

SUBSTANCE ABUSE PREVENTION AND TREATMENT AGENCY (SAPTA)
ADVISORY BOARD
MEETING MINUTES
August 10, 2011

BOARD MEMBERS PRESENT

Reno Site

Kevin Quint (Chairperson)	Join Together Northern Nevada
Michelle Berry (Proxy – Nancy Roget)	University of Nevada, Reno – CASAT
Diaz Dixon	Step 2
Tammra Pearce	Bristlecone Family Resources
Ed Samson	Frontier Community Coalition
Michele Watkins	Central Lyon Youth Connections

Las Vegas Site

Candice Kidd (Proxy – Maurice Lee)	WestCare, Inc.
Ray Velardo (Proxy – Ronald Lawrence)	Community Counseling Center
Olga Mendoza	Luz Community Development Coalition
Frank Parenti	Bridge Counseling Associates
Julie Payne	Nevada Treatment Center

BOARD MEMBERS ABSENT

Lana Henderson	New Frontier Treatment Center
Eric Skansgaard	Mental Health and Developmental Services, Rural Services
Dorothy North	Vitality Unlimited
Debra Reed	Las Vegas Indian Center

STATE OF NEVADA STAFF

Reno Site

Dr. Harold Cook	Administrator, MHDS
Deborah McBride	Agency Director, SAPTA
Chuck Bailey	Health Program Specialist II, SAPTA
Charlene Herst	Health Program Manager, SAPTA
Meg Matta	Administrative Assistant III, SAPTA
Layne Wilhelm	Health Program Specialist II, SAPTA

Las Vegas Site

Steve McLaughlin	Health Program Specialist I, SAPTA
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PUBLIC

Freida Carbery	CSAP Fellow
Alissa Nourse	Tahoe Youth & Family Services
Caralyn Zarling	Nevada Treatment Center

The Substance Abuse Prevention and Treatment Agency Advisory Board (SAB) held a public video-conferenced meeting at the Truckee Meadows Community College – High Tech Center – Redfield Campus, in Reno, Nevada and College of Southern Nevada – Cheyenne Campus, in Las Vegas, Nevada, on August 10, 2011. Chair Kevin Quint called the meeting to order at 9:31 a.m.

Welcome and Introductions

Kevin Quint asked everyone to introduce themselves for the record.

Public Comment and Discussion

There were no comments or discussion from the public.

Approval of Minutes from the May 11, 2011 Meeting

It was pointed out that on page two, under the section Legislative Update, the first sentence needs to be corrected to indicate that the budget for the marijuana funding will come from the Health Division, not from Department of Child and Family Services (DCFS).

Frank Parenti moved to accept the minutes as corrected and Olga Mendoza seconded. The motion carried.

Discussion of Health Care Reform

Kevin Quint stated he was the one Nevadan at the State Associations of Addiction Services (SAAS) Conference in July in Boston. It was an important meeting that highlighted what the states must do to prepare for Health Care Reform. The admonition was that the states and non-profits need to take the initiative on planning for upcoming change and must not wait until the change has happened. They have competition in the for-profit sector who is already preparing to make the transition. He referenced a draft from the *Coalition for Whole Health, Recommendations on Coverage of Mental Health and Substance Use Disorder Services in the Essential Health Benefits Package* which outlines the levels of treatment the states and non-profit providers need to be aware of. This paper, written by providers, was compared to a draft from the Substance Abuse and Mental Health Services Administration (SAMHSA) entitled, *National Framework for Quality Improvement in Behavioral Health Care* which is written from the federal perspective and indicates the direction of federal policymakers. He encouraged everyone to become thoroughly familiar with that information.

SAMHSA's Eight Strategic Initiatives for Advancing the Nation's Behavioral Health were reiterated:

- a) Prevention of substance abuse and mental illness
- b) Trauma and justice
- c) Military families
- d) Recovery support
- e) Health reform
- f) Health information technology
- g) Data, outcomes, and quality
- h) Public awareness and support

Other materials offered from SAAS were a draft, *Frequently Asked Questions in Healthcare Reform*, and a book entitled, *Implementing Health Care Reform; First Steps to Transforming your Organization*. Both of these publications are on the SAAS website.

The SAAS Conference consisted of three-and-a-half days of Health Care Reform conversation. There are still many questions regarding policy issues and the following gaps or areas that lack definition in the new Health Care Reform plan were highlighted:

- a) Service level definitions
- b) Coverage for testing and treatment
- c) Final benefit package

- d) The behavioral health component
- e) The prevention definitions as they apply to behavioral/mental health
- f) The future of the block grant in relation to Medicaid as a form of funding - SAMHSA is intent on protecting Prevention in the formula grant, but with Medicaid eventually providing the funding, the grant monies may eventually dry up.

