MEETING NOTES

Statewide Substance Use Response Working Group
Treatment and Recovery Subcommittee Meeting

Tuesday, September 19, 2023
1:00 p.m.

Zoom Meeting ID: 894 8937 5298
No Physical Public Location

Members Present via Zoom or Telephone
Chelsea Cheatom, Dr. Lesley Dickson, Jeffrey Iverson (Joined at 1:08 pm), Lisa Lee, Steve Shell, and Assemblywoman Claire Thomas

Social Entrepreneurs, Inc. Support Team
Kelly Marschall and Laura Hale

Office of the Attorney General
Dr. Terry Kerns and Rosalie Bordelove

Members of the Public via Zoom
Lea Case, Ryan H, Jazmin Orozco (Nevada Independent), and Joan Waldock (DHHS)

1. **Call to Order and Roll Call to Establish Quorum**
   Chair Lee called the meeting to order at 1:03 p.m. Ms. Marschall called the roll and established a quorum.

2. **Public Comment**
   Chair Lee read the statement on public comment and Ms. Marschall provided call-in information. There was no public comment.

3. **Review and Approve Meeting Minutes from August 29, 2023, Treatment and Recovery Subcommittee Meeting**
   Ms. Hale noted an error on the draft minutes, showing a date of August 30th, which will be corrected to August 29th.
   Chair Lee requested a motion:
   - Vice Chair Shell made the motion to approve the minutes with the corrected date;
   - Dr. Dickson seconded the motion;
   - The motion passed unanimously.

4. **Treatment and Recovery Recommendations Process Discussion**
   Ms. Marschall described options for reviewing the recommendations. Chair Lee stated a preference for going through the recommendations one at a time; Ms. Cheatom and Mr. Iverson agreed. Chair Lee thanked Vice Chair Shell, Dr. Dickson, and Ms. Cheatom for their work to complete qualitative elements for some of the recommendations, in the survey distributed through SEI.

   Recommendation #1
   - Expand access to MAT and recovery support for SUD, limit barriers to individuals seeking treatment regardless of the ability to pay, and encourage the use of hub and spoke systems, as well as recovery support, including use and promotion of telehealth, considering the

modifications that have been made under the emergency policies, and pursuing innovative programs such as establishing bridge MAT programs in emergency departments.

Chair Lee noted that there is a citation for SUDORS (State Unintentional Drug Overdose Reporting System) data, but she didn't see other citations for studies that have been done. Dr. Dickson referenced the sense of urgency reflected in the media reports and the data. Chair Lee referenced AB374 and SB390, which had links to evidence-based practices, including Medication Assisted Treatment (MAT). Chair Lee and Ms. Cheatom will supply reference links to include with this recommendation.

Chair Lee asked for a review of the qualitative scales for this recommendation. Dr. Dickson reviewed the following elements:

- Urgency – The problem is getting worse with more and more overdoses all the time, so she rated this a 3 for the highest level of urgency.
- Impact – This is also rated at level 3, due to the increased use of heroin, Fentanyl and Carfentanil.
- Capacity – This was rated as a 2, based on the need for more prescribers, and trained treatment providers who are comfortable working with people with opioid use disorders. Although the number of providers has increased over 30 years, people still say there's not enough, but they need to raise awareness about where treatment is available.

Mr. Iverson shared that he is CEO of Crossroads of Southern Nevada, which has a 75-bed detox center, primarily for the Medicaid population. The beds are full every day, and they have significantly increased MAT protocols both in detox and in long-term programs over the last year. He emphasized that having buprenorphine in Emergency Departments is crucial to combating this epidemic. He wanted to validate everything in Dr. Dickson's review, as they first increased from 55 to 65 beds, and then to 75 beds, and it never seems like it's enough. They need a continuum for people to have a shot at long-term success.

Dr. Dickson cited Crossroads as the only program available for people on Medicaid. People with good insurance may have a few other options, but Westcare recently closed, which had been another detox option.

