

Division of Mental Health and Developmental Services  
Substance Abuse Prevention and Treatment Agency (SAPTA)  
Advisory Board (SAB)

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**MINUTES**

**DATE:** November 14, 2012

**TIME:** 9:30am

**LOCATION:** Truckee Meadows Community College  
Redfield Campus  
1800 Wedge Parkway  
HTC Room 103  
Reno, NV 89511

*Video-Conference*

College of So. Nevada Cheyenne Campus  
3200 E. Cheyenne Ave., Room 2638  
Las Vegas, NV 89146

Great Basin College  
1500 College Parkway, Room 137  
Elko, NV

**BOARD MEMBERS PRESENT**

Sparks Site

Diaz Dixon  
Ed Sampson  
Kevin Quint (Chairperson)  
Nancy Roget (Vice Chair)  
(Proxy Michelle Berry)

Steve Burt  
Tammra Pierce

Las Vegas Site

Debra Reed  
Frank Parenti  
Ronald Lawrence (here as member of the public)  
Kay Velardo  
Maurice Lee (Proxy Bradford Glover)

Elko

Dorothy North (Proxy Ester Quilici)

Step 2  
Frontier Community Coalition  
Join Together Northern Nevada  
University of Nevada, Reno – CASAT

Ridge House  
Bristlecone Family Resources

Las Vegas Indian Center  
Bridge Counseling Associates  
Community Counseling Center  
Community Counseling Center  
WestCare, Inc.

Vitality Unlimited

**BOARD MEMBERS ABSENT**

Lana Henderson-Robards  
Michele Watkins  
Brad Greenstein

New Frontier Treatment Center  
Central Lyon Youth Connections  
PACT Coalition

**STATE OF NEVADA STAFF**

Reno Site

Betsy Fedor  
Charlene Herst  
Chuck Bailey  
Deborah McBride  
Gaylene Nevers  
Lisa Tuttle (recorder)  
Tami Jo McKnight  
Rob Jones  
Andrea Rivers

Health Program Specialist, SAPTA  
Health Program Manager II, SAPTA  
Health Program Specialist II, SAPTA  
Agency Director, SAPTA  
Health Program Specialist I, SAPTA  
Administrative Assistant IV, SAPTA  
Clinical Program Planner I, MHDS  
Clinical Program Planner II, MHDS  
Health Program Specialist I, Health Division

Las Vegas Site

Steve McLaughlin  
Kim Davis

Health Program Specialist II, SAPTA  
Administrative Assistant II, SAPTA

**PUBLIC**

Sparks Site

Denise Everett

Quest Counseling

Las Vegas Site

Jamie Ross

PACT Coalition

1. **Welcome and Introductions**

Chairperson Kevin Quint opened the meeting in due form at 9:47am.

2. **Public Comment**

Frank Parenti mentioned for a possible future agenda item that meetings be held twice a year in person and/or via conference call due to the disconnection with video conferencing. It is hard for people to hear one another. When meeting in person, there is better interaction and more could be accomplished.

3. **Approval of Minutes from the September 12, 2012, Meeting**

Kevin expressed the meeting minutes were very well written and appreciated the clarity. He thanked Meg Matta and Deborah McBride for the good work. Steve Burt moved and Diaz Dixon seconded to approve the minutes. Motion carried.

4. **Discussion, Recommendation, and Approval, of the Co-occurring Treatment Disorders Endorsement**

Steve McLaughlin made two important changes to the guidelines by separating the content for co-occurring capable and co-occurring enhanced which identify two distinct types of services. The goal is to distinguish between both endorsements and obtain certifications. Also, the title "Division Criteria" was misleading and was removed from the top.

Ester Quilici asked how this additional enhancement would financially affect everyone, and what is the benefit in getting a co-occurring disorder endorsement? Steve McLaughlin said there are different levels of service for treatments at different price ranges. If Vitality wants the certification, SAPTA could look at funding for that level. Although no extra monies are available, that is not a deterrent for Ester because the effect is positive. These endorsements are maintained like any other level of service. Kevin asked what the differences are between reimbursement rates. Steve McLaughlin pointed out page 8 of the Sliding Fee Scale Policy which shows reimbursement rates for the fiscal year. Ester said she had Appendix C-14, but not the other information. Steve will email it to her. Again, a request for having conference call meetings was mentioned because of people not being able to hear, although Ester liked this video conference set-up better than the last. She addressed the Chairperson if a motion is needed to approve or if this will be studied further?

Kevin stated we can be prepared to move forward with this action item and asked if everyone was satisfied that this is a good policy for serving clients well. Steve believed by using these guidelines, it would be a good direction toward serving clients in the programs. Other states already have concrete COD programming. Ester's concern was regulation. She posed the following questions: (1) if this were adopted, when does funding begin, (2) are some already approved through Appendix C-14, and (3) will revenue increase? Quest Counseling is already approved for this enhanced endorsement, as well as Family Counseling Service, WestCare, Bridge Counseling, and Community Counseling. Diaz stated this is an opening for others who are eligible for these services. Tammra Pearce moved and Diaz Dixon seconded to approve. Motion carried.

