SUBSTANCE ABUSE PREVENTION AND TREATMENT AGENCY (SAPTA) ADVISORY BOARD MEETING MINUTES July 11, 2012

BOARD MEMBERS PRESENT

Reno Site

Kevin Quint (Chairperson) Join Together Northern Nevada

Diaz Dixon Step 2

Lana Henderson New Frontier Treatment Center Ed Sampson Frontier Community Coalition

Maurice Lee (Proxy Amy Roukie) WestCare, Inc.

Tammra Pearce Bristlecone Family Resources

Nancy Roget (Proxy Michelle Berry)

Michele Watkins

University of Nevada, Reno – CASAT

Central Lyon Youth Connections

Las Vegas Site

Frank Parenti Bridge Counseling Associates
Debra Reed Las Vegas Indian Center

BOARD MEMBERS VIA TELEPHONE

Dorothy North Vitality Unlimited

BOARD MEMBERS ABSENT

Ronald Lawrence Community Counseling Center

STATE OF NEVADA STAFF

Reno Site

Chuck Bailey Health Program Specialist II, SAPTA
Margaret Dillon Management Analyst II, SAPTA
Minden Hall Administrative Assistant IV, SAPTA
Charlene Herst Health Program Manger II, SAPTA

Gregg Leiss Administrative Services Officer II, SAPTA

Deborah McBride Agency Director, SAPTA

Tami Jo McKnight Mental Health and Developmental Services
Betsy Fedor Health Program Specialist I, SAPTA

Las Vegas Site

Kim Davis Administrative Assistant II, SAPTA Steve McLaughlin Health Program Specialist II, SAPTA

PUBLIC

Reno Site Quest

Steve Burt Ridge House Kathryn Baughman Rural Clinics

Jeanette Belz
Ian Curley

JK Belz and Associates
Rural Nevada Counseling

Denise Everett Quest Counseling

Alissa Nourse Tahoe Youth and Family Services
Janeva Tucker New Frontier Treatment Center

Las Vegas Site

Brad Greenstein

Peggy Sue Black

Kevin Miyasato

Mark Greenberg

Christy Navarro

Las Vegas Recovery Center

Las Vegas Indian Center

Community Counseling Center

Las Vegas Recovery Center

Community Counseling Center

Via Telephone

Ester Quilici Vitality Unlimited

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The Substance Abuse Prevention and Treatment Agency Advisory Board (SAB) held a public videoconference meeting at the Truckee Meadows College – Redfield Campus in Reno and College of Southern Nevada – Cheyenne Campus in Las Vegas, Nevada, on July 11, 2012. Chair Kevin Quint called the meeting to order at 9:35 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 April 05, 2012, Meeting:

Kevin Quint asked for comments on the April 05, 2012, minutes. No comments were given. Kevin asked for a motion. Michelle Berry motioned to approve the minutes. Lana Henderson seconded the motion. All in favor.

Discussion and Recommendation and Approval from the Nomination Subcommittee Regarding Advisory Board Nominees:

Michelle Berry mentioned the Nomination Subcommittee members and what was discussed at the last meeting. The subcommittee discussed current representation on the Advisory Board (Board) and recommendations for new members. The nominee recommendations were Christy McGill from Healthy Communities Coalition; Prevention Advocacy, Choices, Team Work (PACT) in the Las Vegas area, and Steve Burt from Ridge House.

Deborah McBride mentioned she received an email from Shirley Linzy with Adelson Clinic asking if she could become a member of the Advisory Board. Kevin Quint mentioned that we will refer to this request at a later nomination.

Michelle stated that there are two empty spots on the Board, and at the last meeting the Board agreed that one was reserved for a Mental Health and Developmental Services (MHDS) representative. Kevin clarified that the three suggested nominees are to be voted on for the one opening and then the Board will discuss the MHDS representative. Michelle agreed to this.

Deborah stated that there is no MHDS any longer, they are reorganizing and that Division is going away and being merged into the Health Division, which will be renamed the Division of Behavioral Health and Public Health. Frank Parenti asked what would happen with SAPTA since they are under MHDS. Deborah explained that Developmental Services is going into the Aging Division. The fiscal staff in the Central Office will be moving into other positions within Health Division or somewhere in the department. We have heard that SAPTA will remain an intact agency within this new Division. The last she heard is that the hospitals will go under the Health Division. There are a lot of changes. As soon as we receive an organizational chart Deborah will be able to share more information. Deborah stated that this is not set in stone right now and it may change. Some of the decisions will have to go through the legislature to make the changes.

