SAPTA ADVISORY BOARD
MINUTES

DATE: **June 12, 2019**
TIME: **9:00 a.m.**

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

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

BOARD MEMBERS PRESENT

Lana Robards, New Frontier
Andrea Zeller, Churchill Community Coalition
Betti Magney, proxy for Ester Quilici, Vitality Unlimited
Jasmine Troop, HELP of Southern Nevada
Leo Magridician, WestCare
Mari Hutchinson, Step 2
Patrick Bozarth, Community Counseling Center
Jennifer DeLett-Snyder, Join Together Northern Nevada
David Robeck, Bridge Counseling
Dani Tillman, proxy for Denise Everett, Ridge House
Jolene Dalluhn, Quest Counseling
Rikki Hensley-Ricker, Bristlecone
Jamie Ross, PACT Coalition
Wendy Nelson, Frontier Community Coalition
Morgan Green, proxy for Michelle Berry, Center for the Application of Substance Abuse Technologies (CASAT)

BOARD MEMBERS ABSENT

OTHERS PRESENT

Tenea Smith, Rural Nevada Counseling

SAPTA/STATE STAFF PRESENT

Stephanie Woodard, Division of Public and Behavioral Health (DPBH)
Raul Martinez, Substance Abuse Prevention and Treatment Agency (SAPTA)
Rhonda Buckley, SAPTA
Sara Weaver, SAPTA
Tracy Palmer, SAPTA
Betty Hammond, SAPTA
Brook Adie, SAPTA
Stephen Wood, SAPTA
Dennis Humphrey, SAPTA
Dawn Yohey, DPBH
Meg Matta, SAPTA
Sara Bacon, SAPTA
J'Amie Frederick, SAPTA
Kim Riggs, SAPTA
Chris Bartoni-Rojas, SAPTA
Darcy Davis, DPBH

1. **Roll Call, Introductions, and Announcements**
   Mr. Robeck determined there was a quorum present. Mr. Martinez introduced new administrative assistants Sara Bacon and Chris Bartoni-Rojas.

2. **Public Comment**
   Ms. Robards pointed out the improved system to make the meeting easier to hear. There was no other public comment.

3. **Approval of Minutes from the Bi-Monthly Meetings on December 12, 2018; February 13, 2019; and April 10, 2019**
   Ms. Troop moved to approve the minutes from the December 12 meeting. Ms. Nelson seconded the motion. The motion passed without opposition.
   Mr. Magridician moved to approve the minutes from the February 13 meeting. Ms. DeLett-Snyder seconded the motion. The motion passed without opposition.
   Ms. Ross moved to approve the minutes from the April 10 meeting. Ms. DeLett-Snyder seconded the motion. The motion passed without opposition.

4. **Standing Informational Items:**
   - **Co-Chair's Report**
     The co-chairs had nothing to report.
   - **Substance Abuse Prevention and Treatment Agency (SAPTA) Report**
     Mr. Wood reported on the regional behavioral health board bills passed at the Legislature and signed by Governor Sisolak.
     - Assembly Bill 66 from the Washoe County board, creating the crisis centers;
     - Assembly Bill 76 from the southern board, directing the boards to change their composition; and
     - Assembly Bill 85, changing laws governing Legal 2000.

     The Governor's Budget included additional funding for certified community behavioral health clinics (CCBHCs) in conjunction with the Medicaid Section 1915(i) waiver. He said there would be workshops on the regulations for the bills that passed. He also pointed out that some providers would receive small business impact statements that are critical for the regulatory process. Those should be completed and returned as soon as possible.
     Dr. Woodard added that Governor Sisolak would be signing the bill requiring the Department of Health and Human Services (DHHS) to develop a Section 1915(i) waiver for supportive housing.. She said another bill was passed that would ensure there was a mechanism for reporting serious critical incidents that occur with substance abuse treatment providers and provides for DHHS to provide public information related to the quality of services by all certified treatment providers, focusing on funded providers.

