MEETING NOTES

Statewide Substance Use Response Working Group Response Subcommittee Meeting

Monday April 11, 2022

3:00 p.m. – 4:35 p.m..

Zoom Meeting ID: 829 6715 9192

Call In Audio: 669-900-6833

No Public Location

Members Present via Zoom or Telephone

Shayla Holmes, Dr. Terry Kerns, Christine Payson, Gina Flores-O'Toole, Assemblywoman Jill Tolles, and Dr. Stephanie Woodard

Nevada Sentencing Commission Staff

Victoria Gonzales

Attorney General's Office Staff

Rosalie Bordelove, CJ Brady, Ashley Tackett

Social Entrepreneurs, Inc. Support Team

Crystal Duarte and Laura Hale

Members of the Public via Zoom

Jeanette Belz, Belz and Case Government Affairs, on behalf of the Nevada Psychiatric Association; Monica Chiazza, Nevada Department of Sentencing Policy; Mary Sarah Kinner, Washoe County Sheriff's Office; Madalyn Larson, UNR Master of Public Health Program; and Lea Tauchen with Tauchen Abney Group, on behalf of the Recovery Advocacy Project.

1. **Call to Order and Roll Call to Establish Quorum**

   Chair Tolles called the meeting to order at 3:02 p.m. Crystal Duarte called the roll with all members present.

2. **Public Comment** (Discussion Only)

   Chair Tolles asked non-members to introduce themselves (identified above).

3. **Member Introductions** (Information Only)

   Chair Tolles invited members to introduce themselves, asking for their backgrounds and noting that many had personal connections to substance use challenges in addition to their formal and professional roles on the SURG.

   Following introductions, Chair Tolles presented slides outlining the subcommittee scope of work and member roles. She noted that they would not need to tackle everything at once and that part of the job of the subcommittee is to prioritize. See slides at: https://ag.nv.gov/About/Administration/Substance_Use_Response_Working_Group_(SURG)/

4. **Review Subcommittee Tracking Tool** (For Possible Action)

Chair Tolles reviewed the tracking tool for members to make recommendations in accordance with legislative requirements and to provide comments regarding recommendations. A majority of the subcommittee members supported utilizing a survey tool to submit their recommendations. Chair Tolles clarified that a spreadsheet format would be used to review the corresponding recommendations at the subcommittee meetings.

5. **Review Baseline Information for Response to Substance Use** (*Information Only)*
Stephanie Woodard, PsyD, Senior Advisor for Behavioral Health, Department of Health and Human Services (DHHS), provided an overview of Prevention and Treatment programs administered by the Division of Public and Behavioral Health. These programs are included in the recent block grant application to the federal Substance Abuse and Mental Health Services Administration (SAMHSA).[1]

Primary prevention includes six strategies: Information Dissemination; Education; Alternative Programs (e.g. non-alcohol or drug-free school dance or other community recreation); Probation Identification, Community Based Process, and Environmental Strategies. These strategies guide ten substance use Prevention Coalitions in Nevada, as well as Advisory Groups that leverage qualitative and quantitative data to identify areas of focus, including substance use disorder (SUD) and suicide prevention.

Nevada's Substance Abuse Prevention and Treatment Agency (SAPTA) includes an Advisory Board to the Bureau of Behavioral Health Wellness and Prevention (BBHWP). Regional Behavioral Health Policy Boards represent five regions with funding for their respective Coordinators to develop interventions.

SAPTA requires SUD treatment agency certification to participate in Medicaid and to receive funding from the BBHWP. They work with CASAT to certify agencies based on ASAM criteria. Services include early intervention up to withdrawal management in hospital and specialty clinic settings. Agencies must continue with ongoing certification processes to continue with funding from the Bureau and Medicaid participation. Gina Flores-O'Toole said that although she is new in her Director position with Ridge House, she understands ASAM is a rigorous process and SAPTA staff are very helpful.

SAPTA also certifies opioid treatment programs, aka methadone clinics. Integration of opioid treatment and recovery service providers includes psychiatrists, peer recovery support, and crisis services for non-fatal overdose. They certify programs to address SUD treatment, Civil Protective Custody, Drug Court Services, Transitional Housing programs, and others.

Dr. Woodard transitioned to an overview of potential areas of inquiry for the subcommittee, based on recent testimony at the February 17, 2022 meeting of the Joint Interim Standing Committee on Health and Human Services.[2]

The Sequential Intercept Model provides SUD treatment for compliance with drug court programs, partnering with treatment providers and the criminal justice system, including priorities for juvenile justice diversion and criminal justice diversion programs. About 50% of individuals receiving these services are supported under the state general fund or federal funds administered by the BBHWP, and they are referrals through the criminal justice system. There are amazing demonstration projects in different regions throughout the state, but none of these programs are to scale.

