SUBSTANCE ABUSE PREVENTION AND TREATMENT AGENCY (SAPTA) ADVISORY BOARD MEETING MINUTES April 05, 2012

BOARD MEMBERS PRESENT

Sparks Site

Kevin Quint (Chairperson) Join Together Northern Nevada

Diaz Dixon Step 2

Lana HendersonNew Frontier Treatment CenterEd SampsonFrontier Community Coalition

Maurice Lee (Proxy Amy Roukie) WestCare, Inc.

Nancy Roget (Proxy Michelle Berry) University of Nevada, Reno – CASAT

Las Vegas Site

Ronald Lawrence Community Counseling Center
Frank Parenti Bridge Counseling Associates
Julie Payne Nevada Treatment Center

BOARD MEMBERS ABSENT

Dorothy North

Debra Reed

Las Vegas Indian Center

Tammra Pearce

Michele Watkins

Vitality Unlimited

Las Vegas Indian Center

Bristlecone Family Resources

Central Lyon Youth Connections

STATE OF NEVADA STAFF

Sparks Site

Chuck Bailey Health Program Specialist II, SAPTA

Margaret Dillon

Minden Hall Administrative Assistant IV, SAPTA

David Sater IT Manager, SAPTA
Deborah McBride Agency Director, SAPTA

Layne Wilhelm Health Program Specialist II, SAPTA

Las Vegas Site

Kim Davis Administrative Assistant II, SAPTA

PUBLIC

Sparks Site Quest

Steve Burt Ridge House

Las Vegas Site

Brad Greenstein Las Vegas Recovery Center Kevin Miyasato Community Counseling Center

Jamie RossPACT CoalitionMilka AvilesThe Salvation ArmyMerlyn SextonThe Salvation Army

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The Substance Abuse Prevention and Treatment Agency Advisory Board (SAB) held a public videoconference meeting at the Sierra Regional Center in Sparks and Desert Regional Center in Las Vegas, Nevada, on April 05, 2012. Chair Kevin Quint called the meeting to order at 9:47 a.m.

Welcome and Introductions:

Kevin Quint asked everyone to introduce themselves for the record.

Public Comment and Discussion:

Kevin Quint asked for public comments. None was given.

Approval of Minutes from the February 01, 2012, Meeting:

Kevin Quint asked for comments on the February 01, 2012, minutes. No comments were given. Kevin asked for a motion. Michelle Berry motioned to approve the minutes. Lana Henderson seconded the motion with all in favor.

Discussion and Recommendation on Advisory Board Vacancy:

Kevin Quint mentioned that Eric Skansgaard with Mental Health and Developmental Services has moved out of state and Luz Coalition no longer receives funds from SAPTA. This leaves two vacancies for the SAPTA Advisory Board membership. Kevin reminded the members that it is not the person that holds the membership but the agency. Kevin proposed to have a subcommittee review the current agencies on the Board and suggest new members at the next meeting. Ron Lawrence suggested having an HIV and AFAN organization as a representative. Diaz Dixon suggested Ridge House as a member. Kevin stated that this is what the subcommittee would review. Frank Parenti agreed with Diaz on adding Ridge House and also Health Community Coalition. He suggested these two to reward the people that show up and participate in the meetings. The members agreed to have a subcommittee and Michelle Berry will Chair. Volunteers are Diaz Dixon, Michelle Berry, and Frank Parenti.

Report on Prescription Drugs:

Deborah McBride shared a presentation on prescription drugs that she gave at the Legislative Committee on Health Care meeting. This is Nevada and national data that SAPTA pulled together for comparison use. Towards the end of the document is information about synthetic drugs. Nationwide data shows emergency department visits are up considerably around prescription drug use. Nevada ranks in the top 20% in all four age groups in the reporting of non-medical use of pain relievers. SAPTA admissions data shows the increases since 2007. Deborah pointed out the U.S. map that shows where the high percentages of non-medical use of pain relievers are located; the western states seem to indicate a higher use. She pointed out the comparison of the Nevada and the western states and that Nevada is higher in each age group. Deborah reviewed the State of Nevada map which points out two areas of highest admissions for prescription drugs, Fallon and Nye County around Pahrump. This is a presentation that herself and Nan Kreher put together for the Legislative Subcommittee. Kevin asked if there was any response from the committee and Deborah stated there was none. They just took the report and listened to the presentation. Kevin stated that most coalitions that are funded by SAPTA have prevention functions such as rounding-up prescription drugs. Washoe County is having a roundup in April and in the past they have collected 600,000 prescription pills in two years. This number does not include over-the-counter pills, liquids, and syringes; just the prescription drugs

