

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

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**SAPTA ADVISORY BOARD  
MINUTES**

**DATE:** February 13, 2019

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

	<b>Meeting</b>	<b>Videoconference</b>
<b>LOCATION:</b>	<b>4126 Technology Way 2<sup>nd</sup> Floor, Conf. Room 201 Carson City, NV 89706</b>	<b>4220 S. Maryland Parkway Building D, Suite 810 Las Vegas, NV 89119</b>

**TELECONFERENCE (888) 363-4735 / Access Code #3818294**

**BOARD MEMBERS PRESENT**

David Robeck, Co-Chair, Bridge Counseling

Lana Robards, Co-Chair, New Frontier

Andrea Zeller, Churchill Comm Coalition

Denise Everett, Ridge House

Ester Quilici, Vitality Unlimited

Jamie Ross, PACT Coalition

Jasmine Troop, HELP of Southern Nevada

Jolene Dalluhn, Quest Counseling

Jennifer DeLett-Snyder, Join Together N.Nev

Leo Magridician, WestCare

Mari Hutchinson, Step 2

Michelle Berry, CASAT - UNR

Patrick Bozarth, Community Counseling Ctr

Rikki Hensley-Ricker, Bristlecone

Tammra Pearce, BFR

**BOARD MEMBERS ABSENT**

Pauline Salla-Smith, Frontier Comm Coalition

**OTHERS PRESENT**

Sandal Kelly, Consultation&Counseling Assts.

Amanda Henderson, WestCare

Jeffrey

Dani Tillman, Ridge House

**SAPTA/STATE STAFF PRESENT**

Brooke Adie, Bureau Chief

Raul Martinez

Stephen Wood

Darcy Davis

Auralie Jensen

Kendra Furlong

Rhonda Buckley

Bill Kirby

Dawn Yohey

1. Roll Call, Introductions and Announcements

Lana Robards announces she has list of members; takes roll call. David Robeck determined a quorum was present; confirmed by Raul Martinez.

2. Public Comment

Ester Quilici – Vitality Unlimited, wanted to bring to our attention Governor Sisolak’s visit to Elko. Quoted headline from local newspaper; Noted he is very supportive and vocal about his enthusiastic support of behavioral health, and the workers providing services, “Doing God’s work.” Helping people who are most vulnerable, and people who need the most help. An encouraging (and surprise) visit.

Mr. Robeck – Any other public comment? (None)

3. Approval of Minutes from Dec. 12, 2018 meeting. (Skipped over)

4. Standing Informational Items

Co-Chair’s report (Lana Robards, nothing to report; David Robeck, read the following statement, was inspired to do so:

“I want to speak to you this morning of the importance and value your role on this board means to your agency and our state.

I know there are people listening today that would love to be on this board, they might even believe it is part of the Nevada good-old-boy network and to some extent there may be truth to that belief.

But, I see this board as a collegial relationship of doers, agencies that provide services in their communities and often count on SAPTA funding to stay afloat. Nonprofits that survive each month because they care for their residents and want to provide the best services where the for-profits won’t investigate or even consider.

As a group, this board can do much more and I encourage us to consider developing strategic plans that we voice in votes rather than in discussion what our constituents in Nevada need from our partnership with the State of Nevada.

This morning, I was contacted by a Russian friend who now lives in the Netherlands. She sent pictures and said today, 26 years ago, I was sworn in as a Peace Corps Volunteer in Russia. We were the first group to volunteer in post-Soviet Russia and I was the only Nevadan. We had no money and a little sense of what Russians wanted from this all-business consulting program. By the time I left Russia, I had put a Russian national through UNLV, helped develop some 20 nonprofit agencies, founded Russia’s first non-government business development nonprofit, and had adopted four special needs children.

I am a doer and I know the leadership that makes up this board are doers too. But we need to work harder to be doers in unison, helping one-another.

Today, we’re going to hear about a number of proposed legislative bills and how they impact our work in the State of Nevada. I wish this body had the funds to hire a lobbyist who kept us abreast of proposed legislation and how it might impact our work, the work of the NV licensing boards, and the work of Medicaid and the for-profit Managed Care Organizations.

Last week our agency met a young man actively using Heroin. For all the talk in our state about responding to the Opioid epidemic we had few options for him. We currently provide outpatient services only and do that very well, but this young man needs detox and a longer residential treatment program to start.

Collaboration. We contacted a newly established for-profit, start-up company in Las Vegas which the State of Nevada and Clark County officials have touted as providing services to anyone. When we approached them through the front door (via telephone) they conceded they didn’t offer the services that

our client needed or the ones that had been described by their deep-pocket investors. It is clear the county and state misjudged this organization and wasted support on an uncooperative company.

Instead, we turned to one of our members here, WestCare. You may know I call out agencies that don't always perform but I also publicly compliment those that do well. WestCare responded well! From the initial telephonic contact to the admission, to the care, and to the director of their triage center, WestCare did an admirable job this time. Unfortunately, as with many Heroin users, the client walked away and returned to Bridge after two days.

We reached out to Lana Robards at New Frontier in Fallon which has taken similar clients for us and would have accepted this client, but their men's beds were full.

I then reached out to Ester Quilici at Vitality Unlimited in Elko. Despite the fact that she would likely have to serve this client pro bono just as we were doing she committed to finding a bed for him in Elko or Carson City. Our young man will be entering residential treatment in Elko, tomorrow.

