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Governor

STATE OF NEVADA
BEHAVIORAL HEALTH PLANNING & ADVISORY COUNCIL
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RENE NORRIS
Chair

ALI JAI FAISON
Vice Chair

Behavioral Health Planning & Advisory Council
Quarterly Meeting Minutes
April 21, 2016

Division of Public & Behavioral Health
4150 Technology Way, Room 301
Carson City, Nevada 89706

S. NV Adult Mental Health Services
6161 Charleston Boulevard, West Hall
Las Vegas, Nevada 89146

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1. **Call to Order, Roll Call, and Introductions**
The chair called the meeting to order at 9:10 a.m.

MEMBERS PRESENT

Ali Jai Faison, Vice Chair
Alyce Thomas
Anis Abi-Karam
Barbara Jackson
Debra Parra
Denise Everett
Elizabeth Burcio
Heather Kuhn
Hilary Jones
Katherine Mayhew
Mechelle Merrill
Rene Norris, Chair
Sharon Wilson
William Kirby

MEMBERS ABSENT

Dawn Walker
Cynthia Matteson
LaJune Primous
Marion Scott
Robert Volk
Susan Maunder
Susan Orton

STAFF & GUESTS

Alexis Tucey, Health Care Financing and Policy
Barry Lovgren, Private Citizen
Charlene Frost, Private Citizen
Dennis Humphrey, Project Manager CCBHC
John Rhodes, Diversified Community Services
Julie Slabaugh, Senior Deputy Attorney General
Kevin Quint, Bureau Chief, Behavioral Health Prevention and Treatment Agency (BHPT)
Lea Cartwright, JK Belz & Associates
Meg Matta, Administrative Support , BHPT
Michael McMahon, Clinical Program Planner, BHPT
Michelle Berry, Nevada Peer Leadership Advisory Council
R.J. Ramirez, Grants Manager BHPT
Stephanie Woodard, State Project Officer, CCBHC Grant
Susanne Sliwa, Senior Deputy Attorney General
Tami Chartraw, Quality Assurance Specialist III, BHPT

2. **Public Comment**
Mr. Lovgren asked permission to defer public comment to the points in the meeting where the agenda items of interest are being discussed. Permission was granted by the Chair.

3. **Review and Approve Minutes of January 21, 2016**
Ms. Jones moved to approve the minutes. Ms. Everett seconded, and the motion carried.

4. **Report, Discuss and Approve BHPAC Recommendations from Previous Meeting to Increase the Number in the Mental Health Block Grant of Pregnant Women to Receive Substance Use Treatment**
Mr. Quint provided information on revisions to Priority #5 in the Block Grant as recommended in the last BHPAC meeting. Additions were as follows:
   - Item 6: *Strategies to attain the goal*: the addition was to "Monitor the number of pregnant women receiving substance use disorder treatment and adjust outreach efforts accordingly."
   - Item 7a: *Baseline measurement*: "Per NHIPPS, from July 1, 2014 to June 30, 2015, 190 women received substance use disorder treatment funded by SAPTA." Mr. Quint commented that this figure does not include Medicaid or any other form of insurance.
   - Item 7b: *First-year target/outcome measurement:* "Increase the number of pregnant women receiving substance use disorder treatment by September 2016." Mr. Quint commented that there should be a measurement; he would appreciate the Council's input on what the number should be, and would provide information during the next meeting date of the Block Grant Committee. The Committee is working closely with epidemiology to get better data on pregnant women on which to base their decisions.
   - Item 7c: *Second-year outcome measurement:* "Increase the number of pregnant women receiving substance use disorder treatment by September 2017." Mr. Quint would also like to add a measurement to this item.
   - Item 7e: *Description of Data:* "SAPTA will monitor data from Medicaid to capture the number of pregnant women receiving services funded by that source to measure service access beyond SAPTA-funded services." Mr. Quint has reached out to Medicaid to obtain data to inform the measurement of this item.
   - Item 7f: *Data issues/caveats that affect outcome measures:* "With the implementation of the Affordable Care Act in early 2014, substance use and mental health disorder treatment is now covered by private insurance. Further, Nevada is a Medicaid expansion state. These two factors, most notable Medicaid, have led to a reduction in the number of client treatment services being covered by SAPTA funding." Mr. Quint commented that more information needs to be obtained to inform SAPTA on this item.