Other issues are the national debt ceiling, and the \$2.2 trillion in cuts which will have a profound impact on Medicaid. Nevada is one of only ten states that actually has some type of legislation for health care reform in place, which puts us ahead of the curve. Also detailed were methods of sharing services, mergers and joint ventures between entities, and integrated technology that allows the various electronic files used throughout the system to share information not only with regards to medical records but also for billing purposes. Case management and standardization of care was another focus, as well as treatment of multiple chronic conditions.

Kevin concluded by stating that, as an Advisory Board, we need to find the solutions to these problems and ensure that we are positioned to go forward. He reminded us that Health Care Reform is a for-profit business model. There is an increase in mergers; large entities with tens of millions of dollars in budgets are merging their mental health and drug and alcohol prevention and treatment services in preparation for Health Care Reform. Again, he urged the Advisory Board to begin working immediately on the following topics:

- a) Planning
- b) Organizational structures – possibly mergers
- c) Integration of behavioral health
- d) Technological requirements
- e) Prevention programs and strategies

It was stated that Medicaid was another area that the Advisory Board should be taking a position on. Nevada is one of only two states that do not receive Medicaid reimbursements for their substance abuse prevention and treatment programs, and there is a need for state involvement in the issue. Will providers that are now not billing Medicaid be about to bill Medicaid under health care reform? Will those providers be at a disadvantage compared to the private sector providers?

There is already state-level planning going on to prepare for Medicaid. On the website for Health and Human Services (http://dhhs.nv.gov/HC_Reform.htm) is information about the *Health Care Reform Policy Planning Group* and the *Health Care Reform Implementation Working Group*. The Director of Health and Human Services, Mike Willden, chairs one of these groups which is comprised of Health and Human Services Division leaders, administrators and others who are high-up the chain of command. There are other meetings happening at the local levels. The meetings are open meetings and posted on the web. Although one can attend as a member of the public, it is encouraged to use the platform of Advisory Board Member, Nevada Alliance for Addictive Disorders Advocacy, Prevention, and Treatment Services (AADAPTS), or membership in any other entity involved with substance abuse treatment and prevention, to obtain a seat at the table. Kevin encouraged the members of the Advisory Board to become fully informed, create a unified presence, and make their voices heard. Diaz Dixon added emphasis that the

Nevada providers need to make it a priority to be a presence at meetings, at the local as well as the state level, and to go fully armed with statistics and data.

Olga Mendoza moved that the SAPTA Advisory Board approve of, and advocate for Medicaid as a funding source for drug and alcohol abuse prevention and treatment in Nevada. The motion was seconded by Frank Parenti and was carried.

Diaz Dixon moved that the SAPTA Advisory Board identify the appropriate meetings on Medicaid and Health Care Reform to attend, ask for seats at the table; and to make it a priority to join any and all conversations on these matters. The motion was seconded by Tammra Pearce and was carried.

Kevin Quint turned the floor over to Dr. Harold Cook to address the Administrator's Report since Dr. Cook is not able to stay for the whole meeting.

Dr. Cook said that the fiscal monitors will become more strenuous and will require more information and back-up documentation than they have in the past. Although this is being met with discontent by some providers, SAPTA is getting scrutinized by external audits and must pass along to the providers the responsibility of due diligence regarding allocations of public funding.

Dr. Cook mentioned that Assembly Bill (AB) 242 requires each SAPTA provider to make available certain required information to the public and to have it posted on their website. This information will include:

- a) The names and contact information for the governing body
- b) Annual report
- c) Mission statement or statement of purpose
- d) Six-month reports on dollars received, number of persons served, description of services
- e) Any denied applications

The Department has to submit more detailed information to the Legislative Counsel Bureau. The first report will be due in January of 2012. This is in response to the emphasis on transparency in government, and will continue with information made available to the public regarding expenditures of money. There are no consequences for non-compliance written into the bill, but a violation of the law will likely result in de-funding.

During the last legislative session, Division lost money: the bi-annual budget fell from \$750 million to \$640 million. Money was lost from Co-occurring and Prevention funding for SAPTA. SAPTA gained \$700,000 in medical marijuana funding. SAPTA has lost five-and-a-half positions and the remaining workforce is stretched thin.