This is what collaboration looks like. I'm sure you can site similar stories of collaborative care. But what we need to do is collaborate as one voice to support issues that matter to our clients and to our agencies. Unfortunately, SAPTA did not respond well to our request to help those with inadequate insurance provided under the Affordable Care Act with deductibles and/or co-pays so high that they won't receive service unless we provide it pro bono. The sliding fee schedule looks great on paper but when you try to collect the mandatory documentation to justify partial patients it is difficult or impossible. This often results in our agencies providing free service which is simply unsustainable.

We also deal with for-profit Managed Care Organizations (MCO) which are often direct competitors or do not offer services or support in rural areas. This is something Nevada could have negotiated when their contracts were up for renewal.

We understand that the State of Nevada does not have unlimited grant writing resources so limited funds are available for distribution. We also understand that the ever-changing staff of SAPTA must make tough decisions to distribute Block Grant funds, but this board has not been successful in moving the bar in the direction of client services where it is needed today. We also understand that this board did not take a strong stand on negotiating with MCOs.

We must do better. We can do better.

When Nevada had the opportunity to become a Certified Community Behavioral Health Clinic (CCBHC) state, we put all costs aside as agencies and submitted to very difficult standards and development requirements and timelines. Three of our agencies have been successful and this next year we will see some seven new CCBHC clinics developed. We worked together for a common good and succeeded. I believe that in this room and on telephones today, we have the power to do much more than we are doing by meeting every other month. With one voice, we have the power to improve services for our clients throughout the state and move Nevada from #51 in the nation in providing mental health services to a much-improved position.

I encourage you today, to mend fences, find areas of agreement between your agencies and communicate regularly on issues that improve the work we do as behavioral health providers."

- a. Substance Abuse Prevention and Treatment Agency (SAPTA) Report (Brook Adie, Kendra Furlong, Dawn Yohey)
- b. Dawn Yohey - Clinical Program Planner 1, for DPBH, I have been tasked with assisting with the Evidence-Based Practice Policy Making. I'm going to give a brief overview of what that is and the direction we are going. Then Darcy Davis, Psychologist III, she's an evidence-based practice expert, will be at the next meeting to present the overview of the framework.

On a National level the substance abuse and treatment and prevention field, recognize the gap between research and practice. Many practices to be shown through research to be effective, are rarely used, and many commonly used practices, have not been significantly examined, or have been studied and found to be ineffective or even practical. To bridge this gap and strengthen transparency and accountability, Nevada

is moving toward an evidence-based policy making approach to help the state invest in policies and programs that have been demonstrated to work.

SAPTA, in particular, will be using a framework developed by the “Q. McArthur Results Initiative First, to drive development funding and implementation and monitoring of policies and programs. This framework includes five key components: Program Assessment; Budget Development; Implementation Oversight; Outcome Monitoring, and Target Evaluation.

So, Darcy Davis, who is the Psychologist III, evidence-based practice expert, will be at the next meeting to present an overview of the framework. That is the direction the Division is going.

Mr. Robeck thanks Dawn Yohey for her presentation. Asks if there are any questions from board members. Any other member of SAPTA have information to provide. (None)

Mr. Robeck realizes he skipped over minutes on Agenda. Wants to continue with Item 4.

#### A. Center for the Application of Substance Abuse Technologies (CASAT) Report

Mr. Robeck asks if someone from CASAT, Mark, Michelle, - CASAT – STRN.

Michelle Berry, I’m here and so is Michelle Padden. Michelle (Padden) will be giving a quick update on certifications, and I’ll provide the update on STRSOR. With STRNs at the end of April, and we are continuing to work with “NTO” treatment and recovery center to revise, and there is still some work to do so they are in-line with all the division criteria. And we have started a naloxone distribution program at Parr Boulevard, at the Jail there. Those are the two updates I have for that. We also found out that from our product officer a SAMSA, that there is no-cost extension affiliated with STR, so I’ll be working with a fiscal team at SAPTA, to identify what, if any, our carry-over will be. And for SOR, as you know, we contacted all of your organizations to answer a medication-assisted treatment survey. We had 26 organizations respond, ten of which are currently providing medication-assisted treatment, and the most commonly cited response to some of the reservations, with utilizing medication-assisted treatment, was concerns about the need to enhance infrastructure for providing medication and/or shifting organizational procedures.

That’s some of the next in SOR, some of the things we will be looking at as we begin to work to releasing funding opportunities for organizations that are interested in implementing medication-assisted treatment and how to build that infrastructure up. Within SOR, we’re also going to be working with AMANA care organizations to help expand their networks, and provide services that aren’t currently being funded in what they’re providing within the Urban areas. We did receive some information back from two of the NPOs and we approached all three, still negotiating what their services will look like and what funding will be provided to them. As most of you know, CASAT will be managing the dollars for SOR and how those will get distributed into the community. Our award is not yet executed, so that’s the pause in when we’ll be releasing the funding opportunities. I just don’t want to release them prior to us having a signed contract. Within the survey as well, some organizations did mention that they’re interested in becoming community-based organization distribution locations for naloxone. There are 14 agencies that stated they wanted more information about it, so our team has reached out to all 14 agencies and discussed a little bit more about it with them and to set up training opportunities for naloxone distribution.

I can answer additional questions on that if you’d like me to, before I go into training.

Mr. Robeck, - I think I heard you say something about SDR funding for MCOs. Did I hear that, or did I mishear that?

Michelle – SOR, Suboxone Opioid Response Grant, providing dollars to the MCOs in order to enhance their net worth.

Mr. Robeck – In order to enhance their net worth? So, what exactly does that mean. Because they’re a for-profit they can enhance their own net worth. Are we enhancing their clinical facilities?

