



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

DATE: August 12, 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.

Zoom Link

<https://us02web.zoom.us/j/7756845906?pwd=bmJkRDYxa2NRWWdoS2JkMFo2emZ4QT09>

Telephone in information: Number to dial: (669)900-6833 Meeting ID: 7756845906

Meeting Password: 41264150

1. Roll Call and Announcements

The meeting was called to order at 9:02 a.m. Ms. Robards determined a quorum was present.

Members Present: Lana Robards, New Frontier, David Robeck, Bridge Counseling, Co-Chairs; MaryBeth Chamberlain, Churchill Community Coalition; Dani Tillman, Ridge House; Ester Quilici, Vitality Unlimited; Jamie Ross, PACT Coalition; Jasmine Troop, HELP of Southern Nevada; Jolene Dalluhn, Quest Counseling; Jennifer DeLett-Snyder, Join Together Northern Nevada; Leo Magridician, West Care; Mari Hutchinson, Step 2; Michelle Berry, Center for the Application of Substance Abuse Technologies (CASAT); Wendy Nelsen, Frontier Community Coalition

Members Absent: Community Counseling Center, Bristlecone

Staff and Guests Present: Brook Adie, Dawn Yohey, Joan Waldock, Division of Public and Behavioral Health (DPBH); Kendall Holcomb; Elyse Monroy; Miranda Branson; Cindy Gustafson, Strategic Progress

2. Public Comment

There was no public comment.

3. Approval of Minutes from the Bimonthly Meeting on June 10, 2020

Ms. Quilici moved to approve the minutes from the June 10 meeting. Mr. Magridician seconded the motion. The motion passed without abstention or opposition.

4. Standing Informational Items:

- Co-Chair's Report

Ms. Robards commended providers for navigating the COVID-19 pandemic.

- Substance Abuse Prevention and Treatment Agency (SAPTA) Updates

- Behavioral Health Coordinator in the Nevada Department of Education

Ms. Adie announced the Board of Examiners approved a contract to fund a behavioral health coordinator at Nevada Department of Education (DOE) through a partnership with the Division of Child and Family Services (DCFS). Using the Nevada System of Care and general funds, DCFS and the Department of Health and Human Services (DHHS) will fund the coordinator of behavioral health and substance abuse prevention activities. The coordinator will help Nevada DOE, DHHS, and other agencies improve the wellness of Nevada's youth through school-based initiatives focused on the DOE's implementation of the Multi-tiered System of Support, researching funding opportunities, and attending monthly meetings of the Multitiered System of Support state leadership team. The DHHS funding is for one year. Ms. DeLett-Snyder noted the work overlaps with what the coalitions do. Ms. Adie said the coordinator will work closely with the coalitions to provide access to schools.

- Open Beds

Ms. Adie said Open Beds, capturing waitlist and capacity, will go live in August. A module will be built for hospitals to complete plans of care for women who give birth to infants who need additional resources under the Comprehensive Addiction and Recovery Act (CARA).

- Nevada Resilience Project (NRP)

Ms. Holcomb, public information officer for NRP, reported the program is funded by a Federal Emergency Management Agency (FEMA) grant. It will deploy 35 crisis counselors to help support Nevadans affected by COVID-19. The program will use a population health approach to help people develop healthy coping mechanisms, manage stressors, and build resiliency. Ambassadors will work with providers to ensure residents receive needed resources. In phase one, counselors have been hired to work with providers. Phase two, the regular services program, will last nine months. Crisis counselors, who are not licensed counselors, will use Psychological First Aid to help people reduce stress. She explained ambassadors will be sent where providers find they are needed. Ms. Yohey said DPBH will connect ambassadors with the certified community behavioral health clinics (CCBHCs) since the crisis counselors will have only three to four contacts with an individual. Counselors will be housed at the health districts, Carson Health and Human Services, Boys and Girls Club of Truckee Meadows, Washoe County Human Services Agency, Southern Nevada Health District, and Southern Nevada Boys and Girls Clubs. Most of their appointments will be virtual. Ms. Holcomb said there are media, billboard, and social media campaigns advertising the program.

