

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

MINUTES

DATE: December 14, 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
Mark Disselkoen
Jennifer Snyder
Lana Robards
David Robeck
Mary Cannizzaro
Patrick Bozarth
Ester Quilici
Tammra Pearce
Jolene Dalluhn
Diaz Dixon

Ridge House
CASAT
Join Together Northern Nevada
New Frontier
Bridge Counseling
PACT Coalition
Community Counseling Center
Vitality Unlimited
Bristlecone Family Resources
Quest Counseling
Step 2

BOARD MEMBERS ABSENT

Pauline Salla-Smith
Michelle Watkins
Debra Reed

Frontier Community Coalition
Central Lyon Youth Connections
Las Vegas Indian Center

OTHERS PRESENT

John Firestone
Dani Tillman
Roxanne De Carlo
Lea Cartwright
Cheryl Bricker
Barry Lovgren
Judy Marsh
Deb Kamka
Aaronell Matta

The Life Change Center
The Life Change Center
Empowerment Center
Nevada Psychiatric Association
Partnership of Community Resources
Citizen
Eternity's Path Counseling
Quest Counseling
Community Counseling Center

SAPTA/STATE STAFF PRESENT

Martie Washington
Kendra Furlong
Auralie Jensen
J'Amie Frederick
Jessica Hoff
Bill Kirby
Larry Davis
Alexis Tucey

Health Program Manager
Health Program Specialist
Health Program Specialist
Health Program Specialist
Health Program Specialist
Health Program Specialist
Grants and Projects Analyst
Social Services Program Specialist

1. Welcome and Introduction:

Steve Burt opened the meeting at 9:08 a.m. Mr. Burt noted that there was a quorum present.

2. Public Comment:

Ms. Snyder stated that monitors of the coalitions were performed over six months ago. She asked for the status.

Ms. Snyder stated that NHIPPS had been a problem for subgrantees because, although they could sign-on the system, they were unable to record information in the system.

3. Approval of Minutes from the October 12, 2016, Meeting:

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

4. Update on the Status of the Statewide Youth Treatment Grant:

Ms. Washington stated that SAPTA was the recipient of the Statewide Youth Treatment Planning Grant in 2015. The purpose of the grant was to examine access to services for youth aged 12 to 25. Part of the work that had been done thus far was the creation of a financial map, determination of what was covered by Medicaid, and determination of gaps in financial and workforce resources.

Four committees were part of the grant: Policy, Evidence-Based Practices, Financial Resources, and Workforce Resources. Ms. Washington stated that the application for the Statewide Youth Treatment Implementation Grant was due December 20. She stated the implementation grant was very competitive and she was hopeful Nevada would be awarded the implementation grant in October 2017.

5. Standing Informational Items:

Members of the SAPTA staff gave the SAPTA report.

Ms. Washington responded to Ms. Snyder's public comment regarding NHIPPS. Ms. Washington stated that Sheri Haggerty was the NHIPPS contact person. Regarding the monitors of coalitions, some of the results had been issued to organizations while other monitors were being researched. Mr. Davis stated that a workshop would be offered to coalitions in the future to address issues related to the monitors.

Ms. Furlong indicated there were two funding opportunities that would be announced this week including those for primary prevention and the women's set aside (wrap-around services). Ms. Furlong stated an email would be sent to interested parties within days. Ms. Snyder asked what the categories were for the prevention funding opportunities. Ms. Furlong stated she did not know what the categories were but that she would obtain that information and include it in the email she would be sending. Ms. Furlong indicated the deadline was January 15, 2017. Ms. Robards asked if the primary prevention would be administered by the coalitions. Ms. Furlong responded that coalitions, treatment providers, those in the mental health vendor pool, and government entities could participate in the opportunities. Ms. Furlong added that the amount would be \$1.5 million from the Block Grant. Mr. Burt questioned why the funding

opportunities would be open to treatment providers. He stated the coalitions did a good job and that the opportunities should be available for prevention, not treatment. Ms. Furlong responded that it was because of all the opportunities included. Mr. Burt stated that it was his observation that there were prevention mass-media campaigns throughout the Country but not in Nevada. He said he thought it was because it was a “hurry up and spend” matter with SAPTA’s operations and what was needed was a long-term strategic plan for prevention in the community. Ms. Snyder stated this happened in last year (i.e., SAPTA announced funding opportunities with a limited timeframe for coalitions to plan). She stated it could be that SAPTA’s priorities might not be the communities’ priorities. Ms. Furlong stated she had discussed this matter with Mr. Devine. She stated that it was SAPTA’s intent to improve its communications with the coalitions regarding upcoming funding opportunities and the timeframes in which to plan and spend.

Mr. Disselkoen gave the CASAT report.

Mr. Disselkoen stated that 2017 training opportunities had been posted on the CASAT website, and he advised providers to direct questions regarding training to Michelle Berry. He reminded providers that Ms. Berry and he could provide technical assistance to funded providers as requested. Mr. Disselkoen also stated that CASAT would soon have 18 webinars pertaining to CCBHCs [Certified Community Behavioral Health Clinics].

Mr. Burt gave the Chair report.