Michelle – We’re enhancing the services that they are providing reimbursement for, for the organizations that are paneled with them.

Mr. Robeck – So are those pass-through dollars to agencies that are providing the services?

Michelle – Yes.

Mr. Robeck – And those are the approved STR (SOR) fundees?

Michelle – Yes, they are.

Mr. Robeck – Okay. Thank you for the clarification.

Michelle – Were there any additional questions on that portion? (None)

Michelle – So, really quick, we do have some training I want to highlight. So, we do have some upcoming tele-health training opportunities. This is something the Board of Examiners asked we move forward with in providing a new ethical dilemma around tele-health and technology-based supervision when you're providing the supervision over tele-health. Those are just some upcoming training opportunities that are being forwarded around and so I wanted to highlight that.

We are working on a community health working initiative, through the DBPH, from a CDC grant that was awarded to the Division. It's to provide scholarships for individuals who are interested in taking community health worker courses. That's currently open and available, so if you have any staff or have individuals who are interested in becoming community health workers, have them reach out and contact me and I can get them signed up for the particular training.

There's an online version available through Truckee Meadows Community College and an in-person training available through College of Southern Nevada. It's really dependent on which direction the individual wants to go, but those training opportunities are also available.

Michelle (Padden) did you want to touch on certification?

Michelle Padden – Yes. Not really anything specific that concerns verification as far as no new stands or anything else like that are in place. But we are trying to have anyone who has CBHC, all those programs are specifically assigned to Mark and he has a new staff working with him so that information can be focused, and agencies can have one site to visit related to that. Other than that, it's pretty much business as usual with certifications. Thanks Michelle, and David.

Esther Quilici – Mr. Chairman, I'd like to ask a question of Michelle Berry.

David Robeck – Go ahead, Esther.

Esther Quilici - What is a Community Health Worker?

Michelle Berry – Community Health Workers are individuals who are – a lot of the ones in Nevada are currently working in rural settings. It's more bridging that gap between communities and larger healthcare systems and primary care. They also provide cultural appropriate and accessible health education and information to individuals that provides either in a home setting or a clinic setting. And it's similar to the Peer Recovery Support Specialists but more geared toward providing opportunities for primary care.

David Robeck – Any other questions, from board members?

Jennifer DeLett-Snyder - David, I have a question for SAPTA. I apologize I didn't ask earlier because I didn't know if Brooke was going to about prevention or RFA.

Brooke Adie – I hadn't planned on it. This is Brooke, we really wanted to have an opportunity to lay that foundation for the evidence-based policy making that we're going to start working toward and really talk about that. I'm happy to answer any questions on it, or anything else SAPTA-related. For right now, we're really – legislation session just started, a lot of things are happening on that end, we're tracking several bills. Prevention wise, we did identify who's going to be awarded, the RFA, and I think we posted it yesterday. It might not have uploaded to the website until today, but we did post all the people who were awarded, but we haven't posted the funds yet because we haven't gotten that far, we haven't identified the amounts of money.

Jennifer DeLett-Snyder – I'm concerned about that because most of us have sub-grantees that we fund and so we have to go through an RFA progress in our own communities. We need to know those dollars for the staff grant, at least, so that we can – and in some cases they're published into used money maybe from Block 2 percent sub-grantees. We're on a pretty tight timeline, so we were anticipating we would that information pretty soon on our dollar amounts.

Brooke Adie – We'll work on getting that. I know we've identified a timeline that we've sort of backed into from when the funds are awarded to us, so we can do that. I'll get with the preventive group today and we'll talk about that and get it posted.

Jennifer DeLett-Snyder – Logistically, like JTNN, we are planning to release our thing, next Thursday. If we don't know your dollar amount, it's not going to help us.

Brooke Adie – Okay, thank you. I appreciate that. And I do want you guys to have information as soon as possible because I realize you do need to plan. That's one of the things we're really working on, is, getting out of the business of doing all of these things after the fact, and having everything be retroactive and trying to be more proactive so that everybody's informed ahead of time of what they can expect. So that you guys can plan with all your community partners.

Jennifer DeLett-Snyder – Thank you.

Mr. Robeck – Thank you. Any other questions?

This is Jamie (Ross), I have a question, going back to Michelle Berry. What about SOR and what about community health workers. Michelle, I apologize if I missed it. Additional SOR funding – when you all were down here in Las Vegas, and you did your presentation last month you said there would be funding available for community partners for SOR grant application that was coming out. Do you have a date in which that will be released, yet?

Michelle Berry – No, I don't have a date in which that will be released yet, because it's contingent on when that contract is signed. It's still in division fiscal, floating around, so there is no anticipated date of release.

Jamie Ross – Thank you. And then my next question with community health workers, if there are local agencies who aren't already on the Nevada Certification Board, is SAPTA going to send out a ListServe information on how people, how their staff can get free community health worker training, or how will that information be disseminated to those in the room that aren't on the Nevada Certification Board.

Michelle Berry – So I can send the information up to Raul and he would be willing to send that out to the board members. We can do that, and we can also send it out. The problem is that I'd be happy to send it out to the directors then you guys can distribute. Is that okay?

Mr. Robeck – Lana, you're the executive director of that, aren't you?

Lana Robards – Of the Nevada Certification Board, I'm actually president of the Nevada Certification Board.

Michelle Berry – I think what Jamie is asking, is how do, how are folks being alerted to other training opportunities for community health workers. It's two separate things. The community health worker training and then there's the development of a certification through the certification board for community health workers. So, they're two separate things. So maybe I didn't understand your question.

