

**SUBSTANCE ABUSE PREVENTION AND TREATMENT AGENCY ADVISORY BOARD  
MINUTES**

**DATE:** June 13, 2018

**TIME:** 1:00 p.m.

**LOCATION:** *Meeting*  
4126 Technology Way  
2nd Floor, Conf. Room 201  
Carson City, NV 89706

*Videoconference*  
4220 S. Maryland Parkway  
Building D, Suite 810  
Las Vegas, NV 89119

**TELECONFERENCE:** (888) 636-3807 / Access Code: 1961091

**BOARD MEMBERS PRESENT**

David Robeck, Co-Chair, Bridge Counseling	Theresa Greene, for Vitality Unlimited
Denise Everett, Ridge House	Mari Hutchinson, Step 2
Andrea Zeller, Churchill Community Coalition	Leo Magridician, WestCare
Patrick Bozarth, Community Counseling Center	Jasmine Troop, HELP of Southern Nevada
Jamie Ross, PACT Coalition	Deb Kamka, for Quest Counseling
Michelle Padden, for Center for the Application of Substance Abuse Technology (CASAT)	
Jennifer DeLett-Snyder, Join Together Northern Nevada (JTNN)	
Pauline Salla-Smith, Frontier Community Coalition	Kasey Chu, New Frontier

**BOARD MEMBERS ABSENT**

Lana Robards, Co-Chair, New Frontier	Tammra Pearce, Bristlecone
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**STAFF & GUESTS PRESENT**

Kyle Devine, Substance Abuse Prevention and Treatment Agency (SAPTA)	
Kendra Furlong, SAPTA	
Auralie Jensen, SAPTA	Judy DuMonte, SAPTA
Bill Kirby, SAPTA	J'Amie Frederick, SAPTA
Jessica Hoff, SAPTA	Sara Weaver, SAPTA
Raul Martinez, SAPTA	Joan Waldock, SAPTA
Diane Anderson, CARE Coalition	Dani Tillman, Ridgehouse
Allyson Hoover, Amerigroup	Jennifer Logan
Jessica Flood, National Register of Historic Places	Taylor Radtke, Partnership Douglas County
Eric Hare, The Life Change Center	Steven Hammonds, The Life Change Center
Kati Layosa, Step 2	Linda Lang, Nevada Statewide Coalition Partnership
Kelly Clark, United States Department of Agriculture (USDA) Rural Development	
Briza Virgen, Nevada Medicaid	
Karen Blumenthal, Step 2	
Stephanie Borene, University of Nevada, Las Vegas	
Becky Coleman, Family Support Center	
Judy Henderson, Nevada Coalition to End Domestic and Sexual Violence	

1. Roll Call, Introductions, and Announcements

Roll was called. Mr. Robeck determined a quorum was present.

2. Public Comment

Ms. DeLett-Snyder commented that Block Grant continuation funding for the coalitions was sent to them in April. She pointed out that the logic model they were asked to complete was not like the one they have done with the Community Anti-Drug Coalitions of America (CADCA). She suggested someone at SAPTA go through such requests to see if they could complete applications before requiring subgrantees to complete them.

There was no further public comment.

3. Approval of Minutes from April 11, 2018 Meeting

Ms. Ross moved to accept the minutes, with two changes. Ms. Zeller seconded the motion. The motion passed without dissention.

4. Standing Informational Items:

- Co-Chair's Report

Mr. Robeck said he heard how challenging completing grant applications could be. He encouraged agencies to provide SAPTA with feedback, suggesting that SAB members copy each other on such feedback. He stated that he and Ms. Robards planned to visit SAPTA to gain a better understanding of what their issues were, as SAPTA was the agency interacting with the federal government. He reminded agencies of their responsibility to remain in compliance with federal guidelines.