5. **Discussion and Recommendation Regarding Sliding Fee Scale**

Kevin revisited this topic based from Barry Lovgren's letter dated October 18, 2012, which was sent to all Advisory Board members. Kevin wished to briefly summarize the letter, discuss any issues, and make decisions on whether there is merit to his concerns. For the record, Richard Whitley requested this be put into the agenda to provide clarity to this situation. After re-reading these minutes from a few years ago, they are confusing because of off-topic conversations intertwined in the discussion.

Kevin wanted to make a presentation on what he believed to be the purpose of his letter. He quoted from Barry's letter, "to provide advice on the SAPTA sliding fee scale so it doesn't continue to prohibit compliance with sub grant requirements, penalize families, and impose undue fiscal hardship on some clients and their families." Three issues were brought up in the letter. The first being that SAPTA's sliding fee scale is a fiscal barrier to treatment for many pregnant women. The letter talked about penalizing families as the household size increases. The fiscal barrier to treatment is created by having a ceiling specified by income regardless of household size instead of by the percentage of the federal poverty level. There is an example of this in his letter. Secondly, SAPTA contended there is no fiscal barrier to treatment because policy prohibits denial for treatment due to inability to pay. He offers the result that it promotes "crushing debt" to some clients. Kevin stated Barry does not offer why this is true. Lastly, SAPTA had double-binded programs by requiring them to bill at both 400% of federal poverty level and by the SAPTA scale, which does not use that as a measure. Mr. Lovgren feels this is a conflict.

Kevin took the liberty of contacting a few people to ask their opinion. For the record, he only received some feedback and did not breach open meeting law. There didn't seem to be a lot of concern from the providers. Since Kevin had not dealt with treatment or the sliding fee scale for some time, he wanted to get feedback from the individuals who handle this on a daily basis. One person mentioned there might be an inequality between people with a large family, with no family, or with one person. Besides that, there were no other concerns.

Kevin posed this question to address the letter, "Does the current sliding fee scale present an undue or unfair financial hardship to people we serve?" He stated that he was not asking about how they do it or what the policies are, but is the policy creating financial hardship or any type of barrier to access to our clients? Kevin asked this be documented so as to respond to Lovgren on the status of whether it has or has not been dealt with. Steve Burt feels that prior to full fee-for-service the answer was no because the percentages were set appropriately and the sliding fee scale policy says inability to pay. Lovgren's comment about crushing debt was to provide them services, charge them, and allow them to not pay. However, they would still owe the debt. Steve feels Lovgren's concern about the policy's inability to pay is really about the inability to ever pay. In order to manage monthly reimbursement with capped fee-for-service, people will be dropped from SAPTA funded status and become self-pay, which will not qualify them for the sliding fee scale. That was an internal agency decision as to what to charge due to being capped. He cannot charge out his grant dollars by December because of charging them to SAPTA. Frank commented that last year when agencies set their rates, the sliding fee scale percentages were based on their individual agency's fees. That fee is now based on SAPTA reimbursement rates which could be a potential barrier because of percentages charged for services. He believed Lovgren brought up some good points, but may have addressed some issues inadvertently such as someone not being allowed to complete a program because they couldn't afford to pay. In the past for many years, in an agency that no longer existed, it charged a fee which wasn't related to a barrier to treatment. However, it was a fee that technically kept clients from getting into a residential setting. He believed these situations were happening on some level unintentionally and should be separated between completing treatment and owing money.

Kevin asked again if the SAPTA sliding fee scale creates hardship or a barrier to access to clients served. He is looking at policies, not practices. Ester suggested a task force or subcommittee be appointed, and include clinicians and/or the people directly involved. She stated they accept people regardless of their financial status. They are mandated not to discharge people from treatment because of their inability to pay. They accept pregnant women and provide their needed services. She feels Lovgren believes everything should be free, and she doesn't feel responsibility is being taught. The sliding fee scale is imposed on everyone. She believes having dialog with SAPTA would help them to answer these questions. Kevin clarified their job is to give advice and counsel to SAPTA on this issue, as well as other issues.

Frank's understanding of the poverty guidelines is they are federally funded and are not established or imposed by SAPTA, and SAPTA must comply with the block grant requirements. He gets funding from

other federal sources which also impose the same guidelines and sliding fee scale when deciding how services are provided. He said SAPTA staff would know this. When the RFAs come out, they include the latest federal poverty guidelines.

Kevin asked if there were any complaints or comments regarding application of the sliding fee scale. Ron stated that this absolutely does not present a barrier to access for treatment to clients. A discussion was made regarding the understanding of the policy being fair or unfair. Ron stated the sliding fee scale placed a burden on agencies because the money is needed to pay utilities, janitorial services, etc. He believes it is extremely fair to clients, which Ester agreed. She stated it is difficult when agencies are at zero because the money received is needed to sustain business. Diaz felt it to be a mute point because the majority of their clients are at zero, and it doesn't prevent them from providing services for treatment. He felt it is more than fair to provide these services to clients for what they receive versus what they are held accountable to pay. When Kevin spoke to some directors he was getting answers about how they do it. He said what needs to be asked is if the policy is inherently unfair, a burden, or a barrier. Diaz again commented on the policy being very fair for services received versus what is paid and held accountable. Frank believed it was a separate issue. For most people it is an issue to pay 25% of the fee and this is where crushing debt factors in. They then can complain to SAPTA. This, however, is not an issue with Bridge Counseling because they have people who fall in to a self-pay category which are not adhering to this guideline, so it's a mute point. The majority of people they serve are at zero pay due to being indigent, unemployed, or disabled, whatever their situation might be.