Jamie Ross - No, you are correct. I was just wondering if it could be sent out to the SAPTA Advisory Board because I think that there will be a lot of overlap between community health workers and the agencies sitting in this room. Especially if/when CHWs become a Medicaid-billable service. I would be interested to have some of our treatment provider friends, as well as prevention friends sitting around this table take advantage of these opportunities because I know that grant is ending sooner rather than later. And I definitely don't want to leave any money on the table.

Michelle Berry – Yes. I can send out the educational opportunities, I'll direct Raul to send it out to everyone.

Jamie Ross – Thank you, Michelle.

Michelle Berry – Sure, you bet.

Mr. Robeck – Okay, thank you. I'm going to return back to No. 3, that we skipped over earlier, the approval of the minutes. Everybody should have received the minutes, and I realize that there was short time in getting them out and I understand Raul's been doing a yeoman's job of trying to manage a bunch of different things, so they came out a little late last night. Hopefully you've had a chance to read them. I was personally impressed because the last time I was on the phone, in a car, and debating some issues with

Raul, who I thought presented it well, in the minutes. Kudos to you. If there aren't any comments or requests, I'll entertain a motion for approval;

Jennifer DeLett-Snyder – I actually, because they came late last night before the meeting and I didn't have time to look at them until today, if you all approve them, I will just abstain. Because I haven't read them, and I want to read them before I approve them. If you want to approve them that's fine, I'll just abstain from the vote.

Mr. Robeck – So that is a reasonable request because they did come out late. Did a number of you folks not have a chance to read the minutes? Please acknowledge or indicate by saying yes or no I did not. Hello? Anybody on the phone?

Unknown – No I did not. (Second person) – No I did not. (Third person, male) No, I did not.

Mr. Robeck – It sounds like enough people, if it's ok with you, enough people are saying they didn't have a chance to read the minutes, and thoroughly understand them, to perhaps table this until the next time if that's appropriate. Is there anybody that believes strongly that we need to go forward with a vote, otherwise I'll request a motion to table it until the next meeting to approve those minutes.

Unknown – David, I will approve moving it to the next agenda.

Mr. Robeck – Okay. Is there a second for that? We need to take a vote on that at least.

(Unknown) -I second.

Esther Quilici – I second.

Mr. Robeck – Okay, if we can go ahead and take a vote. All those in favor say, Aye to holding it off until the next meeting. Numerous Ayes. Any opposed? None. Okay, sounds like there's no opposition, so if we could go ahead and carry that on to the next board meeting where we'll review and approve the board minutes from last time.

#### 5. Informational Discussion Regarding a Shift in the way SAPTA Plans/Organizes Funds

Mr. Robeck - Who is actually planning to present that?

Brooke Adie – I think that really went into the overview of the evidence-based policy making because I think that is part of the discussion of about how we plan and organize funds with this evidence-based policy making approach. I don't have anything specific to talk on that, I think that really should have been rolled up into the previous agenda item. Which was my mistake for miscommunicating that.

Mr. Robeck – Since it was brought out as different thing, does any board member have a question about that? We'll entertain any questions at this time, I'm sure that Brooke would love to grab a question from you. Right Brooke?

Brooke Adie – Yes. I would love to write them down and research the information and give you answers at a later date.

Raul Martinez – That agenda item actually derived from the last meeting. Members from the last meeting who expressed desire to have this as an agenda item. It's actually been an agenda item that we've been tabling for the past two meetings, I think.

Brooke Adie – Okay.

Raul Martinez – It kind of goes both ways. We've been wanting to identify the way we plan and organize funds, but then also the role that SAPTA has.

Brooke Adie – I think that - I'm going to see if Kendra can come back in here, but wasn't there a sub-committee at some point and time, that was looking at the formula for funding, instead of being like flat-funding or formula funding to a determine grant amounts?

Raul Martinez – It was a funding sub-committee, but we had issues with how we came up with the membership and I think we squared that away already. But since we squared the membership for that, they haven't met.

Esther Quilici – If we could go back to the minutes, it says that we will do a doodle poll. I don't know that we were going to do that. We're going to have to go put that out then, if we're going to continue this discussion. But nobody contacted me from SAPTA, either, to talk about this or to set up a meeting. Lana, what did you mean by doodle poll in the last minutes?

Lana Robards – When the sub-committee was originally established, there were members of the SAPTA Advisory Board, that volunteered to be on the funding sub-committee, and you were Chair at that time. I don't remember what I said about a doodle poll except that it was probably a mechanism to get this funding sub-committee back together again. And, pick some dates that would be amenable to everybody that is on the funding sub-committee. I do remember after the lengthy discussion on this sub-committee at the last Advisory Board meeting, that several other members of the Advisory Board asked to join the funding sub-committee as well. I think there are a lot more of us involved in this process, and now it's just a question of trying to set up a date that everybody can get together.

This is Leo Magridician – That is why you did bring up the doodle poll. We pretty much tried to determine who were going to be the members of the sub-committee and that I had requested that we come up with a date to meet and start having some proceedings in relation to that sub-committee, and the doodle poll was supposed to go out to determine who would be available when, so we can start actually meeting as a sub-committee.

Esther Quilici- Well who's going to put it out? Raul? Or do I have to put it out?

Raul Martinez – Esther, I'll send out the doodle poll.

Esther Quilici – Thank you, Raul, for doing that. Okay, so that of course ... so we know who's going to be on this sub-committee, and then, Raul, when do we have to get this out? Say in the next 30 days?

Raul Martinez – The doodle poll?

Esther Quilici – Yes. When does the meeting have to transpire, in 30 days or before the next meeting.