- Substance Abuse Prevention and Treatment Agency (SAPTA) Report

Mr. Devine reported the recent release of four requests for proposals (RFPs). He explained that SAPTA listened to input from providers on each one. Proposals have gone out allowing 30 days to prepare and submit an application. SAPTA also provided opportunities for questions and answers. He admitted there was a problem with ListServ and asked for ideas for better ways to get information to all of them in a timely fashion. He added that anyone having an issue with an application should contact either the analyst involved or him. He explained the logic model was not designed to be an added burden. Its purpose was to clearly document what agencies were doing—working toward specified outcomes rather than generalizations. This should provide better communication with policymakers and leverage for further resources. All expectations and standards have been written into new applications, including a scoring matrix and timelines. He asked agencies to let SAPTA know if something did not work and asked for questions or comments regarding the continuation for the State Targeted Response (STR) Grant, the Certified Community Behavioral Health Clinics (CCBHCs) capacity-building request, the women's health services wraparound request, and the prevention continuation application. Ms. Kamka asked when the teleconference for the CCBHC would be rescheduled. Mr. Devine replied that he would have an answer for her today.

Ms. DeLett-Snyder pointed out that a competitive grant would be coming out later in the year. She asked SAPTA to be mindful that several directors would be at a weeklong conference in November. Mr. Devine reminded her that they would have at least 30 days to complete the application. Ms. Zeller asked if the grant Ms. DeLett-Snyder referred to would be a lot more work and if they could have a longer time to complete the application. Ms. Ross said it would be helpful for service providers to gain a better understanding of the regulations governing SAPTA before they start their open competitive grant application processes. She added they have had to pull data they had not been collecting. She stressed their need of having a solid understanding of federal compliance regulations before they started the process so they could help the state achieve success. Mr. Devine said the next

application should include a report that reflects everything SAPTA needs to collect. He said they would clearly spell out the criteria in the funding announcement so there would be no surprises.

Mr. Devine reported SAPTA's policy book had been under revision since 2014, adding that a draft of the new one was currently under review. He said it would not contain internal policies, but grant and policy guidance that was expected of agencies, explaining what the requirements were and where they originated. When released, it will provide agencies with the information they have been seeking. Policy will be in written form, so even when there are staff changes, policy will remain the same. It should be available in draft form for the next SAB meeting.

Mr. Robeck said it has been a challenge for agencies in the south part of the state to submit applications in person. He was glad to see the STR Grant application is to be uploaded. Mr. Devine said all grant applications will be done electronically unless the document is too large to upload. He explained that electronic systems would allow SAPTA to be more efficient internally and should make things easier for providers.

Mr. Devine said SAPTA would be moving to an electronic tracking system, capitalizing on technology available in Office 365 that may provide places to upload documents. He added they are using file transfer protocol (FTP) sites to receive all confidential information. SAPTA has added a duty phone for putting clients on the waitlist. He explained that the Behavioral Health Planning and Advisory Council (BHPAC) is responsible to hold SAPTA accountable to their strategic plan. They will be updated on a regular basis. The BHPAC has not met in several months, so he has made sure that SAB and the Behavioral Health Commission are updated to hold SAPTA accountable to achieving the goals in the strategic plan. He would like to brainstorm with member agencies on how to improve the state of substance abuse prevention and treatment in Nevada.

Mr. Devine explained SAPTA's strategic plan, which can be found [here](#). The summary can be found [here](#). He said SAPTA has been working on strengthening and enhancing the Bureau's infrastructure to manage, lead, and sustain effective behavioral health promotion, programs, and strategies. He suggested that discussion about the strategic plan be added as a standing agenda item.

SAPTA's first objective is to comply with federal and state regulations. There have been a few areas to clean up. Statute requires production of a strategic plan. That has been done. Additionally, a needs assessment is required. In the last block grant application, a situational analysis was done. SAPTA has contracted with SEI to complete a quantitative needs assessment by September. The qualitative piece will be done after October 1. One thing SAPTA will look at is capacity. SEI will do a capacity assessment by meeting with each provider to look at their organizational capacity. The individual reports will be given to the agencies, not to SAPTA and should be beneficial to each agency. For SAPTA, it will point out gaps and areas needing improvement. SEI will explain the process at a future SAB meeting.