Kevin entertained a motion to currently dispatch this issue. If any changes occur in policy, it may be reviewed again.

Diaz motioned that SAPTA has provided a sound written policy to the agencies and needs no further action. Tammra Pearce seconded. Motion carried. For the record Ester abstained and was noted by Kevin.

Kevin appreciated everyone's initiative to discuss this issue to ensure nothing was ignored.

**6. Presentation on Pregnant Women's Needs Assessment Report**

Charlene Herst presented the report on behalf of Nan Kreher. She requested any comments after reading the report be directed to either her or Nan.

She reported the percentage is up for pregnant women in treatment even though the numbers of pregnant women are down, both nationally and in Nevada. It is a very comprehensive report, and the numbers come from NHIPPS and are compared to the national TEDS data. Deborah commented that it is good they are seeing units of service up for treatment of pregnant women. Although the numbers of total women being served are down, the data indicates they are receiving good quality service which is very positive. National numbers are declining for the number of women, number of births, and rate of births. They are also declining for California, which is the benchmark.

Per Charlene, according to a news report from the March of Dimes that morning, Nevada scored a "D" in overall premature birth rates; however, that is an improvement. Nevada has far to go in avoiding pre-term labor. The goal is 1 in 9. There are many things needed to be done both in Nevada and nationally. Substance use is obviously in that mix. Although tobacco use has declined dramatically, the women that are using are also using tobacco.

Kevin pointed out that on Page 5 of the report the waitlist has declined, but the average length of wait has increased. The end is very low so it could mean a single person was waiting for a long amount of time. Diaz was not sure how "waitlist" was being defined if they were not added to the waitlist because of incarceration. He asked his staff to examine how to determine this. It helps that some women immediately get engaged in outpatient services. Technically they are still waiting to get into residential. Some women drop off the

waitlist altogether if not served quickly enough, whether pregnant or not. He wanted to research this number. They are a priority population so they will immediately fill beds. If they are on the waitlist for a day, they are technically still counted on the waitlist. A discussion was held to determine the definition of a waitlist. Currently Step 2 has 14 women on their waitlist, and if one were pregnant, that number may not be correct. It could be a mistake on their end if the information was not entered into NHIPPS because they had a bed date. Per federal block grant requirements, Betsy Fedor stated if they are outpatient, then they are not waiting. The waitlist is not a scheduling document and does not qualify for those in jail. Charlene said it is not just for WestCare and Step 2, but for all pregnant women in all SAPTA-funded programs. This data was obtained from NHIPPS. Per Step 2, the reason two people were on the waitlist so long was due to the agency not being able to contact the person who tried to enter the treatment, and so they were not removed from the waitlist. Deborah referred to the comment on the bottom of Page 5.

Consensus from the group was that the report was nicely done. Kevin reminded everyone for any questions or feedback to email Charlene Herst or Nan Kreher.

7. **Report, Discussion, and Recommendations from the Consolidation Subcommittee**

Frank was involved in a conference call to clarify the confusion of consolidation and the role of Health Care Quality and Compliance (HCQC). It was hoped the next Consolidation Subcommittee meeting would be scheduled prior to this SAPTA Advisory Board meeting in order to address any duplication of discussion of monitoring or interpretation of documents. Every year when renewing certification it would be better to reference the monitoring in order to avoid repetition during the process. Frank seemed to think it has already been streamlined. HCQC staff was unable to attend the conference call and provide input, so there was not a clear understanding of their role. They actually cannot do anything from a treatment perspective about oversight, and it didn't seem as though anyone on the call was in favor of SAPTA taking on the responsibility of the facility issues that HCQC handles.

Per Kevin, in order to clear confusion and lighten the work load it was decided to first review and streamline internal SAPTA documents. Per Frank, the certification and monitoring are two different visits, so whatever can be consolidated should be referenced. It is his hope this direction will continue that once SAPTA has reviewed reports, they will not have to be re-reviewed.

Frank mentioned Deborah had previously presented some dates for setting up a Consolidation Subcommittee meeting, but unfortunately there wasn't enough time to meet prior to this meeting. Deborah will revisit available dates and have the subcommittee meeting scheduled within the next month.

Kevin said this is a good start, and it will go far in helping the Board advise SAPTA on these issues. Deborah stated that Meg Matta will transcribe the minutes from the last meeting held on October 24, 2012, which will be distributed.

8. **Discussion and Recommendations for Annual Treatment Certification Fee Procedures**

Annual certification fees were approved August 2011. Steve McLaughlin had been discussing how to make the process less cumbersome for the programs. He is investigating the possibility of paying certification fees annually rather than every two years or every six months, and he asked for input and ideas on how to better handle this. Frank said because of the moving target issues, they tried to make the dates the same so it was just one fee per year. Deborah believed it to be January. The certification fee may increase cost for some and reduce cost for others depending on the expiration timeframe.

