6161 W. Charleston Blvd  
West Hall Conf. Room  
Las Vegas, NV 89146  
1010 Ruby Vista Dr. Suite 103  
Elko, NV 89801

**TELECONFERENCE:** (775) 887-5619 / Conference Number: 2011# / PIN: 1213#

**BOARD MEMBERS PRESENT**

Michelle Berry, Interim Chair, Center for Application of Substance Abuse Technologies  
Kim Moore, HELP of Southern Nevada  
Lana Robards, New Frontier  
David Robeck, Bridge Counseling  
Jolene Dalluhn, Quest Counseling  
Jennifer DeLett-Snyder, Join Together Northern Nevada  
Diaz Dixon, Step 2  
Jamie Ross, PACT Coalition  
Barbara Caskey, Vitality Unlimited  
Dani Tillman, Ridge House

**BOARD MEMBERS ABSENT**

Pauline Salla-Smith, Frontier Community Coalition  
Michele Watkins, Central Lyon Youth Connections  
Tammra Pearce, Bristlecone  
Richard Jimenez, WestCare  
Ron Lawrence, Community Counseling Center

**OTHERS PRESENT**

John Firestone, Life Change Center  
Trey Delap, Group Six Partners  
Josh Coello, Health Plan of Nevada  
Mark Disselkoen, CASAT  
Roxanne DeCarlo, The Empowerment Center  
Vanessa Stout, Life Change Center  
Michelle Padden, CASAT  
Michelle Guerra, Health Plan of Nevada  
Jared Oritt, Ridge House

**SAPTA/STATE STAFF PRESENT**

Kyle Devine  
Kendra Furlong  
Raul Martinez  
Joan Waldock  
Marco Erickson  
Bob DeMarco  
Auralie Jensen

1. **Roll Call, Introductions, and Announcements**  
Ms. Berry called the meeting to order at 9:15 a.m. Roll was called and a quorum was present.
2. **Public Comment**  
There was no public comment.
3. **Approval of Minutes from the October 11, 2017 Meeting**  
Jennifer DeLett-Snyder moved to approve the minutes from the October 11 meeting. Ms. Dalluhn seconded the motion. Mr. Martinez pointed out that Mr. Dixon was referred to as Mr. Diaz, so the minutes will be changed to correct that. The motion passed.
4. **Standing Informational Items:**
  - **Chair's Report**  
There was no chair's report.
  - **Center for the Application of Substance Abuse Technologies (CASAT) Report**  
No report was given.
  - **Substance Abuse Prevention and Treatment Agency (SAPTA) Report**  
Mr. Devine recently attended the National Association of State Alcohol and Drug Abuse Directors (NASADAD) Board of Directors' meeting in Washington, D.C. He made a presentation to those who drafted the 21st Century Cures Act, reminding them of the importance of the block grant and of continued prevention. There was concern about whether states would spend out State Targeted Response to the Opioid Crisis (Opioid STR) funds. He reported that Congress is debating reauthorizing Partnership for Success (PFS) funds. He emphasized that the block grant is the foundation of what SAPTA does and that he hoped there would not be a 25 percent cut as there was with the mental health block grant. He talked to the people that write legislation, not the politicians who vote on it. The joint committee seemed supportive. One side asked where more money was needed, and the other asked where more authorization without money was needed.  
SAPTA is updating the policy book, expecting to have a draft available January 1 for the Advisory Board to review and provide feedback. It will include an eligibility policy that will be clearer than in the past. Ms. DeLett-Snyder asked if there would be additional year of PFS. Mr. Devine replied that it would be reauthorized. Mr. Erickson added that if it is reauthorized, Nevada would have to reapply for those funds.  
Ms. DeLett-Snyder asked if someone from SAPTA would be talking about the Opioid STR. She knew some on the Board received grants, but no information was given about the awards. Ms. Berry said the STR project approved three grants for Integrated Opioid Treatment and Recovery Centers—to Life Change Center, Center for Behavioral Health, and Vitality Unlimited. All funds must be drawn down by April. The subgrants were completed before Thanksgiving and are waiting for the Division to route them through the appropriate channels. She added there would be a meeting on December 14 to go over and establish project plans, milestones, and evaluation plans. She expected they would submit their first order next week for naloxone distribution through the Integrated Opioid Treatment and Recovery Centers as the State's first community-based organizations.  
Ms. Berry reported that Project ECHO is moving forward with a medication-assisted treatment (MAT) and a pain management series that anyone can attend. Wednesdays every other week a pain management or a MAT series is offered. They are recorded so they can be reviewed. Currently, CASAT is working on making the materials available for Assembly Bill 474 regarding prescriptions for controlled substances. Right now, the information is available live—there are templates on the Division of Public and Behavioral Health (DPBH) website for providers who are able to write prescriptions. Forms include informed consent, sample prescription, and everything that has been developed to date.

