Joe Lombardo

*Governor*

Richard Whitley, MS

*Director*



**Department of**

**Health and Human Services**

Division of Public and Behavioral Health

Substance Abuse Prevention and treatment agency

*Helping people. It’s who we are and what we do.*

**

Lisa Sherych

*Administrator*

Ihsan Azzam,   
Ph.D., M.D.

*Chief Medical Officer*

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**SUBSTANCE ABUSE PREVENTION AND TREATMENT AGENCY ADVISORY BOARD (SAB) BIMONTHLY MEETING**

**DRAFT MINUTES**

**Wednesday, April 12, 2023**

**9:00am – Adjournment**

Meeting held via TEAMS

1. **Roll Call and Announcements**

**Members Present:**

Jolene Dalluhn, Quest Counseling

Jamie Ross, PACT Coalition

David Robeck, Bridge Counseling

Lana Robards, New Frontier

Michelle Berry, Mark Disselkoen, Center for the Application of Substance Abuse Technologies (CASAT)

Community Counseling Center of Las Vegas

Tammie Shemenski, Churchill Community Coalition

Anne-Elizabeth Northan, Join Together Northern Nevada

Peter Ott, Bristlecone

Mari Hutchinson, Step 2

Leo Magrdichian, West Care

Wendy Nelson, Frontier Community Coalition

Ester Quilici, Vitality Unlimited

Jasmine Cooper, Help of Southern Nevada

Jackie Shott, Carson City Community Counseling Center

Gina O’Toole, Ridge House

**SAPTA/State Staff Present:**

Antonia Capparelli; Ben Trevino; Brandy Archuletta; Brianne Van Dyne; Christine Lee; Claudine Boucher; Dawn Yohey; Denys Williams; Elyse Monroy-Marsala; Farsad Kamir; Heather Kuhn; J’Amie Webster; Jeff Marotta; Jennie Bear; Jennifer Tongol; Joseph Turner, DHCSP; Kimberly Garcia; Laura Oslund; Lawanda Jones; Linda Anderson; Lori Follett; Mark Krueger; Michelle Bennet, Clark Co; Michelle Padden, CASAT; Rachel Isherwood; Roxanne Decarlo; Sara Adler; Stephanie Cook; Tracy Palmer; Trey Delap; Lea Case; Michelle Berry; Debra DeCius