Dr. Cook was asked for his personal views regarding the Medicare issue and guidance on navigating the changes. He shared the following:

- a) Ability to bill Medicaid depends on the process we have in place. Providers will be required to bill by unit of service. County structures will need to change.
- b) Any providers with staff supported by federal money cannot bill Medicaid, as they

are already supported by federal funding. If the provider can prove the staff is only supported, for example, 50% by federal funding, they could bill Medicaid for the remaining 50%. It will require a cost analysis.

- c) Under Medicaid, federal funding covers 54% and the state covers 46% of the cost. Currently, Nevada does not have enough money in their coffers to pay out the 46%, so appropriations would need to be requested of the legislature.
- d) Billing systems will need to be Medicaid compliant.

Dr. Cook advised that the Nevada providers should be in a hurry to get prepared. By 2013, it is estimated that there will be hundreds of thousands of Nevadans who, based on income, will be “newly eligible”. Initially, federal funding will cover 90% of the costs, and the state will need to cover the other 10%. This ratio will decrease over the next six to seven years to eventually match the 54%/46% ratio. If substance abuse services are covered, commercial providers will quickly move in to cover the services and bill Medicaid. Major healthcare organizations around the country are already gearing up to swiftly fill any gaps they can find. Unless the non-profits are prepared, other healthcare organizations will move in to steal their business. Factors affecting this scenario are reimbursement rates, the labor pool, and the number of available providers.

He also urged us to inform ourselves more fully, invite knowledgeable speakers like Mike Willden to our meetings so that we are equipped with statistics and facts. Also, the state of Massachusetts is a model on managed care systems and Medicaid, claiming lower costs and better utilization.

Kevin Quint added that we should also be looking at licensing issues. Nevada providers must be licensed providers to bill Medicaid. Licensing will be partly state, and partly federal. The state has created licensing categories in the past to accommodate needs for certain services. Dr. Cook suggested inviting someone from Medicaid to the next meeting to explain what needs to be done to become a Medicaid provider.

Dr. Cook speculated that in five years time, MHDS would become primarily regulatory, with little or no provider activity. Dr. Cook predicted an increase in mergers and sharing of services among Nevada’s providers as a way of coping with and adjusting to the changes. It might be worthwhile to consider the possibility of merging SAPTA treatment providers with mental health clinics, while keeping administration and accounting functions of the two funding streams, block grants and Medicare, separate. He urged providers to find other providers to hitch their wagons to, rather than connecting to the agencies.

Dr. Cook announced his retirement and stated that the Department is in the process of recruiting for his replacement. The recruiting is national, both inside and outside the system. The selection process will no longer happen via open meetings; but it is not established what the structure will be, other than that Mike Willden will interview final candidates and make an appointment. When asked what the advantages were to hiring from within or from without the system, Dr. Cook explained that they had about equally mixed results. Generally, the steep learning curve is less difficult for someone already familiar with the system. The last time someone was hired from outside the system was in the 1980’s. All the rest of the appointees were internal; but none left voluntarily. It is a

high stress position.

Kevin Quint thanked Dr. Cook for his 33 years of leadership, adding our gratitude for the many hard hits he took in the Legislature on our behalf which, although predictable, could not have been comfortable.

Conferences the Chair has Attended

Kevin Quint asked Charlene Herst to discuss the SAMHSA's meeting on building a national strategy to prevent underage drinking, which was held Thursday and Friday, August 4-5, in Seattle Washington. This meeting of State and Federal officials provided an opportunity for SAPTA to participate in building a national strategy and a national report from SAMHSA; and to provide information from Nevada on specific state, tribal, and community issues relating to underage drinking, and the support needed for SAPTA's prevention efforts. The regional meeting was for regions IX and X, covering the entire West plus all the islands, territories and jurisdictions. Hopefully the preliminary report will come out in September or October for public comment.

Legislative Update

Deborah McBride discussed AB61 which was passed; the Methamphetamine Working Group was expanded to cover substance abuse generally. The members for the committee have not been announced yet, but are expected to be the same members who were in the former group.

The budgetary impact on SAPTA was reiterated: we lost about half a million in co-occurring disorders treatment dollars; we got the waitlist funding back; and we lost about \$112,000 prevention dollars. SAPTA also lost five and a half positions; but fortunately, SAPTA did not have to experience lay-offs. Additionally, SAPTA lost money that they wanted to set aside to replace servers as they become outdated. But overall, SAPTA fared fairly well.

