
SUBSTANCE ABUSE PREVENTION AND TREATMENT AGENCY ADVISORY BOARD BIMONTHLY MEETING

DRAFT MINUTES

DATE: December 9, 2020 TIME: 9 a.m. to Adjournment

This meeting is being held in compliance with Declaration of Emergency Directive 006 as extended by Emergency Directive 021.

Meeting link:

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1. Roll Call and Announcements

Members Present: David Robeck, Bridge Counseling, and Lana Robards, New Frontier, Co-Chairs; Mary Beth Chamberlain, Churchill Community Coalition; Dani Tillman, Ridge House; Jamie Ross, PACT Coalition; Jasmine Troop, HELP of Southern Nevada; Jolene Dalluhn, Quest Counseling; Jennifer DeLett-Snyder, Join Together Norther Nevada; Leo Magridician, WestCare; Mari Hutchinson, Step 2; Michelle Berry, Center for the Application of Substance Abuse Technologies (CASAT); Wendy Nelson, Frontier Community Coalition; Patrick Bozarth, Community Counseling Center of Southern Nevada

Member Absent: Bristlecone Family Resources

Mr. Robeck determined a quorum was present.

Staff and Guests Present: Brook Adie, Tracy Palmer, Bill Kirby, Kim Garcia, Kim Riggs, J'Amie Webster-Frederick, Ben Trevino, Sheila Gustavson, Joan Waldock, Division of Public and Behavioral Health (DPBH); Roxanne DeCarlo, The Empowerment Center; Elyse Monroy, Shawn Thomas, Miranda Branson, Overdose Data to Action, OpenBeds; Linda Lang; Sean O'Donnell, Foundation for Recovery; Sheila Lambert, Department of Health and Human Services; Kendall Holcomb, The Resilience Project; Robert Wilkes, Sheri Haggerty, Office of Information Technology, DPBH; Cyndy Gustafson; Mark Disselkoen, CASAT; Sydney Banks, Nevada Psychiatric Association; Joseph Turner, Division of Health Care Financing and Policy (DHCFFP)

2. Public Comment

There was no public comment.

3. Approval of Minutes from the Bimonthly Meeting on August 12, 2020

Ms. DeLett-Snyder moved to approve the minutes. Ms. Robards seconded the motion. The motion passed without abstention or opposition.

4. Standing Informational Items:

- Co-Chair's Report

The co-chairs expressed their support for the work members continue to do. Mr. Robeck explained Certified Community Behavioral Health Clinics (CCBHCs) receive enhanced reimbursement for outpatient Medicaid clients, but need grants, contracts, self-pay, and insurance to cover other clients. They do not refuse service to anyone, but cannot reach out to people who are unable to pay. They are not paid for every service they provide.

Mr. Disselkoen reviewed that CCBHCs offer 24/7 mobile crisis services; screening, assessment, diagnosis; person-centered treatment; outpatient behavioral health services for substance use, co-occurring disorder services, and mental health; outpatient primary care screening and monitoring; targeted case management; peer support and family support services; and community-based outpatient behavioral health services for individuals in the armed forces. In addition, each CCBHC has an assertive community treatment (ACT) team for individuals who meet criteria for a serious mental illness (SMI) diagnosis.

- Substance Abuse Prevention and Treatment Agency (SAPTA) Updates

Ms. Adie shared [a list of agencies](#) funded by the Mental Health Block Grant, Substance Abuse Block Grant, and State Opioid Response (SOR).

- WITS Update – Sheri Haggerty/Robert Wise

Ms. Haggerty said treatment providers previously funded were onboarded and are submitting to the WITS central data repository. New awardees are being onboarded. Ms. Adie added all funded providers use WITS to submit their Treatment Episode Data Set (TEDS). Previously funded agencies no longer receiving funds must continue submitting TEDS as a certification requirement. Once all Substance Abuse Prevention and Treatment Agency (SAPTA)-certified providers are submitting TEDS, the data will be provided to the Substance Abuse and Mental Health Services Administration (SAMHSA). The Division is working with the data analytics to create a behavioral health dashboard to share the information. Ms. Chamberlain asked if providers and the coalitions will have access to information on the dashboard. Ms. Adie said the dashboard will be available to the public.