1. **Public Comment**
   1. Antonia Capparelli-Twait, HPSI, SAPTA: I currently oversee the strategic Prevention Framework Partnership for Success. Grant. This is the fifth year in the closeout of the grant and the state of Nevada will be applying for the notice of funding opportunity that was provided from Samsa on Monday, April 3rd, 2023. For the states to apply, I would also like to announce that there is a notice of funding opportunity for the strategic Prevention Framework Partnership for success for Communities. Eligibility is for communities, local governments, universities, colleges, tribes and tribal organizations to apply. The notice of funding opportunity number is P-23-004. And applications are due by Monday, June 5th 2023 and to view the details, if you could please go to samhsa.gov and it's under the fiscal year 2023 grand announcements to view all the details.
   2. Jamie Ross, Chair: Please reach out to Antonia. She can get you connected. We believe that there will be multiple Community grant applications being supported. Our or being written. So please reach out to Antonia if you are planning on applying for that so that she can be aware and we can all write appropriate letters of support for one another.
   3. Ester Quilici: Requests a list of Board members, specifically who from SAPTA is a member. Information will be added to the next meeting’s agenda.
2. **Approval of Minutes**
   1. Ester Quilici moves to approve the minutes as published.
   2. David Robeck seconds.
   3. Minutes are approved unanimously.
3. **Chair/ Co-Chair Report** 
   1. Jamie Ross, Chair: Jolene Dalluhn and I have prepared a really brief statement and, I just wanted to bring this to your attention, I think I saw many of you in the open meeting that DPBH put out about agencies that had been previously funded and funding issues and reimbursement issues and wanted to publicly thank the staff from the State who were there for a wonderful discussion. It was a really helpful meeting and wanted to thank them. For folks listening in, if you are having issues with DPBH, this is my incredibly strong recommendation that you follow-up before the situation becomes untenable. And if you are unable to get the information you need from someone within SAPTA, feel free to reach out to Cody Phinney. Cody has given her contact information. She is very excitedly waving at all of us to make sure that we know we can reach out directly to her if we are not able to resolve our issues. If there was an issue that you brought up at that meeting and it has not yet been resolved, please reach out to Shannon and or Cody and or Lisa to follow up directly to ensure that that is being resolved and I will say that some of the partners that I've spoken to and I haven't spoken to nearly everyone who spoke publicly at that meeting, but that the issues are have not been resolved, but they are being worked on. So if you have not heard from anyone within the State, please, please, please reach out and that is my public Co-chairs report. Jolene, I don't know if you had anything to add.
   2. Jolene Dalluhn, Chair: I do, thank you, Madam Chair, I appreciate it. Good morning to everyone. I just wanted to follow up as you remember or may not remember, in February I spoke about some challenges that we were having and I just wanted to note that I think the communication between SAPTA and our staff at least and I've talked to a couple other providers, it has improved. We've received more timely e-mail responses and we've just had more conversation and contact, a couple extra meetings, which has been very beneficial for us. I feel a little bit more supported and we also were paid for the NOFO award that we had been waiting for for 7 1/2 months. We were paid for that in February. So those are all improvements and I really appreciate that I feel like we were heard and that people moved into action and I look forward to even more communication and just working together. So thank you for everybody who has helped to make that happen. And I was really bummed to have missed the town hall. I was out of town, but we had a staff member that was present and I heard it was really, really done well. So thank you.
   3. Jamie Ross, Chair: Any comments or questions from Board Members?
   4. David Robeck, Bridge Counseling: I thought Cody did an amazing job of putting that collection of people together. I don't know if she personally did it or not, but she certainly was in charge of the room and that was refreshing. I will tell you it was refreshing not just for our agency, but for a number of agencies around. I've heard from other people. So kudos to you, I'm giving kudos to the State this year right now anyway. And Jolene, your person was an awesome representative on behalf of Quest. So I just wanted to point that out publicly.
4. **SAPTA Updates** 
   1. Tracy Palmer, Health Program Manager II: Some of the things that I just want to bring forward for the substance use prevention, Recovery and the state opioid response teams. Those are the primary areas that I oversee as the health program manager with the Bureau. I know that we have kind of a full agenda, so I won't go in major detail, but I wanted to let folks know that yes, we're doing that closeout of our general fund sub awards and then of course, we are making sure that we are getting the amounts of numbers out of the general Fund so that those who can get started on your fiscal year 24/7 awards. So I know that we're getting close to the ending and also getting close to the beginning so you should be working with your program staff and if not, then they haven't reached out to them, they should be reaching out to you. So hopefully that is happening, as Toni had already mentioned, so I don't need to go there about this strategic prevention framework announcement that had gone out to both supporting the State but also supporting the community and tribal. In the Treatment area, we are working on our Request for Application. The general fund subawards that folks have it is not being affected by this Request for Application and same thing for anybody who had applied or been part of the partnership for success grant, the Request for Application has not been released yet. We have a big hope that by the end of April that it will be, we will definitely be announcing it across the board on our staff to Listserv and making sure everyone is aware of it.

Ms. Palmer introduces Brandon Beckman, new Health Program Manager I for the Recovery Program. She also states that April 27th is Recovery Day.

Ms. Palmer then mentions the State Opioid Response (SOR) program and the collaboration with CASAT, more details to come.

Next, Ms. Palmer mentions the stakeholder meeting held on April 3rd: To those who attended, thank you and those who didn't get a chance, we definitely still welcome the feedback. I know that you have Cody and Shannon's contacts. You also have mine.

* 1. Jennifer Tongol, Health Program Specialist I, Court & Law, spoke on the National Governor’s Association Deflection and Pre-Arrest Diversion Learning Collaborative:

Nevada's participation in the Learning Collaborative with the National Governor's Association started in December with a Request for Application to the National Governor’s Association.