5. **Discuss and Determine Three Nominees to Submit to the Governor's Office to Consider for Appointment to be a Member of the Commission on Behavioral Health, Representing *"a person who has knowledge and experience in the prevention of alcohol and drug abuse and the treatment and recovery of alcohol and drug abusers through a program or service provided pursuant to Chapter 458 of Nevada Revised Statutes."***
   The Commission on Behavioral Health needs another member. Administration asked the SA Board to provide them with three nominees who are working with certified providers and have experience in both treatment and prevention. The Board recommended:
   - Milagros Severin-Ruiz, a licensed marriage and family therapist (LMFT), licensed alcohol and drug counselor (LADC), and LACD supervisor who has been involved in treatment and prevention at Bridge;

- Dani Tillman, a licensed social worker (LSW) and LADC, who has been providing treatment at Ridge House for eight years;
- Jasmine Troop from HELP of Southern Nevada, a certified professional counselor (CPC), LADC, and LADC supervisor who has begun working with prevention and has been providing treatment for the past 11 years.

Ms. Robards moved to accept the three nominees as candidates for the commission. Ms. Hensley-Ricker seconded the motion. The motion passed without opposition.

6. Review of the Block Grant Application

Ms. Adie reviewed the presentation for the community mental health block and the substance abuse block grant. She gave an overview of what would be included in the application, which is due at the end of August, and summarized the behavioral health priorities by category.

She noted there would be a crisis now summit in Las Vegas October 17-18, 2019, held in conjunction with the suicide prevention conference.

Ms. Dalluhn asked why the ACT services were being funded.

Dr. Woodard said the 2015 block grant application required that the state report on an Olmstead grant for individuals with disabilities related to behavioral health. She explained that Olmstead was a federal action following the ADA that found that individuals with behavioral health disabilities were often unnecessarily institutionalized and that such individuals had the right to live in the most integrated setting possible. In 2015, DPBH did not have an Olmstead plan. There was one on the Aging and Disability side, but it focused on the frail and elderly and individuals with intellectual disabilities and other developmental disabilities. A toolkit helped Nevada identify the risks and vulnerabilities for Nevada behavioral health in disability populations. There were no assertive community treatment (ACT) teams—the ones through Northern Nevada Adult Mental Health Services (NNAMHS) and Southern Nevada Adult Mental Health Services (SNAMHS) were not ACT teams. Assertive community treatment is an evidence-based practice required in the CCBHCs because it is one path to having ACT teams statewide. Carson-Tahoe and Northern Nevada HOPES both applied for additional funding to build ACT teams. There are rural and urban models. Technical assistance is being provided through CASAT.

Ms. Dalluhn asked if funding for outpatient through residential levels of service would cover anyone other than undocumented clients. Ms. Adie said eligibility and the way services are funded is not going to change. Mr. Robeck asked about services for the working poor with deductibles so high they are effectively not insured. Dr. Woodard said this has been an ongoing discussion, but Nevada lacks data to support putting something in the budget. Mr. Robeck suggested providers look at their data for DPBH. Dr. Woodard said DPBH would need to know the number of individuals affected, the types of insurance; what the barrier are—high deductible or high co-pay; and what the cost of care would be. For this biennium, DPBH is building a base budget. She pointed out there had not been an "ask" in the agency's budget for substance abuse treatment and prevention for quite some time, even though there is a significant need. Funding the CCBHCs and adding seven additional sites was a huge win in funding additional behavioral health providers. Without the data, she has nothing with which to go to the legislature for additional funding. The more data and information she can have, the better she can begin to build the narrative necessary to begin to make those "asks" for the agency's budget in the next biennium.

Ms. Dalluhn pointed out that 80 percent of her clients need outpatient treatment. These clients have to come in three different days a week and make three different co-pays, which becomes expensive. She has heard Dr. Woodard say providers do not use the continuum of care, but that could partly be because intensive outpatient services are not paid for. She thinks her clients are getting lost because their needs are not as severe as the targeted populations. These clients need the outpatient services to head off a residential stay.