Raul Martinez – Oh, you're saying when the meeting should take place.

Esther Martinez – Yes. You can send the doodle poll out at your convenience. I guess we also need to know the specific subject matter of the meeting we are going to be having. Who would do that? Is it you, Brooke? Would it be Kendra? Who's going to do that?

Brooke Adie – It would be myself and Kendra, would participate in it. We'll have Raul send out a doodle poll by the end of the week with the idea of getting it scheduled within the next 30 days. This is something we really need meet on and move quickly on. And to just add to that, I don't know if before I got in the room if Raul introduced Rhonda, who is one of our new administrative assistants. And we have another, two more administrative assistants joining us, so hopefully we will be in a place where all of it isn't falling on Raul's shoulders and we can get these things scheduled and, get the minutes to you sooner, and all of those things so I'm hoping that that will happen. We were able to schedule a meeting for the SEW, MPACT, Evidence-based Practice meeting, so we'll get this scheduled as well.

Mr. Robeck – Okay, thank you, Brooke. It sounds like it's really something we need to adjust now because we really hadn't anticipated having this long delay, so, if that goes out by the end of the week that would be great. But I think our anticipation should be having a sub-committee meeting within the next two weeks. However, we still fall under the Open Meeting Law for that sub-committee, if I recall correctly. So, we need to make sure that in order to do that we've got to be in compliance with that as we do it. Whatever that timeframe looks like, we'll try to work with Raul and Brooke, to make sure we're within compliance on that.

Brooke Adie – So we're looking at the last week in February?

Mr. Robeck – I think that would be ideal. We need to act on this stuff. Quite frankly, we put it off for so long from the prior one, now we need to move more quickly. Wouldn't you all agree? Hearing no disagreement, I would say that we all agree. Okay, thank you Brooke and Raul, for taking that on.

#### 6. Share Information Regarding Four Bill Draft Requests (DBRs) that the Regional Behavioral Health Coordinators are Tracking

Mr. Robeck – Who is going to be speaking on that. I don't have a name here.

Raul Martinez – Dawn, on the phone.

Dawn Yohey – Jessica Fleck is one of our regional behavioral health coordinators for the northern region, and she was going to be here today to talk about the four bills, but she is sick. What we went ahead and did was we sent you all out the one-pagers, and these are the four bills that our regional behavioral



health coordinators all put forth in the legislature. All of the bills, AB47, AB66, AB76, and AB85, you just want to read through the one-pagers and if you have any questions about them you can let us know and we can get you the answer. These were brought at the last meeting, so I wanted to talk about them.

Mr. Robeck – This is one of the challenges with getting the minutes out and the agenda out late. That's no reflection on Raul, it just has to do with, if this Agency, or this Board, is to be proactive in doing something, or having input or comments, we need to be up to speed on it, and we really don't have the time in this meeting to read through these things and make definitive comments in my opinion. If somebody is aware of one or more of these bills that they feel strongly about, I would certainly request your participation now, and make your comments known as board members. If something is going to impact us as agencies throughout the state. Anybody that has any insight into these bills. Looks like Jamie Ross is about the grab the microphone yet again.

Jamie Ross – I can quickly go over each bill if you guys want an overview of them.

Mr. Robeck – You're prepared to do that?

Jamie Ross – Sure, that's fine.

AB47 is rural bill and that has to do with getting CIT training to law enforcement out in the rurals, as well as working on transportation and having case managers for people who are having mental health crisis out in the rural areas.

AB66 is the Washoe Bill that is asking for Crisis Stabilization Centers in populations of over 100,000. What you're looking at is CSCs in Washoe County and Clark County.

AB76 is a bill being put forth for the regional behavioral health coordinator position. Since the policy board were mandated to be created, each policy board then created behavioral health coordinator, but that position wasn't necessarily a mandated position, so AB76 is for those positions.

AB85 is a revision to the Legal 2000.

Mr. Robeck – So would you happen to know if there's funding attached to any of these bills.

Jamie Ross – There's a large fiscal note attached to AB66 which is the CSC.

Mr. Robeck – So that's on that particular one. Is there funding on any others? That you're aware of.

Dawn Yohey – I believe AB76, which is the Southern Board, also had a fiscal note, but smaller than AB66.

Jamie Ross – Dawn, if you're finished, I will make a quick note – AB66 might be a good bill for everyone to read and review thoroughly. It's the Washoe Bill. Jennifer, did you want to chat about that. I know it's got quite a significant fiscal note and it will make some fairly significant changes.

Jennifer DeLett-Snyder – Yes. The bill continues to be worked on. Dorothy Edwards, who is our coordinator for our area, she is at the legislature about every day. She and Jeff Deward, who is spearheading this bill as well, are working really closely on it. Initially, the intent was not to include Clark, but when our bill was sent to LCB, LCB tucked Clark in there. That's why it made it such a big bill. So, it was not just Washoe and just Clark. I want to say it's like 5.2 million dollars. It's a lot of money to ask, but it definitely would be a good thing for both of those communities. Unfortunately, they did not include the rurals in there. It could be, depending on where you are, a good one to support. I can provide updates almost every day about what's going on with this bill.

Esther Quilici – I'm sorry I cannot hear you.

Jennifer DeLett-Snyder – Esther, this is Jennifer. I'm going to say initially this bill was just a Washoe County bill, but when it went to the Legislative Council Bureau, they added in Las Vegas. It's a really large bill, and as Dawn stated, it's only for those communities that are over 100,000, so it's just Clark County and Washoe County. It would be a really great thing if we got them in our communities, and as Jamie said, this is one would could really rally around because of all the four bills, this is the one asking for the most. It doesn't mean we're going to get it, but there's a lot of work being done in Washoe on this bill, so I can update you at the next meeting or provide updates as they come. We're getting them almost daily from our group. That's it.