Discussion, Recommendations and Approval Regarding Annual Payment for Certifications

Layne Wilhelm sought assistance in bringing treatment providers into compliance. The current process is difficult because the continual deadlines often result in applications and fees not arriving in a timely way. It puts an additional accounting burden on SAPTA, and also may put SAPTA or the program in a position where they may be out of compliance. SAPTA proposed shifting the application and fee process to an annual basis where the certification for the year is handled as a one-time event. This will allow everyone to be in clear compliance. The majority of dollars is usually awarded in the program's grant, so it eliminates much of the chasing back and forth and allows the process of licensure to go forward smoothly. Layne anticipates mapping out the process so that programs may be prorated this year for the fees they have already paid, and begin the billing process for those who still have certifications that will be expiring in the remainder of this year. Layne clarified for Olga Mendoza that this will pertain to treatment certifications only. There was no further discussion or recommendations. Frank Parenti moved that the Advisory Board accept and support changing treatment certification from an ongoing process to an annual process. Tammra Pearce seconded the motion and the motion carried.

Discussion and Recommendations Regarding Welfare Assessment

Layne Wilhelm stated that by law, if a program provider receives federal funding, assessments cannot be a barrier to accessing a program. The regulations within the Welfare Division state that in order for individuals to be eligible for assistance, they must first complete a program approved by SAPTA. Often, the assessment will result in a recommendation that they enter a program. The issue is that the individuals cannot afford to pay for the program, nor do they want to enter a program. They often want the assessment only, to qualify for welfare. The providers will not be reimbursed by SAPTA or by the Welfare Division for the cost of the assessments, and can recoup their costs only when the individual enters treatment. The question is, how do we resolve the issue of paying for the assessments?

The Welfare Division regularly contacts SAPTA to find out if programs or their recipients have completed SAPTA approved programs. Many of those programs in question are not SAPTA approved programs, or they have been completed within the prison system. On closer examination of the regulations, it was discovered that programs can be approved by the Health Division, or by the parole and probation system, or a combination of these entities as well as by SAPTA. The Welfare Division needs to be more informed so that they are not putting the entire burden on SAPTA and SAPTA's treatment providers. This is a discussion that will be pursued with the Welfare Division in depth as SAPTA works together with them on the marijuana grant. In that grant, SAPTA contributes money designated to programs for the purpose of building for assessment. Layne Wilhelm and Steve McLaughlin are trying to establish a unified way of doing business that will close the loop so that Welfare is not going back and forth between the programs, the clients and SAPTA.

One approach would be to give the initial assessment responsibility back to Welfare, with an offer of any training and support they may need. Welfare does have licensed people within the system who could carry it out. If the Welfare Division establishes that their client needs treatment, they can then direct them to a SAPTA provider. This procedure would allow SAPTA to access federal funding to support treatment.

Kevin Quint suggested that we need an expert process where we help them to develop a uniform procedure. He asked if there were a few members of the Board who would volunteer to be on an Expert Committee to work with people from the Welfare Division to find a solution and create open access and a better use of resources. Frank Parenti, and Tammra Pearce, volunteered to be on the committee.

Discussion Regarding Population Statistics and Numbers

Olga Mendoza has a problem identifying the percentage of population in Clark County that is Latino because the figures vary widely from one source to another. The State demographer's figures are significantly lower than the Census figures. She would like to know where the State gets its figures from, and what standards are being used.

Deborah McBride said she would look into the question and get back to Olga with an answer at the next meeting.

Discussion Regarding SAPTA's Decisions on Competitive Processes

Olga Mendoza sought clarification on when a Request for Application (RFA) is competitive and when it is not. She was under the impression that the Center for the Application of Substance Abuse Technologies (CASAT) Clearinghouse was extended and not subject to the competitive process.

Deborah McBride explained that the competitive process happens every three years for Prevention. The continuing applications occur during the three years in between the competitive process. Charlene Herst stated that the Clearinghouse was due to participate in the RFA next year, and was extended to that time.

Olga rephrased her comment to ask for the official policy governing extensions.

Kevin stated that the official policy on RFAs and extensions would be discussed at the next meeting.

Discussion Regarding Transitioning New Members into the SAPTA Advisory Board

Olga Mendoza suggested the SAPTA Advisory Board should establish a procedure for bringing in new members that would help bring them up to speed on duties, procedures, history, issues, and goals.