Statute requires SAPTA to do an announcement to improve adolescent services. That has been done. Awards were made to increase capacity for adolescent services—one to Quest, one to Ridgehouse. Adolescent services represent a needed area of focus. SAPTA is now in compliance with every state statute and regulation.

SAPTA needed to comply with federal regulations to ensure there was outreach to persons who inject drugs and to pregnant women. SAPTA has partnered with the Maternal, Child, and Adolescent Health (MCAH) agency and has worked with coalitions to provide outreach to pregnant women and to ensure the information is getting out. SAPTA has communicated to all treatment providers the requirement to reach out to persons who inject drugs, although he conceded there was no specific funding for that. SAPTA has to decide whether to fund the outreach or the treatment given to people. SAPTA has included this in

policy, but to be in compliance has to prove something is being done. Throughout the next year—at site visits, monitors, and during technical assistance—SAPTA staff will be asking how agencies are doing this and what they need in order to do it or to do it better. Adjustments will be made to ensure compliance. Other than that, SAPTA is now in compliance with all federal and state regulations. Objective 1 has been met.

Objective 2 refers to the structure of the Bureau. Many changes and improvements have been made. Staff has made more frequent visits to facilities, having face-to-face conversations with staff. Analysts are now working in teams that parallel the behavioral health policy boards that were created by the last legislature. All providers have specific staff members working directly with them. They will be talking with providers, looking at things, giving technical assistance, and problem-solving at least on a quarterly basis. If that is too cumbersome, let SAPTA know. SAPTA wants to be responsive to agencies and build relationships with them in order to understand where requests come from and what agencies are doing so they can be more responsive in addressing needs. All policies and statutes have been reviewed and will be sent out. An internal assessment has been done; CASAT did an assessment; SAMHSA provided technical assistance to assist SAPTA in making some changes. By putting policies in writing and providing more written information with funding announcements, SAPTA has addressed the transfer of knowledge. There will always be turnover in a State office, but mechanisms have been put in place with the Bureau so there is continuity when there is turnover. That is why personnel are working in teams so one person's leaving does not remove all the knowledge and create a gap. Outstanding funding needs exist, so staff are working on how to realign funds to do what needs to be done to build capacity while still meeting the needs of the people needing to be served now. SAPTA will need to partner with providers in this area.

Mr. Devine asked for feedback on accountability and transparency. He stated that putting things in writing and following through on what SAPTA said it would do contribute to meeting this goal. He asked providers to hold SAPTA accountable on what they say they will do. He added that he wanted to make sure SAPTA was meeting the needs of providers. While SAPTA has no secrets, he stated there may be items they cannot release information on yet, but the information will be released when ready. He mentioned that the website was being updated. He said staff was working on making information available in fewer clicks. He stated that SAPTA was changing billing protocols, which Ms. Weaver will report on later regarding RFR tracking. He said the payment process has been improved over the last year. Most, if not all, RFRs are being processed within 20 days. Any outside of that should be reported. With the new system, SAPTA and providers should be better able to track reimbursements. He concluded that Goal 1 had been met. He asked if there were areas of the strategic plan the Board would like more information about at the next meeting.

Mr. Robeck asked Mr. Devine the preferred method for agencies to interact with SAPTA. He asked if they had a dedicated phone number or email to report problems. Some member agencies send concerns directly to Mr. Devine, some to Ms. Furlong or someone else. They do not always know if messages were received. He asked if SAPTA would at least acknowledge they received something. Mr. Devine said he received a lot of emails and had been known to miss some. He suggested sending emails to him and copying Mr. Erickson, Ms. Furlong, or Mr. Martinez. For immediate responses, providers could phone Mr. Devine. If he does not answer, dialing "0" sends the call to Mr. Martinez's phone. Mr. Devine said he was open to ideas such as opening a Bureau email. Ms. DeLett-Snyder said she liked the idea of having someone let her know they received her request. She pointed out she often does not get answers for complicated requests. Mr. Devine said she should be getting that information from the analysts. If she does not, she should contact him directly.