Deborah suggested that the Board move forward on the two recommendations. Kevin asked if the Legislature added the MHDS position. Deborah mentioned that the by-laws state 15 members and no positions were added through the Legislature. Michelle gave the composition

of members throughout the State: seven seats in Northern Nevada, three of which are prevention, three are treatment, and one is CASAT. Five members in Southern Nevada which are all treatment and one in Elko which is treatment. There is no prevention representation in Southern Nevada. Michelle explained why the nominating subcommittee suggested the three programs. Healthy Communities and Ridge House were nominated because they always participate at Board meetings. She stated PACT was nominated for the prevention representative in the Las Vegas area, since there is none. Kevin asked the members if they want to fill both seats since that is Deborah's recommendation. The members agreed to fill both seats. A paper ballot was conducted for the voting process, with SAPTA staff members tallying the paper votes. Kevin announced the new members from the vote as Ridge House and PACT and gave his congratulations. Deborah stated that SAPTA will send out a copy of the by-laws and information to the new members.

Kevin stated there was one more point of order on from the nominating subcommittee. Michelle stated as members of the Advisory Board we have to have consistent attendance at each meeting. If you are unable to attend, let the Chair know for an absence to be excused or have a proxy. One of the members, Las Vegas Indian Center, has missed three consecutive meetings, which is the maximum number of meetings to miss without being penalized. The nomination subcommittee will be meeting again to discuss how to move forward with the issue. Kevin stated that per the by-laws the nomination subcommittee is supposed to handle the situation and bring the suggestions to the Board for approval.

Discussion and Recommendation Regarding Role of Advisory Board:

Kevin Quint mentioned that historically this Board has been an advisory board, so there is no power to say to do this or that, but we can act in an advisory capacity. Kevin mentioned that he heard through a rumor the changes in SAPTA's treatment section. He then stated that he is not bringing this up to criticize SAPTA but to ask about the role of the Advisory Board. He stated he doesn't want to be a part of this if they are not going to be able to give advice. Michelle Berry stated that she feels that some of the advice they give is not followed up with or another meeting is made and then it lingers. Tammra Pearce stated she feels there is a breakdown of communication. She mentioned it is hard to know what course of action to take at that point. She also stated that she senses a room that feels apprehensive because there is so much going on and no one knows what to do.

Kevin mentioned in the past there was more interaction. He understands what "advisory" means; that you give advice and SAPTA can say no, and he is okay with that role. The Board members are here to assist SAPTA. He wants a chance to bounce ideas off the Board and SAPTA and make the process a partnership. Frank agrees that there is no follow-up with anything that the members suggest unless members are insistent on an individual level. Michele Watkins stated that when the Board began back in 1999, it was her understanding that they would guide the process of making policy and recommendations. It was a real partnership between the State, treatment and prevention, and the communities. She stated she use to feel it was a privilege to be on the Board because members knew what was going on and could help guide other partners. She feels this has been lost in the last few years. Frank stated it now feels as if the Board is being told what SAPTA is doing after a decision has been made and then asks the Board to approve without consulting members. Kathryn Baughman from Rural Clinics mentioned that there is a lot of movement within the agencies and Co-occurring Disorders (COD) in Mental Health is essential and she would like to participate in future conversations.

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Deborah McBride mentioned from SAPTA's perspective there has been a lot of changes going on at higher levels and SAPTA gets told "this is how you are going to do it". She mentioned there are a lot of people that call the Administrator, Richard Whitley, directly and discuss policies and issues and it comes down to us to change them. There is no discussion with SAPTA either. She mentioned she tries to keep Kevin as the Chair updated. She mentioned that in the future SAPTA can try to inform the members of changes. When SAPTA is asked to change something she can insist that it is run through the Advisory Board for recommendations.