Mr. Burt stated that several Bill Draft Requests (BDRs) were being introduced for the upcoming 2017 Legislative Session that might affect providers. Mr. Burt stated there was a BDR to consolidate the boards of Social Work; Marriage and Family Therapists and Clinical Professional Counselors; and Drug, Alcohol, and Gambling Counselors. Mr. Burt asked for feedback and white papers from interested parties in preparation for his upcoming meeting with Director Whitley.

6. Discussion of Medicaid Reimbursement for Substance Abuse Treatment, and Update on Medicaid Fee-for-Service and Managed Care Organizations:

Ms. Tucey stated she had no update regarding this agenda item.

Ms. Tucey asked that providers contact her directly with case-specific issues as they arose.

7. Discuss and Approve the SAPTA Advisory Board Schedule for 2017:

Ms. Quilici motioned to approve the SAPTA Advisory Board Schedule for 2017. Ms. Pearce seconded the motion. The motion passed.

8. Board of Examiners for Alcohol, Drug, and Gambling Counselors, and Testing Sites for Addiction Counselors Within Nevada:

Mr. Burt stated that the IC&RC [International Certification & Reciprocity Consortium] was working on additional testing sites. Currently, the closest testing site for providers in southern Nevada was in Utah.

9. Discuss Services for Pregnant Women and Dependent Children:

Ms. Furlong stated that the table showing 190 pregnant women being served needed to be updated because the number was inaccurate. She stated there had been difficulty obtaining accurate data from NHIPPS. Of the 436 pregnant women being served, 198 were served by SAPTA-funded providers. Ms. Furlong said that the data team was trying to get data from Medicaid because some women are covered by Medicaid. In addition, there would be an effort to compare SAPTA's data with Medicaid's data to avoid double counting of those being served.

10. Discuss Medication Assisted Treatment:

Mr. Disselkoen stated that ASAM [American Society of Addiction Medicine] offered training for Medication Assisted Treatment (MAT). He encouraged providers to take advantage of the online training provided by ASAM. Mr. Disselkoen stated that Nurse Practitioners and Physicians Assistants needed to have 24 hours of training, while physicians needed to have 8 hours of training.

Ms. Dalluhn stated that her organization had encountered challenges with MAT. She stated that medication doses required prior authorizations by Medicaid and she hoped that SAPTA would provide funding for MAT in the future.

11. Discuss Reimbursement Rates:

Ms. Furlong stated there would be increased rates in the future for residential and transitional housing, and detoxification services. Although there was no scheduled date to publish the increased rates, the target date would be sometime in January 2017. However, Ms. Furlong stated, prior to the release of the increased rates, she would need to provide training to providers for prior authorizations. Following the prior authorization training, the increased rates would be released. Ms. Furlong stated she was still in the process of developing the policy for prior authorizations. She stated the policy would be finalized in January 2017.

Ms. Quilici asked that Ms. Furlong send the draft of the prior authorization policy for provider input before it was finalized. Ms. Furlong agreed to send the policy out for provider input.

Ms. Furlong went over the handout entitled, "SAPTA Treatment Services Grid." She initially stated it was the accurate list of rates; however, providers pointed out several inaccuracies on the handout. In addition, providers requested that a date be applied to the document to avoid confusion between several versions of the grid that had been distributed in the past and the finalized version. Ms. Furlong apologized for the inaccuracies and stated she would obtain clarification from Medicaid, revise the grid, and distribute the revised grid.

12. Approval of SAPTA Division Criteria to Comply with NAC 458:

Mr. Disselkoen stated there was one correction that needed to be made to the Division Criteria.

Ms. Quilici motioned to approve the SAPTA Division Criteria with corrections. Ms. Robards seconded the motion. The motion passed.

13. Public Comment:

Ms. Cartwright, Nevada Psychiatric Association, advised the Board that there would be a social media discussion group in early January. This was an effort to foster awareness of behavioral health and substance abuse issues in Nevada. She advised the Board that the majority of

Legislators were on Facebook and Twitter, and she encouraged interested parties to contact them via social media. Ms. Cartwright indicated she could be contacted via Twitter: @NVPsychiatry.

Mr. Lovgren stated the Division Criteria would be for treatment centers only. He advised that it might be necessary to create criteria for evaluation centers. Mr. Disselkoen stated he thought that NAC 458 sufficiently addressed criteria for evaluation centers.

Ms. Kamka asked that TEDS [Treatment Episode Data Set] data collection efforts be added to the next agenda.

Ms. Furlong stated the primary prevention funding opportunity was due January 6, 2017. She stated the priorities included:

- Tobacco education
- Responses to the opioid crisis in Nevada
- HIV outreach and linkage to resources
- Substance use disorder in Native American communities
- Drug use and pregnancy
- Problem gambling prevention and substance use disorder prevention

Ms. Furlong stated there would be ten awards and there was a possibility that funding could be continued for an additional two years.

Ms. Robards asked about the status of the targeted case management pilot program. Ms. Furlong stated the pilot program was still in progress through March 2017.

14. Adjourn:

Mr. Burt adjourned the meeting at 10:47 a.m.