Mr. Iverson reported that Crossroads started testing every new patient for Fentanyl about four months ago, regardless of what they were self-reporting. Results were that 50% of those who reported only using methamphetamine tested positive for Fentanyl, which requires different treatment protocols.

Chair Lee appreciated this input from Dr. Dickson and Mr. Iverson, from their experience based in the south, with the largest metropolitan area in Nevada. She noted there are places across Nevada with huge provider shortages that are really struggling for access, with some disparities between urban and rural Nevada. She cited a study[1] presented at a conference with recommendations for 1) a prescriber for buprenorphine; 2) more access to insurance; 3) physician participation in collaborative learning platforms (e.g., Project ECHO); and 4) creation of an outpatient pharmacy in the Emergency Department, which is truly a barrier for some of the hospitals.

Vice Chair Shell noted that Renown does get a lot of referrals from rural areas in addition to urban areas in northern Nevada.

[1] The study was presented by Dr. Friedman, Dr. Westhoff, Dr. Granner, and Dr. Wagner

Ms. Marschall suggested that the recommendations enumerated in the study that Chair Lee cited could be entered into the report as action steps attached to this recommendation.

Dr. Dickson explained that her estimate for a $5,000,000 fiscal note was just pulled out of the air, because she had no idea what any of this would cost.

Dr. Dickson confirmed Chair Lee's statement regarding discontinuation of the "X-Waiver" to prescribe Buprenorphine, but to maintain your DEA (license), you need 8 hours of training in substance use disorders, so it's a good idea to retain that, with mass training.

Chair Lee asked for a motion to move this recommendation forward, with the added citations, action steps, and justifications for impact, capacity, urgency, and equity.

- Dr. Dickson made the motion;
- Mr. Iverson seconded the motion;
- The motion carried unanimously.

Recommendation #2:

- Implement follow ups and referrals and linkage of care for justice involved individuals, including individuals leaving the justice system.

Chair Lee reminded members that this was decoupled from a recommendation for pregnant or birthing persons with opioid use disorder, at the previous meeting.

Dr. Dickson referenced AB156 which initially included a treatment mandate, but that was taken out, leaving requirements for data collection that could support a new bill. She consulted Dr. Wade who is the Medical Director for NaphCare, for jails in much of the western United States. He said there isn't much interest there in doing this work. A late addition was made to the bill to support pharmacists to prescribe M180, without any public testimony, but it was signed by the Governor. Dr. Dickson has interacted with the pharmacy board on the regulatory process, although she questions the capacity for adequate evaluation and diagnosis, or the development of a treatment plan to make a significant difference in someone's life. She thinks these bills need more oversight.

Assemblywoman Thomas asked Dr. Dickson to contact her so that they could speak to the Committee Chair about possibly addressing this concern next legislative session. Dr. Dickson agreed.

Chair Lee underscored the need for treatment while people are in the system. Dr. Dickson noted that they currently deliver methadone and buprenorphine for continuing treatment to their patients in the jail, but they do not initiate treatment in the jail.

Chair Lee explained that they have a full-fledged NTP (Narcotics Treatment Program) inside the Washoe County jail to provide treatment and to prescribe methadone, buprenorphine, and naltrexone. So, the induction is done right in the jail.

Dr. Dickson wasn't sure when that might happen in Clark County with over 3,000 inmates.

Chair Lee said Washoe County Jail also has a MIT[2] Care Coordinator for treatment when people are released back into the community to support continuity of care. She asked whether a bill had passed to support Medicaid benefits 90 days before release.

Dr. Kerns said this legislation has not passed yet, but the Department of Health and Human Services (DHHS) is working on that, and they did get the 1115 waiver for SUD treatment. Chair Lee asked if the 1115 waiver is for IMD exclusion.[3] Dr. Kerns confirmed this, adding that an assessment of rural jails is underway to determine readiness and identify gaps related to MAT programs, as part of the State Plan and Needs Assessment under the Advisory Committee for Resilient Nevada (ACRN). That report is expected in January 2024.