- OpenBeds Update – Elyse Monroy

Ms. Monroy said her program oversees the Centers for Disease Control and Prevention (CDC) for the Opioid Prevention, Intervention, and Managed

Care Initiative for Nevada. OpenBeds successfully launched on August 13. A public-facing portal is available at treatmentconnection.com. Since September 30, 16 people have logged onto the site; 1 treatment inquiry was sent via OpenBeds. In November, a governance and policy committee will meet to establish network standards and guidelines. A user group will be formed to make the OpenBeds team available regularly to answer questions or to deal with issues or concerns. They can be reached at ecmonroy@unr.edu or mirandabranson@unr.edu.

Ms. Adie clarified the Division will use OpenBeds to monitor waitlist and capacity. Funded providers must update their information daily as required by funding. The Division will determine whether an additional tool is necessary to provide information about interim services being provided or levels of care needed for people on the waitlist.

- The Resilience Project Update

Ms. Holcomb said the website is nevadaresilienceproject.com. She can be contacted at kholcomb@health.nv.gov. She gave updates on activities and reported they increased staff size in Clark County and in rural communities.

- Evidence-Based Practices Update

This item was omitted.

- Center for the Application of Substance Abuse Technologies (CASAT) Report

Ms. Berry reported they are closing out SOR 1.0. An opioid awareness campaign is being promoted at behavioralhealthnv.org. A toolkit for referring pregnant women with substance use disorder for treatment is available at nvopioidresponse.org. The regional behavioral health policy boards and CASAT will provide information about SOR-related initiatives. A no-cost extension request for SOR 1.0 for organizations that did not complete their projects, draw down completely, or did not meet all deliverables because of COVID was approved by SAMHSA. She stated a notice of funding opportunity (NOFO) was released for SOR 2.0 which will allow treatment services for individuals with opioid use disorder or stimulant use disorder. An informational webinar will be held October 19. The question-and-answer period is currently open.

Training for detoxification technicians continues. There is proposed legislation regarding peer certification that CASAT is following. A 30-hour problem gambling course is being developed for individuals interested in becoming problem gambling interns. Psychological first aid training for the crisis counseling program is being coordinated by CASAT.

Mr. Disselkoen will provide a 42 Code of Federal Regulations (CFR) Part 2 training on November 19 and December 10. Jeanyne Ward can be contacted at jward@casat.org for more information. Some transitional housing agencies are SAPTA-certified, but some need to be licensed by Health Care Quality and Compliance (HCQC). Licensing is required for housing individuals being released

from state or federal incarceration. He suggested people with questions about whether they need to be licensed with HCQC contact mpadden@casat.org or mdisselkoen@casat.org for clarification. Medicaid is working on the 1915i tenancy housing waiver. These services are case management where tenancy support services would help an individual establish stable housing. It focuses on individuals who are homeless. These programs will be SAPTA-certified. In December, they will conduct a virtual training on becoming certified as a tenancy housing service. He encouraged providers to utilize the services of the state's CCBHCs.

Mr. Robeck asked CASAT to define transitional housing. Mr. Disselkoen said Division criteria states transitional housing is for individuals who are in some level of outpatient treatment and have unstable living situations. He explained that living arrangements for a large number of individuals requires HCQC abuse of alcohol or drugs licensing because of health and safety concerns.

Ms. Berry clarified that SOR funding helps pay the salaries of the regional behavioral health policy board coordinators.

5. Discussion with the Bureau of Behavioral Health Wellness and Prevention (BBHWP) Regarding How Funding Decisions Are Made

Ms. Lambert explained the process the Division went through to make funding decisions. The Division complied with all state and federal policies and procedures so it will not lose dollars at the next review. The Division is required by 45 CFR to have an open and competitive process that determines what needs to be submitted and what needs to be collected.

The application process included master service agreements for which the Division has done an open and competitive process; vendors for things that are not specifically service-related; and sole source if an open and competitive process was not indicated. Leadership focuses on the NOFO, requests for proposals (RFPs), requests for applications (RFAs), and requests for information (RFIs) because they want the community impact.

The project scope, priorities, and what can and cannot be done with the funding is determined at the federal level. Nevada developed strategic plans and initiatives to identify how they would use funding as required by 45 CFR. The first priority is non-reimbursable services. This year, those were residential treatment and transitional housing. The 1915i waiver allowed Nevada to establish CCBHCs. The State is under corrective action to comply with all data collection measures. Applications that demonstrated the ability to ensure compliance were rated higher in the decision process.