It was discussed what month would be best to pay the annual certification fee. November 15 will not suffice for Steve Burt because HCQC certification fees are due at that time. April or March was suggested. Steve Burt still had reservations. In order to cut costs in half, his incentive is to obtain a two-year certification. It is \$100 per level of service, and he is at \$600 for all his sites. Frank is at \$800 per year for adolescent and adult. Deborah stated approximately \$25,000 or \$30,000 of the SAPTA budget per year is allocated for

service fees. Ester spoke about paying high health division fees each per year which she believed to be in January. However, Steve Burt made correction to the date of November 15. To avoid missed deadlines and the threat of funding cuts, Ester suggested one consistent due date be established. Per Deborah, this was initiated some time ago in order to be consistent with BLC (now HCQC).

Kevin suggested setting a date, since Deborah stated SAPTA has no preference. The consensus was that January was preferred. Since this is not an action item it cannot be decided at this time. Deborah will have Steve McLaughlin work on the recommended January date, and staff will write up a procedure for presentation to the Board.

9. **Discussion, Recommendation, and Approval for Structure of Subcommittees**

Per Deborah, the subject was raised by SAPTA staff to discuss the members serving on the SAB subcommittees. She inquired if there is a process that can be followed in order for the same members to not serve on every subcommittee. When Kevin asks for subcommittee volunteers, she raised the question about rotating Board members to serve. Michelle Berry stated it is a voluntary process and may depend on schedules and workload to determine whether a person can serve on a subcommittee. She suggested it may be helpful for SAPTA staff to follow-up with nominees as to when meetings are scheduled and who is serving on that particular subcommittee. She wanted to know if a process was in place to inform subcommittee members of meetings to ensure compliance with open meeting laws. Kevin specified on page 4, Article 10 of the By-Laws that it addresses subcommittees and has some description of what can and cannot be done. He said we are within our rights as a Board to make more specific changes if needed. Frank is not sure about rotating people because generally the same people who volunteer try and make time to do so, and the ones who do not volunteer usually cannot make the time.

Kevin asked for any recommendations from the Board regarding changes to this item. Frank agreed with Michelle's comments. Kevin suggested being more aggressive in asking people from outside the Board to help in these committees. There hasn't been much outside participation in the last 10 years, and he feels it would make the committee structure more robust. There has to be at least three Board members serving on a subcommittee. Ester suggested teleconferencing to gain more frequent participation from outlying areas. Kevin reiterated the subcommittees have always been held by teleconference, rather than video conference, which makes participation easier. Frank stated that a call in number is provided. Deborah has been informing members when meetings are scheduled.

10. **Discussion and Recommendations for Peer Review Process**

Deborah stated that SAPTA is looking at how peer review compared to other states and whether it needs revision. Steve has been researching other states' processes. There is a variety, but most states seem to include their peer review into their sub grants with their providers. Those providers handle the peer review for each year, and it seems to be rotated through members. Steve said many states place it into sub grant assurances. One state agency he spoke to said they require per diem reimbursements for travel. A round robin of programs is chosen to be peer reviewers for a particular year, if it is part of their assurances. Steve reported this is on the agenda to discuss different ideas for reimbursement, how many programs are involved, and how to choose different members each year. Some states have moved into a different peer review process direction. Administration has asked SAPTA to review the re-evaluation processes.

Frank gave a briefing of how NV AADAPTS rolls this out. He explained the number of agencies funded get peer review and are on a rotating basis between north, south, and rural. Three agencies are reviewed per year and locate the people who actually assist with the peer review. They are reimbursed for travel and other allowable expenses. It is taken a step further than the peer review requirements of the block grant by offering suggestions, providing policies, and whatever else might be based on the results of the peer review process. Unfortunately, many of the same agencies are reviewed every few years because of agencies refusal to respond or participate. Frank has tried to get clarification on this.

The peer review process consists of a three-paged, noninvasive document. Peer review indicates anything SAPTA or HCQC does for certification or monitoring. He indicated it is good to have open conversation and questions afterward about how this process can be moved along for some specific issues, the instrument that has been approved by SAPTA, or how agencies are rotated for peer review. Frank has been involved with AADAPTS for 12 years, and there are three agencies he has never reviewed. He feels that would be a great start. Steve Burt wondered if it was in the grant assurances to comply with peer review. Diaz, having done peer review for some time, believed it to be extremely beneficial, especially when compared. Diaz had learned much through peer review, as well as the agencies that were reviewed. He is uncertain why it is being reviewed, except that it may need to be scrutinized. He felt it was beneficial to talk to the entities that have already been reviewed as to how they can be more involved in helping clients in the community. Steve Burt commented that it can also help SAPTA. He went through an entire lesson in NHIPPS to find easier navigation with documentation, which was beneficial.

Kevin believed the reason for this discussion is due to Richard having questions on peer review. In 1993, it was charged by SAPTA (then BADA) to develop a peer review process that was federally mandated, which has now evolved into today's system. NV AADAPTS as the convener made it easy to complete the peer review process. It made it easier with NV AADAPTS as the convener and didn't depend on an individual provider to ensure things got done. Because it is federally mandated, he felt it was good to ensure one place be responsible for everything to be completed.