In December 2022, we wrote a proposal to the National Governor's Association for Nevada to participate in a Learning Collaborative on Strategies to Support the Development of State-Level Deflection and Pre-Arrest Diversion Initiatives. We put together a core team of individuals in the State to build the proposal. Timing was difficult due to the new Governor coming in right when the application was due. However, we were able to obtain Governor Joe Lombardo’s support and travel to Washington, DC with the Nevada team at the end of January 2023. Only 5 states were selected for this national learning collaborative for State-Level Deflection and Pre-Arrest Diversion. The Nevada Core Team consists of Team Leader Administrator Lisa Sherych, Allison Genco from the Governor’s Office, Heather Benson from Lyon County FASTT & MOST team, Laura Yanez with NAMI Western Nevada, and Christine Jones Brady with the Attorney General’s office and I, Jennifer Tongol, with the State of Nevada as the Health Program Specialist overlooking Court and Law Programs. The five states that were chosen were: Pennsylvania, Illinois, Alabama and North Carolina.

The kick-off meeting was essential in starting the 6 month learning collaborative where many similar strategies were shared for the very crucial pieces of deflection and diversion from our justice system.

I wanted to personally thank all the support from Stephanie Cook, Tracy Palmer, Shannon Bennett, Cody Phinney, Administrator Lisa Sherych and Dr. Stephanie Woodard in helping put the core team in place. It was insightful to know that we were all passionate about what we do as we help communities build deflection programs to help Nevadans where they are at. We appreciate all the support from Our Nevada team as was we were the only Western State chosen. I learned that Harm Reduction is a form of Deflection and we are already doing Deflection in Nevada with our Mobile Outreach Safety Team (MOST) teams. Our Summit was also a point of discussion as the Police Treatment And Community Collaborative (PTACC) were the main presenters at the kick-off meeting and facilitated these discussions. Deflection is the proper term that is used for early community Sequential Intercept Model 0 and 1 in community and is pre-arrest diversion that we see in the State now.

In Conclusion to the Kick-off Meeting was the Report Back for Action Planning including:

- Creating an Inventory of agencies doing deflection to expand peer network and seek funding streams.

- Exploring measures to provide minimum data set for MOST outcomes (Jennifer Tongol).

- Piloting the site for Lyon MOST to help identify leadership (Heather Benson).

- Engaging Law Enforcement with the Attorney General’s Office (Christine Jones Brady).

- Creating early intervention buy-in with NAMI NV Excellence in Deflection Award (Laura Yanez).

Ms. Ross asks if Ms. Tongol will continue to give follow-up information/progress reports at future meetings, to which the answer is yes.

Mr. Robeck: I'm trying to understand it's value. It sounds interesting and it's great that Nevada was chosen as one of five states, but I'm not quite sure. I was listening to the names and trying to figure out who I knew. I'm just trying to figure out how that benefits the state?

Ms. Tongol: I just wanted to mention it means of deflection. The state of Nevada is already doing deflection programs in meeting the patients at intercept, one or two or one and zero. And so if anything, it's an upstream approach to making sure that we divert people from actually having to go into the justice system. And so if anything, that is the that is the positivity part of it in means of the outcomes that we're trying to see is to reduce recidivism.

Mr. Robeck: I appreciate that and we're I think everybody on this board is aware that we do diversion or deflection as they're calling it now. So just trying to figure out how we're somehow going to be part of that or if we're just listening to what happened by a state entity.

Elyse Monroy-Marsala: I was just going to say to David's question about what is the purpose of the Policy Academy? I'll just remind folks that the state's opioid policy work started with an NGA Policy Academy that I worked on as well. Did many others on this call when I was in the governor's office. So what these policy academies can do is help the state at a leadership level, take a concerted focus on addressing one specific issue so Senate Bill 459, which expanded access to naloxone and the Good Samaritan law, was a direct output of the NGA Policy Academy. So you know to Ms. Tongol’s point, yes, we are already doing diversion work, but being able to pull leaders together with technical assistance support from other States and the National Governors Association will really help Nevada distill their efforts and target policy and program work. I'm a big advocate and fan of NGA policy academies and I'm really glad that the state and DPH is continuing to participate in them.