Twelve people evaluated proposals based on the NOFO and scope of work. Scoring was defined in the proposal. Risk assessments evaluated whether an agency submitted timely reports in the past. A technical review determined whether an applicant satisfied submittal requirements. Applications that passed the technical

review went to the evaluation committee. Evaluators included subject matter experts and individuals who provided outside perspectives and additional clarifying criteria. No contact was allowed between evaluators; each evaluation was done separately. The evaluation score was an average of the evaluators' scores. A committee discussed risk, staff credentials, whether the application showed it did not supplant funds, and whether it showed it was not an attempt to capture care already being provided. There was an interview process if there were questions or concerns. Everyone who applied but was not funded will be considered for funding as applications were reviewed for potential programming or targeting a competitive application with different criteria in the future. The federal government does not know what Nevada needs; the focus was on federal grant funding specifications.

Ms. Dalluhn asked how they determined if a conflict of interest existed with evaluators. Ms. Lambert said each evaluator disclosed conflicts. If there was an appearance of impropriety, the individual did not evaluate an application. She asked that concerns about possible conflicts be sent to slambert@dhhs.nv.gov.

The process should have increased transparency and removed questions or concerns. The Division will report who was awarded funding, who was able to spend the dollars, and who was not. There are no carryover dollars.

They were at least three reviewers for each application. Disparities in scores were investigated. If more money becomes available, all applications will be considered as the goal is to provide the maximum number of services and programming and to ensure no money is returned to Washington, D.C.

Ms. Dalluhn said SAPTA's structure for how programs are monitored for the funding they receive and how it is spent has changed. She asked who monitors that the protocols, clinical measures, and data requirements are met. Ms. Lambert said fiscal staff and grant analysts monitor different areas. Quality assurance staff review the data and information for all programs. Laura Gleason and the contracts unit review whether dollars and activities are compliant with the federal allocation and if the required information is included with requests for reimbursements. The Division uses a four-level system of authorization and approval. They report to the government program officer weekly or monthly. Ms. Adie added that J'Amie Frederick-Webster oversees the Substance Abuse Block Grant for treatment; Kim Garcia is currently handling the General Funds programs; and Aundrea Ogushi oversees the Women's Services programs.

Mr. Robeck commented that detailed research about CCBHCs was done that went beyond the grant application. The information was used to make funding decisions. He said that meant CCBHCs were not on the same playing field. He felt the information the team received was not accurate. Ms. Lambert clarified they did research required by the Office of the Inspector General to determine if an agency was in good standing. Every applicant was subject to full review and research as well as a detailed analysis of what additional funding they have.

Mr. Robeck noted that two agencies awarded funding for treatment under the mental health block grant do not provide treatment. He asked about the funding for Crisis Support Services of Nevada and National Alliance on Mental Illness (NAMI) of Western Nevada. Ms. Lambert said she used the wrong term—they provide community-based services. They worked with Crisis Support Services to determine the percentage of people they work with are in the target population. She explained that NAMI’s warmline provides resources and access to all the community service partners and was only funded for individuals who meet the criteria of the funding.

Ms. Adie offered to have Mr. Turner discuss prospective payment system (PPS) rates. Mr. Robeck suggested they do that in a meeting for the CCBHCs as the information is not pertinent to all members.

6. Review of Current Board Membership and Possible Appointment of Nomination Subcommittee to Replace Member(s)

Mr. Robeck noted he was acting under item 6.3.1 of the Board bylaws. He pointed out that under item 9.3 of the bylaws, it is required that anything presented to the Board must be presented 14 days prior to the meeting. He said this item was not presented 14 days in advance. He would allow discussion, but no action on this item.

Ms. Adie asked if a nominating subcommittee could review membership in order to provide opportunities for individuals new to funding to participate on the Board. The bylaws state that membership is for individuals who are SAPTA-funded. They need to discuss membership, Board makeup, and representation.

Mr. Robeck said at the last meeting the Board determined that agencies receiving indirect funding from SAPTA would qualify for membership, covering HELP of Southern Nevada, Quest, and Bridge Counseling Associates. He stated it was premature to form a nominating committee when members cannot be removed since the agenda item was not properly submitted. He said he would submit a request to discuss an amendment of the bylaws to identify who can be on the Board.

7. Discuss Agenda Items for December Meeting

- Discussion and possible amendment of the bylaws relating to Board membership
- Review of Current Board Membership and Possible Appointment of Nomination Subcommittee to Replace Member(s)
- Evidence-Based Practices Update
- Update from Prevention Coalitions

8. Public Comment

There was no public comment.

9. Adjournment

The meeting was adjourned at 10:26 a.m.
