MEETING NOTES

Statewide Substance Use Response Working Group
Treatment and Recovery Subcommittee Meeting

Tuesday July 26, 2022
9:00 a.m.

Zoom Meeting ID: 828 5043 2436
Call In Audio: 669 900 6833
No Public Location

Members Present via Zoom or Telephone
Dr. Lesley Dickson, Lisa Lee, Steve Shell and Assemblywoman Claire Thomas

Members Absent
Chelsi Cheatom
Jeffrey Iverson

Attorney General's Office Staff
Rosalie Bordelove, Terry Kerns, Ashley Tackett

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

Members of the Public via Zoom
Tray Abney (Abney Tauchen Group), Miranda Branson, Vanessa Dunn, Char Frost (NV PEP); Lori Kearse, Michelle Padden (CASAT) Pauline Salla, Lea Tauchen (Abney Tauchen Group), Christina Thomas (Living Free Souls), Shawn Thomas, Quinnie Winbush

1. **Call to Order and Roll Call to Establish Quorum**
   Chair Thomas called the meeting to order at 9 a.m. and read the following statement:

   Please note the statewide substance use response working group SURG and its subcommittees may: 1) take agenda items out of order; 2) combine two or more items for consideration; or 3) remove an item from the agenda or delaying discussion related to an item at any time. If you have a disability and require reasonable accommodation to fully participate in this event, please contact Vicki Beavers, Executive Assistant to Attorney General at 702-684-1212 or vbeavers@ag.nv.gov in advance, to discuss your accessibility needs.

   Ms. Marschall called the roll and announced a quorum, with four out of six members present.

2. **Public Comment** (Discussion Only)
   Chair Thomas asked for public comment, with a three-minute limitation per person.

   There was no public comment.

3. **Review and Approve Minutes from May 16, 2022, Subcommittee Meeting** (For Possible Action)
   Chair Thomas asked members to review the minutes and note any changes or corrections. Dr. Dickson noted that most of the minutes were from her presentation, with little inaccuracies throughout. She requested a Microsoft Word version be sent to her to edit some of her comments. She clarified that none were hugely important, but a couple reflected a "positive" that should have been a "negative."

Chair Thomas asked if this could be tabled for the next meeting. Ms. Duarte asked Ms. Bordelove to clarify whether a motion was needed. Ms. Bordelove explained that minutes should be approved within 45 days, which had already passed. She suggested a conditional approval with pending corrections to the presentation and to make the draft minutes available to anyone who requests them. Ms. Duarte confirmed that the draft minutes are available on the public website. Ms. Bordelove suggested a notation that the minutes will be approved pending corrections.

Ms. Lee asked for a correction to page 3 of the minutes, referencing the "Harris Act of 1914," which should be the "Harrison Act of 1914."

Chair Thomas asked for a motion to approve the minutes with pending corrections.

- Dr. Dickson moved to approve the minutes with pending corrections.
- Ms. Lee seconded the motion.
- The motion passed unanimously.

4. **Subject Matter Experts Presentations** (*For Possible Action)*

Chair Thomas introduced the presenters. Char Frost with NV PEP brings experience navigating systems and advocating for treatment systems for youth, as a parent. Christina Thomas owns Living Free Souls, and chairs the Southern Nevada Advocacy Counsel, and will talk about her lived experience navigating substance use treatment systems. Based on discussion of presenters from the April meeting, Michelle Padden is with the Center for Applied Substance Use Technology (CASAT), which is contracted with the state to provide certification reviews. Michelle is available to answer questions about gaps or resource needs across providers in the state.

Char Frost introduced herself as the Statewide Family Network Director for NV PEP, serving families of children with disabilities, including mental health needs. They recognize the intersectionality between disability, mental health, and substance use.

Her oldest child began substance use in the fourth grade, escalating to methamphetamines and contracted HIV. He is currently clean and sober with a desire to live that is greater than the desire to use meth. When he was in high school, there were very few substance-use providers who would work with them, and this continues to be a concern for families who don't want to send their children out of state. When they do find substance use treatment, they don't include mental health treatment. Ms. Frost believes that her son was using drugs to self-medicate, as he has multiple diagnoses.

