

MEETING NOTES

**Statewide Substance Use Response Working Group
Treatment and Recovery Subcommittee Meeting**

**Tuesday, June 27, 2023
1:00 p.m.**

Zoom Meeting ID: 894 8937 5298
No Physical Public Location

Members Present via Zoom or Telephone

Chelsi Cheatom (left meeting at 1:49 p.m.), Dr. Lesley Dickson, Jeffrey Iverson (joined meeting at 1:45 p.m.), and Chair Lisa Lee

Members Absent or Excused

Steve Shell

Social Entrepreneurs, Inc. Support Team

Kelly Marschall and Laura Hale

Members of the Public via Zoom

Debra DeCius (DHHS), Alex Tanchek (Tanchek & Morgan Biaselli), Joan Waldock (DHHS), and Dawn Yohey (DHHS)

1. Call to Order and Roll Call to Establish Quorum

Chair Lee called the meeting to order at 1:13 p.m. Ms. Marschall called the roll and announced a quorum for the meeting.

2. Public Comment (Discussion Only)

Chair Lee read a statement regarding public comment and asked for public comment. There was none.

3. Review and Approve Minutes from March 20, 2023, Treatment and Recovery Subcommittee Meeting

Chair Lee asked for a motion to approve the minutes.

- Dr. Dickson made the motion.
- Ms. Cheatom seconded the motion.
- Ms. Lee abstained due to absence from the prior meeting.

4. Summary and Discussion of Presentation Video Recommendations

• Treatment and Recovery for Indigenous African Americans

Donald Griffin, Founder, Black Wall Street Reno presented slides (see recording) with meeting materials at: [https://ag.nv.gov/About/Administration/Substance_Use_Response_Working_Group_\(SURG\)/](https://ag.nv.gov/About/Administration/Substance_Use_Response_Working_Group_(SURG)/)

Chair Lee reviewed the [slides](#) with summaries of these presentations, including recommendations.

Dr. Dickson asked if Assemblywoman Thomas was still on this committee. Ms. Marschall explained that Attorney General Ford notified SURG (Substance Use Response Working Group) members ahead of the legislative session that he would not be reappointing legislative members until after the

legislative session, to reduce quorum issues for the subcommittees. Reappointment of legislators is on the agenda for the July 12th SURG meeting.

Dr. Dickson expressed confusion about the reference to *Indigenous African American* people. Her understanding was that *Indigenous* referred to American Indians, while *African Americans* are those whose forefathers were brought over centuries ago to be slaves. Chair Lee explained that these were the terms that Mr. Griffin used in his presentation, and she invited further elaboration. Ms. Hale added that Mr. Griffin's explanation for this term is that many people don't know their specific lineage or have a record of it because of the way they were brought to this country; the only history they know is from this country.

Chair Lee emphasized the purpose of this program is to promote diversion and deflection with BIPOC¹ communities, including placing billboards and vending machines in these communities to support substance use treatment, and addressing the "school to prison pipeline."

Ms. Cheatom said she definitely supports these recommendations with the importance on targeting communities of color, especially African American communities, with access to treatment. She would like to learn more about the diversion and deflection programs, and fully supports harm reduction programs.

Dr. Dickson said these recommendations look fine, and she asked about the next steps. Chair Lee explained they were just discussing the recommendations at this point, but they could come back to them later for possible incorporation with recommendations the subcommittee wants to move forward.

- **Role and Importance of Peers and Persons with Lived Experience**

Sean O'Donnell, Executive Director, Foundation for Recovery

Chair Lee reviewed the [slides](#) with summaries of these presentations, including recommendations. She noted that some of the legal barriers Mr. O'Donnell cited are woven into the Nevada Revised Statutes (NRS), and agency regulations or policies which can be difficult to get around. For example, it can be difficult for peers with lived experience to work in hospital settings due to a list of "disqualifying offenses" to work in child welfare. Their lived experience is helpful in talking with clients about reunification, but they are disqualified from working in certain settings.

Chair Lee also reflected on Mr. O'Donnell's support for diversity, equity, and inclusion for the Peer Recovery workforce, as well as better reimbursement rates. She believes the rates have not increased since 2006, seventeen years ago.

Dr. Dickson stated that when Peer Support programs were getting off the ground around 2006, they weren't getting paid anything. Chair Lee clarified that previously, Peers were referred to as Consumer Advocates, working for NNAMHS and SNAMHS², but she wasn't sure about Medicaid reimbursement at that time.

Chair Lee reviewed recommendations put forward, including those from Mr. O'Donnell, and those that she proposed following his presentation, as indicated on the slides. She clarified that his

¹ Black, Indigenous, People of Color

² Northern Nevada Adult Mental Health Services and Southern Nevada Adult Mental Health Services are both managed under the Nevada Department of Health and Human Services.

recommendation for training of Peer Recovery Support Specialists (PRSS) was not solely for Foundation for Recovery but would be available in various diverse communities around the state, to develop sustainability. The programs she recommended for Peers working within child welfare start on July 14th with “family mentors” working toward reunification for parents with substance use disorder. They will also work toward aligning NRS to support Peer programs in settings that currently restrict Peers due to disqualifying offenses.

