Nevada Department of Health and Human Services
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

Substance Abuse Prevention and Treatment Agency Advisory Board
Bimonthly Meeting
MINUTES
DATE: October 9, 2019 TIME: 9:00 a.m. to Adjournment

Meeting Locations:

Division of Public and Behavioral Health
Bureau of Behavioral Health Wellness and Prevention
Conference Room 201, 2nd Floor
4126 Technology Way, Suite 200
Carson City, NV

Bureau of Health Care Quality and Compliance
Large Conference Room
4220 Maryland Parkway, Building D, Suite 810
Las Vegas, NV

1. Roll Call, Introductions, and Announcements

Members Present: Bridge Counseling Associates: David Robeck; New Frontier Treatment Center: Misty Alegre; Churchill Community Coalition: Andrea Zeller, Ridge House: Dani Tillman; Vitality Unlimited: Betti Magney; PACT: Jamie Ross; HELP of Southern Nevada: Jasmine Troop; Quest Counseling and Consulting: Jolene Dalluhn; Join Together Northern Nevada: Jennifer DeLett-Snyder; Step 2: Mari Hutchinson; Center for the Application of Substance Abuse Technologies (CASAT) University of Nevada, Reno (UNR): Mark Disselkoen; Frontier Community Coalition: Wendy Nelson; Community Counseling Center: Patrick Bozarth; and Bristlecone Family Resources: Rikki Hensley-Ricker

Member absent: WestCare Nevada

Others Present: Aaronell Matta, Community Counseling; Kim Riggs, Division of Public and Behavioral Health (DPBH); Kim Garcia, DPBH; Tracy Palmer, Bureau of Behavioral Health Wellness and Prevention (BHWP); Kendra Furlong, BHWP; Brook Adie, BHWP; Raul Martinez, BHWP; Joan Waldock, BHWP; Elyse Monroy; Leonard Means, Counseling and Consulting Associates, Inc.; Lea Cartwright, Nevada Psychiatric Association; Tenea Smith, Rural Nevada Counseling; Mary Canzarro, CARE Coalition

2. Public Comment

There was no public comment.

3. Approval of Minutes from the Bimonthly Meeting on August 21, 2019

Ms. Dalluhn moved to approve the minutes. Ms. DeLett-Snyder seconded the motion. The motion passed without abstention or opposition.

4. Standing Informational Items:

- Co-Chair's Report

Mr. Robeck reported that Nevada is Number 51 in the United States for mental

health services according to Mental Health America. He set a goal for Nevada to be "36 By 25".

- Substance Abuse Prevention and Treatment Agency (SAPTA) Report

Ms. Monroy gave an update on the OpenBeds timeline. It will roll out to hospitals, rural clinics, state psychiatric hospitals, SAPTA funded treatment providers, mobile crisis teams, and Crisis Services of Nevada.

- Statewide Substance Abuse Hotline with Case Management

  The new Crisis Support Services of Nevada program provides referral to services across the state. They will continue to provide crisis intervention by phone 24/7 365 days a year; help do de-escalation; hand off to case managers and dispatch mobile clinicians and emergency services in cases of imminent risk of death or harm to others. Case management will be available 8 to 12 hours a day, 7 days a week to help direct callers to appropriate services. They will have access to levels of service using OpenBeds. There is a digital marketing plan for outreach. Nevadans can seek services by phone call or text.

  Ms. DeLett-Snyder asked if the director, Rachelle Pellisier, could be on the agenda for the next meeting. Ms. Adie pointed out that crisis calls will be handled with an in-state case management and referral system. OpenBeds will provide them with funded provider emergency contact information for after-hours calls for placement—primarily for pregnant women. The emergency contact list is of directors or clinicians who could be available 24 hours a day to help with placements.

Mr. Robeck asked Brook to send out information.

- Capacity Assessment Report

  The Calculating and Adequate System Tool (CAST) was developed in 2016 by an interdisciplinary group of researchers at the Substance Abuse and Mental Health Services Administration (SAMHSA)'s Center for Behavioral Health Statistics and Quality to evaluate the capacity of the substance abuse care system within defined geographic areas. It shows risk for substance use, misuse related to hospitalizations, and estimated treatment gaps by region by type of substance. Ms. Ross asked if the report could be discussed at the next meeting.