Amy Roukie mentioned that it would depend on where the direction is coming from, such as a mandate from the Federal level; there is no choice on implementation. She mentioned that as a group, to have impact on SAPTA decision making and to effectively modify a practice the Board should have a voice. The Board members are the ones to implement it in the community. Amy sees the role as being able to have input, and stated that is what the Board is missing. She said if there are discussions of a practice or methods of assessing the Agency, the Board should be able to have input. Kevin stated even if there is a mandate the Board might be able to help craft that decision which gives members a chance to be advocates. He suggested SAPTA advocate for this Board and ask to have items presented to them to see how the changes could affect the community. Lana Henderson stated she would like to feel cohesiveness again, as part of the process and work together as a team. She also mentioned when speculations arise about what SAPTA may or may not be thinking, she wants a clear communication level. She stated she is proud to sit on this Board.

Deborah asked if it would help if she sent information to the whole Board rather than just Kevin. Denise from Quest stated if SAPTA would inform them of changes that it would circumvent rumors and gives the feeling of transparency. Frank reminded members of when SAPTA moved under MHDS and how many meetings were involved and the participation between the providers and SAPTA. Kevin stated the Board and SAPTA need to get back to a collaboration partnership and not ask the Board to rubber stamp items. Kevin made the comment that if this is the case, that there is no participation, then the Board should disband. He said if there is no back and forth conversation then there is no need to meet. Amy suggested that maybe the Board could ask for a regular system of communication from SAPTA, either weekly or monthly. The information shared could be about policy and/or financial changes, grant opportunities, or anything else that involves the providers. This is an opportunity for SAPTA to remember to share the information. Frank mentioned how the Board doesn't meet frequently enough and when meetings are pushed out, the lines of communication are broken.

Kevin suggested two solutions, SAPTA is to provide what is happening within the Division and then the Board has some level of input for policy development. Regarding the policy development, he suggested not bringing it to the Board when it is ready to be signed off, but to involve the Board in the process and to advise SAPTA of different options. Kevin mentioned the Legislative Counsel Bureau (LCB) audit and that the Board could give advice about the outcomes.

Michele Watkins stated that it would be helpful to know what SAPTA wants from the Board; does SAPTA want guidance and advocacy? Diaz Dixon stated that it would be good to know what SAPTA's needs are from the Board. Also what the needs are regarding the State of Nevada, SAPTA reporting to the Federal Government, and what does SAPTA have to accomplish. He mentioned that it would be bad to have everyone working in their own silos. He

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stated, now is the time to come together and figure out what will benefit everyone including the State of Nevada and work as a team. Diaz suggested articulating what all our needs are and a giant strategic plan including SAPTA. Deborah stated that SAPTA really needs help and guidance on the big issues such as Medicaid, Health Care Reform, funding, legislative session, and fee for service. She mentioned that there are a lot of Department and Division changes which SAPTA may not hear about except in the rumor mill, and the communication to SAPTA on changes is minimal. She stated that SAPTA does value the expertise of the Board members. Kevin mentioned that receiving information to review before a meeting gave members more time for formal recommendations and was valued in the past.

Amy asked if the Board has ever done a strategic plan on an annual/semi-annual basis. She mentioned that this process would help distinguish guidelines and goals. Kevin mentioned that in the past the Board was involved with two strategic plan processes but nothing specifically for the Board. Kevin suggested having a conversation regarding the strategic planning process for the Board. Diaz suggested creating a one, two, and five year plan, and have a planning session with an outside facilitator. He suggested instructions be sent regarding how to come prepared to the meeting. Amy suggested reviewing where the Board is headed, what is the intent, and accomplishments over time.

Kevin reiterated that the Board is agreeing to do a planning process to define the role and set goals of the Board. Frank stated it should be in person. Ester Quilici stated she would like to be able to call in to wherever the meeting is located. Kevin agreed to provide other options for members to attend. Diaz mentioned pulling all the needs together by section such as data, fiscal, and programmatic. Tamara suggested a third party facilitator that will survey members before the planning session to help in facilitating the meeting. Deborah suggested receiving technical assistance from Substance Abuse and Mental Health Services Administration (SAMHSA). Kevin suggested that depending on what is happening with the agency changes the meeting should wait until notification about the reconfiguration. Michelle stated she will look into the Addiction Technology Transfer Center (ATTC) dollars and ask Tom Freeze from pacific southwest ATTC to facilitate the meeting.

Frank mentioned that if SAPTA is not going to be an Agency due to Medicaid billing expansion then the providers would like to know right away to prepare. This is the type of information the members and providers need to know and relates to this discussion. Deborah mentioned that as far as she knows SAPTA will remain an Agency per a conversation with Richard Whitley.