Chair Lee asked to include this information as part of the feasibility and acceptability justification for this recommendation. Dr. Dickson suggested including a link to the enrolled version of AB156.

Ms. Cheatom described previous work she did with a few of the county jails, mobilizing licensed alcohol and drug counselors (LADC) and local treatment providers to complete assessments and administer buprenorphine. Follow up linkage for continuing treatment was facilitated through an Licensed Alcohol and Drug Counselor (LADC) or Peer Recovery Support Specialist (PRSS) upon release back to the community.

Chair Lee thanked Ms. Cheatom and moved to discussion of the qualitative ratings. Dr. Dickson explained that her rating of "1" for capacity was intended to reflect that capacity is not very good. Chair Lee confirmed that, noting that this measure should also reflect whether funding is available for implementation.

Mr. Iverson said that an enormous percentage of people are introduced to recovery through the criminal justice system, so he can really get behind these recommendations.

Chair Lee remarked on the limited availability of these programs, and the high caseloads for clinicians who have worked in the prisons, resulting in monthly 15-minute psychotherapy sessions. They can't really move somebody towards coping skills and strategies for when they get out.

Dr. Kerns noted that Attorney General Ford added implementation of MAT in jails and prisons to SB35 from the 2023 legislative session, on the weighting of Fentanyl in relation to criminal penalties. There was feedback that in addition to funding limitations, rural and frontier counties in Nevada don't have trained personnel to be able to implement programs.

Ms. Marschall noted that racial and health disparities are also disproportionately high in jails and prisons, so this qualitative measure would also be addressed through this recommendation.

Chair Lee said she was fired up on this issue of incarcerating people to address addiction and the racialization of drug policy in this country. She thanked Ms. Marschall for highlighting the connection for this qualitative measure.

---

[2] The Educational Justice Institute at MIT creates sustainable solutions to mass incarceration, social injustice, and barriers to reentry through education and emerging technologies. See additional information at https://www.teji.mit.edu/.

[3] Medicaid currently excludes payment for mental health treatment delivered in certain inpatient settings, known as "institutions for mental disease." See additional information at https://www.nami.org/Advocacy/Policy-Priorities/Improving-Health/Medicaid-IMD-Exclusion

Chair Lee asked for a motion to move this recommendation forward, with the proposed amendments.

- Mr. Iverson made the motion;
- Ms. Cheatom seconded the motion;
- The motion passed unanimously.

Recommendation #3

- Implement a specialized child welfare service delivery model with follow up and referral and linkage to care that improves outcomes for children and families affected by parental substance use and child maltreatment and pregnant of birthing persons with opioid use disorder.

Chair Lee shared that this issue is the topic of her dissertation, and something she has been working on within the Washoe County system. She included multiple links for articles pertaining to this growing crisis of families separated because of parental substance use. Almost 40% of children nationwide are removed, with fluctuations across Nevada. Washoe County has the highest child removals due to parental substance use that is higher than rates for the state and for Clark County. This is especially true for infants, with ongoing implications for their formative years, including possible family separation.

Moving to the qualitative rankings, Chair Lee rated the urgency as 2 out of 3, because it might not be urgent for everyone across Nevada. She rated impact as 3 out of 3, based on significant impact to the children, the schools, juvenile and adult justice and treatment systems, and society through intergenerational cycles. In Nevada 25.8% of children were removed from their families in 2022 with parental substance use as a factor for maltreatment and 2.5% due to prenatal substance exposure. When families recover, communities recover.

Chair Lee rated capacity as 2 out of 3, due to challenges with staff retention where much of the state is a treatment desert, and they are hemorrhaging foster beds. Racial disparities in child welfare have been widely noted in the literature and by organizations. For example, 53% of Black children in the United States will have a case with child welfare involvement by their 18th birthday, which she found absolutely horrifying. Chair Lee will share this data with Assemblywoman Thomas and other members.

- Mr. Iverson made a motion to move this recommendation forward.
- Ms. Cheatom seconded the motion;
- The motion carried unanimously.