Mr. Robeck said he had not heard of this at CCBHC meetings. Ms. Holcomb said the ambassadors will cut through red tape and make sure residents

are connected to the resources they need. Mr. Robeck pointed out that CCBHCs know how to get people to the correct services. Ms. Holcomb said the program provides a single point of contact for people who have questions or need mental health assistance because of COVID. Resources include mental health assistance, substance abuse aid, and answers to questions about employment and childcare. Ms. Yohey said this was one more way to navigate care and support for our communities. Ms. Robards asked if the CCBHCs would be contacted about additional services they offer. Ms. Yohey said they would discuss this at the next CCBHC meeting. Ms. Adie added the grant focuses on early triage, intervention, and referral to reduce the risk of mental health disorders for those impacted by COVID. Ms. Nelsen said her coalition houses two bilingual ambassadors who will work in Elko, Lyon, Lander, Pershing, and Humboldt Counties.

- OpenBeds

Ms. Monroy reported the OpenBeds validation exercise was completed August 11. Standards and guidelines for network participation have been sent to providers and DPBH. The soft launch will be on August 13, but there will not be a public announcement for two weeks. Fifty agencies are involved in receiving and sending information through the network. Agencies receiving information include: SAPTA-funded treatment providers, inpatient psychiatric facilities, rural clinics, Northern Nevada Adult Mental Health Services, and Southern Nevada Adult Mental Health Services. They will ensure mobile crisis teams can be deployed through OpenBeds to support Crisis Now. They are finalizing connection to the Medicaid managed care organizations (MCOs). For sixty days, she and Ms. Branson will monitor the network for quality assurance.

5. Discussion and Possible Appointment of Nomination Subcommittee to Replace HELP of Southern Nevada as Board Member *** This agenda item was taken out of order.***

Ms. Troop pointed out that HELP of Southern Nevada no longer receives SAPTA treatment dollars and asked if she could still serve on the Board. Mr. Robeck said agencies receiving any SAPTA funding can sit on the Board. Ms. Adie clarified that HELP receives funding through Projects for Assistance in Transition from Homelessness and Cooperative Agreements to Benefit Homeless Individuals grants administered by DPBH. Ms. Troop will continue to serve. No action was taken.

- Adjustments to the Evidence-Based Practice (EPB) Workgroup

Ms. Palmer introduced Cindy Gustafson of Strategic Progress as part of a new evidence-based practices evaluation team. Strategic Progress is working with the prevention team on the Strategic Prevention Framework - Partnership for Success (PFS) grant. The Evidence-Based Practices

Workgroup is being restructured. It will examine how evidence-based practice waivers are evaluated for the prevention coalitions and will work with the coalitions to align programs with SAPTA's grant application to the Substance Abuse and Mental Health Services Administration (SAMHSA). Programs must align with grant assurances and terms and conditions. Coalitions can still collaborate. This allows the state look at the programs, ensuring the state provides feedback to the coalitions in an appropriate manner. The purpose is to avoid denial of waivers or issues that need to be addressed. The evaluation team will establish a structure to align the goals of the grant with the work being done.

Ms. DeLett-Snyder felt it was heavy-handed to restructure this without involving the coalitions. She did not think they should have been left out of the process that has been turned over to a contractor. Coalitions already align their work with the grants. Ms. Palmer said the Partnership for Success grant requires Nevada to oversee the State Epidemiological Workgroup (SEW) and the Evidence-Based Practices evaluation team. This change is providing procedures for how it should be looked at when administering to the community. The federal grant project officer asked the state to ensure it aligns what it agreed to do in its grant application with what SAMHSA requires. Evidence-based practices add validity to programs in the PFS grant. In the future, it will be part of the block grant and general fund. When an existing program submits a waiver, the evaluation team will determine if the submitted program is doing what it should do within the community.