Kevin Quint agreed it was an excellent suggestion. Initially there was no need for such a document because the original members all came on the Board together and there was no need for orientation. Now it is necessary to create something in writing, like a Welcome Packet from Deborah McBride. Kevin will email the SAPTA Advisory Board members for their input to contribute to the draft document. Suggestions were that the group should make available to new members documents such as by-laws, annual reports, and past minutes. Olga also said it would be helpful if new members could receive direction from Deborah so they would know what was expected from them and how they could help SAPTA. She would also like feedback on whether SAPTA has decided to act on the advice of the Advisory Committee, and the reasons behind SAPTA's decisions.

Discussion Regarding Identifying New Funding Streams

Olga Mendoza asked the Board to have a standing agenda item to discuss possible funding streams. She said the coalitions are always keeping an eye out for new funding opportunities, and shared information about what they run across at the State level that could be of benefit to SAPTA and could be of benefit to all. She feels there is funding that Nevada isn't taking advantage of. Coalitions often see grants that need to come through a single state agency, and consequently they skip over them. Olga is suggesting that the coalitions forward those opportunities on to SAPTA, especially since the funding is 25% down at the moment.

Deborah McBride agreed that it would be helpful to have opportunities brought to their attention. She also stated that SAPTA sees a lot of different sources listing funding opportunities, and asked if it would be helpful to the Advisory Board if that information were reported back to them. They responded affirmatively and Deborah said she would forward those opportunities on to them when she found them.

Frank Parenti commented that more grants to write could pose an increased burden to

SAPTA, and expressed a willingness on behalf of the coalitions to help with the grant writing process since SAPTA has lost five and a half staff positions.

Deborah brought everyone up to date on the grants in process.

Standing Information Items

Administrator's Report

Previously given by Dr. Cook

Chairperson's Report

Kevin Quint said the Peer Support Subcommittee had not yet met. He encouraged them to get together as soon as possible and advise SAPTA appropriately.

Kevin also said he must submit three names to the Governor. These are his nominations for people to sit on the Mental Health Commission. Since it is not on this agenda, he may have to ask for a special meeting by telephone. The rules on this are strict; three names must be submitted, representing different disciplines, and the Governor will select one of those to be on his Commission. Kevin said the Commission often neglects the areas of drug and alcohol so it is especially important that we get someone selected. He will set a special meeting up through SAPTA staff.

SAPTA Report

Deborah wanted everyone to be aware that they would not be able to meet the numbers for the Maintenance of Effort (MOE) and will be submitting a waiver. Because of the economic situation, she has not heard of anyone being denied a waiver, and thinks ours will be accepted. The worst case scenario, if they do not accept the waiver, is that they would take back the equal number of dollars that SAPTA fell short in meeting the MOE.

The new Administrative Services Officer is Greg Leiss, whose time is being shared with Mental Health; 75% is for SAPTA and 25% for MHDS.

SAPTA has two positions vacant in fiscal and have received permission to move forward on hiring for an Accounting Assistant and a Management Analyst. SAPTA is also recruiting for a Program Specialist in Treatment, but has had problems finding someone who qualifies for that position.

SAPTA is working on the new Block Grant. It was decided not to try to do a joint submission with MHDS at this point. However, SAPTA is working closely with MHDS to see what overlaps exist. The deadline to submit is the 1st of October. A public hearing on the Block Grant will be held at the next Advisory Board meeting.

The National Recovery Fund is coming up in September and SAPTA is looking for confirmations from the coalitions to include in the draft that will be submitted to the Governor's office. She also asked for a list of all upcoming activities, as she hopes to obtain publicity for those activities.

SAPTA is currently involved in the Legislative Counsel Bureau audit. They will be returning next week for the testing phase, after which a preliminary report will be issued

with recommendations on what needs to be changed or explained further. They are looking closely at requests for reimbursements and will be requiring documentation. The final report goes before a legislative commission after which it becomes public.

Deborah McBride reported that for the last fiscal year ending in June, preliminary numbers on admissions show the drugs of choice are alcohol - 36%; amphetamines and methamphetamine - 22%; marijuana and hashish - 18%; heroin and morphine - 10%; prescription drugs - 8%; crack cocaine - 5%; and others that make up the rest at smaller percentages.

50% of SAPTA referrals to treatment providers come from the court/criminal justice system. 26% is individual or self-referral.

SAPTA will be having a site visit from the Block Grant Project Officer, Theresa Mitchell. She will be visiting on August 22 and 23, and will be taken around to visit some of the programs and providers.

Team Updates

Treatment Team: Layne Wilhelm gave key updates on SAPTA's work with the Fall Conference in Utah. Notices were sent out to all the programs and SAPTA is hoping to be able to provide scholarships. He encouraged people in Southern Nevada to consider attending as St. George, Utah is close to them.