The website is being updated as additional materials are added—patient education for prescribers, co-prescribing naloxone materials, and the community-based organization manuals for how to distribute naloxone. Everything that has been decided will be housed there, including all the information for the medical boards. External websites can link directly to it.

Ms. DeLett-Snyder asked if naloxone would be distributed through the three agencies that received the STR grants. Ms. Berry said that was the case for right now. Additional agencies will be identified that would be able to distribute as community-based organizations. She said they would submit a first general order so the Integrated Opioid Treatment and Recovery Centers are the first round of ordering. Ms. DeLett-Snyder asked about the virtual pharmacy. Ms. Berry replied it was under construction, but the main part has been developed. Originally, a third party was going to maintain it, but the State wants to do that. Currently there is an order form that goes to Dr. Stephanie Woodard for approval. Ms. DeLett-Snyder asked if the courts would go through the agencies. Ms. Berry said the courts could—they usually want fewer than the minimum number of ten units provided through the dispensary, so they could go through the organizations.

Mr. Erickson said block grant reporting was completed November 30. Some of the reporting SAPTA receives needs to be modified. In January, some new forms will be required—as the feds change theirs, SAPTA's have to change. Onboarding WITS will capture a lot of the information, but until it is implemented, SAPTA will revert to collecting data with forms. Mr. Devine reported there are some internal changes being made at SAPTA. Management of the mental health block grant and the housing grants will be moved to clinical services. SAPTA will maintain a close relationship with them as the grants applications are done jointly. There are quality measures being working on. SAPTA staff is trying to become more efficient and is looking at ways to expedite subgrants and requests for reimbursements (RFRs). Additional tracking measures may be put in place. By federal regulation, there can be 30 days from receipt of accurate reimbursement requests to payment. He suggested that if a provider call if he does not hear back from staff within five to seven days of submitting a request. Mr. Erickson recommended providers ask their analysts if they are processing RFRs. RFRs have been sent to the wrong person or submitted in the wrong format. Mr. Devine said planning is key—SAPTA is now planning for next year, seeing the need for earlier planning. Some members of the Board will be contacted about the planning process. Mr. Erickson said the agency will need provider feedback for WITS as it moves forward.

Mr. Erickson reported submission of a 900-plus page application for the block grant in September, requiring one small revision. Mr. Devine said it is still on the website. There is a feedback mechanism for input, questions, or concerns. Mr. Erickson said it went through the Behavioral Health Planning and Advisory Council (BHPAC) and the Interim Finance Committee (IFC) as a second public hearing. He added that comments submitted on the website have been implemented.

Ms. Robards asked where the Projects for Assistance in Transition from Homelessness (PATH) and the Cooperative Agreements to Benefit Homeless Individuals (CABHI) grants will go. Mr. Erickson said they will be with the clinical services division. Mr. Erickson said SAPTA would ensure a smooth transition. Ms. Robards pointed out that those grants have moved from person to person, division to division.

Ms. Furlong reported they reviewed the adolescent treatment funding opportunity submissions. The two providers awarded were Quest and Ridge House. They are fine-tuning scopes of work and providing technical assistance to both provider sites on those. She hopes they will be turned in by next week so SAPTA can get the subgrants in place quickly. Letters should be going out to all providers who applied, but everyone who received funding was notified. Mr. Devine pointed out that both awards were in the north.

Capacity is an issue in the south. Through the process, SAPTA identified a new organization that would like to build capacity down south. SAPTA will work with them even though they were not awarded these funds.