Recommendation #4

- Establish priority funding areas to ensure entry into treatment and/or recovery, and ensure that Black, Latinx/Hispanic, Indigenous, and people of color and LGBTQIA communities are receiving culturally and linguistically appropriate overdose prevention (naloxone, vending machines, media), drug checking supplies to reduce fatal overdoses among Black, Latinx/Hispanic, Indigenous individuals, and people of color in Nevada.

Ms. Cheatom reviewed her sponsoring documentation, including elements from the 2022 recommendation and incorporating presentations from Black Wall Street and Foundation for Recovery, in 2023. This would fund organizations that are already trusted entities within the Black Indigenous and People of Color (BIPOC) community to conduct overdose education and Naloxone distribution. They would also direct DPBH (Division of Public and Behavioral Health) to create grant opportunities for organizations to provide overdose prevention, to allocate funding to projects that are

specifically conducting outreach to BIPOC communities to ameliorate the harms of substance use disorder.

Justifications include surveillance data and fatality data, both for Nevada. Ms. Cheatom ranked urgency as a 3 because people are dying from overdose, and she said that impact is definitely a level 3, because getting harm reduction education into all communities saves lives. Implementation is also rated level 3, because there are great harm reduction organizations and individuals doing really good work to move things forward in their communities, including peers and community health workers in almost every county. Prevention coalitions are bringing entire communities together to talk about substance use and they could probably help to implement a lot of these recommendations.

Chair Lee thanked Ms. Cheatom for her awesome presentation and asked members for a motion to move this recommendation forward.

- Mr. Iverson made the motion;
- Chair Lee seconded the motion (Deputy Attorney General Bordelove explained that the open meeting law treats all members the same for purposes of voting and motions);
- The motion was approved unanimously.

Recommendation #5

- Significantly increase capacity; including access to treatment facilities and beds for intensive care coordination to facilitate transitions and to divert youth under the age of 18 at risk of higher level of care and/or system involvement.

Vice Chair Shell presented the review of this recommendation. He noted that they all can attest to the fact that capacity is an issue around the state, but it's greater in some areas than others. Emergency Departments are backed up, where people can't get access to care. In terms of urgency, he rated this a 3 because they know that people aren't getting the care they need, but they are being sent out of the areas where they live, sometimes out of state. The lack of sufficient care leads to death. He also rated impact at level 3, because it would save lives to get people treatment much sooner. Current capacity was rated 2 because they don't have enough beds and enough programs around the state.

Chair Lee thought this was spot on, and she added that evidence shows that if people are able to get into recovery earlier, they're more successful later. She identified that some of the research links were associated with child welfare, which is a piece of the recommendation that was decoupled in the previous meeting, so those could be removed.

Chair Lee also recalled a Justice Department investigation of youth treatment facilities or residential facilities in Nevada. The inclusion of this would provide a ton of evidence. Vice Chair Shell agreed with this, noting that the investigation is still going on.

Vice Chair Shell said he did not add a fiscal note because he wasn't sure how much would be enough. He also referenced cherry picking where facilities deny the provision of care for financial reasons.

Ms. Marschall shared from projects related to the investigation, her understanding is that the state will either come to an agreement with the Department of Justice, or the Department of Justice will sue the state and compel them to invest a certain amount of funds.

Assemblywoman Thomas referenced a recommendation in the chat file, from Ms. Hale, to reach out to DHHS for fiscal notes.

Chair Lee asked for a motion to move this recommendation forward with the changes discussed:

- Mr. Iverson made the motion;
- Vice Chair Shell seconded the motion;
- The motion carried unanimously.

Recommendation #6

Engage individuals with living and lived experience and programming design considerations and enhance Peer Support for underserved populations to be delivered through representatives of underserved communities by increasing reimbursement rates, implementing the train the trainer models, and enacting policy changes to address limitations to the use of peers in some settings through strategies, including:

- ensure adequate funding for these priorities,
- target special populations,
- increase reimbursement rates, and
- offer standalone service provision opportunities.