Steve Burt felt they would be reprimanded if reporting peer review results to SAPTA or the Health Division. Diaz believed it to be a good opportunity to keep it separate to discuss their findings in the peer review. It's an opportunity for growth for agencies. Step 2 does not report their findings to SAPTA. Frank specified the review date and the reviewer can be disclosed; however, the peer review content is confidential and cannot be disclosed which is part of the Block Grant requirement. Deborah stated that SAMSHA does allow reports to be shared with SAPTA. Diaz said that nothing has ever been found to be egregious. Michelle asked how is it made a provision in the Block Grant award, and Kevin replied that it just says it has to be done. Diaz believes the agency has to agree. Kevin felt this to be controversial 20 years ago when it began. There was an agreement made as peers to uphold an ethical obligation in using good judgment and to keep matters confidential. Steve McLaughlin said that Theresa Mitchell, the SAMSHA project coordinator, told him the actual information is not confidential. Frank will forward the peer review letter which is clear on how and what has to be done, and what is or is not reported.

He pointed out that people like having confidential, off the record conversations. The assurance for SAPTA is that they use SAPTA-approved documentation and letters requesting peer review. He discussed how each year they changed documents on evidence-based practices, co-occurring capable, co-occurring enhanced, or whatever it may have been, and addressed the pertinent issues. Trend cycles and how agencies are reviewed were also identified. If the process changes, it's going to be put into somebody's sub grant. It will be on a random basis. Even though they received a small amount of money from the SAPTA grant for AADAPTS, a lot of work has been done, policies forwarded, and technical assistance provided. Kevin asked if Steve McLaughlin or anyone at SAPTA had talked to Frank about the AADAPTS peer review process. Steve has a lot of the information, but had not yet spoken to Frank.

Kevin suggested the next step be that Steve discusses this with Frank and see if there is more required by Deborah or Richard in order to dig deeper.

Meeting called for a 10 minute break at 10:57 am.

Meeting called back to order at 11:09 am.

11. **Discussion and Recommendations for Performance-Based Review of Treatment Providers' Funding**

Deborah added this topic for discussion to gather ideas about a fair approach. Each year as funding is disbursed, a utilization review process is started to review if programs are meeting their scope of work and if funding adjustments need to be made to shift monies to other providers. If possible, funding to providers needs to be monitored each year. She asked if a performance based review is needed to be taken into account.

Steve McLaughlin stated that different states have moved toward a hybrid allocation where they have a fee-for-service, but also have performance measurements and outcomes reviewed as well for continuation funding. This is needed to be evaluated beyond utilization and also address treatment outcome with clients. It was stated that other performance measurements need to be evaluated other than the number of clients served or the number of units provided. There can be too much reliance on that type of system. Kevin suggested there could be many factors why utilization is down. It is a concern because many programs don't have the budget funding, resources, or support, to market information to the communities. Steve will gather information from other states' sub grant performance measurements. He suggested discussing this at the next meeting. There is a lot of information and background of what's already being done beyond utilization. Steve is focused more on client outcomes when they are released and the outcomes of improving programs. His thoughts go beyond just utilization, as this was also to look at treatment efficiency and effectiveness to help programs.

Kevin expressed it was a great presentation to compare and contrast what is happening around the nation. It was brought up to make this an agenda item for the next meeting. He asked if there were any other thoughts for Steve and his staff to help in their preparation.

Ester had not heard about other performances, but stated they had over performing component parts. She believed that over performance should be considered and rewarded but are blocked due to additional funding. The SAPTA-driven, performance-based full fee for service system has responded to tough populations and situations. It is important to define the outcome readings. Kevin wanted to obtain a deeper definition of performance. Ester thanked Steve McLaughlin and SAPTA in clarifying restricting money for both the under and over performing component parts. It could be difficult to award monies because of the unpredictability of estimating performances. Also, allowing money to be drawn out quickly is good because of the differences of highs or lows in month to month operations.

Kevin said this will be on the next agenda.

12. **Discussion, Recommendations, and Approval of Future Meeting Locations**

Frank realized everyone is pressed for time and money, but knows it is important to meet in person because he believes there is a different dynamic to the meeting and conversation is completely different when people are separated in different locations. He asked if webinars can be done from their offices if it is going to continue in this way. He seemed it was a good idea to spend less time and money for travel. He wanted these ideas to be addressed. He felt that people's attention gets lost after 12:00 pm, if still in attendance. He was satisfied with this particular video conference room during this meeting, and for the last couple of meetings, but felt for the most part a disconnection due to side conversations happening during the same time. Diaz agreed with Frank's comments, and he stated he has been saying the same thing for a long time. He feels there is much to be said for non-verbal communication, as well.

Kevin asked if there were meetings held once or twice a year in the north or south would people show up. Because of the convenience of video conferencing, people have become used to not traveling. Ester made a statement that she appreciated the video conferencing so she can attend. In the past they requested video conference transmission but were consistently denied it until recently. For years they traveled to Tonopah. Unfortunately attendance to meetings declined because of the difficulty to schedule travel. From Elko, it's approximately six hours to Las Vegas, three and a half hours to Reno, and four hours to Carson City. Ester

felt they had the longest distance to travel, and yet over the years were the most dedicated in attending meetings until it became an economical hardship due to funding and staffing cuts. She appreciated being able to conference into the meetings.