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which are mostly pain killers. Kevin stated it would be interesting if we could drill down some levels to figure out the hot spots by zip code in Nevada. Kevin asked if there were any thoughts about the variables of what is going on in these hot spots. Deborah stated she is unaware of variables at this time but she will pull some more data.

Presentation, Discussion, and Recommendation Regarding Technology System Expansion: Margaret Dillon gave a presentation regarding the SAPTA technology system expansion. The presentation covered: acronyms, history and background, Nevada Health Information Provider Performance System (NHIPPS) compliance – meaningful use, what is Certification Commission for Health Information Technology (CCHIT), questions/assumptions, system upgrade considerations, expansion (NHIPPS), and opportunities and challenges.

After the presentation Kevin Quint mentioned he is trying to figure out what this all means for the prevention and treatment programs being involved in this system. He understands that the new system is for the programs but he suggests looking at a bigger picture such as a hospital module. How do the programs connect with other providers and being involved in the primary health care system? Margaret agreed with Kevin and stated that even if we upgrade and we don't have answers to these questions and we don't know what we need to do, it may be too late. Margaret suggested making assumptions is better than nothing and moving forward. Kevin mentioned that he, Lana, David, and Chuck attended the Health Information Technology (HIT) conference last year. David made a comment at that meeting that there are at least five electronic systems within MHDS. Kevin stated as an Advisory Board member he would like to be involved in the conversation. Amy Roukie stated that the interoperability needs to be considered. She stated as a provider they have to enter the exact same data into multiple fields and multiple databases. She asked how do we look at an umbrella system that speaks to each other; that they can actually fill in and access information and put the patient data in once, then quickly retrieve what is needed without doing it a hundred times. She suggested a system that could speak to each other. The members all mentioned how nice it would be to have client information in one location and wherever the client goes it would be accessible. Diaz Dixon stated it is not just upgrading the system we already have, we are already seeing that it's not going to work, fixing what we have is like putting a Band-Aid on it. Diaz visualized a software system that has different tabs with different levels of access. He suggested not looking at the immediate expense of a system but at the future costs. Amy mentioned the Renown hospital system and how when a client walks into any part of the hospital they can look up the file and see the history. They can also look at every level of care in current time. This is the type of system we need to look into.

Kevin wants us to consider having this conversation at each meeting to discuss more. Kevin mentioned the conferences he has been to that the Feds have said the states need to move ahead and not wait on this issue. Margaret suggested speaking with someone to help design a Renown health care system. Diaz stated his program uses Epic for pregnancy and has worked successfully. Amy stated she was involved with the roll out of Epic and it is a wonderful tool. She stated it takes a lot of work to get it up and running. Are there HIPAA concerns regarding sharing information in a client database? Maybe different levels of access would help this concern. Amy suggested looking at other states and where they are going. Margaret mentioned the certification is the first thing to look at, outside of interoperability, which would help to capture consistent data across all systems. Deborah asked if we have access to getting more

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information about the certification to find out what this all encompasses. Deborah stated that SAPTA has been working on health information technology with the national company that's working with the health insurance exchanges. When their data team comes out we want to meet with them to talk about the interoperability between the system that we have and what we might be moving towards and how it will work with what they are planning. We are still waiting for them to come out so we can connect. She will invite members that have an interest to hear it at one time.