Ms. Furlong said there is a cellphone for capacity and waitlist calls. It is kept with a SAPTA staff member. If there is a client that will be put on a waitlist, SAPTA should be called to see if a placement available before that happens. The master waitlist is maintained at SAPTA so staff can follow up daily to ensure they are kept to a minimum. The phone number is on the agenda for the provider call and can be found on the management memo that went out with the policy as well. The policy is listed under "management memos" on the website. There has not been a call for placement, so that should mean there are no waitlists and there is capacity to treat all individuals everywhere. Based on the new policy, it should mean there are no waitlists and no one is at 90 percent of capacity.

Ms. DeLett-Snyder asked if the number was only for providers or if it was available to the public. Ms. Furlong said the public should contact the main phone number. If administrative staff cannot find referral sources for callers, they refer callers to appropriate staff. The main purpose for the phone number is as a hotline for providers to get ahold of staff. Ms. Furlong said the phone is on a scheduled rotation with staff. They are available between the hours of 8 a.m. and 5 p.m., Monday through Friday. They hope to expand for after-hours or weekend needs. If a message is left, staff should return the call within 24 hours during the week, or within 24 hours of Monday for weekend calls. If there is no return call, let SAPTA know so they can be sure that they are enforcing policy on their end. The goal is to ensure clients are able to receive care as quickly as possible. Ms. Jensen reported the system was successfully used to place a client in Reno. Ms. Robards asked if the hotline was only for capacity and waitlist. Ms. Furlong said it was, although if she needed something else, she could call. There were no questions about the new policy or the form for reporting 90 percent capacity.

Mr. Erickson asked if the need for a training for MAT and opioids mentioned at the last meeting was met or if the training was planned. Ms. Robards said she was not aware of anything. Mr. Erickson said CASAT sent him an email about upcoming trainings. He asked if the topics mentioned were being covered. Ms. Berry said they can provide the trainings, and they have recorded trainings. Mr. Disselkoen facilitates trainings specific to each agency and its needs. They can do a broad overview or something more specific, based on what they need to cover. Mr. Erickson said new trainings would be open to everyone, with information sent out on ListServ. Mr. Devine thanked the prevention programs for including SAPTA in the Office of Management and Budget (OMB) circular training that is coming up. It should be beneficial for all.

Mr. Erickson said there is an OMB training February 28 that the prevention coalitions put together and invited SAPTA to participate in. There will be one in the south, one in the north, and one for State and prevention teams working together. Fiscal and program staff will have the same information so they can understand policy and the rules regulating their work. Ms. DeLett-Snyder said she will send an invitation to their subrecipients as well. Mr. Erickson said it showed the trust between the State and the providers. Other states often recommend the State not be included in those kinds of discussions.

Ms. Dalluhn asked if there is a central location to find all the providers—physicians, Advanced Practice Registered Nurses, and physician's assistants in Nevada or in Washoe County that provide suboxone. Ms. Berry said CASAT has a list of all the providers who have the endorsement to do so. There is a huge discrepancy between the number of those that have the endorsement for the Drug Addiction Treatment Act of 2000 (DATA 2000) waiver and those who are actually prescribing. One barrier to prescribing is reimbursement to prescribers. Mr. Disselkoen said the Substance Abuse and Mental Health Services Administration (SAMHSA) has an opioid treatment practitioner locator and that

Ms. Dalluhn could get the information there. Ms. Berry pointed out that the locator lists only those registered with SAMHSA who have allowed their information to be published. Ms. Dalluhn said they have had their MAT program for three years. Their physician gave notice and it has been hard to find a replacement. They need a prescriber by February 1. According to the contract they have with the Second Judicial District, clients are required to receive suboxone onsite at Quest, so she has to find a doctor who is willing to come to Quest six to eight hours a week.

Mr. DeMarco introduced himself as the project manager for implementing the WITS system. In order to comply with the contract, they must have all four modules ready for productive use. He is putting the timeline together for approval. It would make sense to set up a project steering committee made up of representatives from the providers and the SAPTA team. That should elicit input in the building, requirements, and configuration of the system and in having deliverables approved. For example, they completed a project charter that needs to be revised with the new timeline. The steering committee would be the appropriate group to review and approve it. The committee could also give direction and guidance to setting the system up for the use of the providers. No one will be required to use it. By being involved in its design and configuration, a provider can see if it makes sense to move over to WITS. One component of WITS is the repository, the place where data from providers is collected. It will include block grant data, Opioid STR data, and additional data required for collection and reporting. The requirements are being gathered to be reviewed with providers. The system to receive data from agencies should be in place in April. Four workgroups under this Board, one for each module, are being organized. Once they are set up, people can sign up to participate in the project. No one has to use the system unless they want to—the goal is to have the system ready for productive use by anybody who wants to use it. The workgroups will allow input and allow potential users to see what the system's capabilities are and if it meets individual requirements so agencies might be inclined to move over to the system. That should be part of the rollout schedule being developed.