Data and information sharing is an area of limitation between law enforcement and public health. The absence of information sharing between public health and law enforcement increases risk. If drugs are confiscated and tested and people know what is in the community, e.g., a "bad batch," with tainted fentanyl, that can be communicated to public health, and also to individuals who use drugs. This is a critical component in helping to keep individuals safe, even as they continue to use drugs, as part of a comprehensive harm reduction strategy.

Increased assets, such as HIDTA, OD2A, and ODMAP are essential to identify overdose trends. Our State Targeted Response grant funds Overdose Spike Response Plans, laying out who does what when a site is detected.

[1]The SAPTA Block Grant Application will be made available for additional programming detail.

[2] See slides available at https://ag.nv.gov/About/Administration/Substance_Use_Response_Working_Group_(SURG)/

The Prescription Drug Monitoring Program (PDMP) has been discussed in terms of how it can be optimized. The Health Information Exchange (HIE) program is underutilized and could be a conduit for information and data sharing, at least among healthcare providers. A Registry for methadone dispensing could be adopted to avoid duplication, and they are hoping to move forward with funding. Further data analysis can identify where resources are needed and where early intervention can be effective. Developing memorandums of understanding (MOUs) support sharing of data across agencies and under what circumstances. For example, Dr. Kerns has been instrumental in helping to launch the ODMAP program, in her role with the Attorney General's Office.

Dr. Kerns described the Overdose Data Mapping Application Program as a free program from HIDTA, Washington DC and Baltimore. It's a pre-hospital surveillance tool for suspected overdose. "Real Time" data is available within 24 to 72 hours for geographic areas or communities so that hospitals can be alerted and Overdose Spike Response Plans can be implemented. Nevada currently uses an automated program interface (API) to link to ODMAP. Dr. Kerns continues working with HIDTA in Nevada to improve predictive analytic capabilities based on trafficking routes.

Dr. Woodard continued with the sequential intercept model to describe opportunities for intervention from deflecting people away from the criminal justice system to how that system can engage individuals who have behavioral health needs. Treatment can be within a formal criminal justice system, such as drug court, or through incarceration or re-entry support. They are building a crisis response system to recognize that individuals who are in a behavioral health crisis need support when and where they are in crisis. This includes the 9-8-8 behavioral health crisis line, mobile crisis and crisis stabilization for quick evaluation and transfer to appropriate levels of care.

Federal relationships with programs like HIDTA are an asset. Partnerships with DEA, CDC and FDA also support information sharing. They provide notification when an action is going to take place, so that public health can help support communities and lessen impacts related to prescribing controlled substances. Overdose Response Spike Plans, Naloxone distribution, fentanyl test strips and supportive legislation help Prevention Coalitions with harm reduction efforts.

Remaining gaps include data sharing across agencies, understanding public health implications, and outcomes of mixing various drugs. Recently, an alert from the DEA reported an increase in fentanyl overdose because people think they're consuming cocaine and other stimulants, but they have been adulterated with fentanyl. Safe consumption sites are another area for policy considerations. Assembly Bill 236 established a program to ensure the ability to partner with law enforcement for a behavioral health response when people are in crisis.

Civil protective custody legislation could be reevaluated regarding behavioral health crisis holds, to ensure that people get where they need to go for SUD interventions. Current language criminalizes women who may use substances while pregnant, which perpetuates stigma. Pregnant women with SUD need to actively engage with treatment.

Model legislation was recently presented related to deflection and diversion programs, such as medication-assisted treatment (MAT) including Telehealth for MAT, social determinants of health, and harm reduction strategies within criminal justice systems services. Access to mental health and SUD services meet federal requirements for essential services that should be provided to everyone, including those incarcerated. This includes access to MAT for withdrawal management while incarcerated and extended support after discharge. Those not connected to care and not offered MAT during incarceration are at high risk for overdose and fatal overdose following reentry into the community. Best practice is to ensure linkage to care for individuals who are court involved, as well as their families. Mandated treatment should include care for co-occurring disorders, and connections with public defenders and other supporting roles need to be strengthened.

Manufacturing and Trafficking issues include sharing of seizure data and multiple drug complications. Not every drug confiscated is tested unless they are being used actively for prosecution, so we don't have access to information that could be useful.

Economic issues include a 1915i waiver in process with the CMS to provide reimbursement for supportive housing, which is another major gap for those with SUD or in recovery. Housing First policies recognize homelessness increases risk for SUD. Availability of affordable housing as well as guidance for the Americans with Disabilities Act and protections for people with OUD are additional concerns. Individuals with lived experience are part of the design for these programs from the very beginning.