Michelle Berry liked the idea of meeting face to face, but it can be expensive. She felt meeting twice a year was reasonable with one trip each to Reno and Las Vegas. Ester suggested coming to Elko. Steve Burt expressed that would require all members to travel rather than half the members. Kevin stated if the meetings were face to face, video conferencing would still be available for anyone who could not travel. He liked the idea of face to face meetings, as well. He noted over the years when meeting via video conference, the meetings were shorter but less substantial for some issues. He doesn't want more timely meetings or travel, but does feel meeting in person would be overall better for accomplishing tasks.

When asked by Kevin, the consensus was that members were interested in scheduling future meetings in either the north or the south. Discussion was made about when and where the meeting would be held. Deborah discussed dates for upcoming meetings, but hasn't yet formally scheduled them. Charlene reminded everyone about the Legislative session being held between February and June 2013. It was suggested by Steve Burt to host the meeting in Reno on the July 10 date. Kevin directed discussing this matter during Agenda Item 17.

13. **Discussion and Recommendations Regarding Health Care Reform**

Kevin had nothing new to bring to this standing item. He encouraged everyone to reread the minutes from the last meeting due to lengthy discussions with Richard Whitley regarding Mental Health and Health Division levels driven by healthcare reform. A concern is how many programs will be ready to compete in the market place when healthcare reform is implemented. He questioned our role as an advisory board and the readiness to advise SAPTA on these issues and how to help programs get prepared. He understands Deborah and Richard are well aware of these prevention issues. It was asked if technical assistance would be acquired. Deborah said it was done in the North but hasn't had anything further. She stated that speakers came in, one being John Perez, and there were a few healthcare reform summit meetings both in the north and south. Good information was provided at those meetings, so it was the hope that all board members and providers attended.

Kevin asked if there was anything to mention for future agendas on this topic. Deborah wanted to discuss Medicaid training. She attended two Medicaid training sessions graciously hosted by Lana Henderson and staff from New Frontier. These sessions spoke about the Medicaid program, walked the attendees through the Medicaid application process, discussed Medicaid coding, and gave opportunities for questions. It was helpful and went well. At the last meeting, Deborah asked if anyone wanted additional training, but there were no requests at that time.

Deborah also mentioned the Healthcare Reform Readiness Survey that was distributed. She requested a response from everyone in order to provide SAPTA information on what else might be needed for training or how SAPTA can provide help or answer questions. Only eight treatment providers have responded so far. Once the survey results are back, Kevin requested a compilation report to review. Deborah wants to compile a report to focus more effort in those areas lacking additional training.

14. **Discussion and Recommendations Regarding New Funding Streams**

Per Deborah there was nothing at this time from SAPTA on this standing item. Michelle with CASAT stated they did receive funding to be a national office for the NVATTC. Because the regions were moved, Nevada is now in Region IX per ATTC. The project officer is Tom Freese from UCLA and is working as a sub recipient for Region 8 which is out of the university. Nothing yet has been ruled out. SBIRT and the peer to peer recovery support system will be included.

15. **Discussion and Recommendations Regarding Legislative Subcommittee**

Kevin stated the Legislative Subcommittee has met once, but is working on rescheduling. He asked if any discussion was needed, and asked if Frank heard anything from Jeanette Belz. Frank mentioned there are many new legislators. Colorado and Washington passed legalization of recreational marijuana use. Although it will not impact us immediately, people will need to be educated. This morning Kevin read an editorial in a Las Vegas paper conveying that if Nevada doesn't participate, our tourist and trade will not do well. It is an interesting argument. Deborah mentioned there are a number of BDRs about substance abuse and suggested everyone review them. There is currently not much detail about them, but there is some information about medical marijuana, revising provisions governing prescription drugs, and the PDMP system. It may be recommended or made mandatory that everyone uses the prescription drug monitoring program run by the Board of Pharmacy. One of them revises provisions governing the revocation of driving privileges after conviction of driving under the influence of alcohol or a controlled substance. There are a number of items to watch.

16. **Standing Informational Items:**

**Administrator's Report**

No report was given.

**Chairperson's Report**

No report was given.

**SAPTA Report**

Deborah reported on changes to SAPTA staff. She introduced Lisa Tuttle as the new Administrative Assistant replacing Minden Hall. Lisa will work directly with Deborah and will schedule meetings, take meeting minutes, and act as the contact to Board members in assisting with questions or requests. Deborah also reported that Margaret Dillon has left SAPTA, and they are currently discussing how the position will be filled whether it is a state position or a contracted temporary position that possess the necessary skill levels. Next, she referred to the revised SAPTA Organization Chart. There is a large gap on the left side of the chart due to the removal of the fiscal team from SAPTA. They have been centralized with the Health Division and are also assigned to other budgets. Kathy Meek is the only fiscal member physically located at SAPTA and is the newest fiscal staff member. It is a challenge having limited fiscal staff. Deborah asked for everyone's patience during this time and suggested they call their analysts with questions or concerns.