Steve Burt asked how this conversation plays out at national and National Association of State Alcohol and Drug Abuse Directors (NASADAD) meetings. Are they doing this already? Why would we recreate the wheel by trying to adapt NHIPPS with interoperability being our main goal? Why is Substance Abuse and Mental Health Services Administration (SAMHSA) not helping us build a new system? Deborah stated other states are in the same situation as we are, waiting for more information to come about this and to give them direction. They are where we are at right now. Diaz agrees with Steve that this is driven from a State level and a multitude of States. How can we do this so we are all on the same system? The cost would come down with multiple states contributing. Frank Parenti agreed with the conversation that this is expensive. He suggested finding an open source system. Margaret gave examples of how much open source systems cost and issues of support for the system. Chuck stated NHIPPS has paid for itself many times over and was adopted with no cost. We have been able to get money from the Feds for updates and now from the Strategic Prevention Enhancement (SPE) grant project. We have money for a one time deal to enhance NHIPPS or adopt another system. The biggest thing we will face if selecting a new system is that behavioral health is not the priority in terms of what is being developed and designed. The main things we need to do now are meet certification and data requirements.

Deborah stated we need to look at sustainability, because of the economic times we are looking at funding cuts too. We have to think about where we want to be in 5 to 10 years and how will it all work together. Steve feels if we upgrade our system it will continue to make money, knowing what is needed, and updating the system will save money in the long run. Margaret stated it will help to get additional Federal grants. Mitra, the NHIPPS designer, told her this is the way of the future and it will have a tie into certification.

Kevin asked if we need a subcommittee beyond this Board with input from the outside such as, primary care people, and then meet a number of times to get things going? David stated Developmental Services has been putting together technology in Investment Requests for the Legislature. They found two systems to permit community providers to do Medicaid claims through the system so there is a fiscal component as well as a standard of sharing data. These two systems meet all our needs, a onetime implementation cost of \$1.2 million and a yearly reoccurring cost for one system about \$400,000 and the other \$700,000. Chuck asked about business processes and the people needed to run the system. David mentioned configurable work flows and setting up rules on how reimbursements are done. Harmony, one of the systems, (based on answers from an assessment said it would generate the goals and objectives within the plan). Services could then be authorized. It was a holistic approach to the problem. Both systems have web based technology so all the different entities were able to interact in one framework, but each organization has privacy. Deborah asked where the funding is coming from to do this project. David stated it is a request to go to the legislature.

Frank thanked Margaret and Chuck for their help with a difficult processing system. He would really like to see us get to the heart of the problem and have a meeting, and then a follow-up meeting will take a long time to take place. Kevin stated that if we have a committee he envisions SAPTA staff putting it together. Invite people that know about the hospital system, Hawc, and key players that can come and talk to us and help us figure this out. Amy stated this is a good idea and to decide what strategies to use to make this work. She also wants SAPTA to ask nationwide what is happening. We need to know what the systems can do and then decide what we don't want. Frank stated we should expedite the process of having a meeting because this will take time. Kevin stated that Nevada Alliance for Addictive Disorders, Advocacy, Prevention and Treatment Services (ADDAPTS) will talk about this topic later today.

Kevin asked the members to establish a subcommittee, and then asked for volunteers. Volunteers are Lana Henderson, Amy Roukie, Kevin Quint, Diaz Dixon, and Frank Parenti. He wanted everyone to think of community members and staff to attend too.

Presentation Regarding New Report on Native American and Alaskan Native Substance Use:

Deborah McBride gave a presentation regarding the report on Native American and Alaskan Native Substance Use. She stated this is the latest draft report we have. Once it is completed it will be placed on our website. This report was created by Coop Consulting. Michelle Berry stated it was good and great work.

Discussion Regarding New Funding Streams:

Michelle Berry as vice chair took over the meeting as Kevin Quint had to leave. Michelle asked for any information on new funding streams. Frank Parenti asked if there is new funding does SAPTA have the staff to support the process. Deborah McBride stated it is difficult but if there is something we can apply for, we would be able to because we are not involved with any new grant opportunities. Steve Burt stated a Bureau of Justice Assistance (BJA) grant is out and three others that have to be applied for by the state or county entity. The Single State Authority (SSA) has to sign a letter of support or intent. Deborah stated she will take a look at this. Diaz stated that the Administration for Children and Families (ACF) grant applied for last year was rejected because they did not show enough involvement from the SSA. Deborah asked him to send us more information.

