

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

MINUTES

DATE:	July 22, 2013	Teleconference Number
TIME:	9:00am	1-888-363-4735
LOCATION:	Substance Abuse Prevention and Treatment Agency 4126 Technology Way, 2 nd Floor SAPTA Conference Room Carson City, NV 89706	Access Code: 1602938

BOARD MEMBERS PRESENT

Via Teleconference

Frank Parenti (Chairperson)	Bridge Counseling Associates
Steve Burt	Ridge House
Mark Disselkoen	CASAT
Ester Quilici	Vitality Unlimited

STATE OF NEVADA STAFF

Carson City Site:

Deborah McBride	Agency Directory, SAPTA
Betsy Fedor	Treatment, SAPTA
Lisa Tuttle (recorder)	Admin, SAPTA
Steve McLaughlin	Treatment, SAPTA

PUBLIC

Barry Lovgren	Member of the Public
Michelle Padden	CASAT

1. Welcome and Introductions

Chairperson Frank Parenti opened the meeting at 9:03am and introductions were made.

2. Public Comment

There was no public comment. Because Frank was on vacation, he apologized for not being able to immediately respond to Barry Lovgren's email, but believes it is now addressed.

3. Approval of Minutes from the June 17, 2013, Meeting

Steve Burt moved and Mark Disselkoen seconded to approve the minutes from the June 17, 2013, Treatment Standards Subcommittee meeting. All were in favor and the motion was carried.

4. Discussion and Recommendation for Development of Treatment Standards Manual

At the last SAPTA Advisory Board meeting, the first draft of the standards was presented and there was to be feedback in regard to them. Mark Disselkoen discussed the reason for establishing the standards. Other states have standards of practice that are a combination of rules for substance abuse treatment programs and best practice. The first step was to review the NAC458 to ensure uniformity as to what is currently in the standards. The standards reference Health Division criteria, because they are referenced in the rules, but nothing specific has yet been done. After Mark receives feedback on the draft, he will incorporate best practices. Other states were examined, as well, to discover their practices. This is not a process to replace the current standards, but goes through a different kind of protocol which may take place in 2014. He was to determine and provide a timeline for feedback but has not received any to date, other than what Barry

Lovgren provided via Deborah McBride. The next step will be to integrate some of those standards of practice, devise a draft, and hold a meeting to discuss the results, realizing this is in draft form. He will review the standards of practice and make recommendations, distribute the document for the committee's review, obtain feedback for revisions, and go forward from there.

As part of the process, they will look at Medicaid and what to do if impacted. The standard for Wyoming has its own set of Medicaid rules, and no conflict was made with the rules and ASAM. There is a degree of flexibility because of non-specific Medicaid rules in Nevada. In most states, if not all states, they have the freedom and latitude to write their own Medicaid rules which address mental health services and substance abuse treatment. In Wyoming it is an integrated system where both mental health and substance abuse treatment have been funded for providers for several years, and they are ahead of the curve going into health care reform. CARF also references ASAM levels of service without referencing ASAM. Medicaid in Idaho and Wyoming had no problems with CARF using ASAM language without it being referenced. The CARF manual actually has the exact language as the ASAM PPC-2, but without saying it. Most states in Medicaid systems that reimburse for substance abuse treatment understand the latitude in regard to utilizing the ASAM levels of service. Some of the ASAM levels of service did not meet Wyoming's specific needs, so they modified that language which has worked very well for some time. Frank made the point about it being modified, but not for copyright issues. It was more about definitions, crosswalk, and criteria fitting in to what is being done in Nevada, which was not necessarily an issue because that is the approved standard. It will be the same for Medicaid in terms of how it is written into the state plan for the substance abuse component. It is unknown how ASAM will work with myAvatar, but it is not an issue with compliance. Medicaid is planning on adopting ASAM criteria. The plan must be adjusted to what they do according to ASAM instead of the other way around. Mark said this is normal, which everyone is doing. The new ASAM should be out in October. He will attend Dr. Mee-Lee's course in Las Vegas; however, it is only a 1.5 hour discussion that is embedded within a three to four day conference. Mark will send an email with the ASAM information to Frank.

Steve McLaughlin heard the most robust change will be seen in the adolescent criteria. Mark said they may have revised it to be as congruent as possible with the DSM V. Mark will proceed with putting together the draft language regarding the standards of practice. They want to keep it as simple and as straight forward as possible so it will be a useful guide to providers to show minimum compliance and what it means to go above and beyond. New York had a quality assurance legislation pass, and everything was included in the standard which made it very long. It is great information and a good framework to make it specific to Nevada. In New York, SAPTA has 300 to 400 treatment facilities. This will clear any subjectivity on the user end in terms of certifications where regulations or standards are cited instead of an instrument that references nothing. As they begin to utilize the description, others may have feedback and can adjust it as they go. It is a good starting point. Mark did the descriptive part of the standards a while ago, and it was pulled out sometime after he left prior to certification. It gave people a sense of what the standard said, but didn't clarify what it meant. It is important when looking at rules and standards to not over interpret them. When Mark was a provider and was being reviewed, there was over interpretation of a particular standard. It is important to stay within the scope of what the standard says. It must stay within the boundaries and be consistent. The first part of the goal is to specify the descriptions.

Ester moved to have Mark go forward with the draft for review. Steve Burt seconded the motion. All were in favor and motion carried.

5. Review Possible Agenda Items and Future Meeting Dates

The group decided on having the next Treatment Standards Subcommittee meeting on August 19, 2013, at 10:00am.

For all who are interested, Mark will be doing a three-hour DSM V webinar training prior to the two face-to-face trainings in October. He just finished the curriculum and will now put it to PowerPoint. After coordinating the webinar with Michelle Berry, he will inform everyone of the date.

6. **Public Comment**

There was no public comment.

7. **Adjourn**

Ester moved to adjourn the meeting and Steve Burt seconded. The meeting was adjourned by Frank Parenti at 9:22am.