(Ms. Marschall asked Ms. Hale to reach out to Mr. Iverson and Mr. Shell to join the meeting because Ms. Cheatom would be leaving at 1:50.)

Ms. Cheatom said she likes the idea of increasing the workforce with people from different communities as a general recommendation. She also supported other recommendations from Mr. O’Donnell and Chair Lee.

Dr. Dickson asked who is setting reimbursement rates and who is actually paying Peers. Chair Lee explained that Medicaid has a reimbursement rate for Peer Support Specialists, but a lot of their work is paid through grants which is not a sustainable revenue source. So, they need to figure out how to pay Peers and other paraprofessionals a livable wage.

Ms. Marschall clarified this would be a two-tiered process to enhance funding for Peers who are grant-funded (a funding recommendation), and increase reimbursement rates under Medicaid, which would be a policy recommendation.

Dr. Dickson noted that the Legislature and the Governor are responsible for Medicaid rates, and they’re not very generous with those rates. Doctors have not been able to get significant improvement in the 20 plus years she has lived in Nevada. She doesn’t know how they will do this when everybody needs more. She said that Nevada is kind of taking the lead in kicking people off the Medicaid rolls right now because the epidemic emergency is over and federal supplements are drying up. Many of the people losing coverage include people who use substances, some of whom lost their jobs during the pandemic. She agrees that everybody should get a living wage, but many people in this country don’t get a living wage, so she said it looks like a fairly impossible situation.

(Mr. Iverson joined the meeting at 1:45 p.m. Ms. Cheatom left the meeting at 1:47 p.m.)

Chair Lee affirmed Dr. Dickson’s valid points regarding the challenges of getting increased reimbursement rates. Chair Lee said these may not be achievable in the short term, but they should carry forward over the long-term efforts of the SURG across all provider types.

Dr. Dickson asked if they were trying to develop recommendations for the July 12th SURG meeting. Ms. Marschall explained that their *report out* could be an update with the expectation to provide specific recommendations at the next SURG meeting in October, or they could include specific recommendations from this meeting.

Chair Lee suggested weaving in a few of the recommendations from the slides, in a revised version. She reviewed them for Mr. Iverson’s benefit and suggested workshopping these recommendations under the next agenda item.

5. Overview of Recommendations Received and Next Steps

Ms. Marschall reviewed slides with an overview of recommendations. A survey link was sent to subcommittee members three times to suggest presenters or offer specific recommendations for member discussions. Chair Lee and Mr. Shell each provided recommendations, including prevention

outreach to underserved communities, and a presentation from the Nevada Department of Veteran's Services, respectively. Additional recommendations came from the presentations from Mr. Griffin and Mr. O'Donnell.

Chair Lee asked members for discussion of these recommendations.

Dr. Dickson supported developing recommendations for Peers, but she said it is far removed from the work that she does. Mr. Iverson said he is not a Peer Specialist, but he supervises many. He agrees with Dr. Dickson. Chair Lee supported the opportunity for outreach to underserved communities, including [LGBTQIA+](#) and [BIPOC](#). She said they could also weave in inclusion of innovative approaches to harm reduction by accessibility such as vending machines and recycled newspaper boxes. They could broaden Mr. Griffin's recommendation beyond the Black Wall Street program.

Mr. Iverson agreed that these populations need a lot of help.

Chair Lee noted the opportunity to include recovery support services and weave in peers as a central component of service delivery to underserved populations, including train the trainer models and sustainability of these programs. They could list strategies, such as:

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

Chair Lee added that the recommendation for a presentation by the Nevada Department of Veteran Services is not yet tangible for discussion purposes.

Dr. Dickson asked if there is an understanding of what has gone wrong with outreach efforts.

Chair Lee referenced a broad corpus of data that highlights growing disparities – especially fatality data. A recent community Town Hall included a presentation about gender identity and sexual minorities and the relationship with substance use disorders, mental health disorders, suicidality, homicides, etc. The data presented was staggering. Sexual orientation data is not collected in death data, but racial data is collected.

Chair Lee described a paper published by Sean Thomas in 2022 regarding growing Hispanic and Latina deaths, especially among young men across the state. Disparities show up in death data when it's too late. They need to determine what to do about these trends to ensure they are reaching everyone.

From Mr. Griffin's presentation, African Americans don't see themselves in brochures, billboards, and other marketing materials, and they don't recognize that they might have a substance use disorder or opioid dependency. Chair Lee said there is hard data and anecdotal evidence supporting this concept.

Dr. Dickson agrees with what they are saying. She explained that the Medical Society develops resolutions and then asks how to implement them, including expanding overdose prevention with outreach to these communities. She restated that outreach people need to match up with other communities.