Mr. Devine asked Mr. DeMarco to clarify the four modules. He suggested that members interested in serving on a workgroup give their names to Mr. Martinez for individual follow-up. Mr. DeMarco replied that the first module is the WITS data repository, referred to as the CDR. The second is WITS treatment. The third is WITS prevention. The fourth could be split out further—the contract/billing module. Mr. DeMarco mentioned that Sherri Haggerty is working with him and is reaching out to some participants on data repository. All providers and their systems have been identified.

Ms. DeLett-Snyder asked if prevention can choose whether they use the system. If the system did not look good for them, could they decide not to use it and report in a different way? Mr. DeMarco said that has not been determined. They first have to develop the requirements. They will ask what prevention requires the system to do, and incorporate that with the FEI analysts. They then will see what needs to be done. SAPTA bought the base system as well as what will be delivered in the future. If there are requirements preventing use of the system, those need to be discussed to come up to a solution. Mr. Devine said SAPTA would prefer that all prevention providers use the system, but will discuss it with them and explore the system with them to make sure it meets their needs and SAPTA's.

Mr. DeMarco said FEI Systems will be onsite for three days the first week in February. There will be a session on prevention. The agenda will be sent out to everyone when it has been determined so that the right folks can be available at the right time. He will put out materials for review in advance. If it is necessary to have a demonstration of the system, it will be incorporated into the process. Mr. Erickson said he hoped to coordinate with when the federal project officers are here for the Opioid STR site visit.

Ms. Berry pointed out the workgroups being formed were not subcommittees, subject to the Open Meeting Law. They will be made up of volunteers—anyone who is affiliated with the SAPTA Advisory Board and would like to help guide how WITS is set up. Anyone interested in the workgroups should contact Mr. Martinez, leaving their name, the names of others who might be interested, and the name of the module of interest. He will organize the four module sets and give the information to Mr. DeMarco who will contact individuals about timeframes, project charter, and everything else. Updates will be given to the SAPTA Advisory Board at each meeting.

Ms. DeLett-Snyder said Join Together Northern Nevada (JTNN) had a monitor October 23. At the time, they were told they would receive follow-up documentation within a month. They have not received anything yet. The first year, they did not ever receive the information. Mr. Devine and Mr. Erickson said they signed off on it. Mr. Devine said he would follow up on it today. Mr. Devine asked if there was anyone else who did not receive a monitor report. Ms. Dalluhn said she appealed their monitor report, but have not hear back on the appeal. Mr. Devine said he would follow up on that, too.

5. Discuss the Expectations for the SAPTA Advisory Board

Mr. Robeck asked if there was anything new or unusual in the [State Staff Expectations document](#) that was distributed for this meeting. Mr. Martinez said there was nothing unique. At the last meeting, staff said they would share their expectations of the Board and members of the Board said they would share their expectations of State staff. Mr. Devine agreed there was nothing new on the list. The State is simply attempting to document what the expectations are for partnering with the Advisory Board, using it to problem-solve together and to review policies to ensure they are not off-base or too cumbersome for providers. New trainings and new opportunities can be viewed together. In the past, the Board was used differently so this makes it clear what current State expectations are. It is up for discussion. If there are things not on the list that should be or if there are other expectations, they can be added. This should be a safe place where issues can be thoroughly discussed, allowing for differing opinions. This Board is to advise and help determine the direction SAPTA goes in the future.

Mr. Robeck said the list reflects some of the bylaws recommendations. In the past, leadership has not kept the Board engaged, so this looks like a positive step. Ms. Dalluhn said this came about a couple of meetings back when Quest and other providers were contacted about providing data from 2013. In many cases, the data being requested was not back then. The requests seemed unreasonable. One expectation providers have of the State would be letting them know ahead of time what kind of data the State needed. There have not been any unreasonable requests recently. Mr. Erickson pointed out that SAPTA made every attempt to take data already submitted, utilizing it first. In rare cases, the feds may require data from the past that would have to be gathered. Mr. Devine said he has given a directive that there will be one regular reporting mechanism to gather all the data needed so there will not be such calls anymore; however, strange requests can be made. He added this was the strangest block grant he has ever overseen—all of the reporting is done on what happened two years ago, not on current data so it has not caught up to what the new policies and data-collection processes are. There may still be some requests that go out, but as often as possible an attempt will be made to collect the data from other sources if it is available. If old data is requested, it is because it is not available. He said his expectation is to bring those things to this Board, discuss them, and discuss possible solutions to some of the issues.

