
**SUBSTANCE ABUSE PREVENTION AND TREATMENT AGENCY ADVISORY
BOARD BIMONTHLY MEETING
DRAFT MINUTES**

DATE: June 9, 2021 TIME: 9am to adjournment

1. Roll Call and Announcements

Members Present: David Robeck, Bridge Counseling; Lana Robards, New Frontier; Mary Beth Chamberlain, Churchill Community Coalition; Dani Tillman, Ridge House; Ester Quilici, Vitality Unlimited; Novlette Mack, PACT Coalition; Jasmine Troop, HELP of Southern Nevada; Deb Kamka, Quest Counseling; Jennifer DeLett-Snyder, Join Together Northern Nevada; Leo Magridichian, WestCare; Mari Hutchinson, Step 2; Michelle Berry, CASAT; Wendy Nelson, Frontier Community Coalition; Kay Velardo, CCC

Members Absent: Lena Hatzidopavlakis, Bristlecone

Staff and Guest Present: Brook Adie Bureau of Behavioral Health Wellness and Prevention, Stacy McCool, Mark Disselkoen, CASAT; Elyse Monroy, OpenBeds; Laura Oslund, PACE; Valerie Balen, Jessica Flood-Abrass, Linda Lang, Nevada Statewide Coalition Partnership; Linda Anderson, Nevada Public Health Foundation; Angela Mangum, Westcare; Char Frost, Sheri Haggerty, Robert Wilkes, Sydney Banks, Lea Case, Lawanda Jones, Yesenia Pacheco, Stephen Wood, Ben Trevino, Bill Kirby, Kim Riggs

2. Public Comment: No public comments

3. Approval of December 9, 2020 Minutes: Minutes passed no abstentions, no objections.
Approval of February 10, 2021 Minutes passed no abstentions, no objections

4. Standing Informational Items

- Co-Chair's Report: Lana Robards
- Substance Abuse Prevention and Treatment Agency (SAPTA) Update:
Ms. Adie spoke about the budget and narratives for activities to be used towards SABG. There have been submissions for the Coronavirus Response and Relief Supplemental Appropriations, which is released through the Substance Abuse Prevention and Treatment Block Grant (SABG). This funding goes from March 2021 to March 2023. There is still a wait to hear back about the funding award. July 1st is the start date for the supplemental funding dollars to start getting spent.

[Additional information](#) posted online such as allowable activities, notice of award for funding, etc. SAPTA was awarded \$15,937,418. The Mental Health Block Grant (MHBG) was awarded \$8,743,742. Ms. Adie is working on a request for information of services. Ms. Adie listed funding sources and set-asides. An email was sent out to members on [guidance](#) for activities allowable for funding streams. For mental health set-asides there are still the Early Serious Mental Illness set-aside and the Crisis Services set-aside. Under the block grant the set-asides are still the 20% set-aside for prevention activities and the women's services set-asides. Crisis services were discussed in relation to 988. SABG and MHBG are going to split funding on support for at risk ethnically and diverse communities with excessive care, hospitalization stabilization, peer support, and build capacity for the 988 system. There is a technical assistants grant for assisting in building 988. 988 will be like 911 but for behavioral health services. Some of the services are adult mobile crisis teams, especially for rural and frontier communities. Around seven to ten teams in Nevada will work to provide services in crisis to ensure appropriate level of care. This will assist in limiting the wait in emergency rooms for patients seeking behavioral health services in hospitals and jail diversion. Ms. Adie discussed treatment, prevention, and funding for the 988 processes. Mr. Disselkoen mentions that the Certified Community Behavioral Health Centers (CCBHC) will be assisting in the implementation for 988.

There is a wait for the project officer to approve a continuation of funding for prevention programs. Ms. Adie stated that the Covid Supplemental funding will assist in building up the infrastructure. The American Rescue Plan funds goes until 2025. American Rescue Plan will help to assist in long term funding. There are hopes for continuing programs as current under prevention. Nevada Resilience assists in navigation with resources and suicide prevention activities. They have FEMA and SAMHSA training. The Nevada Resilience looks at all ages and how people were affected by the pandemic by looking at stressors related to COVID. They navigate services to provide support to those affected. The money for these Nevada Resilience programs are ending. Ms. Adie said we will be able to continue these programs. There will be collaborations with agencies to include Nevada Department of Education, school districts, Boys & Girls Club, and other rural and frontier programs and more. Collaborating with youth and school-based programs will help to identify programs to help youth and families. There will be an open competitive application process for coalitions to apply to provide the services listed above. Someone will be hired as a public information officer to help communicate and provide information to the public regarding mental health and substance abuse. This will help to reduce the stigma behind mental health, provide suicide prevention, connect people to services, and coping techniques for stressors due to COVID. The goal is to build an infrastructure and the crisis system to make it long term and sustainable.

[Documents](#) are provided to members showing funding letters and letters of awards. August interim finance committee (IFC) will bring in the funds. Members

disclosed concerns with intermittent funding issues. Ester requested a list of SAPTA staff to assist in communication.

Discussion on detox tech certification considerations, background checks, and fingerprinting. Requests for streamlining to reduce labor.