Another issue is that youth are not "little adults," and can't be treated as though they are. Also, families need to be involved in the treatment to know how to support youth during treatment and post-treatment to keep them healthy and whole, and off substances. Families often feel scared and judged for seeking treatment for mental health or substance use, so a strength-based perspective is important to foster trust with the provider and leads to better long-term outcomes where they are more likely to stay engaged in treatment.

Recommendations include creating incentives for dual licensure for both mental health and substance use. Also, higher Medicaid reimbursement, with an increased number of sessions, in addition to family therapy are critical pieces for the family support system. Training drug and alcohol counselors in system of care philosophy and guiding principles is a focus of a current grant to NV PEP. Incentives are needed to bring a youth-focused workforce to Nevada through student loan forgiveness or other mechanisms. Reducing barriers to licensure has been discussed by the legislature over the years, but it needs more focus, especially with the Surgeon General's identification of significant impacts for youth (based on COVID and the resulting isolation), which would lead to more substance

use. Evidence-based practice and treatments, as well as a continuum of services and a robust array of community-based services designed to meet the needs of youth and families are needed.

Chair Thomas asked Ms. Frost how her son is doing now. Ms. Frost said he is doing very well, taking all his medications, with a zero viral load, and he is healthier than he's ever been. He is actively engaged with his own mental health services in Las Vegas.

Christina Thomas acknowledged her earlier introduction as owner of Living Free Souls, noting that she is a mind-body spiritual practitioner, working with veterans and individuals in trauma through different holistic modalities and as a peer to peer and vet to vet, who is medically retired from the Air Force. She overcame a very complicated mind-body situation. She is Chair of the Southern Nevada Veterans Advocacy Council, working with 70 different organizations and affiliations.

Ms. Thomas shared that she is a patient with over seven years on extremely high opioids, and was a teen/young adult alcoholic, surviving kidnapping and rape as well as military sexual trauma. She is also a suicide survivor multiple times over, which were chemically induced events due to pharmaceuticals. She is being studied by UCLA and the Cleveland Clinic for Mind-Body.

Long-term chronic patients with medications and chemical exposures develop a biochemistry that mimics addictive neurological transfer overload. They are dealing with neurological and psychological medications that create side effects and addictive behaviors, interacting with steroids or chemotherapies or other self-medications for pain management, that the community sees as crack methamphetamines. The toll this takes on the person is experienced as psychosis. All this comes under the umbrella of behavioral health instabilities, including suicidal ideation, resulting from long-term care to stabilize the person's lifestyle. Specialty care medications mix with other pharmaceuticals to overload the neurons with pathways for those chemicals to communicate.

The person takes other substances to self-medicate, but Ms. Thomas sees this as an effort to self-regulate or escape because they lack the tools to understand what's happening to their body. Support Recovery Specialists are needed to help navigate the journey of long-term care, but that kind of support is only funded in the case of hospice. Growing numbers of patients with chronic pain in the community and in the nation need help.

Ms. Thomas has had over 50 surgeries and procedures, taking over 40 pills a day just to stay alive. Her liver and brain burnt up, resulting in seizures and epilepsy, with psychosis liability around issues of violence, induced by high levels of substances, requiring another pharmaceutical cocktail, which created another chemical imbalance. She is now medication resistant and got off opioids, after going to college and being certified, through medical cannabis and plant medicine with an Eastern understanding. Other people don't have the resources to go back to school to learn what is needed, when they're sick and they need to heal.

More evidence-based therapies are needed, such as a Veterans Administration pilot program out of Salt Lake City, working on the mind and body to avoid addictive behaviors, treating people as human beings with feelings. Eastern medicine prevention care that is covered under insurance is needed. Ms. Thomas spends over $2,000 a month on secondary healthcare to survive, because she can't take prescription medication. She is medically retired at 40, which is a rare situation. Legislative bills have been passed to support peer recovery support sponsors, and a national program called REACH, serves long-term patients going through psychosis who are part of a chronic pain epidemic. One minute of anger takes six hours for the immune system to recover, and it takes up to over a year for the body to reach normal homeostasis after substance overload, so tools are needed to help prevent relapse, including cognitive behavior therapy.