Ms. DeLett-Snyder mentioned the Board would come up with member expectations of SAPTA staff. Some of these could be reciprocal. Others could be expected from staff, such as information-sharing so that providers are aware of what is going on and not hearing it second- or third-hand. With the STR grant funding, all should have been notified. SAPTA should also provide advance notice of requests. Mr. Devine suggested two ways of handling the expectations list—coming up with a separate State and provider list of expectations or some of the items could be

addressed in bylaws changes. The Board needs to decide which direction to go. He thinks the more there is on paper, the better it is. In the past, there have been leadership changes that led to inconsistency. This way, there is documentation of what the Board is doing and what its expectations are.

Ms. DeLett-Snyder asked if they could meet informally to bring something forward. Mr. Devine said if they did not do it together as a Board, they would need to meet as a subcommittee subject to Open Meeting Law. He suggested they could discuss it now, the discussion could be reflected in the minutes, and they could take action at the next meeting. Mr. Martinez said he would compose documents based on what was discussed then put them in as an action item for the next meeting. Ms. Berry pointed out that if they were to be listed in the bylaws, it would need to go back to the subcommittee. Ms. DeLett-Snyder did not think it belonged in the bylaws. Ms. Berry argued that "member expectations" and the bylaws specify the makeup and membership of the Board and could be how members would receive the information. Ms. DeLett-Snyder said it would make more sense to include expectations as an addendum to the bylaws. Ms. Robards did not think it would make sense to incorporate the expectations into the bylaws. It was her understanding that doing this from both directions was so that both sides were being heard—what providers expected as their commitment to this Board and what the State expected of them. The two have to come together. There were problems in the past when meetings lacked substance, rather than being participatory and constructive. Mr. Robeck agreed the expectations were too detailed to be part of the bylaws. He thought this was more like best practices which can change periodically. One of the big things is communication—when people apply for grants, everyone should be notified who received them. When phone calls are made to several people at SAPTA and have not been returned—it is a best practice that someone should return the phone call. Ms. Berry thought a lot of the comments being made were general, not specific to the SAPTA Advisory Board. It was mentioned that other colleagues who are not members of the Board want to receive additional information. That information could be shared through ListServ and the website. Ms. Berry asked to develop expectations of members for the actual Board. Mr. Devine said a document of expectations could be incorporate into the policy book so that it is documented. Ms. Robards said she would not mind sitting on another subcommittee. Ms. Dalluhn and Mr. Dixon said they thought a subcommittee would be overkill. Ms. DeLett-Snyder suggested discussing it now, then reviewing it at the next meeting.

Ms. DeLett-Snyder thought the following points from the staff expectations of the Board should be included:

- Advise us on potential policy changes.
- Be good public relations people on our behalf letting them know the State truly wants to serve their best interests and is listening actively.
- Utilize the meeting as a safe and respectful place to address true concerns and work together to find feasible solutions when possible.

She thought the State needed to promote their activities as well. Ms. Berry asked if members wanted staff to promote activities in the field for just members of the Advisory Board's organizations or for all SAPTA-funded or -certified organizations. Ms. DeLett-Snyder said it should be for all SAPTA-funded organizations—she thought SAPTA staff would want to promote those activities and organizations.

Ms. Dalluhn stated she would like to see better follow-through. She appreciated that Mr. Devine checked on whether all had received their monitoring reports because that has been an ongoing issue. She said if she is told to expect a monitoring report in a month, she expects to receive it or to get an email explaining why she does not have it. She thought the information should have gone out about the STR grant. She liked the follow-up on the adolescent grant. If grant applications are taken, everyone should be informed of who was awarded the funds.