- The Resilience Project Update- Kendall Holcomb- Tabled to next meeting, speaker not available.
- Evidence-Based Practice Update- Tracy Palmer/ Dr. Gardner- Tabled to next meeting, speakers not available.
- Prevention Coalitions Update:
Brook Adie only updates discussed earlier.

Mr. Disselkoen reminds providers of the CFR part II being put into policy. Privacy and HIPPA can be blended into the notices. Mr. Disselkoen asks that policies include exceptions to part II with a description/summary. Medicaid currently has nine certified CCBHC's. There will be no more updating of the programs in Medicaid. There are not enough resources to go beyond 12 programs. Three of the programs are supported by SAMHSA. Mr. Disselkoen mentioned the opioid treatment programs. CCBHC's have had national recognition for increasing access to treatment in Nevada.

Ms. Berry gave information on how to move forward with programs. There are 34 sub-awardees that the Center for the Application of Substance Abuse Technologies (CASAT) is directly sub-awarding to. 16 sub-awardees are in no cost extensions and 18 are in SOR-2.0. CASAT received a funding map from programs to ensure funding. Majority of sub-awardees are moving forward with hitting targets as expected. CASAT is hitting targets for GPRA. There was a request for figures on Naloxone distribution for accuracy in numbers for CASAT project.

Ms. Berry mentioned AB345 which passed and revises provisions relating to drug paraphernalia. It legalized testing strips such as Fentanyl strips. CASAT is working with SOR at SAMSHA to revise budget and provide additional information for community and law enforcement. SB69 passed and will be effective in 2023 which allows peer recovery support services to become certified. Once there is more news, there will be updates to the group. Certification will still run through the Nevada Certification Board.

For problem gambling, there have been 109 people interested in interning. There are problem gambling updates on courses. There is progress on certification to

become supervisors in problem gambling. CASAT is putting together a flow chart and resources to reduce barriers for people.

CASAT is the prime sub-awardee for the state opioid response dollars. They had around six opportunities for programs to be funded through SOR. For community funding, CASAT oversees 34 sub-awardees. CASAT oversees six million dollars for the no cost extension that goes to the community and ten million for SOR2.

CASAT will support the training for the peer-to-peer bill (SB69) under the Division of Health and Human Services. There is a discussion on peer certification and future processes. Certification is done through the Nevada Certification Board. Certification is not required by Medicaid for peers. Ms. Robards discloses that she is the chair of the Certification Board. Mr. Disselkoen discusses recovery houses as a sober living facility. Sober living is discussed as another support system. There is a discussion on the funding for sober living. SAPTA division criteria will fit sober living. Sober living comparison to transitional housing discussed.

5. Problem Gambling Integration- Mark Disselkoen
Survey discussed and previous ACPG meeting. Survey showed the need to improve upon substance use disorder (SUD) providers to address the need for problem gamblers. There is a need for SUD programs to screen, refer based on need, or provide treatment. SAPTA requested that there be a draft of criteria to be considered during this meeting. This is not a requirement for providers. There are incentives for providers to endorse gambling treatment. This criteria raises the bar and uses a [toolkit](#) similar to co-occurring disorders (COD) programs. The tool brings up the level of proficiency in gambling treatment. Permissions were given from doctor that adapted the tool for its adaption for Nevada. There will be development to modify with experts' inputs for Nevada. [Criteria](#) is gone over. Criteria was given to members. Tool would be used to measure a program that would apply. Toolkit is only given when criteria is met.
Ms. Robards makes a motion to accept the problem gambling tool kit and division criteria. The division criteria will adopt the tool kit starting October 1. Ms. Tillman moves and Mr. Robeck seconds. Motion passes unanimously.
 6. Updated Collaborative Communication Flow Chart- Tracy Palmer/ Dr. Gardner-
Tabled to next meeting, Speakers not available.
 7. Regional BHPB update on bills in legislation- Char & Jessica
Ms. Flood & Ms. Frost gives updates on legislation. SB69 passed and creates peer certification. It also standardizes the institutional review board (IRBs) opt out youth
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data. SB44 updates rural licensing between states. SB56 attempts to establish payment parity for telehealth and died. SB5 expands telehealth but does not include payment parity piece and has a time period. SB70 allows for assisted outpatient treatment. It is a diversion strategy. Clark and Washoe already use this. SB70 opens it up for rural areas. Education development will be next step for mental health crisis holds. There are also youth mental health holds added on as well. There will need to be updates on brochures. SB181 passes and helps with work force development for rural behavioral task force.

Mr. Wood discusses mental health bills that passed out of the Nevada legislature. SB146, SB154, SB156, SB390, AB205, AB327, AB366, AB435, AB374 all pass.

8. Review updated Bylaws for approval

[Bylaws](#) changed to have the reference to the NRS be taken out. Other changes done in prior meetings.

Ms. Robards makes a motion to have bylaws [updated](#). Mark makes motion to change to Division of Public and Behavioral Health and approve. Ester seconds. Motion passes unanimously.

9. Agenda Items for next meeting

Updated Collaborative Communication Flow Chart, suggested to be on next agenda as well as updates on SAPTA.

10. Public Comment

There was no public comment.

11. Adjournment 10:57am