Ms. Thomas concluded her presentation, noting that she is on steroids that impact her behavior and sleep. Having multiple specialty providers prescribing pharmaceuticals requires case managers to make sure that doesn't happen and to avoid another epidemic, not just for opioids, but for substances in general.

Chair Thomas thanked Ms. Thomas for her excellent presentation and asked members for questions.

Ms. Lee also thanked Ms. Thomas for her excellent presentation, noting her agreement and validation as a person in long-term recovery. She was able to achieve homeostasis while seeing an alternative medical provider, using neuro-transmitter chemicals called NeuroReplete and CysReplete that were really helpful for brain healing, as well as going to drum circles and fire spinning. Ms. Lee encourages multiple pathways for people to find what helps them, especially for people who have experienced sexual trauma that traditional modalities do not address. She also reiterated the importance of facilitating payment methods outside of traditional allopathic Western medicine.

Chair Thomas asked Ms. Thomas if the VA allows prescription cannabis for their veterans. Ms. Thomas explained that although Nevada has legalized cannabis for veterans, the medical program is not built up sufficiently and veterans must choose whether to keep their concealed carry firearms. Medical licenses are not issued to dispensaries, so they can't get the medical cannabis discount with the veteran discount to afford and sustain their care. Every state has different methods and there is not sufficient coordination or education around other substance use. Ms. Thomas works with the cannabis doctor to figure out the right combination for her conditions, but she has incurred a lot of hardship in some medical settings to explain her situation and to get what she needs. She pays over $2,000 a month for cannabis to treat all her conditions. Veterans cannot sustain this level of expense, so they "end up having to do substance abuse," where various chemicals can cause psychosis, including THC cannabis. Compassion care programs are needed similar with those in California and Oregon.

Chair Thomas thanked Ms. Thomas, again, and introduced Michelle Padden with CASAT, at UNR.

Ms. Padden explained that CASAT is contracted with the state to provide substance abuse prevention and treatment certification services, based on NAC 458 and Division (Division of Public and Behavioral Health) criteria. They hear from providers that workforce development is currently the biggest challenge, particularly for SAPTA certified providers eligible for Medicaid reimbursement. They (providers) are competing with a lot of telehealth companies and for-profit companies, but they're not able to pay quite as well. Providers might be licensed or certified for substance use services, but possibly not for mental health services.

In 2014, CASAT partnered with other states to develop DDCAT – dual diagnosis capability and addiction treatment. SAPTA offers a co-occurring endorsement with a goal to reimburse their Medicaid providers through a co-occurring endorsement, with folks more toward the "enhanced side of the spectrum, rather than the capable side of the spectrum." The "capable" side does more screening and referral for clients with substance use and mental health or a co-occurring disorder, to coordinate care. This can be more bumpy for the client and creates more work for the agencies. Clients having to see multiple providers or those not getting multiple issues addressed may self-regulate. CASAT certifies a continuum of care, as was discussed in earlier presentations, from prevention through early intervention, outpatient, residential services, withdrawal management or detoxification services, and transitional housing services. They are in the process of adding recovery housing services to address current gaps.

Ms. Padden acknowledged the issue of high expense when reimbursement is not available. CASAT is working with the state to expand telehealth into rural areas, but there are technical challenges with

internet access and stability. CASAT currently certifies over 175 agencies throughout the state providing a continuum of services from prevention all the way through treatment, with approximately 12 agencies currently going through the initial application process. Residential services for adolescents have always been a gap, and they try to leverage adult services without housing them together, to be cost-effective wherever possible.

Ms. Padden clarified her name and organization in response to a question from Dr. Dixon.

Chair Thomas thanked Ms. Padden and other presenters.

5. **Review Subcommittee Recommendations and Preliminary Prioritization** *(For Possible Action)*
Chair Thomas referred members to the slide on Timeline and Process, outlining August activities, including discussion of ranked priorities, additional presentations from subject matter experts, additional information such as requirements for BDRs (bill draft requests), funding sources, and the ACRN (Advisory Committee for Resilient Nevada) report. Meetings between members of different subcommittees may be held to review shared recommendations and revise as necessary. Discussions of how strategies can be combined, refined, or expanded will occur in the subcommittees through August and September to ensure that the annual report includes recommendations that are specific and actionable.