Ms. Robards said she was most concerned about opening the channels of communication because so many times things happen that all of sudden are dropped on them. If there are unexpended funds

or other opportunities—to learn about them just before the deadline makes it difficult for most providers to prepare or write a presentation. She thought there should be more advance notice and more brought to the table at meetings regarding the thought process of where the State is going to go. What is being looked at? Where do services need to be expanded? What adolescent services are being looked for—residential? What kinds of opportunities are there? Everyone has a business model continually looking for growth in a variety of areas, but know that it cannot be done without the State—funding that is passed through the state general funds or the Substance Abuse Block Grant (SABG) money. Agencies need time to strategize for some of those opportunities. There should be fewer things done behind closed doors at the State and more open discussions about what the State is working on. SAPTA is looking for grant opportunities. How can providers help? What is needed in rural areas, or for women and children, or for MAT clinics to augment and supplement the current programs being providing to Nevada communities? It all comes down to more open communications. A lot of providers do not have the benefit of the open relationship she has with the State. How does it trickle down from this Board to everybody in the field?

Ms. DeLett-Snyder was concerned about information-sharing. At Mr. Devine's first meeting with the Board, he talked about transparency, but she thinks there needs to be more transparency. There should be immediate notification of a grant opportunity and its being funded. She knew that Quest was funded because Ms. Dalluhn told her—she did not hear about it from SAPTA. She did not know about the STR grants until today's meeting. If she is a member of this Board, she thinks she should know these things. If she receives the grant notices, why does she not receive the funding notices? Ms. Berry pointed out the issue with the grants was that programs were notified they were awarded, but the paperwork has not gone through. The State would make an announcement once everything was signed. Ms. DeLett-Snyder said a press release did not need to go out. There are some prevention agencies that waited almost three months to have their block grants signed, but SAPTA knew they were going to get the funding. The State knew who they selected, so could say, "These agencies have been selected. We will work with them going forward." Her agency is in prevention, so she does not talk with people in treatment often. It would be good information to have because people ask about it. She thinks SAPTA waits too long to release information on a lot of things. For example, JTNN was asked if they were going to do anything for International Overdose Awareness Day. They put together something quickly, being promised the State would put out a press release about it. She never saw anything—they did their own press release. They waited for the State, but sometimes things have not happened so agencies take it upon themselves to do them. Mr. Devine thought the expectation was for clear and timely communication. He agreed with that. Agencies need to understanding that SAPTA is part of a bureaucracy that does not move quickly. Ms. Robards pointed out there is a benefit to understanding the different types of programs and what was funded they can give a referral. It is the goal of providers and the State to get everybody placed regardless of level of care, so agencies need to know who to refer to if the need is for a program or project they are not funded for or do not currently offer. She asked Vitality what they planned to do with the MAT money so she would know what their ideas were. Life Change Center came out to see them. If they had not, she would not know what they were proposing to do. It is hard to refer people without that information. She said she was particularly thinking about the adolescent funds. Will there be an increase in residential beds or day treatment for youth? Just telling her that someone was funded does not do a lot of good unless she understands what they are being funded for. Mr. Devine thought this got back to what Ms. Berry said—a lot of information cannot be released until something is finalized. Timely information about who was funded can be provided, but details cannot be released until it has been negotiated and has gone through the process. He suggested listing not only the expectations about the communications, but also the preferred mechanisms of communication to see the information go out. Ms. Robards mentioned they have a monthly provider teleconference where this can be shared. Ms. Furlong asked if the Board could suggest how to get more participation in those calls. Could it be marketed differently? What else could be done besides changing the day for the call? Ms. Robards said the Regional



Behavioral Health and its subcommittees took precedence over the provider call. The minutes have kept her informed. She suggested adding meat to the meetings. Maybe some pre-discussions could take place on the provider calls. Ms. Jensen mentioned the provider call will take place this Friday, but will be changed to 9:30 a.m. on the third Wednesday of the month starting in January.

Ms. Berry closed the discussion. It will be revisited at the next Advisory Board meeting as an action item.