Presentation Regarding State Prevention Enhancement (SPE) Project Data Warehouse and Data Dissemination Project:

David Sater gave an overview of the existing Data Warehouse structure and then explained the changes to the new system. He mentioned SAPTA is 20 - 25% done with the changes. Chuck Bailey mentioned that the website is available to review and to contact him with questions.

Discussion and Recommendations Regarding the Legislative Session 2013:

Michelle Berry stated that the subcommittee could not meet due to a lack of quorum. It will be rescheduled. Deborah stated the subcommittee would be a good chance to talk about issues to move forward such as the child welfare marijuana funding. We are trying to expand this funding to all drugs. At the end of February 212 clients had utilized the marijuana funds. Michelle asked if we should try to meet again or table the subcommittee for now. It was suggested

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schedule another date and include Amy Roukie.

Discussion of Accountability Procedures:

Deborah stated this is an ongoing item and anyone can comment. No comments were given.

Standing Information Items:

Administrator's Report

Richard Whitley was not able to make the meeting and there is no report. Deborah McBride mentioned that he is the Acting Administrator for Mental Health and Developmental Services. Chairperson's Report

No report.

SAPTA Report

Deborah McBride mentioned a few items:

- Reviewed a letter from NASADAD which states in FY 2012 congress took away \$3 million from the Block Grant. SAPTA's portion of the cut is \$2.3 million which will not impact providers.
- The next Block Grant application is a joint application between Mental Health and SAPTA.
- Budgets are being built in preparation for the Legislative session.
- Reviewed a list of Congressional bills regarding legislation on substance abuse.
- There is an affordable care act meeting May 10th in Las Vegas. Chuck Duarte, Jon Perez, and Herb Schultz will be presenting. This is by invitation only. Sixty participants will gather at the Las Vegas City Hall. There will be another event like this in Northern Nevada soon.
- Staff vacancies The treatment team is working on the Health Program Specialist I position. The fiscal team is going to be interviewing for a Management Analyst I position soon.
- Legislative Counsel Bureau Audit This has been a year long process and will be presented on April 17th at the legislative committee meeting. Come and give public comments.

Layne Wilhelm, Treatment Team Supervisor mentioned:

- Reminder of the annual fee on certification. Dates for certification expiration are being added to NHIPPS. In June the list will be sent to the programs. Payment will be due September for a one year period.
- The treatment team vacancy in Carson City will be solved soon.

Chuck Bailey, Data Team Supervisory mentioned:

- Epidemiological Profile is on the website.
- Annual Report is on the website.

Deborah gave the Prevention update:

• Continuation applications for funding on July 1st will be due.

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

- Training on CYO medication on children in Reno. Will be provided, including one in Las Vegas.
- A Health Care Reform Summit will be given on May 22nd. She mentioned some of the speakers: John Perez, Chuck Duarte, and Herb Schultz.

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Subcommittee Report

No report given.

Review Possible Agenda Items and Future Meeting Dates:

- Legislative Session Subcommittee
- Technology Subcommittee
- Nomination Subcommittee
- Standing Item: New Funding Streams Health Care Reform

Next regular meeting will be May 09, 2012. If you want to add anything let SAPTA or Kevin Ouint know.

Public Comment and Discussion:

Michelle Berry asked for public comments. Frank Parenti asked about the treatment funding decisions. Deborah stated there had not been any decisions and in a few weeks we will know more.

Deborah mentioned the AATOD conference in April and asked if anyone was attending. Amy Roukie stated she has two staff going. Michelle stated Nancy Roget is attending. Julie Payne stated she had four staff volunteering. Brad Greenstein has a clinical director attending.

Adjourn:

The meeting was adjourned at 11:56 p.m. Lana Henderson motioned to adjourn and Diaz Dixon seconded the motion.