Dr. Woodard said the Community Mental Health Services Block Grant is specifically for individuals who have been diagnosed with a serious mental illness or a severe emotional

disturbance, not population-based mental health services—that is why the focus is on the higher-need, higher-intensity population Nevada is required to fund. On the Substance Abuse Block Grant side, since 2014 the state have been trying to determine the actual gaps. Without data, it is difficult to do that. There has been a shift in the behavioral health system with the expansion of Medicaid and managed care resulting in a large gap with uncompensated care in behavioral health. Previously, most mental health services were provided either through NNAMHS, SNAMHS, or rural clinics. Substance abuse treatment through SAPTA-funded providers because was the only way people could get services. That has changed, but much of the framework for the system remains the same. The state needs to quantify the burden of uncompensated care throughout the continuum of care, especially in crisis services where there are individuals with acute but short-term needs for which there is not a payer source.

Ms. Robards said some clients meet the criteria for a specific reimbursement source when they start in programs and are unemployed and homeless. Once they are employed, at even at minimum wage, they stop qualifying for Medicaid and any other type of social reimbursement and supports. Nevada is establishing a model to keep people unemployed so Medicaid will pay for the behavioral health services. She asked if Medicaid was going to determine how they currently fund individuals. She said she hoped income levels for SNAP benefits and Medicaid would increase so those who start working do not lose benefits when they find a job for 20 hours a week.

Mr. Robeck said that supports Dr. Woodard's need for data—without the data, the information is not valuable. He encouraged all the providers to collect all of the data for one quarter and see what they come up with about the working poor. Once these clients are out of Medicaid, there has to be a way to pay for services. He challenged agencies to determine how to collect the data, how to get the data to make sense, and focus on that.

Ms. Smith said she believed that Medicaid has the data, as quality assurance collects it. She noted that Medicaid sends out a letter to cancel Medicaid when clients become employed.

Dr. Woodard said the Medicaid data is useful. She said they are missing the piece about the population with high deductibles and co-pays that present barriers to care. They need that number to know how significant the burden is so they can make a funding request. It affects not just behavioral health, but healthcare in general. These clients have a hard time meeting deductibles and making co-pays for medical care as well.

Ms. Smith added they are finding clients who are not willing to pay for their insurance. They would rather pay fines than pay for insurance.

7. **Funding Subcommittee Update**

Ms. Robards said she was torn about what to say. She thinks all of the members of SAB should be involved in discussion about funding gaps in services. It is too big for a subcommittee. Everybody should be allowed to have input on some of these items.

Mr. Martinez said he would place an action item on the next agenda for dissolving the funding subcommittee.

8. **Discuss the Substance Abuse Prevention and Treatment Agency Advisory Board (SAB) Expectations of the Substance Abuse Prevention and Treatment Agency (SAPTA)**

Ms. DeLett-Snyder reviewed SAB expectations of SAPTA (here). She asked that the minutes include her comments about a meeting coalition directors recently had with Richard Whitley, Director, Health and Human Services, and his staff to talk about the Partnership for Success (PFS) grant. They were told to look at the funding opportunity announcement (FOA) to see what was included. She feels that prevention is not understood the way treatment is. The coalition directors can help with this. What they heard in the meeting is not what they see is allowable in the FOA; they were being told that their activities were not allowed when, in fact, they were.

Dr. Woodard found the expectations were reasonable. She saw no reason SAPTA could not meet them. She asked that she and Ms. Adie be informed if staff did not meet expectations so issues could be addressed specifically.

Ms. Dalluhn asked if SAPTA staff would come to see their programs—meeting with them in their agencies—so they could become familiar with individuals. She pointed out an issue that was resolved quickly because all concerned were communicating.

Ms. Ross said that, moving forward, it would be helpful if agencies that would be a part of additional programming could provide insight to SAPTA. As providers, it would be helpful to understand what the reporting requirements were, what SAPTA needed, so agencies could submit reports that make everyone shine. Before major changes in reporting systems are made, an honest conversation would benefit everyone.

