

MEETING NOTES

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

**Tuesday, March 21, 2023
1:00 p.m.**

Zoom Meeting ID: 894 8937 5298
Call In Audio: 253 205 0468
No Public Location

Members Present via Zoom or Telephone

Chelsi Cheatom, Dr. Lesley Dickson, Jeffrey Iverson, and Vice Chair Steve Shell

Members Absent or Excused

Chair Lisa Lee

Attorney General's Office Staff

Rosalie Bordelove (Deputy Attorney General), Dr. Terry Kerns, and Ashley Tackett

Social Entrepreneurs, Inc. Support Team

Kelly Marschall and Laura Hale

Members of the Public via Zoom

Morgan Biaselli (Silver State Government Relations), Stephanie Cook (SAPTA), Vanessa Dunn (Case & Belz), Rhonda Fairchild (Alternative Peer Group), Giuseppe Mandell (TINHIIH), Marianne McKown (Vitality), Jamee Millsap (SAPTA), Dr. Maureen Strohm (South Hills Hospital and Medical Center), Dawn Yohey (DHHS), and Joan Waldock (DHHS)

1. Call to Order and Roll Call to Establish Quorum

Vice Chair Shell called the meeting to order at 1:03 p.m. Ms. Marschall called the roll and announced a quorum.

2. Public Comment (Discussion Only)

Vice Chair Shell asked for public comment. There was none.

3. Review and Approve Minutes from December 6, 2022, Treatment and Recovery Subcommittee Meeting

Vice Chair Shell asked for a motion to approve the minutes.

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

4. Review 2023 Subcommittee Guidance

Vice Chair Shell reviewed slides regarding member submission of recommendations for presentations and possible subject matter experts. Presentations should be limited to five minutes and should not replicate recommendations from the 2022 SURG Annual Report. Rather than an iterative weighting process, subcommittee members are encouraged to present, discuss and refine recommendations in the spring/summer and then weight recommendations in the fall for inclusion in the annual report. The prevention subcommittee will have a comprehensive view, with primary, secondary, and tertiary

activities, including harm reduction. There will also be a full SURG meeting dedicated to harm reduction in April.

Ms. Marschall reviewed slides with survey feedback from members on what worked well:

- Subcommittees (5)
 - “Able to cover more ground and move things along”
 - “Prioritization process”
 - Note that the proposed weighting process for 2023 does reflect the process used by this Subcommittee in 2022
 - “Discussion of recommendations”
- SEI coordination and staff organization (4)
- Shared documents to compile information (2)

And what could be improved:

- Presentations on contested recommendations at SURG
- Better definition of subcommittees or full SURG meeting dedicated to the cross over recommendations
 - For example, if a similar recommendation is shared by two subcommittees, one subcommittee could be identified as the lead
- Clarification on the recommendation ranking process
- More predictable schedule of meetings, especially for subcommittees
- Length of meetings should be shortened to 90 minutes or less
- Addressing harm reduction in its own separate capacity, harm reduction-specific subcommittee
- Asking SURG members what they would like to learn from presentations
- More presentations from providers instead of from the state
- Better adherence to public comment period time limits

5. Review of AB374 Section 10 requirements specific to Treatment and Recovery Subcommittee and Recommendations in 2022 Annual Report

Vice Chair Shell reviewed slides reflecting cross cutting requirements [items (b), (c) reference to special populations, (h), and (q)] that are assigned to all subcommittees, followed by requirements specifically assigned to the *Treatment and Recovery Subcommittee* [items (c), (e), (f), and (j).] See slides posted online at the [SURG webpage](#), under attachments for this meeting for details.

Vice Chair Shell also reviewed slides reflecting recommendations from the 2022 SURG Annual Report that are aligned with Treatment and Recovery, to reorient subcommittee members and the public to the work that has been done, as follows:

- (c) Assess and evaluate existing pathways to treatment and recovery for persons with substance use disorders, including, without limitation, such persons who are members of special populations.

To facilitate opportunities for entry into treatment and/or recovery, ensure that Black, Latinx/Hispanic, Indigenous, and people of color communities are receiving overdose prevention, recognition, and reversal training, and overdose prevention supplies such as fentanyl test strips and naloxone to reduce fatal overdoses among Black, Latinx-Hispanic, indigenous individuals, and people of color in Nevada (Treatment and Recovery #5)

(e) Evaluate ways to improve and expand evidence-based or evidence-informed programs, procedures, and strategies to treat and support recovery from opioid use disorder and any co-occurring substance use disorder, including, without limitation, among members of special populations.

(f) Examine support systems and programs for persons who are in recovery from opioid use disorder and any co-occurring substance use disorder.