Chair Lee reviewed this recommendation, including the justification with relevant and timely information about current trends, based on talking to people with living experience, who are closest to the issues, to identify solutions. She noted the plethora of research and guidance reflected by the links provided under the survey response. Chair Lee scored urgency as a 3 because people are dying, while policymakers try to catch up with the data to identify needs. Impact was scored as a 2 due to bureaucratic red tape and competing funding priorities; for example, money goes to treatment rather than harm reduction. Capacity was scored as a 2, as funding would be needed to increase capacity to implement.

Chair Lee supported asking DHHS for fiscal notes to be included with recommendations going forward.

- Mr. Iverson made the motion to move this recommendation forward, as is.
- Chair Lee seconded the motion.
- The motion passed unanimously.

5. 2023 Treatment and Recovery Additional Recommendations Review and Discussion

Chair Lee clarified that these recommendations were forwarded from other subcommittees, but they were unable to review them at their last subcommittee meeting.

Ms. Marschall added that the presentation on Alternative Pain Treatment was originally heard by the full SURG, and then was heard again by the Treatment and Recovery Subcommittee.

Recommendation

Alternative Pain Treatment:

- Eliminate the need for prior authorization either through legislation or persuade insurance carriers to sanction opioid alternative treatments.
- Provide early access to patients who would otherwise be prescribed opioid if treated in an emergency room setting.
- Expand this strategic initiative to other areas of the state who are faced with the same opioid addiction issues.
- Include training on opioid stewardship, provider training on alternatives to opioids, patient education materials on tapering and options for pain management.

Chair Lee added that in addition to the information on the slide, she knows that Dr. Nairizi also prescribes very limited doses of opioids for acute pain, moving forward with longer term pain management strategies that don't involve opioid analgesic drugs.

Dr. Dickson supported this recommendation, because emergency providers typically give patients narcotics, and although alternative pain treatment providers are well-trained, insurance companies won't pay for it, or they require time-consuming prior authorization processes.

Chair Lee referenced medical trauma resulting from over-prescribed opioids, noting that alternative treatment is much less harmful to folks who need their pain to go away.

Assemblywoman Thomas explained that she would need to review the presentation before making a decision, so for now, she would abstain.[4]

Mr. Iverson agreed with Dr. Dickson and Assemblywoman Thomas, so he wanted to think through this recommendation before moving forward.

Ms. Marschall reminded members that recordings of Dr. Nairizi's two presentations are available with SURG documents posted in April and July.

Chair Lee appreciated member comments and indicated her support for the last bullet to *Include training on opioid stewardship, provider training on alternatives to opioids, patient education materials on tapering and options for pain management.* She thinks this is long overdue and we wouldn't be at almost 110,000 overdose deaths every year if this were available long ago, rather than just cutting people off and driving them to illicit markets that are unregulated and dangerous. She is less certain of the other elements, pending more information. But, she said, provider training on alternatives to opioids could address their concerns and raise their comfort levels.

Mr. Iverson agreed with moving forward this last bullet (#4), as well as bullet #3 to *Expand this strategic initiative to other areas of the state who are faced with the same opioid addiction issues.*

Dr. Dickson referenced the first bullet to *Eliminate the need for prior authorization either through legislation or persuade insurance carriers to sanction opioid alternative treatments.* She emphasized that this is a very heavy lift, based on experience with similar efforts by the Psychiatry Association. She explained that all the alternatives are more expensive than narcotics, but the long-term goal is to treat people better with things like physical therapy, massage therapy, and acupuncture.

Chair Lee agreed that it is a heavy lift with a higher expense in the short-term, but a lower expense in the long-term. She asked members whether they would like to workshop this further to bring forward in 2024, or if they wanted to move something forward now.

- Ms. Cheatom made a motion to workshop this for 2024, with additional presentations and clarification.
- Assemblywoman Thomas seconded the motion.
- The motion passed unanimously.

(Vice Chair Shell left the meeting at 2:55 p.m.)

[4] Legislators serving on the SURG were excused from meetings held during the legislative session.

