

**Substance Abuse Prevention and Treatment Agency Board Bimonthly Meeting  
MINUTES**

**DATE:** April 11, 2018  
**TIME:** 9:00 a.m.

	<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:** 1 (415) 655-0002 US Toll / Access Code: 804 030 423 / \*Note: If after entering the Access Code and hitting the # key you are prompted for a security PIN just simply hit the # key again and you will be allowed in the conference.

**BOARD MEMBERS PRESENT**

Lana Robards, Co-Chair, New Frontier	David Robeck, Co-Chair, Bridge Counseling
Denise Everett, Ridge House	Jolene Dalluhn, Quest Counseling
Tammra Pearce, Bristlecone	Pauline Salla-Smith, Frontier Community Coalition
Andrea Zeller, Churchill Community Coalition	Leo Magridician, WestCare Nevada
Patrick Bozarth, Community Counseling Center	Kelly Robson, HELP of Southern Nevada
Jamie Ross, PACT Coalition	Ester Quilici, Vitality Unlimited
Michelle Berry, Center for the Application of Substance Abuse Technology (CASAT)	

**BOARD MEMBERS ABSENT**

Mari Hutchinson, Step 2  
Jennifer DeLett-Snyder, Join Together Northern Nevada (JTNN)

**STAFF & GUESTS PRESENT**

Dani Doehring, Step 1	Mark Disselkoen, CASAT
John Firestone, The Life Change Center	Steven Hammonds, The Life Change Center
Pauline Leland, Orexo	Laura Oslund, PACE Coalition
Kristen Rivas, Division of Child and Family Services	
Kelly Clark, United States Department of Agriculture (USDA)	Asheesh Bhalla, Office of the Attorney General
Deb Aquino, Behavioral Health Wellness and Prevention (BHWP)	
Sara Weaver, Substance Abuse Prevention and Treatment Agency (SAPTA)	
Lea Cartwright, Nevada Psychiatric Association	Judy Dumonte, SAPTA
Auralie Jensen, SAPTA	Raul Martinez, SAPTA
Marco Erickson, BHWP	Kendra Furlong, SAPTA
Jasmine Troop, HELP of Southern Nevada	Joan Waldock, SAPTA
Chief Justice Michael L. Douglas, Nevada Supreme Court	

April 11, 2018

1. Roll Call, Introductions, and Announcements  
Roll was called. Ms. Robards determined a quorum was present.
2. Public Comment  
Ms. Quilici stated she called in early and discovered the access phone number for today's call was a toll number in San Francisco. She expressed concern that a toll call for a three-hour meeting was a barrier to access and requested a no-cost alternative. Ms. Robards stated she and Mr. Robeck planned to meet with SAPTA to iron out bugs and would add this topic to their discussion.
3. Approval of Minutes from the February 14, 2018 Meeting  
Ms. Quilici moved to approve the minutes. Ms. Dalluhn seconded the motion. The motion passed.
4. Open Meeting Law Training  
Mr. Bhalla provided a presentation on Nevada's Open Meeting Law. It can be found [here](#). He added information about public records, noting that a Washington, D.C. Circuit Court of Appeals case found that private emails on a private server were not necessarily outside of the scope of the federal Freedom of Information Act. A year after that ruling, the California Supreme Court ruled all private text messages and emails of California government officials were within the scope of the California Records Act. He added that a recent case in Nevada made a determination matching the D.C. Circuit Court of Appeals—private communications on personal email and personal devices are not necessarily outside the scope of the Nevada Public Records Act. He concluded law in this area was developing. He stated he had seen some people conduct public business on private devices and use private email addresses. Some were not give public email addresses and public phones, creating an issue. He urged that members of public bodies keep public and private communications separate. He suggested they could set up different email addresses for anything that may be part of the public record.  
Mr. Robeck asked Mr. Bhalla if draft minutes needed to be posted within 30 days of a meeting or if they just needed to be available if requested. Mr. Bhalla replied they needed to be available if they were requested. Mr. Robeck also asked if materials provided to Board members needed to be posted to the website in advance of the meeting. Mr. Bhalla said they should. Mr. Robeck asked if agenda items not discussed under agenda item 8, "Discuss and Approve Agenda Items for the Next Meeting," could be added. Mr. Bhalla said items could be added between meetings as agenda items were up to chair discretion. He pointed out the agenda item did not prohibit adding items in between meetings as long as they were posted on the agenda for possible action.  
Ms. Quilici commented that Roberts Rules of Order was complicated and that people were disenfranchised by it. She suggested the Board adopt a simplistic version. Mr. Bhalla pointed out he only suggested Roberts and that Nevada law did not required it.  
Ms. Ross, pointing out that most meetings are held in Las Vegas and Carson City, asked if physical copies of the agenda and materials were required in both locations. Mr. Bhalla said they were. Ms. Ross asked if SAPTA counsel was the Attorney General's Office. Mr. Erickson replied the AG's Office assigned a deputy to the Division.