- Certification Update

  In 2018, there were 91 treatment providers; now there are 165. There were 75 prevention providers; now there are 74. Mr. Disselkoen said some private providers are becoming Provider Type 17-215s, requiring SAPTA certification. Some Provider Type 14s are moving to 17 to serve people with substance use and a co-occurring disorder.

- Funding

  Staff has tried to get all subgrants approved and fully executed. Once they are executed, the website will have a list of awardees. Ms. DeLett-Snyder asked that the record reflect that treatment agencies have multiple sources

of funding, but prevention agencies do not—90 percent of their funding comes from SAPTA. Ms. Ross agreed.

Providers with women's services awards will receive six months of funding while SAPTA identifies potential changes. Information from providers will help determine where to focus future effort. Pregnant women are a treatment priority for funded providers. Information provided by agencies is given to analytics; they reach out to Medicaid, Welfare, and the Division of Child and Family Services (DCFS) to see if any receive those services, to identify what is lacking or to see if another division provides services SAPTA provides, and to make sure there are referrals. Women can access several services under Temporary Assistance for Needy Families. Ms. Adie noted an upcoming Welfare 101 training regarding services available put on by the Division for Welfare and Supportive Services.

Ms. Furlong reported that federal fiscal year (FFY) 18 ended September 30. Requests for reimbursement (RFRs) need to be turned in by November 1 through the secure file transfer protocol (SFTP) site. Subaward amendments de-obligated prior federal fiscal year funds. Amendments not executed before September 30 will be canceled.

Clients with high deductibles are a needy population not receiving benefits. At this time, SAPTA is unable to help fund their co-payments or cover their services. Providers were asked to continue to provide data so SAPTA can identify the need and determine if changes can be made.

Staff is developing written instructions for providers to turn in consumer satisfaction surveys. The surveys are to be completed at admission, change in level of care, and at discharge. There are to be submitted quarterly, beginning October 1.

Ms. Zeller asked if tobacco funding to provide programs in local communities would be distributed to coalitions to support compliance checks. Ms. Adie reported the program is being evaluated and funding is on hold. A Synar specialist will evaluate Nevada's program and data to ensure the use of evidence-based practices. Nevada could be in danger of losing the funding because Nevada's violation rate exceeded 20 percent. As a result, the state can either lose 40 percent of the block grant or take an alternative penalty. To determine the penalty, SAMHSA looks at what is being spent on tobacco activities. The state is then required to continue to fund those with general fund dollars to reduce the rate. The specialist has worked with other states, so lessons learned will be helpful. Ms. DeLett-Snyder said when SAPTA does not know there will be awards, they should not ask for applications. Ms. Ross said coalitions were asked to apply for state opioid response (SOR) funding for tertiary prevention. She asked that they not be directed to write grant applications for funding that does not exist. Ms. Adie said Dr. Woodard talked with the federal project officers about SOR funds. Some coalition activities discussed for funding were appropriate for prevention dollars. Dr. Woodard and SAPTA

will figure out how to move forward. There will be a meeting with SAPTA staff and the coalitions to talk about this and to address concerns about e-cigarettes, the retail violation rate, and tobacco in general.

Ms. Tillman said providers have had problems with the WITS testing platform. She requested that someone from WITS come to her office. Ms. Palmer said it is much easier working through the process in person. There are two modules in WITS—the central data repository (CDR) which treatment providers are using, and what prevention coalitions are using for their scopes of work and expenditures. For the CDR, WITS is at the mercy of electronic health record (EHR) vendors. Some agencies do not have staff to do data entry and work on OpenBeds. Mr. Robeck suggested agencies email Ms. Adie and Ms. Furlong with specific suggestions on how to move forward and what the challenges are.

Mr. Robeck asked how much of the block grant is going back. Ms. Adie said SAPTA de-obligated the subawards and reallocated some of that money. Because the de-obligations did not get through the contract process before September 30, they expired. Mini-funding awards for treatment will be spent. She can report how much money was reverted at the December meeting. In the past, subawards were amended every time money was added or taken away over multiple years and multiple grant cycles. SAPTA is de-obligating and ending those to start fresh with the new grant year. Each subgrant will be for one year for one funding cycle—amendments will not cross years.