Cody Phinney: I wanted to address Dave’s comment: This is the Policy Academy. I've also participated in those related to other topics during my time at Medicaid and the state, the staff that are participating will get an enormous amount of education staff and others about how to implement policy moving forward. And then they will bring that back to the rest of us. Lisa Sherych has taken another position outside of the executive branch and her role will be replaced. So I'm taking over as administrator on the 1st and I expect that it's likely me that we'll be replacing her in that portion of the rule.

1. **Certified Community Behavioral Health Clinics (CCBHC) Funding Update** 
   1. Lori Follett, Social Services Program Specialist III; Joseph Turner, Management Analyst III; Mark Disselkoen, CASAT/UNR presented; their presentation is at this [link](https://dpbh.nv.gov/uploadedFiles/dpbh.nv.gov/content/Programs/ClinicalSAPTA/Meetings/CCBHC%20SAPTA%201-23.pdf).

Ms. Ross: I heard people call “baby” CBCS and I'm curious in that it feels like it was a year ago, which means it was probably pre-pandemic because that's how time works. So how many of those made it to be “big kids” CBHC's (to use terms I'm just making up)?

Ms. Follett: We haven't added any “big kids” CCBHC's or fully funded Medicaid CBHC's in as since I believe 2019 ish. So nothing recently and nothing in the last two years. So all that we've been working with currently in the communities are the SAMSHA funded CBHC and those are grant funded. They are not reimbursable by Medicaid those facilities we've been working with them if they're interested in in working with Medicaid, we'll enroll them in other provider types, but we haven't added any new ones. So we currently have the list that we showed in this slide and that's who we have funded under Medicaid currently.

Mr. Disselkoen: The eight PT 17188s are full service, you know CCBHC and you know some of them are on PC's and we're addressing any service concerns related to them. Just so you're aware of that.

Ms. Ross: Are the CCBHC rules changing? What are the changes?

Ms. Follett: SAMHSA did just roll out new criteria that will take effect July 2024. Our current core team will start meeting in June to go over those changes.

Mr. Turner: There’re going to be changes to some of the crisis requirements and I believe there’re going to be enhancements. There is some guidance coming on that everything that we've received from CMS so far has been more summary level. We haven't really gotten any of the detailed criteria. I think that a lot of it is gonna be addressed. We're waiting for the technical measures to be released around some of those quality measures and some of those quality measures tie to the new required. The newer enhanced requirements around some of the services and they're also backing off on some of the other areas of requirement. I think that we're related to some substance use treatment areas. And then finally, the quality incentive payment methodology, they are changing it. We currently have a state plan amendment pending to change the quality incentive payment calculation as many of the familiar faces on this call will explain to you is that the current methodology, if you for the six required measures that are that feed into the quality incentive payment, if you hit the minimum denominator for any of those and then miss the threshold. Then that whole 8 1/2% chunk goes away and what we've changed in the state plan methodology is to create those all standalone so that there's incentive to work on each measure individually.

Mr. Disselkoen: Yeah, that's really important related to that. I do wanna say that that they asked the current states that were doing CCBHC's to complete a survey and give them feedback so the core team did do that and made a number of recommendations. Really having to do with efficiency of some of the requirements because as you know sometimes SAMSHA could overdo it with you know the level of regulation. And so some of that stuff was definitely taken into consideration. Just one example is I talked earlier about care coordination agreements and getting people to play with you in the sandbox and you know do formal care coordination agreements, and they're not always helpful that there is gonna be some loosening of like the care coordination agreement kinds of things as well as supporting programs like act is there's going to be some level of that in there as well. So but we'll have more on that. We can come back at a later SAB and once we've got to meet together as the core team to go through, it will give you a better answer.