Ms. Everett said it was unclear if the provided treatment referenced in items 7b and 7c were only referring to SAPTA-funded treatment. Mr. Quint said that while the point has been made that SAPTA needs to increase the number of treatments to pregnant women, that number has been decreased by the cases paid for by Medicaid and private insurance. He would like to be able to count other sources, and he agreed it needs to be specified. Ms. Wilson said she favored keeping the focus on the global effort to increase treatment. She would like to see more services available for pregnant women regardless of how it is being funded. Mr. Lovgren pointed out that, regardless if the focus is on global efforts or SAPTA-funded efforts only, the numbers need to be consistent with regard to baseline vs. outcome. He added that in item 7c, the time frame needs to be explicitly stated from

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2016. In items 7a, 7b, and 7c, using NHIPPS data as a baseline relates only to SAPTA-funded clients. Baseline figures for the general population should come from the Behavioral Risk Factor Surveillance System (BRFSS).

Mr. Faison moved to adjust the baseline figures and outcome measures so that they are from consistent sources; and that previously included data, using baseline figures and outcome measures from NHIPPS, be deleted. Ms. Mayhew seconded, and the motion carried.

5. **Report, Discuss and Approve BHPAC Recommendations from Previous Meeting to Expand Opioid Maintenance Therapy Funding for Washoe Counties and Other Areas In Nevada**
Mr. Quint provided information on revisions to Priority #1 in the Block Grant. The original document handed out to members used the terminology "Medication Assisted Therapy (MAT)," which encompasses a broad range of medications including Buprenorphine, Suboxone, much of which can be prescribed by a physician, and medications for alcohol abuse as well. It was consistently changed to opioid maintenance therapy, which administers methadone and must be approved by the Drug Enforcement Agency (DEA). The DEA has more stringent licensing requirements. The changes and additions were recommended in the last BHPAC meeting as follows:
   - Item 6: *Strategies to attain the goal:* "expand funded opioid maintenance therapy (OMT) services to Washoe County and statewide."
   - Item 7: *Annual Performance Indicators to measure goal success:* Indicator #3 – Number of OMT programs that are funded by SAPTA.
   - Item 7a: *Baseline measurement:* #3 – SAPTA currently funds one OMT program and that is in Clark County.
   - Item 7b: *First-year target/outcome measurement:* #3 – the number of funded OMT programs in Washoe County will increase by at least one.
   - Item 7c: *Second-year outcome measurement:* #3 – the number of funded OMT programs in the state will increase by at least two.
   - Item 7d: *Data Source:* #3 – List of SAPTA-funded OMT programs.
   - Item 7e: *Description of Data:* #3 – List of SAPTA-funded OMT programs.

Mr. Quint said the numbers are modest because there are few providers applying to SAPTA for certification and funding. There are no providers in rural Nevada as it is an expensive form of treatment. They are currently considering a provider in Washoe County and hope for one more in Clark County.

Ms. Wilson moved to accept the additions proposed with MAT changed to OMT. Ms. Thomas seconded, and the motion carried.

6. **Update on Status of Certified Community Behavioral Health Clinics (CCBHC) Project**
Dr. Woodard provided an update on the CCBHC which may be viewed at:
http://dpbh.nv.gov/Programs/ClinicalBHSP/Meetings/BHPACAgendasMinutes/
She asked the BHPAC to become a formalized arm of the governance of the CCBHC in Nevada. The CCBHC Planning Grant, through Substance Abuse and Mental Health Services Administration (SAMHSA), is a one year grant that began in October, 2015. Of the 24 states that were awarded planning grants, 8 will be selected to receive a Demonstration Grant. The State of Nevada has been building the infrastructure necessary to support the Demonstration Grant if awarded, or to equip the

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CCBHCs to continue on their own if the grant is not awarded. Dr. Woodard fielded questions from the Council members and guests to clarify the process and role of the CCBHCs.