- CASAT Report

Division Criteria for assertive community treatment, women's set aside, and supportive housing are being developed. Mr. Disselkoen hopes to present them at the December Advisory Board meeting for review and approval. If approved, they will go to the Commission on Behavioral Health for final approval. A draft will go out well in advance of the December Advisory Board meeting so members can provide feedback prior to the meeting.

The Medicaid 1915(i) for Supportive Housing state plan amendment for housing care management and tenancy support services will assist eligible individuals with chronic health conditions who are homeless obtain and maintain stable housing. This is not traditional treatment or prevention.

Proposed and existing CCBHC providers meet with CASAT. Centers for Medicare and Medicaid Services will approve the state Medicaid plan for long-term ongoing funding.

Grantees are working to get their SOR programs up and running. They submit monthly progress reports, complete data reports, and have their clients complete Government Performance and Results Act (GPRA) requirements.

There are multiple trainings being offered by CASAT. Information can be found on their website at training.casat.org\.

5. Discuss Concerns about the New Required Client Surveys

Mr. Bozarth and Ms. Matta presented a list of their concerns about the client survey. This engendered much discussion among providers. They expressed concern that SAPTA would base future funding decisions on this data. They concluded that if the data tool is flawed to begin with, Nevada is setting itself up for failure.

Ms. Matta brought up general concerns, as well as concerns about specific questions. Many of the questions are intended to measure outcomes which would typically require pre- and post-treatment data collection. This survey does not provide a way to indicate at what point in treatment the survey was filled out—at admission, change in service level, or discharge. She suggested SAPTA add a question to identify when the survey was completed. Adding a "not applicable" option would be beneficial. Clients have remarked that the survey is long and time-consuming. They can be overwhelmed by the variety and number of questions.

One of the biggest issues was with question 1. The options given for gender are male/female and lesbian, gay, bisexual, transgender, and questioning (LGBTQ)—which is not a gender. This is a cultural competency issue. Agencies are required to adhere to antidiscrimination and cultural competency regulations. Clients should not have to choose between gender identity and sexual orientation. Ms. Matta identified several questions with troubling wording. She will provide a detailed report to anyone wanting to see it.

Ms. Adie said the survey is a standardized tool. She appreciated the feedback, stating the developer of the survey should have this information. She emphasized survey results will not determine the funding that agencies receive; agencies can use it capture information for their quality assurance internal process so they know how recipients of services feel. Mr. Bozarth said they do that through counselor accreditation tool. Some of these questions have nothing to do with the outcome of the treatment. Ms. Adie said she will take all of the comments back to Dr. Woodard. Senate Bill 457 requires the Division to compile and post a website of agencies' licensing status and quality. The quality portion will be identified by the consumer surveys.

Ms. Dalluhn said providers expressed some of the same concerns at a meeting months ago. The treatment centers all use customer satisfaction surveys that are not as long and take into consideration client reading level and literacy skills, asking direct questions relating to just the services provided at their agencies. Some of the questions on the consumer satisfaction survey refer to areas of improvement that may or may not be related to treatment. There is no baseline for comparison. Ms. Tillman is concerned about this survey being given upon admission as many of the questions are inapplicable then. Clients become frustrated, resulting in a negative impression of the agency. They begin to question their decision to come to their agency.

Ms. Adie said SAPTA sent out the CCBHC consumer satisfaction survey report showing what it looks like when SAPTA takes the information and compiles it.

6. Agenda Items for the Next Bimonthly Meeting on December 11, 2019

Mr. Robeck noted that several were mentioned during the meeting: Ms. DeLett-Snyder requested that Ms. Pellisier be on the agenda; Ms. Ross asked if the CAST report could

be discussed; Mr. Disselkoen hopes to present Division Criteria; Mr. Robeck would also like to discuss the survey again.

7. Public Comment

There was no public comment.

8. Adjournment

The meeting was adjourned at 10:53 a.m.