Chair Lee, agreed with the need to expand the workforce, especially through people with lived experience, such as Donald Griffin, who is a Certified PRSS. He and one other person started Black Wall Street from nothing. They pulled together resources and carved a pathway into schools, all with a shoestring budget. Other organizations in communities doing this work include tribal and LGBTQIA, et al. They need training and resources to get the job done, and they can develop the implementation process through sustainability plans and scopes of work as part of their funding applications. This body can make broad recommendations for regulatory funding or legislation, but the boots on the ground implementation is usually resolved elsewhere. Subcommittee recommendations should be pragmatic, but there are organizations across the state working within their own communities to resolve those issues.

Ms. Marschall confirmed that subcommittee members are tasked to bring recommendations focused on evidence-based and best practice programs addressing special populations with the lens of this subcommittee being Treatment and Recovery.³

Chair Lee asked members if they wanted to continue to workshop the recommendations or come back to this at a future meeting.

Mr. Iverson recommended carrying forward before finalizing recommendations. He would feel better bringing it to the next meeting.

Chair Lee requested bringing this forward to the next subcommittee meeting on July 18th at 1 pm. Ms. Marschall reiterated specific items for future consideration.

6. Presentation Updates

Ms. Marschall reviewed the slide with *Potential and Pending Presentations*, noting scheduling challenges with some of the proposed presenters. Ms. Beagen with the Veterans Administration is available to present and has been scheduled for July 18th, and staff are reaching out to Dr. Nairizi to present on Pain Management.

Mr. Iverson said he looked forward to hearing from each of the proposed presenters if possible.

Ms. Marschall noted that subsequent meetings will be needed to frame out recommendations with a slightly altered process for weighting recommendations.

7. 2023 Legislative Update

Ms. Hale explained that the selected bills (see handouts) are based on a general search for substance-use related items for the broader SURG, and then they were narrowed down by subcommittee. Some may be listed for multiple subcommittees. The brief summaries were based on initial information that was available, although amendments can change the impact of the bill. References were provided where proposed legislation related to specific recommendations made by the SURG in the Annual Report.

Dr. Dickson clarified that [SB242](#) was amended significantly in response to testimony from the Psychiatry Association and others to limit the bill to create a working group to study psilocybin.

³ Elements of legislation aligned with Treatment and Recovery include the following: *Assess and evaluate existing pathways to treatment and recovery; Evaluate ways to improve and expand evidence-based programs; Examine support systems and programs for persons who are in recovery; and Reduce the harms associated with substance use and substance use disorders.*

Chair Lee clarified that [AB132](#) was also amended significantly and did not include a committee to review overdose fatalities. It established a Clark County Task Force, to serve as a working group.

Dr. Dickson said she didn't follow [AB138](#) to *expand the state plan for Medicaid to cover evidence-based behavioral health services* closely, but she knew they didn't get everything they wanted due to funding limitations.

Chair Lee clarified that [AB403](#) was amended to reference "recovery house" rather than "halfway house," to open up the pathway for recovery homes in the state with support from SAPTA (Substance Abuse Prevention and Treatment Agency).

Dr. Dickson referenced the kratom bill ([AB322](#)), where industry advocates wanted legalization and regulations like those for marijuana. Her associates have been fighting this for years because kratom is an opiate agonist that is addictive with potential for overdose and death. After the advocates declined to include warnings on the packaging or otherwise limit potential harm, her associates wrote letters to the governor, and he vetoed this bill. Dr. Dickson added that Metro (Las Vegas Metropolitan Police Department) was also opposed to this bill.

Chair Lee added that [SB35](#) was vehemently opposed by a lot of people on the ACRN (Advisory Committee for a Resilient Nevada) and the SURG. Significant amendments were made to increase the number of grams to specify 28 grams and above in relation to penalties, but there are many mandatory minimums included in the sentencing structure. They also added a component for MAT (Medically Assisted Treatment) in detention facilities. Ms. Hale noted that this bill was listed under the Response subcommittee.

Ms. Marschall noted that some SURG members have suggested continued advocacy for recommendations that were not advanced through the legislative process this session.

8. Discussion of Report Out for July SURG Meeting

Chair Lee noted that due to scheduling challenges, they have not yet identified specific recommendations, but she could explain that to the SURG members at the July 12th meeting. Mr. Iverson supported this approach.

Ms. Marschall will send out the survey link again, so that members have an opportunity to respond based on discussion from today's meeting, prior to the July 18th meeting of this subcommittee, where members can workshop those recommendations. They can also submit new recommendations.

Dr. Dickson noted that the number of patients at methadone clinics in Las Vegas is way down, but they know the number of fentanyl overdoses keep going up. Some have figured out how to use it safely, but that may be only in the short term. She believes they are not reaching the folks who need support, with the cost of fentanyl being cheaper than heroin. She would like to edit recommendations to include how to reach everybody using fentanyl.

Chair Lee encouraged Dr. Dickson to include this in her survey response, along with any data that she has regarding the decline in the number of patients. Chair Lee has heard about a pilot program with great success at retaining new intakes who prefer fentanyl. She recommended getting a presentation on preliminary findings with staff from this clinic.

9. Public Comment

Ms. Lee read a formal statement and invited public comment.

There was none.

8. Adjournment

This meeting was adjourned at approximately 2:51 p.m.