Ms. DeLett-Snyder pointed out that when new staff and contractors come in, everything changes. This makes it seem as if the coalitions will not be able to do the same type of programs they have done in the past, whether they are evidence-based or not. It may also impact their subgrantees. She added the state does not know what goes on in communities and what makes an impact. She asked that DPBH work with the coalitions before making such changes. Ms. Palmer said they have been working with the coalitions to remove barriers. Ms. Ross said she is in the Evidence-Based Practice Workgroup and co-chairs the Multidisciplinary Prevention Advisory Committee (MPAC). She reminded Ms. Palmer of the "three-legged stool" concept involving the MPAC, Evidence-Based Workgroup, and SEW along with what the SAPTA Advisory Board does. She asked Ms. Palmer to explain what restructuring will look like and what has changed.

Ms. Palmer said this did not change the SEW or MPAC, which require structure. The Evidence-Based Practice Workgroup is not a board or a committee; it is a group of people who meet. At the end of each year, grants require states to deliver annual reports that include what and how evidence-based practice programs are being used and what the outcomes are from

each evidence-based practice program. The state looks at the prevention coalition subawards and what we told SAMHSA would be done and then evaluates progress. For PFS, we need to show SAMHSA the funds are being subawarded are making a positive impact in communities. The new vendor is analyzing the report to see if there has been progress.

Ms. Adie suggested having a more in-depth meeting with the coalitions and Strategic Progress to talk about the makeup of the group. Today, DPBH has introduced Strategic Progress and identified their role in the Evidence-Based Practice Workgroup. She recognized the value of the coalitions and their programs in their communities. The partnership will continue with these groups and the scopes of work. Coalition input is valuable on the Evidence-Based Practice Workgroup as coalitions share what they are doing and identify successes. Strategic Progress will be involved in this process as a requirement of the grant.

Mr. Robeck said this is important to prevention providers because they do the prevention work. Ms. Ross asked what the restructuring would look like for the five-year PFS grant, noting today was the first time the Evidence-Based Practices Workgroup heard of this. Ms. Palmer said she brought this up to inform the SAPTA Advisory Board they are examining what was submitted to SAMHSA last year and the impact that has been made. Strategic Progress was introduced at the bimonthly coalition meetings. The EBP Workgroup was discussed, but not the structure. Ms. Gustafson has been reviewing waivers. Sara Bacon is working on the structure. Ms. Gustafson and her team are working on PFS grant oversight program analysis—analyzing what was submitted and determining how to move it to where the state needs to go. They are looking at subawards to ensure the outcome. When something is done in the community, there needs to be a way to measure it to know if it is making a positive impact. They are doing a factual analysis for PFS prevention subawards now. Ms. Ross requested that the chairs of other related committees meet to discuss what restructuring would look like.

- Notice of Intent to Award Subgrant Agreements

Ms. Adie said notification was sent regarding the notice of funding opportunity (NOFO) for the Substance Abuse Block Grant (SABG). The notice is only for SABG funding. The intent to fund announcement for State Opioid Response (SOR) funding will come out at the end of August. A notice of intent to award does not constitute a contract, agreement, or obligation to fund. The Division will work with the selected providers to negotiate the final terms of the subgrants and work on the budget.

- Center for the Application of Substance Abuse Technologies (CASAT) Report
Ms. Berry noted CASAT is holding a clinical supervision series September 23 through November 4. Registration is open at <https://training.casat.org/products>. A recent SOR audit from SAMHSA looked at the award from 2018 to current. The project officer told them the program is on target. They are waiting for the formal report and debrief. Auditors enjoyed hearing how this contributed to the state and seeing the movement of the project.

An opioid awareness media campaign tied to the behavioralhealth.nv.org website will start in August. The campaign will promote access and connect individuals to treatment services. All organizations receiving SAPTA funding and/or are certified by SAPTA are listed with information about levels of service, types of services offered, and whether the agency provides services to Medicaid-eligible individuals. Updates are being made to add content about naloxone distribution sites to the nvopioidresponse.org website that holds information for SOR. The website will include information for the general public. A no-cost extension was submitted for the SOR award. Additional materials were requested for SOR 2.0 which will start in September, but they have not yet received a notice of award.