Ms. Salla-Smith asked whether public comment was required before and/or after each agenda item or before and after specific agenda items. Mr. Bhalla replied that public comment was at the discretion of the Chair.

5. Standing Informational Items

- Co-Chair's Report

Mr. Robeck reported he and Ms. Robards hoped to improve communication with SAPTA. He also offered to help providers in ways that he is able.

Ms. Quilici recommended the Chief Justice of the Nevada Supreme Court be invited to another meeting to support the diverging intervention programs offered by providers.

Chief Justice of the Nevada Supreme Court Michael Douglas reported that, for the past 15 years the courts have dealt with drug, alcohol, and/or mental health issues as they affect people of Nevada. Judges Lehman and Breen pioneered specialty courts. He pointed out that the courts, directly funded by the Legislature, were involved in the opioid crisis by way of people entering the court system. The courts work with nonprofit organizations, referring people for treatment. He was concerned that Nevada might lose partners as Block Grant funds dwindle. It has become critical to find alternatives so men and women with substance abuse problems can be referred to programs instead of being incarcerated. People's lives can be turned around with the help of treatment providers. The courts offer the option of going through treatment or going to jail or prison. In the past few years, the courts have found liberals and conservatives agreeing that funds are wasted by simply warehousing people without trying to get to the root of their problems—drugs, alcohol, and/or mental health issues.

Ms. Robards said part of the goal of this Board was to get information out. She thanked those who gave her questions, subject matter, and agenda items. She also thanked SAPTA and CASAT for being responsive.

- SAPTA Report

- Request for Reimbursement (RFR) Process

Mr. Erickson noted that as the State made changes—such as moving to grants management software—or SAPTA made improvements internally, the RFR process has changed. He pointed out that many improvements were made in the last year. All RFRs can now be found in one spot. From there, they are sent to the assigned analyst. Analysts have three days to process an RFR once it is received, but the clock does not begin until the RFR is error-free. He and Mr. Devine tracked the process and discovered that most payments were received by providers within 15 days of receipt.

Mr. Robeck asked what the turnaround time was for RFRs with problems. Mr. Erickson explained that providers could take as long as they wanted to correct their RFRs, but that delayed the process. He repeated that SAPTA staff view RFRs within three days of receipt. He suggested that providers email SAPTA if they have not heard anything in three days.

Ms. Quilici asked if there were backups for absent program specialists. Mr. Erickson replied there were backups in place. Ms. Weaver explained that a tracking system was being implemented for future RFRs.

New Frontier, PACT Coalition, and a contractor have been submitting RFRs in the pilot program. Providers will be given instructions on the process.

Ms. Ross asked what happened after the analyst processed an RFR. She said her coalition submitted an RFR in December that was not paid until March. Mr. Erickson replied that he did not know what happened in that particular instance.

Ms. Robards asked if the tracking system took RFRs all the way to issuance of a check. Ms. Weaver said it did. Ms. Robards asked if the system would isolate time lags that might occur during the State's process. Ms. Weaver said the pilot project involved many people in SAPTA. Then an RFR would go to Division fiscal. Once approved by fiscal, SAPTA would look up outstanding payments, then close the ticket, indicating the RFR had been processed. Payment should then be made within five business days.

Ms. Robards said she appreciated SAPTA's attempt to have RFRs turned around in 3 days, moving them through fiscal; however, her agency's experience has been that SAPTA has not paid within the 30-day window that is part of the commitment made through the Notice of Grant Awards (NOGAs) and grant awards. She expressed hope that the pilot project would provide answers needed to fix that.

Ms. Pearce stated her organization received money from the State for gambling treatment. That State agency managed to pay them in about 15 days. She recommended finding out what their process was. Ms. Oslund said her agency has not had reimbursement problems.