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. (Treatment and Recovery #1)

Section 10 items (e) and (f) also apply to the recommendations below:

To facilitate opportunities for entry into treatment and/or recovery, ensure that Black, Latinx/Hispanic, Indigenous, and people of color communities are receiving overdose prevention, recognition, and reversal training, and overdose prevention supplies such as fentanyl test strips and naloxone to reduce fatal overdoses among Black, Latinx-Hispanic, 'indigenous individuals, and people of color in Nevada (Treatment and Recovery #5)

Significantly increase capacity; including access to treatment facilities and beds for intensive care coordination to facilitate transitions and to divert youth at risk of higher level of care and/or system involvement. Implement a specialized child welfare service delivery model that improves outcomes for children and families affected by parental substance use and child maltreatment. (Treatment & Recovery #6)

(j) Study the efficacy and expand the implementation of programs to: (2) **Reduce the harms associated with substance use and substance use disorders** while referring persons with substance use disorders to evidence-based treatment.

No recommendations were put forth to directly address this element.

Vice Chair Shell asked for questions or comments regarding the information from these slides.

Ms. Cheatom supported developing a recommendation for harm reduction in alignment with requirement (j) from Section 10 of AB374, and she asked for clarification if that would be addressed at the April SURG meeting, specifically focused on harm reduction.

Ms. Marschall explained that the subcommittees function to break out the legislative requirements into manageable chunks that can be digested and then moved back up to the full SURG. However, if the full SURG specifically addresses section 10 item (j) through the harm reduction meeting in April, then this subcommittee doesn't need to replicate that work. Members can make recommendations at that meeting with the full SURG, and they could also make additional recommendations through the subcommittee process, following that meeting. Ms. Marschall noted that a single recommendation can also address multiple requirements.

6. 2023 Legislative Session Update

Vice Chair Shell reviewed slides with pending state legislation related to the SURG 2022 Annual Report recommendations from the Treatment and Recovery Subcommittee

SB4 – Revises provisions governing certain programs to pay for prescription drugs, pharmaceutical services and other benefits.

- SURG Recommendation #5 to expand outreach for overdose and deploy personnel to people released from institutional or other settings after overdose)
- SURG Recommendation #13 to ensure Black, Latinx/Hispanic, Indigenous, and people of color communities receive overdose services and supplies.

SB117 – Revises provisions relating to community health workers.

- SURG Recommendation #6 to expand Medicaid for preventive services and access to care.
- SURG Recommendation #15 to enhance compensation of health and behavioral health care workers; sustain/expand investment in Community Health Workers, Peer Recovery Specialists, and Certified Prevention Specialists.

SB119 – Provides for the continuation of certain requirements governing insurance coverage of telehealth services.

- SURG Recommendation #11 to expand access to MAT, and SUD recovery support including telehealth.

Dr. Dickson asked if members were testifying on these bills or taking other action.

Ms. Marschall explained that these bills could impact SURG recommendations, so the intent is to raise awareness for SURG members. Some of the SURG members are legislators who are currently working on these bills, but for non-legislators, this is a tracking list.

Rosalie Bordelove, Deputy Attorney General (DAG), clarified that the larger SURG compiles the Annual Report to make recommendations to the Nevada Department of Health and Human Services, regarding how to spend funds. It's important to know what is going on with legislation, and how that affects SURG recommendations, but the SURG, as a whole would not necessarily take positions regarding any particular legislation.

Dr. Dickson said it seemed that as a body, the SURG might have some impact by testifying for some of these bills, although a lot of them have already been heard the first time around. She asked about members testifying independently as individuals.

DAG Bordelove opined that for the SURG as a whole to take a position, it would need to be approved at a meeting of the full body, but any member may always testify on legislation in their independent professional roles or on their own behalf. She reiterated that members should not testify on behalf of the SURG or one of its subcommittees.

Ms. Marschall asked about members of the public who attend these meetings being able to reference recommendations that are in the 2022 Annual Report of the SURG, if they are testifying on a bill.

DAG Bordelove agreed that there is nothing to prevent people from referencing these public documents.

Dr. Dickson explained that SB119 does not include audio telehealth, which is something mental health professionals are not happy about. Dr. Dickson noted that Vanessa Dunn, a lobbyist she works with, was at this meeting and could be helpful.

Vice Chair Shell thanked Dr. Dickson for pointing this out and continued review of the remaining bills from the slides.

[AB115](#) – Revises provisions relating to substance use disorders.

- Relates to SURG Treatment and Recovery Assigned Element (j) Study the efficacy and expand the implementation of programs to: (2) Reduce the harms associated with substance use and substance use disorders while referring persons with substance use disorders to evidence-based treatment.

[AB138](#) – Provides Medicaid coverage for certain types of behavioral health integration services.

- SURG Recommendation #6 to Expand Medicaid for preventive services and access to care.
- SURG Recommendation #14 to increase capacity including access to treatment facilities and beds for intensive care coordination to divert youth at risk of higher-level of care and/or system involvement.

[AB156](#) – Revises provisions relating to substance use disorders.

- SURG Recommendation #5 to expand outreach for overdose and deploy personnel to people released from institutional or other settings after overdose.
- SURG Recommendation #11 to expand access to MAT and recovery support for SUD, including bridge MAT programs.
- SURG Recommendation #12 to implement follow-up, referrals, and linkage of care for justice involved individuals with opioid use disorder.