The Request for Qualifications (RFQ) for the \$700,000 was sent out to all the providers and posted in the papers. The only question that came up was if a program had to apply for the entire amount. The answer is that a percentage based on capacity to provide may be applied for. It will be reviewed internally by SAPTA staff and three members of the DCFS Welfare Division. It will be a short process: the RFQs are due September 8th and the money can be released by October 1. It will be decided upon quickly.

Prevention Team: Charlene Herst discussed conferences; Charlene added that the Utah Conference is looking for volunteers. Registration fees will be covered for volunteers, but not rooms. She reiterated that it is a wonderful conference and there is a justice track that is excellent. She also mentioned the Recovery Conference - CARE Conference – is the first week in December in Las Vegas.

Charlene congratulated Freida Carbery, Center for Substance Abuse Prevention (CSAP) Fellow, for passing the difficult Certified Prevention Specialist Exam. Her two-year fellowship ends in the end of September. Charlene would like to see more of our preventionists sit for that exam. She will look further into offering the exam on-site in Nevada.

The State Prevention Enhancement Grant (SPE) is a one year grant that is part of the Strategic Prevention Framework (SPF) to enhance state systems. It begins October 1 and SAPTA has not heard yet if we received the grant and it may be as long as a month. SAPTA believes it has a good chance of securing that grant. It will be particularly helpful to SAPTA's data structure as we move into Health Care Reform.

SAPTAs Prevention Team worked with the Community Anti Drug Coalitions of America (CADCA) to conduct a two-day training in the Las Vegas. All the new coalitions participated as well as several providers. The evaluations on both of the offered tracks were excellent, and the hope is to bring CADCA in at least once a year to provide that kind of intense training.

To fulfill a mandate in the SPE Grant, SAPTA's Multidisciplinary Advisory Committee (MPAC) will become a policy consortium that will look at issues surrounding Health Care Reform as we move forward. Rather than create a new committee, those responsibilities are being folded into the existing committee. The role of the Statewide Epidemiological Workgroup (SEW) is growing larger as well.

Data Team: Chuck Bailey informed the group that Leah Lewis is no longer with SAPTA, and the hiring process to replace her is underway. Her responsibilities for Nevada Health Information Provider Performance System (NHIPPS) have been temporarily delegated to Margaret Dillon until a replacement is hired. All help desk calls, evaluations, and password issues, should be directed to Margaret and if she is not available, to Chuck.

The development of the coalition and event records for population-based data was another task of Leah's. There are some changes that need to be made in the system to collect all the required data. SAPTA is working to catch up on piloting coalition count records. If there are questions or concerns, please call Chuck or Margaret.

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

Michelle Berry will send a report on the Project on Improving Business Practices Around Billing and Documentation. The grant that would have financed the project was not awarded to Nevada, but Nevada was still requested to participate in the project. Five organizations: Tahoe Youth and Family Services, New Frontier, Bristlecone, Community Counseling Center in Las Vegas, and Crisis Counseling participated in the project and as a result, were able to improve first party collections, third party authorizations, and client flow and processing within their organizations. The success is worth noting.

The Frontier Center that is also a part of CASAT is doing a Fetal Alcohol Spectrum Disorder (FASD) program in Las Vegas on September 14 – 16. Michelle is holding five spots for Nevada Coalitions to attend. She asked for emails to indicate interest in participation. CASAT will pay for travel, per diems, and hotel accommodation. Michelle recounted other upcoming events occurring in August and September that are listed in the catalog.

Review Possible Agenda Items and Future Meeting Dates

- Medicaid representative to talk to the SAPTA Advisory Board about becoming a Medicaid provider
- Integration of SAPTA providers and MHDS Clinics
- Expert Panel on Welfare Assessments
- Follow up on the standards used to determine population statistics
- Follow up on the official policy governing RFAs and extensions
- Standing Item: New Funding Streams
- Deborah McBride for a report on changes and national trends in Block Grant

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- Block Grant Review

Next regular meeting will be September 7th, 2011.

September 20th was suggested for the Block Grant Review which can be telephonic or video conference. It is required to be a public meeting.

Frank Parenti asked to see the draft agenda well ahead of posting so items may be added if needed. Deborah said it could be sent as soon as she and Kevin have it ready.

Public Comment and Discussion

There were no comments.

Adjourn

The meeting was adjourned at 12:35 p.m.