- Bipartisan \$1.3 Trillion Omnibus Spending Bill

Mr. Erickson reported that the bill boosted federal health spending by \$10.1 billion. That amount includes:

- \$100 million increase for Certified Community Behavioral Health Centers (CCBHCs)

- Level funding for the Behavioral Healthcare Integration Program and Technical Assistance Center

- \$5 million increase for the Mental Health First Aid Program

- \$160 million increase for the Mental Health Block Grant

- \$500 million increase for the Opioid State Treatment Response (STR) Grant

- \$103 million for a new Rural Community Opioid Response Program
- Increases for National Health Service Corps, Medicare Eligibility, Behavioral Health providers

Ms. Dalluhn asked if SAPTA would be replacing the CCBHC that closed in northern Nevada. Mr. Erickson said he had not heard. Ms. Everett reported being told by Washoe County there would not be an opportunity for a new CCBHC until summer of 2019. Mr. Disselkoen explained that was due to the fact that Nevada was in the middle of a demonstration grant that must be complete before CCBHCs can be certified and/or funded.

Ms. Ross asked how much money would be coming to Nevada. Mr. Erickson said it was not broken down yet. Ms. Robards asked if the amount would be based on SAPTA's application for the Substance Abuse Block Grant. Mr. Erickson said the block grants were on a two-year cycle, so the application was completed last September.

- Plan for Serving the Native American Communities

Nevada Native American communities have expressed interest in receiving additional funds for prevention and treatment services. Mr. Erickson said a needs assessment of Native American communities would be required. He reported that SAPTA was working with SEI to start the process. Within the next year, he expected to have a full report on how best to serve those communities. Ms. Ross asked if the results of the needs assessment would be shared. Mr. Erickson said the information would be available before the next block grant cycle application.

Ms. Clark mentioned that the Statewide Native American Coalition no longer exists. She met with Sherry Rupert about the issue in tribal communities. Ms. Zeller said the coalitions have relationships with tribes across the state. Mr. Erickson added that Erica Pond was the tribal liaison for the Division and that Meg Matta attended meetings on behalf of SAPTA.

- Notice of Grant Award (NOGA) Process

Mr. Erickson reported that sometimes SAPTA knows ahead of time that there will be money, and others does not. Sometimes grants are written one year, but SAPTA may not be informed until the following September that they received an award from the federal government. Sometimes the feds place special conditions on awards. There are also processes in the State that require budget authority to put funding into the community. He said there usually was a six-month process from the time of the award from the feds to the point when funds can go out the door in the first year. In meetings in Washington, D.C., he reminded people that states struggle to get the dollars spent in year one. In the past, states were allowed to carry over requests and no-cost extensions, but changes made sometimes do not allow that so the first year money can be lost. The State has tried to improve that by creating a centralized grants management system that would allow SAPTA to improve the process internally. He added that formula-based grants can move more quickly. He expected to have these fully executed before October 1 so providers will have funding and will not have to write retro memos.

Ms. Robards said, as a provider, months of waiting to start a project seemed unrealistic since clients were still in need. She encouraged Mr. Erickson to look at how to speed up the process for rollover funding. She said New Frontier had been involved in a project for many years. The feds had questions and pointed out things on the intended use plan that needed to be corrected. Even after those were approved, there was almost a three-month lag time before New Frontier received the NOGA. The result was

six months of unpaid RFRs waiting for approval. She pointed out that providers rely on the money they have been awarded.

Mr. Erickson said SAPTA has advocated for providers as much as possible. When SAPTA had additional funding earmarked for special projects—such as primary prevention or the women's set aside funds—providers applied and were approved for specific amounts. Making providers wait for several months while completing the paperwork to support the initiatives resulted in programs not being able to fulfill the requirements they had committed to in the original application because of the limited timeframe.

- CASAT Report

Ms. Berry's staff asked that participants completing detox tech applications submit them to SAPTA. She added CASAT would not release certificates until all four modules of the training were completed. She said SAPTA would make additional information available to providers.

She reported that 89 peers have been certified and that the next peer recovery support specialist grandfathering period would be August 15-September 15 2018. She announced there would be a new clinical supervision online course available June 2018. An in-person Medicaid training with Alexis Tucey on April 25 would be available for providers in the north. One will be scheduled later for Las Vegas. The trainings should answer questions regarding Medicaid, billing, and other concerns.

Ms. Berry reported CASAT will assist with the May 1 Child Abuse Prevention and Safety Conference highlighting Adverse Childhood Experiences (ACEs).