At this point, Morgan Green gave the CASAT update. She reported on the State Opioid Response (SOR) grant program. The RFA was released in April and was due the first week of May. There were 11 applications. They selected several agencies expanding medication-assisted treatment (MAT) programs and implementing other needed programs—neonatal abstinence syndrome (NAS) projects, peer-led warm lines to assist clients with questions, and mobile recovery teams to enhance what exists. Once they have final approval, information will be uploaded opioidresponse.org, a site currently being built. It will show which agencies were given awards, what their projects are, and what the amount of funding is. An orientation going over the specific reporting requirements for approved agencies is scheduled for June 17. Reimbursement will be through the University of Nevada, Reno (UNR) so the turnaround might be faster. Agencies must obtain the correct SAPTA certification at some point during the process.

Ms. Dalluhn referred to the minutes for the December 12 meeting that mentioned SAMHSA might provide a fix to allow data extract form an electronic health record (EHR) if an agency was already administering the addiction severity index (ASI). She requested an update. Dr. Woodard said the Government Performance and Results Act (GPRA) was in Office of Management and Budget (OMB) review, which means providers are not yet required to report on all of that. Ms. Dalluhn pointed out it was a burden for the clients and the agencies.

9. Discuss Provider Expectations for the Consumer Satisfaction Survey

Mr. Humphrey reported on the Consumer Satisfaction Surveys the CCBHCs have been submitting quarterly. He explained the categories and the process. He has found that many surveys have not been filled in completely. He recommended that each facility have a staff member review these before sending them to DPHB.

Dr. Woodard explained that the Mental Health Service Improvement Program survey was used for the mental health block grant and was required for CCBHCs. The Legislature pushed to ensure that the public has access to information to determine the quality of care provided by substance abuse treatment providers. Senate Bill 457 requires DPBH to publish on its website ratings of substance abuse treatment providers, halfway houses for recovering alcohol or drug users, medical facilities that provide treatment for the abuse of alcohol or drugs, and unlicensed programs for the treatment of alcohol or drugs regarding their licensing status and quality of treatment. The ratings will include all certified providers, not just certified and funded providers.

Ms. Adie said DPBH would send out a detailed and clear policy. Providers are required to start using the Scantron surveys July 1, 2019.

Mr. Robeck said the surveys are not easy to complete with clients. His agency has developed different strategies to help clients complete the forms. He asked if the ratings are defined.

Dr. Woodard said the Division has been tasked with developing ways to convey to the public how they could determine the quality of the care being provided at an agency. Certification is a minimum standard that providers must meet, but that does not necessarily indicate a high quality of care is being provided; it simply means a minimum standard has been met. For funded agencies, there is additional program monitoring and oversight relating to the assurances for subawards.

Licensing, similar to certification, means an agency has met the minimum licensing standard, but does not speak to the quality of care being provided. The patient satisfaction survey is one way to evaluate the quality of the services.

Ms. Adie said there was not an electronic version of the survey at this time. Dr. Woodard said the Division has been using Scantron for years on the mental health side. Doing the surveys electronically would create issues regarding firewalls and being able to share information. Scantron was the easiest, most low-technical, low-budget way to go. Ms. Dalluhn said the Scantron was intimidating to most of her agency's clients who have not done well in school. Dr. Woodard said there is good guidance in the survey document from SAMHSA. The survey is supposed to be anonymous, but someone other than the actual treatment provider can verbally go over the survey with the client—a peer, a nurse, or anyone else. Ms. Adie said the webinar would go over all of the instructions. Dr Woodard using a dashboard that would color-code ratings, along with information about what the colors mean, to provide the public with the information. All funded providers will participate in the survey first, then it will be determine how to have the rest of the certified providers begin. First, they will show whether agencies are certified and licensed, then find other ways to identify the quality of care provided. Some of that will likely come through partnership with Medicaid so that if there are issues that Medicaid has identified that are also public-facing, it could be included.

10. **Discuss and Recommend Agenda Items for the Next Bi-Monthly Meeting on August 14, 2019.**
    None was suggested, other than dissolving the funding subcommittee.

11. **Public Comment**
    There was no public comment.

12. **Adjourn**
    Ms. Ross moved to adjourn. Ms. Robards seconded the motion. The motion passed.