Establishing bridge programs for mental health with Emergency Departments recognizes the brief period of time where an individual who has survived non-fatal overdose may be interested in MAT. Prescribing from the ED can provide a bridge until that individual can connect with a care provider. There also needs to be parity in coverage and participation. A statewide hub and spoke model reduces some of the limits on quality and quantity of care.

Dr. Woodard regretted there was not sufficient time remaining for questions and discussion.

6. Review Presentation from the Nevada Sentencing Commission (NSC) (*Information Only)*

Victoria Gonzalez, Executive Director, Nevada Department of Sentencing Policy presented information about this newly created agency that was previously housed in the legislature. They have been through various iterations over the last 30 years, and they are now in the Executive Branch with full staff support to help make data-driven recommendations.

The Commission has vast statutory mandates, but overall, they make recommendations for sentencing correction policies and criminal justice in general, including everything leading up to sentencing. Then, after sentencing, they work with the Department of Corrections. They are focused on facilitating the collection and aggregation of criminal justice data throughout the state from every criminal justice agency.

AB236 is the justice reinvestment bill for our state to reduce recidivism, slow prison growth and maintain public safety all at the same time. The Commission is tasked with tracking and assessing outcomes from enacting AB236. There are huge data mandates for the Department of Corrections and the Division of Parole and Probation.

The Commission makes recommendations to the Nevada Local Justice Reinvestment Coordinating Council that was also established under AB236 to oversee funded activity at the local level. Cost savings for decreasing the prison population through reduced recidivism are compared to the cost of the program. They identify county-level programs and treatment needs for persons involved in the criminal justice system and make recommendations regarding grants to local governments and oversee those grants. They also identify opportunities for collaborating with DHHS at the state and local levels for treatment services and funding.

Relevant activities for this subcommittee include collection of qualitative information about programming and treatment available in each county. Qualitative survey responses from last September provided anecdotal information from stakeholders in the counties regarding general programming needs.

The Commission is requesting an appropriation for upfront reinvestment to fund grants administered by the Coordinating Council. Initial funding that was to come from decreasing the prison population was stymied by the pandemic in 2020 which impacted the criminal justice system. It's difficult to distinguish what amount of change in the prison population could be attributed to AB236 versus what is attributed to Covid. The request for an upfront reinvestment is similar with what other states have done to get the program off the ground with grants and programs like these.

What is important for this subcommittee would be those special populations involved in the criminal justice system with the need for substance use and mental health services. Also, AB236 revised penalties related to certain

drug crimes and other non-violent crimes so that people can get the support and help they need. Reducing the prison population and reducing recidivism while maintaining public safety addresses those needs.

They are addressing gaps by collecting data and breaking down silos to focus on collaboration with Department of Corrections and Parole and Probation. By sharing data across agencies, they want to track continuity of services and treatment through incarceration to release and supervision with case plans and management.

Christine Jones Brady, Vice President of the Sentencing Commission on behalf of the Attorney General, noted the concern that people would be released into the community without programs and services to keep them from getting back into the criminal justice system. There is overlap between the Committee and the State Plan that can be connected through this subcommittee.

Ms. Gonzales seeks input from the subcommittee about what programs are currently in the communities. This would help support their request for appropriation to identify specific programs to be developed, especially in the rural areas. Recommendations for funding will provide guidance for lawmakers to request appropriations. The Commission would help with data collection and looks forward to a true partnership.

Dr. Woodard thanked Ms. Gonzales for her presentation and welcomes the opportunity to collaborate and build on the synergy between the two groups.

Chair Tolles extended a standing invitation to join the subcommittee discussion with future presentations, thanking both Ms. Gonzalez and Ms. Jones Brady.

7. **Consider Recommendations for Presentation from Subject Matter Experts for Future Meetings** (*Action Item)*
   Chair Tolles described her vision to bring in presentations from law enforcement and the various jurisdictions to provide a ground-level perspective with trends and data collection, as well as needs and recommendations they have identified. She also wants to hear from hospitals and emergency rooms, as well as issues regarding families and children in the welfare system, and K-12 education. Specifically, what are the needs and recommendations for marginalized populations, including tribal communities. Additionally, county or city-level issues of homelessness, economic impact, public health and safety should be reviewed.

   She asked members to make recommendations for subject matter experts to Crystal Duarte via email to cduarte@socialent.com along with their contact information. If there are priority areas to consider, please include that information, as well.

8. **May Meeting Dates** *(For Possible Action)*
   Chair Tolles stated that May 9th from 12:30 – 2:00 p.m. appeared to be the best option for a majority of members. She asked members to please have any reading done ahead of time and to submit recommendations for subject matter experts.

9. **Public Comment**
   None

The meeting was adjourned at 4:35 p.m.