Kevin concluded the conversation and mentioned a September or October time period for the planning meeting and developing the details. Tamara suggested following up with the ATTC dollars as the first move. Deborah suggested October because SAPTA is working on the Block Grant which is due September. Kevin asked if a committee is needed to help Michelle with obtaining information before the first planning meeting. The committee members are: Lana Henderson, Diaz Dixon, Tamara Pearce, and Kevin Miyasato.

Deborah reviewed communication processes for informing Board members; communicate with all the members not just the Chair; regular reports; and any changes or new directions of processes. She stated she cannot guarantee getting all this information to the Board because of staffing issues, but she will try.

Discussion, Recommendation, and Approval of the Division Criteria for Programs Treating Substance Related Disorders Co-Occurring Enhanced Levels of Service:

Steve McLaughlin from SAPTA reviewed the Division Criteria for Programs Treating Substance Related Disorders Co-Occurring Enhanced Levels of Service which is Appendix C14 in the SAPTA Administrative Manual. Steve mentioned that this was originally written in 2007, as guidance for programs regarding COD. This is an expansion of what was already written, and provides a foundation regarding CODs and for programs to have guidance on developing a COD program. He reviewed other states' COD programs and SAMHSA's plan on COD which provided the baseline to the document. He made a couple of changes from the original which was only six paragraphs long, and then rearranged some of the information for easier comprehension. He mentioned while reviewing Health Care Reform, COD is going to be important and he wanted to make sure SAPTA had a sound understanding of COD. He asked the members for feedback regarding the document. He stated the document gives some guidance for programs not funded by COD and will show what kinds of quadrants are involved. Amy Roukie asked about screening assessment, treatment, and programs using standardized mental health screening instruments. She asked if the Division provides us with screening instruments or do providers use the nationally approved instruments. Steve mentioned that during the pilot project programs we are using the instrument called the modified mini which has an open domain and he will provide it to the members. A decision was made to have members send comments to Steve within two weeks from the day of the meeting.

Discussion Regarding Instant Drug Testing Policy:

Frank Parenti stated that only a drug court program can do instant drug tests unless you are designated a laboratory (lab). He mentioned that being a lab means you have to have a Medical Director with lab certification from Health Care Compliance. Frank stated that a program could use an instant test to look for a positive result, and if found, then send the sample out to a lab for testing. This would help reduce cost of tests being sent to labs every time. Sometimes when a client is told a test will take place they admit to using and if they don't admit and it comes back positive, then the program can send in only one test. The instant testing would be used for only positive results and not used against the client in a punitive way without confirmation. Amy Roukie believes it depends on the intended use of the results. If a SAPTA certified outpatient client tests dirty and punitive action is taken, then send out the sample to a lab for confirmation. At the Community Triage Center (CTC) level of care for detox, WestCare uses instant tests to tell them if certain drug is in the system to provide medication protocol to treat. They do not send them out for confirmation because the result does not change anything except in the way they are being treated. A discussion followed regarding a document on this topic. Amy suggested having wording in the document that allows for the program to make a decision based on the results being used against the client. Frank mentioned a concern that the reason the instant tests are so cheap is because the cut-off levels are high. He would like to use the instant test as a tool for hopeful admission of drug use then a follow through. He believes that the Nevada Revised Statutes (NRS) was in place the way it was because if a client has not metabolized a drug enough for the test to show, then it becomes a medical issue. When the NRS was written, the process of the test was more complex then the technology today. He would like to see SAPTA and Nevada Alliance for Addictive Disorders, Advocacy, Prevention and Treatment Services (NV AADAPTS) bring this forward to have language in NRS changed to make the process more effective. Steve Burt stated he agrees and this topic should move forward since all the programs have to be in compliance. Lana Henderson stated that New Frontier is licensed as a lab in the State of Nevada but are not considered a normal lab. They

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have to pay a fee per person to the State to use a rapid response test. Frank stated that there is a disparity with the law because a drug court can perform the test, but only with drug court clients.

Deborah stated that SAPTA will look into this and see what needs to be done to address the issue and bring it to the next Board meeting. Frank asked that the members be notified by e-mail what the course of action will be before the next meeting since is it so far away. Deborah agreed.