Kevin asked if Developmental Services (DS) is now under Aging. Deborah stated it will be July 01, 2013, or whichever date it is set to be effective, if the Legislature approves the changes. Richard is currently under the Health Division and is the Administrator for MHDS, in which SAPTA is a part. Kevin expressed he was unaware of the changes in Richard's status from Acting Administrator to Administrator. He asked the Board if it they had enough information and understood what was proposed.

Ester asked Deborah what she can do to help facilitate their draws to be received around the first of the month. Deborah asked if she was referring to their request for reimbursement, which Ester confirmed. SAPTA is still trying to maintain the same timeframe it's always had. Kathy Meek is working hard on this and has not indicated she is behind in sending out reimbursements. Ester said sometimes they do not receive reimbursement until the 17<sup>th</sup> of the month. If Vitality submits them to SAPTA by the first she wanted to understand why they cannot be received within five days of their submittal. Deborah expressed SAPTA is short staffed, as there is only one person to review and schedule payments. In the past it took 10 to 15 days for reimbursement. SAPTA tries to manage disbursement within 10 days, unless there are some questionable items. Steve Burt said Ridge House gets theirs within 10 days. Ester commented they don't have to attribute their expenses to categories and that it is straight forward as long as performance objectives are agreed upon. Steve McLaughlin also agreed there are issues with lag time; however, he doesn't believe it is solely on

SAPTA. Once leaving SAPTA, it is forwarded to another entity. He doesn't want to speculate, but thinks it may be possible it could be held up during that process. Deborah reiterated SAPTA is doing their best in maintaining the 10-day turnaround time.

Deborah stated sequestration is looming on the horizon, and it is uncertain what will happen. There were many newspaper articles written about it, and how it is focused on being labeled the "Fiscal Cliff." It has the attention of the Legislators. This is due to take effect January 2, 2013, and impact may be felt down to our level. Potentially there could be cuts in funding. She will keep everyone informed as to what she knows.

Deborah updated everyone on the marijuana registry. To date, about 100 clients have been served during this state fiscal year and approximately \$251,000 was spent.

It seems to Steve Burt that SAPTA had been hit hard in the last legislative session and asked if there was anything they could do to help prepare SAPTA for this upcoming session. His thoughts are the legislators will want to know what has changed or improved and believes SAPTA will be closely examined because of some of the audits that took place in the last year. Deborah is still working on the LCB audit. The report, policies, and procedures, are due December 17, 2012. When SAPTA has to go before these committees or subcommittees, it would be helpful to have a Board member or interested party attend and speak about SAPTA overall and how it relates to the importance of their work. Usually consideration is taken when listening to statements from the people who have done the work.

Steve Burt asked if the short term goal is to meet all requirements of the reviews and audits, so there is no question that everything has been done. Deborah expressed SAPTA is required to respond with reports. A plan of action was discussed during the April 17, 2012, meeting. A report was also done in July and September, and another report is due again on December 17, 2012, to show progress toward a plan of action. Forged audits were an area of focus to investigate how that happened and what's been done to correct it. A representative from the Coalition Board came to discuss it with the legislators. Kevin also attended that meeting. The LCB audit response has been a challenge to meet due to staff shortages. It is uncertain everything will be completed prior to the December 17<sup>th</sup> deadline, but there will be a plan on how to continue working on it.

Charlene handed out inserts in the Reno Gazette Journal that Mental Health submitted regarding veterans. Ten thousand copies were distributed throughout the State. She will bring extra copies to the meetings until they are gone and will give out copies to everyone who asks.

On the coalition side, as well as the SAPTA side, it has been a struggle to obtain much needed adolescent data within the last few years. The last set of youth risk behavior surveys was not accepted by CDC because the response was too small. Over 2,500 or 3,000 are needed per state, but the criterion for Nevada was not met. The Department of Education has turned this over to the Health Division. The Health Division has contracted to do this work with the University of Nevada, Dr. Wei Yang, and Dr. Kristen Clement Snow. Separately, Southern Nevada Health District (Clark County) received CDC enhanced dollars to do the YRBS down there. They will be handling 30 schools in southern Nevada. Between the Health Division and the University, they want to handle 44 schools throughout the rest of the State which include both high schools and middle schools. They already have the chart of schools, in which every single county will be covered. Every school will be counted in and at least one grade level in one classroom in each school. Incentive dollars are not available to the participating schools, so work will need to be done to obtain active consent from parents and to have teachers' support. The incentive would go to the principals and the teachers in those classrooms, whatever the number may be per school. SAPTA has \$22,000 in prevention dollars to contribute toward the incentive. It will give SAPTA the most incredible sampling there

may have ever been on the YRBS. The University will take the Clark County study and do a statewide study or report that will include the analysis. Kevin believes that getting passive consent would ultimately be best. Charlene specified SAPTA cannot do this; it is up to each county's school district. She believes at least four or five counties have passive consent. SAPTA, however, can help with finding reasons why it is needed. Kevin and Charlene discussed the number was around four or five. Kevin wants the coalitions to actively visit school districts to advocate for passive consent. Active consent requires the signature of the parent on the note. Passive consent, to participate in YRBS, allows students to take home notes, but if not returned they are assumed approved. Per Charlene, Utah now has these consents on line and they don't have to be sent home. Parents have the option to sign, however, if they don't it is considered a passive consent. It has worked out well, but took a concerted effort to put this in place. Charlene realizes some counties, due to lack of response time last year, are pushing for it at the school level. It is a matter of SAPTA helping them obtain the data.