6. **Review Subcommittee Recommendations and Preliminary Prioritization** (*Action Item.)*
Chair Thomas reminded members that weighted recommendations were presented in June, and they would review them briefly to get additional input from the group for questions or considerations to include, such as additional context, questions or refinements. Ms. Marschall noted that questions were also added to the chat (attached below).

Ms. Lee asked a question regarding the use and promotion of telehealth for medications for opioid use disorder (OUD). One historical barrier for the IOTRCs (Integrated Opioid Treatment and Recovery Centers) she was aware of was that peer recovery support services were not covered under telehealth in the Medicaid billing manual, causing a continued dependence on grant funding. A long-term goal was to transition from grant funding to Medicaid. Ms. Duarte offered to refer this question to the Department of Health and Human Services (DHHS) and possibly request a presentation.

Chair Thomas proceeded through additional slides reflecting the weighted recommendations, asking for questions from members.

Dr. Dickson said it was unfortunate that the recommendation for radical changes to recruitment and retention and compensation for frontline health workers is at the bottom of the list. She said, “If we don’t solve this problem, then a lot of the other issues aren’t going to get solved at all.” She recommended moving it up, noting that the members had already voted on these. In her specialty, psychiatry, they are having a terrible time recruiting and retaining state psychiatrists because the compensation is so far behind state and national levels. Chair Thomas said she would like to see it in the final five, as she believes passionately that it’s necessary to invest in our children and make them a priority.

Ms. Lee agreed with Dr. Dixon, but she noted that the recommendation is really vague with no specific strategies identified on how to get there, such as working with the Board of Examiners or certification boards to provide financial assistance or reciprocity, as well as developing health equity through recruitment and retention of a diverse workforce. She added that “radical changes” might not mean the same thing across the continuum. She encouraged members to think through these details to be more pragmatic for implementation, including engaging individuals with lived experience.

Chair Thomas acknowledged these suggestions and reviewed the remaining recommendations, asking for any additional questions or comments.

Ms. Lee wants to ensure they are offering services to BIPOC (black, indigenous, and people of color) communities based on evidence of disparities in the overdose data. Certain communities receive overdose prevention, training, and tools, but other communities do not. They need to saturate all communities to ameliorate opioid related harms in the state of Nevada, and, also, to provide fiscal support for the Nevada Certification Board, of which Ms. Lee is a member. They have opened up doula certification, which was a legislative item last session, and they agreed to consider dual certification for doulas to bill Medicaid to "ensure reproductive health for all women." Ms. Lee subsequently asked that her reference be changed to "all pregnant and birthing persons" across the state.. She added that the Nevada Certification Board is struggling with a heavy workload and just one staff person, who provides administrative support for voluntary board members. She wants to ensure they talk about the nuts and bolts of how to implement "radical" strategies, from fiscal support to reciprocity, diversity, and a continuum of services.

Dr. Dickson shared her concern about the President and Governor discontinuing the current Public Health Emergency status in the future, which will remove people from the Medicaid rolls. A lot of patients served by her agency lost their jobs and insurance and were put on Medicaid, but they could lose that coverage and their access to health care.

Chair Thomas suggested a contingency plan to continue to serve people in the community. She summarized that the subcommittee would hear more presentations and then bring forth their top recommendations to the next SURG meeting in September. Members can still submit recommendations for refinement.

Ms. Lee referenced the need to consider harm reduction outreach, to keep people alive and generate trust in the system, investing beyond mobile crisis teams, working on safety plans to prevent overdose, drug testing, awareness of the Good Samaritan law, and generating calls to 911 or 988. Nevada's recent Harm Reduction Summit included specialists from around the country who joined an outreach team in southern Nevada who only get out to the tunnels every two weeks, when outreach is needed every day to build relationships. The state also needs to invest in this, but she doesn't know if it fits within this subcommittee.

7. Consider Subject Matter Experts for Future Meetings

Chair Thomas suggested fitting remaining presentations into the August meeting in order to leave the September meeting open to prioritize recommendations.