7. **Update on Orientation and Technical Assistance Planning for Councils**
Mr. McMahon said the application for technical assistance (TA) was successful. The TA will provide training and guidance to the Council leadership and orientation to the members. It will also help facilitate the integration of the various tasks and responsibilities before the Council and assist to expand the Council's scope to include new focuses such as the CCBHC. This type of grant is not a financial allocation; instead, it provides access to experts who are currently working with other states on similar types of situations.

The BHPAC Executive Committee was able to meet with the TA provider to discuss the best way to provide information to a geographically disbursed membership. It was suggested the initial orientation be a webinar; then use web-based training materials for the council members, culminating in a face-to-face meeting. The provider will be coming back in a week or two with recommendations. The TA training sessions will not occur during regular meetings, but after the initial webinar, members can access the web-based materials at their convenience.

8. **Update on the Nevada Commission on Behavioral Health**
Tabled.
9. **Update and Discuss the Statewide Peer Leadership Advisory Council**
Ms. Berry was prepared to provide a report but the telephone connection was inaudible.
10. **Overview of the Governor's Interagency Council on Homelessness (ICH)**
Mr. McMahon reported on the ICH. The goals and strategies of the ICH have been broken out under five workgroups which are working aggressively to meet timelines. The workgroups are meeting with representatives from Clark and Washoe Counties, the VA, the Housing Authority, Medicaid and others to coordinate services and leverage programs. A report on the efforts underway is currently being finalized, which Mr. McMahon will make available to the BHPAC. There will be an upcoming meeting in Washington DC to address questions nationwide.

11. **Committee Reviews**
    - Executive Committee – Ms. Norris said the Committee will review one application previously forwarded, and expects one more application in the near future.
    - Behavioral Health Promotion Committee – Ms. Merrill reported the Committee has moved forward with gusto. Activities for a successful Mental Health Month promotion will include public service announcements on radio and television, as well as social media. Hopefully, the campaign will extend beyond the month of May.
    - Nominating Committee – Ms. Norris said once prospective members are approved, the Committee will conduct interviews.
    - Rural Monitoring Subcommittee – Current members are Ms. Thomas, Ms. Wilson and Ms. Norris. Elizabeth Burcio volunteered to join the Committee. McMahon said there is a review underway on the federal regulations and legal requirements for quality assurance. There is a possibility the reports may come back to the Council as a whole. The monitoring may be less costly and more expansive if the Council elevated the review process to reviewing monitors produced by fiscal and program staff of the Division rather than make duplicate on-site visits. Once a mechanism has been developed it will be put to the Council

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for further discussion and approval. There was discussion on the way monitors were conducted in the past.

- Bylaws Ad Hoc Committee – Ms. Wilson provided an overview of the proposed changes on a handout showing track changes, which may be viewed at: http://dpbh.nv.gov/Programs/ClinicalBHSP/Meetings/BHPACAgendasMinutes/.
  - The Council asked for additional language on the requirement of annual orientation "if made available."
  - A revision to the language regarding the program monitoring process was suggested to ensure consistency with the Governor's Order. The Council can develop a "report card" and use the reports to inform their recommendations to the Division. Mr. Quint added that the language is vague on whether the Council should be monitoring planning processes, programs or data. Ms. Wilson suggested that perhaps there is a need for a Data Committee. Mr. Lovgren affirmed that other states have successfully adopted the practice of reviewing reports. He expressed a concern that substance abuse does not become obscured in the process.
  - The Council recommended the terminology, "Behavioral Health Services."
  - Ensuring language clearly requires members' regular attendance to meetings and active participation in a committee.
  - Ensuring language provides a mechanism for removing or replacing a member.

Ms. Jones moved to adopt the proposed changes to the By-Laws. Ms. Thomas seconded, and the motion carried.

Propose and Approve Agenda Items for the Council's Next Quarterly Meeting on July 21, 2016.

- Approve BHPAC to become a formalized arm of the governance of the CCBHC in Nevada
- Update on the Nevada Commission on Behavioral Health

Ms. Jones moved to include the two items on the next agenda. Ms. Wilson seconded, and the motion carried.

12. **Public Comment**
There was no further public comment.

13. **Adjournment**
There being no further business to come before the members, Ms. Mayhew moved to adjourn the meeting. Ms. Thomas seconded, and the motion carried.

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