Esther Quilici – Okay, thank you.

Mr. Robeck – Jennifer, I have a clarifying question on that. It refers to the center. Is that a specific center that's already been identified or is that this ideal center that is operating 24/7, etcetera.

Jennifer DeLett-Snyder – As far as I understand it it's an ideal center. It is nothing that has been identified unless they've changed something since I was at a meeting.

Mr. Robeck – Okay, it wouldn't be the first time. Thanks, Jennifer. Any other questions on the Legislative Bills, anybody else have some intuitive comments from reading these, or, exposure to them that you could share with us today.

Stephen Wood – This is Stephen Wood from SAPTA, the only thing that I would like to add is where they all are in the Legislative process. Currently each one of these bills has been read for the first time and has been assigned to their committee, but hearing has taken place.

Mr. Robeck – Okay, thank you Stephen. That's actually helpful because it will give us a shot to look at them and a chance to talk to our legislators about them.

Brooke Adie – Stephen is our legislative liaison. If you have questions on things that are happening, he's tracking all these things very closely, so feel free to reach out to him and he can provide information.

Mr. Robeck – Great, thank you. I know that SAPTA's always changing staff, so I think maybe, periodically or even every SAPTA Advisory Board meeting when SAPTA staff are in the room and there's somebody new there it would be nice to identify them and give them a little bit of intro, so we all know who's in the room and participating in what capacity so that was actually a very nice coverage there, Brooke, I appreciate that. With no other comments on that I would advise everybody, from my opinion, to investigate these bills and any others. Talk to your legislators and find out what they're looking at, make sure you're aware of what committees they're on and if they relate to behavioral health in the state of Nevada. Certainly have conversations. I will tell you Elko may be remote, but they are not quiet. They are involved in a great deal of things. And Fallon is also a little more remote than some of the other places and Lana is certainly not quiet either. I encourage agencies; I know it's difficult as agencies when you're running the agency just to stay afloat, and make sure you meet your payroll and grants and stuff to get involved with this but it's important to do that. And if you can't do it personally, give one of us a call, that has a little more time, or involvement in some of these areas. Ask questions or make some comments that we can help with. Because you're going to pick up things that we are not seeing because we're focused on running our own agencies as well. That's my comment for that. Lana, did you have anything else to comment about the bills?

Lana Robards – David, actually I do. On AB85, which is the proposed changes to the L2K regulations, I think that's one that is really important to watch. Because any given day we can have somebody in the middle of a psychiatric or mental health crisis walk right through our doors. Part of the issue, especially in the rurals that we have is lack of transportation to be able to get these individuals to critical care hospitals. By current statute, they have to be transported by law enforcement or ambulance or something along those lines. For example, a facility like New Frontier, who is a CCBHC and deals with behavioral health every single day, if a Legal 2000 is actually warranted and put on an individual, we cannot transport. And there's limited resources for transportation. My understanding, and I haven't been at all of the discussions, my understanding is that this AB85 is addressing some of the transportation issues as well. And I think that's pretty cool for all of us.

Mr. Robeck – That's a very good point. I know that locally, in Las Vegas, we may have three, fully licensed clinicians, participate in doing an L2K. We'll get them to the hospital only to have them released in 20 minutes, and walk back to our agency madder than a wet hen. Do you like that, a wet hen? It's definitely something of interest and I think we all should read it and see if it affects us and how it affects us at our agencies. Any other comments on the bills? (None) We'll move on.

7. Presentation from Social Entrepreneurs, Inc., Regarding Capacity Needs Assessment  
(Crystal Duarte)

Mr. Robeck – Who is handling that? Do we have guests here today?

Crystal Duarte – Good morning this is Crystal Duarte from Social Entrepreneurs.

Mr. Robeck – Okay, do we have, are there slides to go with this? Raul, is this a slide presentation as well?

Raul Martinez – Yes, this is a slide presentation. You should be able to see it up on your screen, there's also a PowerPoint handout as well as a project overview.

Mr. Robeck – Okay, very good. Okay. I understand that Crystal Duarte, you're presenting this.

Crystal Duarte – I am. I just want to check that everyone can hear me, and you can let me know when ready for me to start.

Mr. Robeck – Esther, can you hear her?

Esther Quilici – Yes, I can, thank you.

Mr. Robeck – Okay, I think everybody's set, go ahead Crystal. Thank you.