- Center for the Application of Substance Abuse Technology (CASAT) Report
  - Ms. Padden gave the CASAT report. She spoke about upcoming training.
    - Peer Recovery and Support Specialist training, July 18-20
    - Trauma/Self-Care for Clinicians Affected by the October 1, 2017 Shooting in Las Vegas, August 27
    - Alternatives to Pain Management and Recovery Strategies will be reoffered
    - A new suicide prevention online class will be available this fall
    - A new ethics online class will be available this winter
    - A new in-person class for Reno and Las Vegas on suicide assessment for adolescent and juvenile populations is being planned. She said this training will be Peace Officer Standards and Training (P.O.S.T.)-approved and will be marketed to all of the juvenile justice and Department of Child and Family Services (DCFS) groups. Dates are still pending.
    - The new SAPTA fall calendar is about 90 percent complete. It can be found [here](#).
    - The final grandfathering period for peer recovery support specialist certification for the Nevada Behavioral Health Association will be August 15-September 15. 89 peers have been certified through this process.
  - Opioid State Targeted Response (STR) Grant
    - Ms. Padden reported that to date, 1,972 two-dose units of naloxone have been distributed to law enforcement entities through the STR Grant. 850 two-dose units have been distributed through the Integrated Opioid Treatment and Recovery Centers. One additional community-based organization will be serving as a distribution site—Ridgehouse in Reno. She reported Nevadans could obtain naloxone without a prescription. Walgreen's, CVS, and Smith's pharmacies confirm they are supplying naloxone with a co-pay.
    - She said CASAT was working with several of the prevention coalitions on overdose education trainings planned in various parts of rural northern Nevada in July and August. The coalitions are organizing the events and will provide information regarding dates and locations when those have been confirmed.
    - The year two RFA for STR funds has been released. The date is today, with an anticipated start date of August 1. The categories for funding that are available are:
      - Category 1—allocations for clinical treatment and recovery
      - Category 2—Medication-Assisted Treatment (MAT) expansion, for residential and transitional housing
      - Category 3—MAT expansion, for tribal treatment and recovery
      - Category 4—criminal justice
      - Category 5—community paramedicine
      - Category 6—neonatal abstinence syndrome
      - Category 7—recovery support services
    - She stated awards would be granted based on the quality of the application, but the State reserved the right to redistribute funds within different categories based on the quality of the application; or, if there are no applications for a given category, funds would be distributed in other categories.
    - She reported Project ECHO, through STR funding, was coordinating a training series on Opioid Use Disorder and Pregnant Women beginning on August 14. They will also provide a MAT training series and alternatives for pain management training that will be open to treatment providers from primary care all the way through behavioral health staff.
  - Partnership for Success (PFS) Grant Application
    - Mr. Devine stated that SAPTA was working on the application, due July 6. Mr. Erickson will be the seeking information for that application. Mr. Erickson

will give an update at the next SAB meeting. Mr. Kirby added that a rough draft budget has been completed and is being reviewed by the Administrative Services Officer. It should be finalized next week.

Ms. DeLett-Snyder explained that the PFS Grant was used for prescription drugs the past five years. Underage drinking plus two other drugs are the new priority area. Nevada will be adding marijuana and methamphetamines. Mr. Devine pointed out that we have to use our State Epidemiological Workgroup (SEW) and Multidisciplinary Prevention Advisory Committee (MPAC) in the process. The federal government is scheduled to be here in February and will look at all of this. Ms. Ross said prevention worked heavily on prescription drugs with PFS funding for five years. She stated she was supportive of underage drinking and marijuana use prevention, but would like to see prescription drugs continue as a part of this grant so they were not just chasing the next drug of choice. She wanted to continue work they have been doing in order to see some quality long-term success.