Chair Lee read through the remaining recommendation that was revised from 2022:

Recommendation

- Advocate for increased funding and resources to improve accessibility and affordability of SUD treatment programs, including detoxification, rehabilitation, and counseling services.
- Establish Partnerships with local healthcare providers, mental health centers, and support groups to ensure individuals struggling with SUD have access to appropriate treatment and ongoing support.
- Promote the development and implementation of evidence-based intervention programs that address the underlying causes of SUD and provide holistic support to individuals in recovery.

Ms. Marschall added that this recommendation came from a TINHIH (There is No Hero in Heroin) presentation to the Prevention Subcommittee.

Chair Lee noted that this recommendation was also discussed by the ACRN (Advisory Committee for Resilient Nevada), and it was also part of the Washoe County Needs Assessment. The Fund for Resilient Nevada (FRN) and opiate abatement dollars may already be addressing the first bullet. IOTRCs (Integrated Opioid Treatment and Recovery Centers) were based on the Vermont hub and spoke model, but they have never been fully fleshed out in Nevada with sufficient "spokes." The state moved toward CCBHCs (Certified Community Behavioral Health Centers), but there are gaps in the current system.

Regarding the third bullet, Chair Lee thought this was related to the trauma informed approach to address adverse childhood experiences through pediatric screenings.

Ms. Marschall reiterated that the recommendation was from a TINHIH presentation to the Prevention Subcommittee, but the Treatment and Recovery Subcommittee had not yet had a chance to review this.

Chair Lee said she would need more data showing that heroin is the main driver of opioid related harm, because that is not the case in Washoe County, where post-mortem toxicology reports show that heroin-involved deaths have gone down. Methamphetamine related deaths have gone up and there are new analogs being tested, such as Xylazine. More time may be needed for review.

Ms. Marschall noted that members could review the presentation from TINHIH to the Prevention Subcommittee for clarification.

Dr. Dickson felt that several elements of this recommendation were already included in some other recommendations.

Mr. Iverson and Chair Lee agreed that additional information for further review and discussion would be helpful.

- Mr. Iverson made a motion to workshop this recommendation at a later date.
- Dr. Dickson seconded the motion.
- The motion passed unanimously, among remaining members.

6. Discuss Report Out for October SURG Meeting and Next Steps

Ms. Marschall explained that the members could determine whether to prioritize the recommendations to move forward to the full SURG or just present them as a slate of

recommendations from the Subcommittee. Ms. Hale clarified that the intent was for each subcommittee to review the qualitative elements for each recommendation to be forwarded to the full SURG, which would then consider priority ranking, to put forward up to 20 recommendations, collectively.

Dr. Dickson supported leaving the recommendations without priority, in the interest of time. Chair Lee agreed with this, noting that she could not be at the SURG meeting on October 11th. Mr. Iverson identified all the recommendations as important, so not prioritizing is the path of least resistance.

Ms. Hale reminded members that the reason for prioritizing recommendations through the full SURG is twofold: one is to limit the total number of recommendations put forward in the Annual Report; and two is for the recommendations to reflect the extent to which there is agreement on the importance of recommendations in the Annual Report.

Chair Lee reiterated that the recommendations would be proposed as a slate, with ranking left up to the full SURG.

8. Public Comment

Chair Lee read the statement on public comment and Ms. Marschall provided call-in information. There was no public comment.

9. Adjournment

This meeting was adjourned at 3:06 p.m.

Chat Record (Times are length of time in the meeting, not Pacific Daylight Savings Time)

01:23:37 Lisa Lee (she/her): Thomas, K., & Halbert, C. (2021, April). Transforming child welfare: Prioritizing prevention, racial equity, and advancing child and family well-being. National Council on Family Relations, Policy Brief, 6(1). https://www.ncfr.org/system/files/2021-04/Transforming_Child_Welfare_Full_Brief_0421.pdf

01:32:54 Laura Hale: It might be helpful to refer some of these to DHHS for fiscal notes

02:03:29 Steve Shell: So sorry I have to sign off. I was just informed I am late for another meeting. Thanks!