Mr. Disselkoen said a utilization management for residential services pilot program would begin in May, focusing on Level 3.5—residential treatment services. New Frontier will be part of the pilot. Vitality also expressed interest. Ms. Furlong worked on the policy with him.

He reported Integrated Opioid Treatment and Recovery Center (IOTRC) certification was nearly available. Three funded providers—Central Behavioral Health, The Life Change Center, and Vitality Center—would be the first. He explained the focus of IOTRC was medication assisted treatment (MAT). For an opioid treatment program (OTP) currently providing methadone, suboxone and naltrexone would need to be added. A non-OTP clinic would have to provide at least two medications—suboxone and naltrexone. Those interesting in becoming IOTRC providers should contact Michelle Padden or him.

- Opioid State Targeted Response (STR) Grant

Ms. Berry reported that April 30 was the end of the first year of funding and that they received verbal approval from Substance Abuse and Mental Health Services Administration (SAMHSA) for another \$5.9 million for a second year. Their unspent dollars from the first year can be carried over the year two. There will be a competitive Request For Application (RFA) process for funding. The IOTRCs will operate as "hubs" in the hub-and-spoke model. The plan for year two does not include adding new hubs, but would expand spoke services working with the hubs. She reported that as of April 4, approximately 80 units of naloxone were distributed through the IOTRCs.

They hope to have additional units available for distribution within the next week. Over 1,000 units were distributed to law enforcement agencies throughout the state.

The Community-Based Organizations (CBOs) that will distribute naloxone are being built out. April 20, at 1 p.m., there will be an informational webinar for SAPTA-funded providers interested in becoming CBOs. Mr. Martinez will send the information out to Advisory Board members and funded providers. It will primarily be for organizations that are needle-exchange programs, SAPTA-certified, and Medicaid-eligible providers, federally-qualified health centers, jails, peer-recovery community organizations, health districts, and other STR-funded treatment and recovery support entities. It can also apply in rural and frontier high-need areas or in the case of a public health emergency. Law enforcement agencies fall under completely different criteria.

Since community coalitions have networks and are able to connect with many members of the community that the above-mentioned organizations do not connect with, CASAT will hold educational events with the coalitions, bringing their stakeholders and/or community members together. At those events, they will cover what naloxone is, how to administer it, and how to recognize signs of overdose. Those participating in the events will leave with a dose of naloxone. Ms. Berry said she discussed this plan with Ms. Lang, who will contact partner coalitions. Mr. Disselkoen clarified that becoming certified does not guarantee funding.

6. Discuss the SAPTA Advisory Board's (SAB) Expectations of SAPTA  
Ms. Robards reported she was not prepared for this discussion today. Mr. Robeck asked that this discussion be moved to the next meeting.

7. Medicaid Update

Ms. Tucey was unable to attend the meeting. Ms. Robards read an email Ms. Tucey sent in which she apologized for not attending. Ms. Robards said the Advisory Board had requested an update on adding case management to one of the provider codes under provider type 17.215. Ms. Tucey's response was that case management would be an expansion of services and was not currently being considered. Each division has been given a directive that they are on a "flat budget" which means that additional services, providers, or any expansion to the budget would most likely not move forward. Any budget concept papers that demonstrated upfront costs but neutrality over a longer period of time would be placed into consideration.

The second item the SAPTA Advisory Board wanted to have addressed was Medicaid budget updates. Her response was that they have moved into their "silent" period for budget development. All divisions are on flat budgets. Many concepts were going through their first phase of reviews and vetting. Concepts go through divisional review, then department review, then to the Governor for review prior to being release as public information through the Governor's Recommended Budget. Ms. Robards asked Mr. Martinez to send a copy of the email to members. Based on the email, members would be able to formulate questions

for the next meeting. Ms. Jensen pointed out that these updates might be addressed in the next provider call. Calls take place at 9:30 a.m. the third Wednesday of each month. Ms. Robards encouraged all providers to participate in that call.