Ms. Padden added that the Trauma/Self-Care training would be held at the Nevada Cooperative Extension, presented by Dr. Trudy Gilbert.

5. Discuss the Idea of Each Provider Having a General Email for Receiving Important Notifications  
Ms. Jensen stated that SAPTA staff have run into an issue with ListServ and when sending out mass emails. Things have been returned because of staff changes in agencies. She requested that each agency have an additional main mailbox so that if the executive director leaves, the information can still be received and forwarded to the replacement. She asked that agencies notify her if they already have something else.
6. Discuss the new Request for Reimbursement (RFR)/Invoice Submission Procedure  
Ms. Weaver presented the new procedure for requesting reimbursements, submitting fee-for-service invoices, and any other requests for reimbursements. The procedure can be found [here](#). Six months ago, Ms. Weaver was charged with finding a system that could tract RFRs from receipt to payment. She said they settled on one being used by the Division's IT Unit's helpdesk. A pilot program has been running for approximately three months. Jamie Ross and Jeremiah Cotner of PACT Coalition, Lana Robard and Chris Murphey of New Frontier Treatment Center, and CASAT participated in the pilot. Ms. Weaver stated that she would be the primary point of contact and that J'Amie Frederick would be secondary. Contact information was included in the procedure. Ms. Weaver said implementation of the new procedure would begin July 1, 2018, starting with June RFRs and anything outstanding for which RFRs have not been submitted. She said the change would primarily impact the coalitions because they have not submitted RFRs this way in the past. The only new thing for treatment providers is the email address to which RFRs are submitted. They will continue to upload backup documents to the secure file transfer protocol (SFTP), then submit an email to the new email address in the procedure. She gave an abstract overview, stating SAPTA was using the Division's IT helpdesk ticket tracking system. She explained that when a provider sent an email to [SAPTAPay@health.nv.gov](mailto:SAPTAPay@health.nv.gov), the system created a ticket. At that point, an auto-generated email and three other emails from the Bureau will be sent to the provider. Providers should not respond to those emails, as a response creates a new ticket in the tracking system. If the tracking system receives out-of-office replies, SAPTA can handle them. Emails will include a ticket number, the only information providers need. Because SAPTA is using the Division's IT tracking system, it will be of primary importance that anyone submitting RFRs upload backup documentation to the SFTP site. The emails cannot include attachments as sometimes backup documentation is more than 100 pages. SAPTA does not want to crash IT's system. If someone does not have an SFTP folder, Ms. Weaver can set one up for them. There is no need for verbiage in the body of the email as long as the prescribed subject line convention is followed, providing all the information SAPTA needs.

The procedure for submission of RFRs becomes effective July 1. Exceptions to the procedure are RFRs or invoices from the SAPTA HIV Testing Program, which should continue to be sent to Preston Tang. The procedure also does not affect submission of quarterly programmatic reports as required by the Bureau. Those should be submitted directly to the assigned program analyst.

Steps 1-5 pertain to setting up files in the SFTP folder so that SAPTA can recognize the month being covered and which subgrant is being used. Once the hierarchy of folders is established, agencies will upload backup information into the folders for the corresponding month. The SFTP site is secure, while email is not. In the event a password is forgotten, the helpdesk can reset it.

Step 6 is to send an email to [SAPTAPay@health.nv.gov](mailto:SAPTAPay@health.nv.gov). Agencies must not attach RFR backup to the email and cannot copy others on the email. Failure to use the prescribed subject line convention may result in a delay in payment. Agencies may submit only one email per RFR submission. The tracking system will assign a work order number to each submission.

Providers will receive multiple emails. When an email is received, SAPTAPay interfaces with the tracking system. When the email hits the tracking system, an auto-generated email is created and sent. Ms. Weaver will receive an email notifying her there is a ticket. When she opens the ticket, she will send another email with a disclaimer saying that if the submission contains all the information needed to process it, it will be processed within 30 days. Then SAPTA will go through the internal process with the fiscal unit. The request will ultimately come back to SAPTA program staff. SAPTA fiscal will send out another email telling when the ticket has been closed and will include the balance remaining and any other pertinent information for the subgrant. When the ticket is closed, the system will send another auto-generated email. She recommended agencies archive all of the emails because if there is an issue with a ticket or concern about a ticket, SAPTA will need the number to look through the tracking system to see what has gone on. Step 7 is a reminder to not reply to auto-generated emails.