Chair Thomas explained the concern raised by a member of the Prevention Subcommittee, that including harm reduction recommendations could crowd out other recommendations related to prevention. Members of other subcommittees have also requested speakers on harm reduction. The three subcommittee chairs met recently and determined that harm reduction would stay in the Prevention Subcommittee, and a separate section of recommendations would be created for "further review," when submitted to the full SURG, and as part of this year's Final Report. Then, in 2023, a subcommittee specific to harm reduction could be created for more recommendations to include in the next report. The full SURG will have an opportunity to develop consensus around this issue.

Ms. Lee said it was music to her ears to hear that harm reduction has permeated all the subcommittees after years of federal prohibitions against using harm reduction, so she does hope that there will be a dedicated committee. (Ms. Lee briefly lost her internet connection at the 1:30 mark of the recording.)

Chair Thomas asked if Dr. Dickson or Mr. Shell had any questions.

Mr. Shell said he appreciated the discussion, which is online with what he has been thinking.

Dr. Dickson said she would like to get a presentation from the Clark County Juvenile Justice services to address problems of drug users ending up in the criminal justice system, sometimes doing well and sometimes not. Another thing would be to get presentations from the drug courts and the specialty courts that help people stay clean.

Chair Thomas agreed with this, noting various specialty courts in southern and northern Nevada, with veterans' courts and drug courts. She asked staff to work on this.

Ms. Lee was able to reconnect to the meeting and confirmed that she heard the discussion regarding a variety of treatment courts in northern, southern, and rural areas of Nevada.

Ms. Marschall reported that Dr. Kerns also referenced a Meth Court in Clark County.

Ms. Duarte referenced an earlier question about THC for peer recovery and for telehealth services under Medicaid, which will be referred to the Division of Health Care Financing and Policy (DHCFP), but she did not hear that would be a priority for presentation. Items she did hear for staff to pursue presentations include juvenile justice services and specialty courts.

Dr. Dickson clarified that she didn't mean to suggest other recommendations aren't good, but she would really like to hear from the two areas referenced. Chair Thomas agreed with the Juvenile Justice priority.

Ms. Lee reiterated her recommendations for presentations from Tina Willauer – one of the co-founders of the sobriety treatment and recovery team model they are looking to implement in Washoe County, as part of the Family First Prevention Services Act, to pilot with their prenatal substance exposure cohort who are screened into child welfare. The model embeds peer recovery support specialists within the child welfare model, providing education or employment opportunities and some job equity as well as providing better services. She also reiterated her recommendation for Kailin See to present to this subcommittee or possibly to the SURG, as a whole, to understand what overdose prevention centers look like versus what people may think they look like. Ms. See also presented at the Harm Reduction Summit.

Chair Thomas referenced guidance from the Nevada Office of the Attorney General to *fairly and consistently apply a vetting process* for speakers. Some have been referred to the DHHS website where funding opportunities are listed. For transparency, they brought this to the subcommittee to see if anyone has questions or would like presentations. Dr. Posen works with veterans applying evidence informed treatment for PTSD (Post Traumatic Stress Disorder), which was referred to the DHHS website for funding opportunities. Dr. Corona has provided a variety of treatment models throughout Las Vegas and has experience working in correctional facilities, in Washoe County, as well, with experience on how to address gaps in treatment. Dr. Hines has promising research on treatment, peers and pharmaceuticals, and was also referred to the DHHS website for funding opportunities.

8. Public Comment

Chair Thomas asked for any public comments and read a statement that they are *limited to three minutes per person. This is a period devoted to comments by the general public, if any, and discussion of those comments. No action may be taken upon any matter raised during a period*

devoted to comment by the general public, until the matter has been specifically included on an agenda as an item upon which action may be taken pursuant to NRS 241.020

There was no public comment.

9. Adjournment

The next meeting is scheduled for August 12, 2022, at 10:30 a.m. This meeting was adjourned at 10:39 a.m.

Chat Record

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01:10:41
Kelly Marschall, SEI (she/her):
o Does anyone have additional context to add related to any of the
recommendations?
o Are there any questions about the recommendations?
o Does anyone have refinements to the recommendations?
o What are we missing?

01:16:05
Christina Thomas:
Have a blessed day everyone I have to run to a meeting. Feel free to reach
out if you would like to discuss anything further for recovery or mental
health care for veterans livingfreesouls@gmail.com

01:17:56
Laura Hale:
Ratings are based on member responses back in May/June
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