8. Discuss and Approve Agenda Items for the Next Meeting on June 13, 2018

Ms. Robards indicated she would carry over the Medicaid update, discussion of the SAPTA Advisory Board's expectations of the SAPTA team, and the standing items. Ms. Quilici requested a discussion on the licensing board crisis. She stated that her agency has attempted to hire new clinicians in the continuum of care. Applicants were told by the licensing board that it could take 90 days or longer to receive licenses. She pointed out the lack of services in Nevada, saying this group needed to work on ways to improve the continuum of care. Ms. Robards pointed out that the State Board of Examiners for Marriage and Family Therapists and Clinical Professional Counselors would be holding public hearings on regulatory changes. One item of discussion would be having the Board meet quarterly instead of semi-annually which could speed the process for application approvals. Mr. Robeck wondered if elected representatives should get involved. Having assemblymen participate could be helpful if the Board of Examiners needed to improve the kinds of services agencies require. Providers could share issues facing their agencies and the challenges providers have with the Boards of Examiners. He added that the policy board might direct what needed to happen with the Board of Examiners and whether to change legislation or find more State funding to support those Boards of Examiners.

Ms. Dalluhn reported she was informed by email of a new SAPTA policy requiring proof that clients were applying for Medicaid with their agency's help. She heard the new policy was being rolled out one provider at a time. She would like this to be a discussion item as her agency has had a problem complying when there was no written policy to work off of. Mr. Robeck said his agency received an email as well. He found uploading the required documentation cumbersome. Ms. Jensen pointed out the policy was in the utilization management. The written policy is expected to come out with the utilization management and eligibility policy. It is not new—it is part of the Affordable Care Act 2008 requirements rolled out with the expanded Medicaid population. She stated SAPTA was finally at a point where it can be put into effect. Nevada has been slow rolling out this out and still covers clients that should not be covered. This is the reason SAPTA has been pushing Medicaid to send representatives to provider agencies to help enroll clients. Any agencies that have not gotten someone from Medicaid to their location should let Ms. Jensen know so that SAPTA dollars can go farther and reach the clientele that is not being helped.

Mr. Magridician asked if there could be further discussion about how to better meet the needs of the judicial system in Nevada. He stated that SAPTA funding has been his agency's lifeline. WestCare treats many specialty court clients that require residential care and others that are referred by the public defender's office who have no other way of paying for treatment. He stated their SAPTA funding has limited them from continuing to provide those services, which will inevitably clog the judicial system, keeping more people in jail and away from the treatment they need.

Ms. Pearce requested an update from SAPTA on what Plan B will do for the gaps in services that exist as a result of WestCare having shut down in northern Nevada.

Mr. Erickson suggested the Advisory Board might benefit by getting updates from other boards and councils as there are others who do work related to what the Advisory Board



does. Ms. Robards said topics suggested to her included how the boards work with each other; how the purposes of the Advisory Board, Nevada Behavioral Health Association, and the regional boards differ; and what the difference was between advisory and policy boards. Mr. Robeck said they would need to focus the scope to fit within the standing committee reports. Ms. Robards encouraged Mr. Erickson to incorporate that into the SAPTA update as part of his report.

9. Public Comment

Ms. Quilici said the Board should focus on licensure. She stated that one of the best boards she has worked with was the Board of Social Workers. She has three licensed clinical social workers working in the CCBHC. They are having trouble getting licensed people or getting people licensed. She thanked CASAT, SAPTA, and the boards that have worked with her, but one of the drawbacks her agency faces with the STR program is getting licensed clinicians. The process is not as smooth as it should or could be.

Ms. Clark said the Assistant to the Secretary, Anne Hazlett, tasked the USDA Rural Development with going into rural communities to listen to the problems they have with opioid response, opioid misuse, and gaps in services. At their opioid roundtable discussion focusing on rural issues, she heard a snippet of what the problems are in rural Nevada in terms of remoteness and response. She reported rural responders had problems with law enforcement's naloxone deteriorating because of the heat. She spent two hours listening to drug court in Winnemucca, then visited first responders, hospitals, and the sheriff's office. Throughout the day she came to see this issue was complex and varied by community. There were concerns at the hospital. The family support center reported need of a medical director and Medicaid reimbursement. She handed out a card that detailed the availability of community facility grant funds and broadband funding through the Distance Learning Telemedicine program.

Ms. Troop introduced herself as the new behavioral health director of HELP of Southern Nevada who will be attending meetings on behalf of her agency.

Mr. Hammonds, the Workforce Development Director with The Life Change Center, announced they are using STR Grant money to put on a Northern Nevada Opioid Awareness event on April 20, from 10 a.m. to noon. It will be held in the community room at Northern Nevada Hopes. They have received 60 R.S.V.P.s and have room for 106. He said they are working with Jessica Flood to hold similar meetings in Carson City, Yerington, Fallon, and other areas.

10. Adjourn

The meeting adjourned at 11:32 a.m.