They are reviewing centralized registries for opioid treatment providers being used by other states and are talking to opioid treatment providers about what would work best. They have identified additional options for how opioid treatment providers are being reimbursed for services through Medicaid. They will set up a sustainable reimbursement training for medication-assisted treatment (MAT) services. The training will be open to opioid treatment providers or other providers who are looking into expanding MAT services.

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

Ms. Adie reported the competitive process for selecting providers has changed. *Nevada Revised Statutes* (NRS) and Nevada Administrative Code (NAC) require following a procurement process and the regulations in the State Administrative Manual to select providers. Per Code of Federal Regulations (CFR) 200.332, Nevada must provide subawards based on fixed amounts and follow federal guidelines for procurement and engagement to ensure compliance with all funds, which might result in mixed funding. Any dollar that touches federal money must be compliant with federal standards. The Division publishes a request for proposed notice of funding opportunity with an open competitive selection for a set period of time for services. Selections are made from the list of programs that applied. Once the Division receives applications, they are reviewed and scored. Scoring determines the next step of the process, either a formal interview with providers or a request for additional information. A request for information may not lead to funding or notice of funding. If only two individuals submit interest letters meet the requirements, Nevada may move ahead or

they may choose to receive many responses to develop a request for qualifications or notice of funding opportunity and prescribe a specific program based on the information received. The Division put out the notice of funding opportunities and received applications. The applications were scored. The Division identified providers they intend to fund. The selection is ongoing; it is not final. The Division is in the process of selecting providers, so she could not give specific information. Questions regarding an agency's application can be sent to Sheila Lambert at slambert@dhhs.nv.gov.

Ms. Dalluhn asked if the review panel was the same throughout the year. Ms. Adie explained there was a review panel to score the applications per notice of funding opportunity. Once the Division determines who they will fund and funds them, they will be funded for the two-year cycle. When contracts are finalized—based on performance and spending—there may be an opportunity to fund for an additional year without another application. Ms. Dalluhn clarified she wanted to know if the review committee was the same for the entire year for all grants. Ms. Adie said some review for all grants while other are brought in because of areas of specialty. Mr. Robeck said he understood agencies would not be allowed to know what their scores were. He was concerned that agencies did not know what the scoring metrics were. In reviewing the grants awarded, it appeared outpatient services in southern Nevada were reduced, rather than expanded. This Board's bylaws include increasing the availability of outpatient services, increasing the number of adolescents receiving treatment, and reducing the incidence of criminal involvement including recidivism. Evaluating what the responses were or what the letters of intent were, it is troubling to see reduced providers and provider availability in southern Nevada, especially in the court system where additional contracts are needed to use SAPTA funds. The process is still open because there may be more funds, but the letter from Ms. Lambert said if the funding proposed in the letters of intent goes forward, it is likely there will not be more funding. He expressed concern about the NOFO proposal. He had never seen a notice of funding announcement (NOFA)—even for federal grants—with 85 questions. The SAPTA NOFO was so unclear there were 85 questions to be answered. He and his peers agreed that even with the answers, things were not clear. He worries about the state. He worries about funding and the block grants the federal government awards. Ms. Adie spoke about following their rules in evaluating grants. She said that for the end users, they need to make sure services are being provided. It was pointed out that Nevada community sizes are not shrinking; but growing. Rather than shrinking the availability of services, Nevada should be broadening services. Ms. Dalluhn stated that Quest was not funded. She found there were inadequacies with the application and there were problems with the questions and answers. Quest submitted everything on time, including their questions. When the questions and answers were put out, none of Quest's questions were included, so she had to email Ms. Lambert again. She has never seen a grant with so many questions and answers