Mr. Robeck remarked on the level of detail in the procedure. He wondered if there could be a 30-minute online training for those who will be using the process at agencies. He pointed out that those attending the SAB meeting were not the ones who would be using the procedure. Ms. Weaver recommended providers pass along the procedure to the staff that ordinarily submits RFRs. They can call her with questions. Mr. Devine suggested that if further training is needed, SAPTA will put it together. He stated the system was designed to let providers know their request was received, when it was finished being processed, and when to expect payment. It also allows SAPTA personnel to pull a report and determine if staff has dropped the ball—if the request is not moving through the process, the system will tell why it is not moving. Ms. Ross asked what the backup was for when Ms. Weaver was absent from work. Ms. Weaver replied that J'Amie Frederick and she work in concert so no tickets should fall through the cracks. Mr. Devine said there were multiple backups on it so nothing should be overlooked. Ms. DeLett-Snyder asked if the system worked well for PACT Coalition during the pilot. Ms. Ross replied that her agency did not have major issues. She noted the system is similar to the one her agency has used with grantees so they can submit directly to her agency without worrying about email. Ms. Weaver continued through her handout to Exhibit D, example of emails agencies will receive from SAPTA. The first states that SAPTA is in receipt of the submission with the work order number. The second is the message to an organization that the ticket is closed, but it will include additional information regarding how much of the grant has been used. She pointed out that there is a "Do not reply to this email" message with the emails.

The management oversight team (MOT) email address will remain active for a short time; however, as of July 1, RFRs submitted to that email address will be returned with a copy of the procedure so they can be submitted to the tracking system.

7. Discuss the SAPTA Advisory Board's (SAB) Expectations of SAPTA

Mr. Robeck asked if anyone had anything to add. Ms. DeLett-Snyder asked if the Board could come up with a list before the next meeting and come back with their points at the next meeting.

8. Medicaid Update

Ms. Virgen reminded providers of the general email maintained at [behavioralhealth.nv.gov](http://behavioralhealth.nv.gov). She announced that Stephanie Ferrell, the DXC representative, moved to the Las Vegas area. She also mentioned Announcement 1606, the New Provider Training Schedule—an orientation virtual workshop offered every month and open to all provider types. She said it provided a high-level overview of the Nevada Medicaid Program; website navigation, including locating billing information; forms; and other helpful resources, including the electronic verification system (EVS). The announcement can be found [here](#).

Mr. Robeck asked if anyone could shed light on relationships with the managed care organizations (MCOs). Ms. Virgen said Theresa Carsten was over the MCOs and quality assurance unit at the Division of Healthcare Financing and Policy for Nevada Medicaid. Ms. Carsten works closely with the MCOs on claims concerns. If providers have issues, they can email her or email the general behavioral health address.

9. Make Recommendations of Agenda Items for the Next Meeting on August 8, 2018

Mr. Robeck asked if there was anything members would like to see added to the agenda for the next meeting. He said Mr. Devine would be giving an update on the strategic plan. Mr. Robeck thought grant applications and training would consistently be issues. Ideas for agenda items can be emailed to him and to Ms. Robards for consideration.

10. Public Comment

Ms. Henderson announced that the Nevada Coalition to End Domestic and Sexual Violence was available to participate in regional or statewide trainings. They could share information about the intersections of partner violence and co-occurring disorders of mental health and substance abuse. She said their annual conference would be held in Las Vegas September 24-26. They will post more information shortly.

11. Adjourn

Ms. Zeller moved to adjourn the meeting. Ms. Flood seconded the motion. The motion passed. The meeting ended at 2:35 p.m.