Ms. Marschall screenshared a spreadsheet with other bills related to the full SURG, which is also posted online at the [SURG website](#).

Ms. Dunn provided a link in the chat for a bill related to Dr. Dickson's comments. Ms. Hale reminded members that chat should not be used due to the open meeting law.

Ms. Marschall reviewed the spreadsheet with bill listings and related status. Ms. Hale explained that the status for the bills listed was effective at the time the spreadsheet was posted, the week prior to this meeting, so there will be updates for bills that have been heard more recently.

Dr. Dickson referred to [SB242](#) which would approve possession of magic mushrooms for people aged 18 or older, in addition to doing research studies. She is supportive of doing research studies, but she and other professionals she works with are opposed to legalized possession because of the legal troubles with possession spreading to underage populations.

Vice Chair Shell referenced [AB69](#) to support behavioral health care workforce development, and related SURG recommendations Dr. Dickson agreed that this is an important bill to track.

Ms. Hale will do a specific search on health care workforce bills for the next update of the bill tracking spreadsheet. Ms. Marschall referred back to SB117 (included on the tracking spreadsheet) which revises provisions relating to community health workers.

Vice Chair Shell also referenced [AB37](#), which Dr. Dickson had previously mentioned, from the Rural Behavioral Health Policy Board focused on establishing a statewide Workforce Development Center.

Ms. Marschall added these bills to the tracking spreadsheet.

7. Consider Subject Matter Experts and Topics for Future Meetings

Vice Chair Shell noted that surveys were sent to members for recommendations and suggestions for speakers for this subcommittee and also for the April 5th SURG meeting focused on harm reduction. This agenda item is another opportunity for members to suggest speakers.

Ms. Marschall added that there were speakers identified during the 2022 meeting cycle, who could not present to the Subcommittee at that time, due to scheduling conflicts. Members can advise whether staff should follow up with them for the 2023 cycle.

Vice Chair Shell suggested getting them scheduled for this cycle, and he asked for input from other members.

Ms. Cheatom thought that someone from Trac-B would be presenting at the harm reduction meeting with the full SURG in April, but they would likely be open to presenting to this subcommittee, as well.

Dr. Dickson suggested that additional funding of Trac-B was needed to get more vending machines into more sites, and the SURG members could help with funding to get machines into more areas of the community.

Ms. Cheatom completely supported this idea, and she suggested that staff from Trac-B could also talk about other programs they are doing throughout the state, that are also underfunded.

Ms. Marschall reminded subcommittee members of the instruction to not make recommendations around funding of specific programs. Presenters have also been instructed to discuss evidence-based programs generally, so it would not be appropriate to make a recommendation to fund a particular program.

DAG Bordelove reiterated that neither the subcommittee nor the larger SURG have power to choose any specific [program], but they should describe particular characteristics of programs and the goals they are trying to get to with this funding. Ultimately, the decision of who to fund is made by others.

Mr. Iverson asked for another opportunity to complete the survey for recommended presenters, as he was out of the country when the earlier survey was distributed.

Dr. Dickson suggested the Bridge program as another presentation, and she recommended reaching out to Marissa Brown from the Hospital Association.

Vice Chair Shell said Dr. Dickson's suggestion was a great idea. He also agreed with Mr. Iverson that it would be helpful to resend the survey to give members another opportunity to consider presentations.

Ms. Marschall reflected back to the members suggested presentations for harm reduction and the Bridge program, and resending the survey, with a list of speakers that were unable to schedule presentations in 2022. Members supported this process.

8. Public Comments

Acting Chair Shell asked for any public comments and Ms. Marschall 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*

Ms. Dunn said she realized that she linked the wrong bill in the chat, but she will follow up with Dr. Dickson to fix that.

Giuseppe Mandell, There is No Hero in Heroin (TINHIIH) Foundation, wanted to thank members for everything they do. He added that meetings are very informative, especially with the bill tracking. He appreciates all the hard work members do and the long meetings. He is always open to speak at their meetings or events, and he would be happy to help inform them and learn from them. He noted that the Recovery Advocacy Project is hosting a Recovery Day on April 27th, starting at 9:00 a.m., via Zoom. Aim for Recovery is hosting another event on April 29th, with a mix of shooting guns and golfing to raise funds.

7. Adjournment

This meeting was adjourned at approximately 2:05 p.m.¹

Chat Record

00:49:42 Vanessa Dunn, Belz & Government Affairs:
<https://www.leg.state.nv.us/App/NELIS/REL/81st2021/Bill/7438/Text>
00:50:46 Vanessa Dunn, Belz & Government Affairs: Removes sunset language from SB5 (2021) to allow pay parity for telehealth to continue after the COVID PHE ends.

¹ Vice Chair Shell asked if there were any other items for discussion, ahead of adjournment, but there were none. Future agendas may include an item for members to suggest future agenda topics, consistent with the open meeting law.