Update, Discussion, and Recommendations Regarding Legislative Counsel Bureau (LCB) Audit:

Deborah reviewed the LCB audit findings and responses. On April 17 SAPTA received the audit. The document is available on the Legislative website. SAPTA accepted all 16 recommendations from the audit. On July 12 SAPTA submitted a second report that gave a plan of action regarding the recommendations. The report was divided into two separate areas of issues which were, SAPTA audits and fiscal monitors. She reviewed SAPTA's plan of action. Because of the recommendations SAPTA's way of doing things will change which will affect processes for the programs. SAPTA will be writing procedures to assist with the changes. Amy Roukie suggested when SAPTA creates the modifications to practices and sanctions to bring them to the Board as recommendations and receive advice on how the practices affect the programs. Then after the Board supports the document take it to the Audit committee to present. This would be a good start to the new found communication between SAPTA and the Board.

Lana Henderson suggested when documents are sent to providers that require a signature within 10 days, take into consideration sending the letter certified mail and then after receipt of letter start the countdown of resubmission. This will give programs adequate time to respond. Deborah agreed and stated there are things to work out for the new processes.

Michele Watkins asked for a timeline for when audits are due. Deborah stated that Rebecca Vernon-Ritter sends out timelines to the programs.

Discussion and Recommendations Regarding Health Care Reform:

Deborah McBride spoke about the Accountable Care Act (ACA) overview presentation that Dr. Green created. Deborah mentioned that the Supreme Court supports the Medicaid expansion. The State is looking for more money for Medicaid because more people will be using the funds. She stated the State has estimated 133,000 people joining Medicaid and the cost to the State could be in the millions of dollars.

Gregg Leiss informed the members of specifics regarding Health Care Reform (HCR). The Department of Health and Human Services had a high level meeting the week before. Health Care Finance and Policy which runs the Medicaid system for the State of Nevada is under Mike Willden with the Department of Health and Human Services (DHHS). When money is being considered to help finance programs, those funds are searched for out of every budget under DHHS. Information is being gathered to figure out the impact of ACA and being reported to Mike Willden whom will deliver to the Governor's office. If the ACA is passed, the uninsured rate of 21% will drop to 12% during the first year January 01, 2014, and 10% the second year. The eligible but not enrolled group of people could increase up to 50,000 more people by 2014. This is what is causing the estimated \$62 million impact to the State regardless of the ACA. If the State progresses with the ACA the newly eligible 19 to 64 year old group, would be responsible for administration fees. The State is trying to put together what this would look like

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and long term care impact on State funding for 2020. The State is estimating this group to be 71,000 people. They are expecting the State of Nevada to be at a 62% FMAP rate, the Federal portion paying for Medicaid services. If the Governor plans to go with the expansion of Medicaid, the essential health benefit packages will be under review. Washoe and Clark counties will be managed through a Medicaid Health Maintenance Organization (HMO) and the rural counties to be paid by provider type.

Deborah mentioned she has designated Gregg and Steve McLaughlin to be the leads within SAPTA regarding ACA.

Steve mentioned he is putting together a matrix regarding the insurance companies in Nevada which will help the providers understand what is being provided by the insurance companies.

Deborah mentioned that on the MHDS website under the SAPTA webpage, a section for HCR information is available. She also mentioned the national organization National Association of State Alcohol/Drug Abuse Directors (NASADAD) has a section on the website called public policy which contains information regarding HCR.

After further discussion regarding the HCR the Board decided to create a letter that will be provided to the State. The letter will explain the support and recommendations of the Board as the State moves forward with Medicaid expansion and essential health services. The letter will include licensing issues and Medicaid concerns. Frank motion to move forward with creating a letter with Board input. Lana Henderson seconded the motion. All approved.

Update, Discussion, and Recommendation Regarding Encounter Based Reimbursement Status:

Deborah McBride stated that back in 2009, SAPTA had a performance audit and one of the recommendations was to move to a performance based fee for service system. SAPTA was given until July 01, 2012, to make this happen and in the past three years SAPTA has been creating the system. SAPTA met the deadline of July 2012, and began with a pilot project for the reimbursement methodology through the marijuana registry dollars. Gregg Leiss mentioned the first set of utilizations to be reviewed by August 10, to cover the July units of service. Deborah mentioned that the weekly calls on Thursdays at 12:00 p.m. are still in place as a forum to communicate about the system.