and a second question-and-answer period. In addition, deadlines were changed. She wondered why they were changed. Quest had four grants applications due within four weeks of each other and planned accordingly. New information came out after they had already applied. Mr. Robeck asked Ms. Dalluhn to document her concerns and send them to Ms. Adie. He and others felt the process was not transparent. It was confusing at the time, which could lead people—including federal auditors—to wonder whether decisions were made prior to accepting the grants. Federal auditors ask questions about transparency and whether agencies have good working relationships with the state. Provider comments reflect their frustration with the process. Ms. Lambert sent a letter stating she would provide a written debriefing and a follow up to discuss it to those not receiving funding. There is no chance for appeal, questions, determining how they were graded, or finding out what caused them not to be funded. The state and agencies depend on funding. Bridge has 15 Spanish-speaking clinicians and cannot provide their services for undocumented individuals any longer because there is no other funding source and they are not required to provide bilingual clinicians under CCBHC guidelines. Those clients could still drive while drunk or behave poorly in their households, and Bridge cannot necessarily help them.

Ms. Ross asked if scoring was weighted to ensure all areas of the state were adequately covered. She noticed transitional living for pregnant women was funded only in Pahrump. Pahrump has population of 36,000, which is about 01.5 percent of the population of Nevada; Washoe and Clark Counties make up about 90 percent of the population. It does not seem as if the funding determination was based on ensuring all residents are adequately provided for. She asked if any weight was put on making sure population bases were covered. Ms. Adie could not answer because she did not want to jeopardize the process by providing additional information. Questions should be sent to Ms. Lambert.

Ms. Ross asked if applicants could receive their scores and scoring sheets on what they did or did not do well. With SAMHSA grants PACT has applied for, they have received such information. When PACT funds another agency, they are required to provide the information if it is requested. Ms. Adie will check with Ms. Lambert. Mr. Robeck said some of the information he and Ms. Ross provided is not relevant to Ms. Lambert as she only evaluated the grant applications. This has to do with DPBH and whether they want to ensure services are available, not decreased. Nevada is already number 51 in the United States for behavioral health services. Decreasing services will make it take longer to get above number 51. Ms. Adie suggested they discuss this at the next Board meeting.

Ms. Hutchinson said Step 2 lost women's set-aside funding two years ago. They were given an opportunity to meet with DPBH to discuss deficiencies in their grant request, which she and her executive board did. They received tangible information so they were able to address what had identified as deficiencies in their previous proposal.

7. Review and Possible Approval of SAPTA Advisory Board Bylaws

This item will be discussed at the next meeting.

8. Public Comment

Mr. Robeck stated Nevada is still in a major crisis. Directives have come from the Governor Steve Sisolak, the City of Las Vegas, and Clark County. The Governor has provided stipulations that allow some people with medical or mental health issues to not wear masks. Some of his clients and staff cannot wear masks and it is a Health Insurance Portability and Accountability Act (HIPAA) violation to ask them if it is due to a medical condition. He expressed his appreciation that providers continue to provide services and meet. His agency plans to reopen in September. He expressed concern about the suicide rate and that child abuse is not being reported because schools are closed. There are overdoses not being reported, and there are people who are waiting for things to open and will then overdose. The last document cycle for the state showed there were 1,400 suicide and opiate overdose deaths. That is well above the death rate from COVID. He worries about how to help people with behavioral health issues. Much information is being missed; the numbers will go up substantially when agencies reopen and report good counts. Referrals from the Division of Child and Family Services are increasing. Children are being abused. It is difficult for families to get along for long periods of time; with schools closed, that is a challenge. An even bigger challenge is teachers or school administrators cannot see the children and their bruises and know what they are going through. He looks forward to reopening the community; if it does not reopen, clinicians will need to find other ways to identify who is in need. Ms. Robards said she has some of the same concerns. Agencies need to keep staff and clients as safe as possible. Senate Bill 4 at the last special legislative session was passed to extend limited COVID-19 liability coverage for businesses. She had been concerned about her residential unit because COVID seems to run through facilities quickly. Should COVID infect her residential unit, everyone will go into lockdown.

9. Adjournment

The meeting was adjourned at 10:55 a.m.