Crystal Duarte – Okay, well thank you so much for this opportunity I know you have a full agenda. I wanted to talk to you today about the SAPTA Regional Capacity Assessment that Social Entrepreneurs SEI, has been working on since the beginning of the month. It's kind of a continuation of projects that we've been involved with, with SAPTA. I'm going to go through this quickly, I'm going to leave time for questions. This project has two parts. I'm going to talk about both of them but, spend a little more time on the second part, because that's the part we really want to encourage additional participation and interest. I want to talk about the project objectives, we're going to talk about the two types of assessments being used during the project, and then the next step which is really kind of a call to action to get everyone here interested and getting the word out to other people. Next slide. The overall goal of this project is to position Nevada to build treatment system capacity by understanding the current environment and then identifying opportunities to strengthen the system at the regional level. We're working at the regional level and implementing a framework for accessing capacity there. Then we're going to be working at the provider level to identify opportunities to strengthen the system at the provider level. As a whole, looking at the two different, regional basis and the provider level. Multiple assessments, the next slide. The first that we are already working on, that work is under way, is to assess regional capacity. We're using a tool called the Calculating for an Adequate Assistance Tool, (CAST), it was originally developed out of SAMSA. It expands on some of the work SAMSA has done. It assesses those five categories – Promotion, Prevention, Referral, Treatment and Recovery. It can be used to assess the presence of chronic social and community conditions that are likely to increase the risk of hospitalization from substance abuse, observe gaps in potential redundancy in the substance abuse care system, generate the estimate of need, that can help inform healthcare and community planning, at the Regional behavior policy board level. The cast tool we are working very closely with the Regional Behavioral Health Coordinator. They've been very engaged in this project and have had to hit the ground running because the CAST tool requires a lot of data. Much of that is data available to the public, that our team, the SEI is going to be pulling. Because there's so much in that tool, it still requires the RPBH Coordinators to pull together stakeholders in their community to answer other questions about services available in the different areas of those five categories. They're actually meeting with stakeholders this month and doing that in a variety of ways. This is a regional to identify the unique gaps and challenges in those regions we're relying on that leadership they have in their communities that they know who to contact. They met that with enthusiasm and are working hard on that part. The second part of the project is assessing program capacity. For that we're going to be using the Organizational Capacity Assessment Tool (OCAT), developed by McKenzie. It's been used by a lot of different non-profits to assess organizational capacity and identify strengths and priority areas for improvement. It's a self-assessment instrument and can help identify capacity strengths and challenges. It's used as a diagnostic and learning tool. An organization can identify areas of strength and weakness and where they need to make up for those areas. It's also a useful framework for measuring growth and capacity over time. We've done this with several non-profits ourselves and have measured that growth over time. Where they scored in certain areas, how that came. It can serve as a baseline for the current skills and knowledge and help set priorities for improvement projects. Next slide – What is measured with the OCAT. There's 10 assessment categories:

1. Aspirations
2. Strategy
3. Leadership, Board and Staff
4. Funding
5. Culture and Shared Values

6. Innovation and Adaptation
7. Marketing and Communications
8. Advocacy
9. Business Processes
10. Infrastructure and Organizational Structure

Under the pyramid you can see questions associated with each area (reads). That's the framework that will be used. Next slide. This is used to assess providers – SAPTA-funded providers. We are hoping those providers will see the benefit of going through something like OCAT because our team will help them go through that process as well as provide on-site technical assistance, to support them in their capacity development areas. We think the benefits of doing something like this are, that there's a reflection on the organizational level. There's also discussion and sharing the intention of the survey throughout the organization. We can discuss the results based on the differences with how staff feels, on the organization versus leadership. Then getting into prioritization. What is organization we need to focus on to improve in the next couple of years. And the additional support that will come from our team as well as other research that's out there. The reason I'm here today is, as I mentioned, SAPTA-funded providers are eligible for this technical assistance and to go through this assessment. We have the capacity to choose 18 funded providers, who are interested in this process. All it takes on their end is doing the self-assessment, distributing it, and we will guide them through that process. At the end, guide them through the process of understanding the results as well as using the results to build capacity in the future. If there's more than 18, we'll have to make choices about who gets assessed, that will be done in conjunction with SAPTA. We'll probably be looking at, so we have each region somewhat represented in the provider capacity. Each provider who elects to go through this assessment process will get their own report with their results. That report will not be shared with SAPTA. What we're going to do, is on the aggregate level, is report to the State and say, here's what provider capacity looks like (gives examples). We won't be sharing those individual reports. What we're hoping this group can do is help get the word out for this. We will be developing more of a catchy flier for the assessment. But if you want to, you can distribute the project overview handout to anybody you think might be interested and can benefit from this type of assessment. We will be sending out information about an introductory webinar. Anybody who's interested, maybe they don't know if they're actually going to go through the assessment yet, but if there's interest, they should participate on April 8<sup>th</sup>. We're going to do a webinar that will get out to the field, using SAPTA's ListServe and however else we can reach as many people as possible. (Explains webinar) Then there is an application period – more like an interest form – they can submit that application form and we will notify people on April 22<sup>nd</sup> if they've been selected. From there, we will help people fill out the online self-assessment and then customize individual reports for each provider who takes part in it and come onsite, to work with those providers about their results. I said we can take 18 providers, I know the state has many more than that. We are hoping more than 18 apply. The next step, and this is the final slide, this is going back to that first part of the project, that's already under way with the leadership of the Regional Behavioral Health Coordinator, we're doing data collection for that capacity assessment at the regional level. The next step in our project is the program or provider capacity assessments. That's what we're hoping you can get the word out about. The webinar will be April 8<sup>th</sup> (2019), and we will be working with those selected providers, until June, with onsite visits and help them understand their results. It's a pretty complicated project and that was a brief overview. Are there any questions, about particularly that second part, provider program necessity assessment, using OCAT?

Mr. Robeck – Any questions? (None) I just have one, of SAPTA. Brooke, is this something that is being mandated to the agencies we need to be paying attention to as a requirement for future grants, or anything? Or is it something that is just to be helpful?

Brooke Adie – I don't think it's a requirement, but it is very important and very helpful. This is for us to take a look at where the needs are. Participation is really appreciated, and I think the more people we can get to participate the better, that's we had them come to the meeting today, we wanted them to have an

opportunity to tell everyone what the project is, to give details, and to really highlight the importance of the information they are gathering.

Mr. Robeck – Thank you. Any other questions?