Margaret mentioned that there is no longer a utilization report in Nevada Health Information Provider Performance System (NHIPPS). She has developed a combination of utilization and expenditure report and sent it to programs for feedback. This report will function like the current utilization in the old world function. A program will be able to run a report anytime during the month but only save at the end of the month. Testing in the system will happen within the next week. Programs will still have to report against the pay reimbursements because once the reimbursement report is submitted a pay report will be in the system. She asked for anyone interested in giving input regarding the report let her know so the report can be useful to the programs.

Margaret mentioned that the programs will need a lot more visual data in the system. She is also working on a list of questions for exception reporting since items will be triggered by referral types and diagnoses. She has to build a way for the user to see certain information within the

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system. She will be asking for feedback on this as well.

Lana Henderson brought to Margaret's attention of an issue in the admission fields regarding funding sources and the expected payer. The information SAPTA sends to Treatment Episode Data Set (TEDS) never stated SAPTA as a funder and she is working on a solution. She stated not to worry about the data field in the admission record because in the past that information has not been valuable.

Steve Burt stated he took the training when it first started and then took it again with his staff and it has become easier to understand. He is happy with the system at this point and that if he is able to run more reports that is fantastic.

Denise Everett asked about the fee for level of service and a SAPTA client and that the program cannot charge another funding source to make up the difference. Deborah mentioned that it is per unit of service, so if a program is paying for that service with SAPTA dollars the program cannot use other funds to pay for that service. Denise asked if this will be given to the programs in writing and if it is legal to ask providers to not use other funding sources. Deborah mentioned that SAPTA is the payer of last resort and this is our guideline. If you have other services for that client then you can pay with other sources. Deborah mentioned a previous discussion that happened regarding this topic and the correct wording was approved by Dr. Green and she will send it to the programs again. The members asked for something in writing from Richard Whitley and for SAPTA to ask for legal opinion. Kevin asked for a motion to advise SAPTA to ask for a legal opinion and ask Richard to go through the Attorney General. Tammra Pearce motioned and Amy Roukie seconded. All in favor. Steve Burt reiterated the motion, to advise SAPTA to seek legal opinion about the ability for the programs to collect the payments from multiple funding sources for a unit of service.

Dorothy North mentioned that on the SAMHSA website regarding Block Grant money, funds can be used to supplement Medicaid insurance and other third party payers. Kevin stated that this is what he has always understood too. He restated that we are going to ask SAPTA to get an opinion to finalize the issue.

Kevin Miyasato from Community Counseling Center asked about a form previously discussed regarding a safety net for payments for services provided and has this been written and sent to the programs. Deborah stated that it has not been written but that is what SAPTA has been instructed to do by Richard Whitley.

Discussion and Recommendations Regarding Technology Subcommittee:

Kevin Quint tabled this item until the next meeting.

Discussion and Recommendations Regarding the Legislative Session 2013 Subcommittee: Kevin Quint tabled this item until the next meeting. Deborah McBride brought the Board members attention to Legislative Bill Drafts Requests (BDR) numbers 46, 89, and 98.

Discussion Regarding New Funding Streams:

Charlene Herst stated that SAPTA is applying for the Partnerships for Success II prevention grant which is due next week. She stated that 85% of the dollars must go out to the prevention community for awareness of underage drinking or prescription drugs. This is a discretionary

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grant worth \$1.2 million. This is a three year grant with funding the first year and depending on performance funding for the remaining two years.

Standing Information Items:

Administrator's Report

Richard Whitley was not able to make the meeting and there is no report.

Chairperson's Report

Kevin Quint mentioned that Richard Ham passed away and he was a great guy and did a lot for the field. He also mentioned recovery month is September and the first meeting in Washoe County will be next week.

SAPTA Report

Deborah McBride mentioned a few items:

- The Marijuana registry is special funding from Child Welfare that SAPTA received to use for referrals, through May we have seen 391 clients and the balance is \$372,000. This last State Fiscal Year SAPTA did a continuation application with level funding. There are additional funds available and anything leftover carries forward. SAPTA spoke with providers about capacity and was it larger than the funding received. SAPTA is looking to see if providers have more capacity, if so there may be more funding available. Next year the funding will drop because of Health Division changes to applications with dispensaries. The funding will drop anywhere from \$300,000 to \$500,000, SAPTA is trying to keep it level to carry on for as long as possible. If SAPTA gave all the funds at once, the Maintenance of Effort would be affected. She asked the Board if level funding is an agreeable approach or would it be better to give all the funds at once. Frank Parenti asked if the utilization is an issue since the funds went out late last time. Deborah mentioned that the utilization has been increasing over the year. Deborah stated that it is a better option to move forward with the continuation application. A suggestion to do midyear assessments to allocate funding appropriately. A discussion followed. Deborah suggested the marijuana funding discussion become a standard agenda item.
- A Medicaid Billing meeting is being scheduled July 26, 2012, and will be video conference to Reno, Las Vegas, and Elko.
- Last week an email was sent regarding the Synthetic Drug Abuse Prevention Act for 2012, which is a new law. She wanted the programs to know this law has been passed nationally. The law states synthetic drugs are now considered Level I.

Steve McLaughlin from the Treatment Team mentioned:

• Treatment teams monitor tool updates and changes to the Compliance Action Plan (CAP) codes. In the CAP codes area some letters have been moved from "C's" to "B's". Starting in section B – Subgrant File Review, there is a "yes or no" area and an added "P" which stands for Partial. SAPTA doesn't want to give an "N" for No, when a program is performing some of the areas monitored and then get a CAP. He mentioned items changed in section G and some items added. Amy Roukie asked when the new monitor will be used. Steve stated in the next monitor cycle. Kevin Quint mentioned that in the past the Board reviews the tools and recommends changes. It was decided to bring this tool to the next meeting. Before the next meeting if members have suggestions send them to Steve.

Chuck Bailey, Data Team Supervisor mentioned:

• Asked for an agenda item for the next meeting to discuss SAPTA IT systems and

possible need for development policies.

- Strategic Epidemiological Workgroup (SEW) project/data dissemination system which targets use for the prevention community, the project is 80 to 90% complete.
- Strategic Prevention Enhancement (SPE) grant project/data warehouse SAPTA is requesting an extension of June 15, 2013, because of personnel and timeframe issues. Deborah mentioned that SAPTA is trying to pull other Division in on the project in case the systems need to talk to each other.
- System changes regarding unit costs the goal of the SPI project is to build the infrastructure to work towards providing more reports in the future and to see the database.

Charlene Herst, Prevention Team Supervisor mentioned:

- SPI project Even if SAPTA receives the no cost extension the cost deliverables are due on the original due date and one of them is a strategic plan. Even if we apply for the Partnership for Success grant a prevention strategic plan is due. Then the plan will be added to the Agency strategic plan.
- Updating the certification instruments for the coalitions, direct service providers, and administrative services. Updating graduated sanctions which depend on critical nature within the certification tool. She asked for the certification instruments to be added to the next meeting agenda.
- Updating the coalition compliance monitor instrument and asked for it to be on the next meeting agenda.
- 4P's Plus Training for Trainers will be available for providers August 21, 2012. The 4P's Plus is an assessment tool for prevention referral and helps pregnant or thinking about becoming pregnant women regarding their use or families use of substances. This tool is similar to the screening of brief intervention.
- Utah Fall Conference is the last week in September.
- AB242 notices have gone out to programs and the fourth quarter is due on July 20th.

Gregg Leiss, Fiscal Team Supervisor mentioned:

- The fiscal team is tasked with final reimbursements, close out fiscal year, and the new grant year.
- Building budgets for 2014 and 2015.
- New people involved with fiscal in MHDS are, Robin Hager, ASO III and Bill Chisel, ASO IV.

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

• No report was given.

Subcommittee Report

• No report was given.

Review Possible Agenda Items and Future Meeting Dates:

- Certification Tools and Sanctions
- Drug Testing Policy
- Marijuana Funding
- Treatment Monitor Instrument
- SAPTA IT Systems
- Prevention and Coalition Monitor Instruments
- Legislative Session Subcommittee

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

Next regular meeting will be September 12, 2012. The Board asked SAPTA to check with Richard Whitley's schedule to have a meeting in August.

Public Comment and Discussion:

Kevin Miyasato mentioned the hard work that Margaret Dillon has been doing which has been excellent and above par. He also acknowledged Las Vegas Treatment Center who closed their doors and twenty years of service.

Mark Greenburg mentioned he hopes to help with the advocacy of treatment and prevention. He also acknowledged Steve McLaughlin adding a child to his family.

Adjourn:

The meeting was adjourned at 1:05 p.m.