Kristen Clement Snow and her volunteers from the University are also doing a transgender survey. In the last session there was a bill that stated transgenders cannot be discriminated against in the work place. Pockets in the population have been identified, especially in the north and the south, and volunteers will do a study on numbers and issues. The study questions are finished, but it is now a matter of pulling together funding. SAPTA has offered \$6,000 to accommodate the study in which there will be substance abuse questions asked. Also, the Behavior Risk Factor Surveillance survey is starting January 01, 2013. An LGBT question (gender identification or sexual orientation) will be asked on the adult survey for the first time. It will not be asked in the youth survey. There is always the possibility that eventually it may be pushed by high schools.

Charlene wanted to thank all the agencies and everyone for completing the AB242 first quarter report. For prevention, there have been issues with the quarterly reports. They would like to have those dates be the same with the AB242 reports. A question is being asked to the Director's office if the date due can be at the end of that month. For example, instead of it due January 20 to have it due at the end of January. As soon as there is an answer, Charlene will send out the new due dates for the next AB242 report.

Chuck Bailey launched the Data Dissemination Database. It's available on line, and training was delivered to the coalitions last week. Next year, they will be looking toward enhancements. Because Margaret has left there are changes in the help desk. Tonya Wolf will continue to field prevention calls and Gaylene Nevers will field treatment calls. SAPTA is looking to change the helpdesk operations to handle calls and track resolutions to those calls more efficiently. Due to the consolidation with MHDS and the Health Division, there are a number of changes in IT. The APDEV team will be lost when they eventually move to Aging. In the meantime, a transition plan is being set in place with Ernie Hernandez and his staff. A release of the session activity reports is expected within the next month through the data warehouse. Soon, a brief webinar will be held to demonstrate navigation and how to use the information.

Deborah reminded everyone that dollars allocated for the treatment teams are limited and are being closely monitored. The Block Grant Project Officer is reviewing the application in order to receive funding which begins October 01.

Tami Jo McKnight has been invited to give a mental health update and to explain the aspects of the Mental Health Joint Block Grant. SAPTA, MHDS, and DCFS, have been meeting since May 2011. There have been several joint meetings, and plans to submit the joint applications will be March 28, 2013. SAMHSA has put forth strategic initiatives which are being reviewed as to what can be done to combine mental health and substance abuse services. One of the focuses has been on co-occurring disorders. Deborah said SAMHSA is asking mental health to work together with SAPTA to leverage around activities and funding.

Kevin said to accomplish this, it is more of a state effort, and he hasn't had much outside input from members. He would like to request this Board provide a presentation to SAPTA to give input and advice before March 28, either in the January or March meetings.

Deborah stated SAPTA is still required to do a public forum for their Block Grant. There was a strategic planning meeting held a few days ago to gather ideas and input for assembling the Block Grant. Kevin requested in the January meeting to have a "project in process" discussion to provide feedback. Tami Jo agreed. She believes this will be submitted electronically, per SAMHSA. This would allow everyone the ability to access the Web BGAS system and the freedom to read the information and provide feedback. She will get the information in the system to provide people access prior to the March 13 meeting. Kevin replied it would be great to have an initial run through, and possibly form a subcommittee to implement a mechanism for feedback prior to March.

Deborah wants input from providers for direction and what their priorities or concerns are. The actual grant guidance has not yet been issued, and it's currently at the federal register level for comments. A needs assessment is being done for the State to help in planning.

Steve McLaughlin didn't have much on the treatment side except for the current open treatment positions are in the process of being filled. There will be two positions in Las Vegas, and recruitment will be submitted soon.

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

Kevin recognized the important work Michelle Berry and CASAT are doing in obtaining federally funded grants to continue the efforts.

#### **17. Review Possible Agenda Items and Future Meeting Dates**

The next SAB meeting is scheduled for Wednesday, January 09, 2013. Ester requested a conference connection to Elko. Deborah stated sometimes the availability of the conference rooms can be challenging as to what areas we can reach.

Kevin noted a few items to be done for the next meeting. He wants to revisit performance based review of treatment providers, discuss the health care reform readiness survey if it's ready by then, have a report and discussion on the Block Grant application, and discuss peer review. Deborah asked an e-mail be sent to her with any other agenda items people wish to discuss. Together, Kevin and Deborah usually review the minutes two weeks prior to the SAB meetings.

The next meeting will be held January 09, 2013. Kevin brought up discussion of when and where the face to face meeting will be held. As before, Steve Burt suggested the meeting to be held in Reno in July. Kevin asked everyone if that was a possibility. Kevin again recommended not

holding a March meeting in Las Vegas because of the Legislative session during that time. The face to face meeting was tentatively set for Reno in July, and there will be further discussion to schedule the Las Vegas meeting.

18. **Public Comment**

No public comment was made.

19. **Adjourn**

Meeting was adjourned by Kevin Quint at 12:10 p.m.