Andrea Zeller - This is Andrea Zeller from Churchill Community Coalition. Looking on the first page, it says filled treatment system capacity. With that being said, is this something the coalition should engage in, since that's not where our work is being done. I want to be clear what that means, so I'm not involved in something that the coalition won't be a part of. Do you know what I'm saying? If it's not geared toward us, then we don't want to be one of those 18 people and take up that space. Does it make sense?

Brooke Adie – Yes.

Andrea Zeller – I would love to do the self-assessment because I think we have some really great partnerships. If that's not the vision we're doing overall, to build treatment systems, then we need to decide where this is going to go.

Brooke Adie – Crystal, do you have additional information you can provide on that?

Crystal Duarte – I know we wrote it for providers, so I don't know if the Coalition would necessarily benefit. But it's still worth participating on April 8<sup>th</sup> and finding out if it's something that you could benefit from. There still is a lot of benefits to understanding as a Coalition, where you're going, where you want to go, how you can best serve your community. There would still be value (in participating). For the first part of the project, coalitions definitely are a part of it, and we are even tracking that, that is something the CAST tool actually tracks; how many, and what coalitions exist in the community. I would imagine the Regional Behavioral Health Coordinator in Fort Churchill will be reaching out to get some of that information and you will definitely have a place in the first part of the project. I would still encourage participating in the webinar. I will get a firm answer to make sure, and email it to Brooke, and Raul.

Brooke Adie – I think when they refer to the 18-funded providers, they are looking at the treatment side, but we do want participation from prevention as well.

Crystal will send out the link to the webinar. SAPTA will send out the link, it will be placed on ListServe.

Mr. Robeck – Very good. Any other questions on this topic? (None) We're getting toward the end.

#### 8. Share Expectations of SAPTA and the Board

Mr. Robeck – I encourage anybody to speak now. We only meet every two months, and this is good opportunity if you have some concerns. I know SAPTA has already noted the fact that they didn't get the information out to us in a timely manner, and I'm sure that's one issue they're responding to. Is there anything else you want to share? Any agencies that are participating today?

Jennifer DeLett-Snyder – I think we need to go back to that list SAPTA gave to us, when Kyle was still here, as what SAPTA expected from us, the Advisory Board here, take a look at that list and see if they're the same. Do they look the same? Do you agree? Any thoughts?

Mr. Robeck – I would certainly welcome that. You don't happen to have one wrapped up in your back pocket, do you?

Jennifer DeLett-Snyder – I don't. I'm willing to work on this. I will pull out what Kyle had before and see what I wrote down from previous meetings.

Mr. Robeck – If you would do that, that would be great. That you volunteer to do that. I always like a volunteer who's in the room. I've encouraged that, and the newbies who are in the room today, and some of you who don't always speak are getting more involved. If you could get something out, Jennifer, to agencies who are here, so we can all take a fresh look at that the next time. I don't want it to be just to pick on SAPTA thing, when there are issues we need to bring them up and this often is the time to do it. And SAPTA certainly has the right to pick on us. If there's something we're not, as a whole, not doing well, or not being responsive to or not being patient enough with, then we encourage you, at SAPTA, to make those comments, too.

Brooke Adie – I appreciate this agenda item and I think it's a good opportunity for us lay everything out of the table and really come up with solutions. The intention is for us to work together, we all have a

common goal. I would like to say that I am available if you don't feel like this platform is a place to bring up issues on, you can always call or email me individually and we can have some conversations about any changes that need to be made or things that need to be fixed. I do want to remind everybody that I am still fairly new, I'm learning a lot and still have a lot to learn. We are working through some restructuring, looking at policies and procedures and really trying to tighten things up on our end. The only thing I really ask of everyone is to be patient as we work through this process. It's a multi-step and we're doing the best we can trying to make changes, but we don't want changes too quickly, we want to be thoughtful, making sure we look at all aspects and outcomes of the changes. Please be patient and if you do get frustrated, I am available. You can call or email me.

Mr. Robeck – Thank you. That was very well stated, Brooke. I appreciated it. And yes, she is responsive.

Brooke Adie – Thank you.

Mr. Robeck – Any more comments on that particular one? (None)

#### 9. Discuss and Recommend Agenda Items for the Next Meeting on April 10<sup>th</sup>, 2019

Mr. Robeck – I'm hoping we'll have a sub-committee on the funding issue before the next meeting and that will be an agenda item, if we could plan for that. Any other comments or concerns? (None) When is the next meeting scheduled? Do you have that date by chance, Raul?

Raul Martinez – Yes, April 10<sup>th</sup>.

Mr. Robeck – Okay great, thanks. It's a good reminder to put it on your calendar now. Make sure you're going to be prepared for that. There's a lot of things still happening, and the legislature doesn't disappear by April 10<sup>th</sup>, there's a lot we can do to influence what's going on in our state without any specific lobbying. Take a look at these bills, and this is not the end of the bills that relate to behavioral health in the State of Nevada. Any other comments from our Board, before I open it up to public comment? (None) Okay, I'm not hearing anything else so I'm going to open up public comment once again.

#### 10. Public Comment

Mr. Robeck - Anybody from the public, or agency who wants to speak as a public member, speak now. (None) Anybody on the telephone? (None) Anybody in Carson City? (None) Okay, hearing nobody we're going to close public comment.

Mr. Robeck - I'll call this meeting to an end.

Lana Robards – I so move this meeting to adjourn.

Andrea Zeller – I second.

Mr. Robeck – Alright Lana. All those in favor. That sounded unanimous to me. Meeting adjourned.

Thank you very much.

#### 11. Meeting Adjourned.