6. Discuss and Approve Recommendations to Change the [Bylaws](#):

- Article 3.1.8, amend to read, "Ensuring that services for continuing care and recovery support services are available, accessible, and affordable for those in need of services ...."  
Ms. DeLett-Snyder said the subcommittee recommended adding "recovery support services."
- Article 4.2.1, amend to fifteen (15) rather than sixteen (16) representatives.  
Ms. Berry pointed out that there are currently 15 representatives, as there is an unfilled seat. This change would maintain the current number of members.
- Article 4.2.2, amend from state funding to SAPTA funding.  
Ms. DeLett-Snyder said leaving the general "state funding" would leave the Board open to members that would not make sense to be on it.
- Article 4.5.1., amend to read, "The members of the Board shall elect two co-chairs from the Board members."  
Ms. DeLett-Snyder said the reason for having two co-chairs was to divide the work required of a chair—there would be no one person with the entire workload.
- Article 4.5.2, amend term of office to a maximum of two consecutive two year terms.  
Ms. DeLett-Snyder said there had not been a term limit before.
- Article 6.1.4, amend to read, "Terms of office shall be for two (2) consecutive two-year terms."
- Article 6.2.1, amend to read, "When a vacancy occurs in the office of a co-chair, a new co-chair will be selected from membership."

This recommendation changed the language from chair and vice chair to co-chair.

Ms. Berry said the other recommendation was to change the SAPTA chief's name on the document.

Ms. Caskey shared that Ms. Quilici disagreed with the idea of having co-chairs. She would not know who represented her if one was from treatment and the other from prevention. Ms. Robards reported that the subcommittee felt an odd-numbered Board membership was the better practice, particularly to prevent a tie vote if everyone was present at a meeting. She said she did not have an opinion about chair and vice chair or co-chairs, but understood the point about being able to share responsibilities. She also understood Ms. Quilici's concern. Mr. Robeck said one of the things the subcommittee discussed about having co-chairs was that with the previous chair many members felt isolated, especially those from the south. That is one reason for having two co-chairs. He pointed out the subcommittee did not define what that would look like—one from treatment, one from prevention; or one from the south, one from the north—they would be whoever the Board selected. There would then be two people to go to who were on the same page with each other. Ms. Tillman spoke on behalf of Denise Everett. She said Ms. Everett liked the proposed changes, especially regarding term limits. She said Ms. Everett was also open to the discussion on co-chairs. She appreciated what Mr. Robeck shared about co-chairs and was interested in having one from the north and one from the south, understanding the limited communication between north and south. Mr. Dixon thought all of the proposed changes were good, particularly adding term limits. He thought having co-chairs would help prevent burnout so that all of the responsibility would not fall on one person. It would also provide balance—someone could not bring in their own agenda

and start skewing things to go that way. Ms. Dalluhn said she liked the idea of having co-chairs for all the reasons already mentioned. She liked the idea of one being from the north and one from the south. Ms. Ross said she loved the idea of having co-chairs, especially if one was from the north and one from the south. She thought the last two chairs were difficult to get in contact with or to build a relationship with. Being able to build those relationships in the south would be nice.

Mr. Robeck moved to accept all of the changes to the bylaws. Ms. DeLett-Snyder seconded the motion. The motion passed without abstention, but with Ms. Caskey voting no for Ms. Quilici.

7. Discuss and Determine the 2018 Schedule for the SAPTA Advisory Board

Mr. Martinez recommended using the same schedule that was used in 2017 as there were no meetings canceled due to lack of quorum. Ms. DeLett-Snyder mentioned that the Attorney General's Substance Abuse Working Group met on two of those Wednesdays. There are a few members who would like to attend. Mr. Martinez asked if anyone would suggest an alternate schedule. Ms. Berry pointed out that if members knew they would miss a meeting, they could let the chair know so it would be an excused absence. She added that members could send proxies. Ms. Ross said there have been multiple times she has had to send a staff member to this meeting because the Attorney General Substance Abuse Working Group was an important meeting that overlapped with a lot of the work they were currently doing. Ms. Berry asked if a survey should be sent out to find out what day of the week would be best for a 9 a.m. to noon meeting. Mr. Martinez pointed out there were only two meetings that would be in conflict. He suggested rescheduling those two meetings. Ms. DeLett-Snyder suggested having the June and December meetings in the afternoon if members would already be in Carson City for the Working Group.

Ms. DeLett-Snyder made a motion to change the June and December meetings to 1 p.m. to 4 p.m. Ms. Dalluhn seconded the motion. The motion passed. Ms. Tillman moved to accept that the meetings would continue on the second Wednesday of every two months, from 9 a.m. to noon.

8. Public Comment

There was no public comment.

9. Adjourn

The meeting adjourned at 10:52 a.m.