Mr. Turner: There is a legislation currently proposed for another 5%, so this would be on top of the 15% quality incentive payment, but another 5% of a bonus payment for contracting with a education agency. So if you if you have a contract with an education agency that falls within your catchment area, such as the one that Lana just got in place, they would qualify for a 5% bonus on top of that PPS payment. And then one other thing that is really important about CCHCS is that there is no prior authorization required for any of the services delivered. They have a no wrong door approach and anybody can come in regardless of their ability to pay and providers will serve them and really appreciate, you know, all of the work that all of the CHC's do. It's indicated through some of the little kid to big kid transition that many of the providers were just not able to handle that lift of becoming a CCHC because it's very, very intensive.

Mr. Robeck: So I've heard a lot from the state representatives on CCHC and I just wanted to just give you some input. One, the core, the core CCBH core team, there is no representation from CCHCS in that core team. They take back only what they remember from our meetings. So we're not represented in real time at those meetings. So there is that. And then there's also it. I mean it is a bit of a heavy lift. We're excited about what the new rules will be, but I would strongly recommend that if you're interested in becoming a CBHC and have that opportunity to apply to become a CPHC within the state. I think CCHCS are tremendous. They're the best thing that's ever happened in Nevada, quite frankly. And it's in fact, I think it's probably the best thing that's happened to behavioral health because it does provide an integrated approach. However, you need to know the rest of the story and I would recommend that you contact a leader from one of the one of the CCHCS in Nevada just before you go to all the work of doing it and realize, oh, you don't want to do that necessarily. And it looks great on in black and white, but it is a challenge and we have no intention of abandoning it but it does require give and take and I think that we need a better working relationship directly with the state CBHC core team that does not necessarily occur in our meeting. So just making that public since we have representation here, people of interest in since there is an opportunity for other agencies to become CBCS and I strongly encourage it. And if you can do that then absolutely do that because it's a terrific opportunity. So that was kind of a A plus and A minus. So but all the way along it's CBHC's has better than not. Thanks.

Ms. Robards: I'm sure I'm no different than any, you know, any other provider out there? We've tried for years to get involved in the school where strong partners with our Community coalition that has always made a strong effort to get into the schools on the prevention side to be able to. My belief is that we need to get the kids before there's issues before they're adjudicated instead of after when we have them as a captive audience. So that's always been something that we've been marching toward. We've been very lucky at being offered rooms in the high school to provide treatment so that the students don't have

to leave school have their parent bring them over to the treatment center. Lose all of that time. This way they just come out of class, meet with their counselor, and then go back to their classes. So it was a win win for everybody. And honestly, we're hoping that between the Coalition and New Frontier, we're gonna make a really strong presence in all of our schools. So that's where we are right now. We also do bring some prevention programs in under a grant that we had received through some of the extra funds that we had the ability to apply for in Nevada and with those we're bringing programs like vaping, teaching them not to vape. We’re bringing some other programs in different classes so it's a combination of all of the above.

1. **State Opioid Response (SOR) Sub Awardee/CASAT Budget Breakdown**
   1. Michelle Berry, CASAT, presented; her presentation is at this [link](https://dpbh.nv.gov/uploadedFiles/dpbh.nv.gov/content/Programs/ClinicalSAPTA/Meetings/CASAT_SAB_Presentation_overview4.12.23_CR.pdf). She adds that the subawardees are tasked with a lot and collect a lot of specific information and data. NV is recognized for these submissions.

Ms. Ross asks for clarification of funding amount, it is 13 million a year, which goes out to the community.

Ms. Quilici asks for clarification on what GPRA stands for, Government Performance Reporting Act. Each client receiving services must complete and info is collected by SPARS. Ms. Quilici believes this is a great way to show how effective providers services are.

Ms. Quilici: Re: SORIII, is there a roll out date for RFP?

Ms. Berry: there will be once SAPTA approves of the NOFO.

Mr. Magrdichian: Were there any changes to SORIII.

Ms. Berry: yes, focusing on primary prevention services.

1. **Topics for Next Meeting** –
   1. Copy of by-laws and members of board.
2. **Public Comment** – *For Information Only*
3. **Next Meeting** is June 14, 2023, 9:00am
4. **Adjournment**