

## MEETING NOTES

Statewide Substance Use Response Working Group  
Treatment and Recovery Subcommittee Meeting

Wednesday, March 27, 2024  
3:00 p.m.

Zoom Meeting ID: 894 8937 5298  
No Physical Public Location

### Members Present via Zoom or Telephone

Chelsea Cheatom, Dr. Lesley Dickson (3:11 p.m.), Dorothy Edwards, Jeffrey Iverson, Steve Shell, and Assemblywoman Claire Thomas

### Social Entrepreneurs, Inc. Support Team

Kelly Marschall and Laura Hale

### Office of the Attorney General

Rosalie Bordelove and Ashley Tackett

### Members of the Public via Zoom

Linda Anderson, Donna Laffey, Lisa Lee, Abe Meza (DPBH), Elyse Monroy, Alex Tanchek, Bill Teel, and Joan Waldock (DHHS)

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

Chair Shell called the meeting to order at 3:04 p.m. Ms. Marschall called the roll and established a quorum.

#### **2. Public Comment**

Chair Shell read the statement on public comment and Ms. Marschall provided call-in information.

Dorothy Edwards, Washoe Regional Behavioral Health Care Coordinator, announced a Washoe Regional Behavioral Health, Policy Board Meeting scheduled for the following Monday (4/8/24) from 3-5 p.m. They are beginning to hear BDR (bill draft request) pitches, with two items for discussion. There is one substantive item from a gentleman at UNR regarding Narcan on college campuses and in dorms, and one item from the Board of Psychologists. She said people could reach out to her or Chair Shell, who is also Chair of the Policy Board.

Lisa Lee noted that the President for the Northern Nevada Harm Reduction Alliance was also on the call. The Bad Batch application is up and running, called Safety Outreach System. It is also on google android play store and apple play store. In Washoe County, cards can be dropped off at specific locations or she is happy to drop off cards with the QR code.

#### **3. Review and Approve Meeting Minutes from October 23, 2023, Treatment and Recovery Subcommittee Meeting**

- Mr. Iverson made the motion to approve the minutes.
- Ms. Edwards seconded the motion.
- The motion passed unanimously.

#### **4. 2024 Subcommittee Reorientation**

Chair Shell referenced the importance to him and to Chair Ford for active robust participation and engagement. Ms. Marschall shared a slide regarding Attendance, which Chair Shell read:

## Attendance

- Beginning in March 2024, attendance will be tracked and any member who goes below a 75 percent attendance rate for subcommittee or SURG working group meetings will be asked if they wish to continue serving.
- If you cannot attend a meeting, please email SEI staff at least four business days in advance to ensure a quorum or rescheduling of the meeting if necessary.

Ms. Marschall noted that Dr. Dixon had joined the meeting and should be added to the meeting notes.

Chair Shell moved to the Recommendations Process and referenced the subcommittee process with smaller worker groups to make recommendations to the full SURG.

## Recommendations Process

- Survey review
- The earlier recommendations are submitted, the more time we have to schedule presentations and to refine the recommendation. **Please submit your ideas as early as possible!**
- All subcommittee members are encouraged to submit at least one recommendation.
- Questions?

Ms. Marschall provided the survey link made available to subcommittee members via email, to facilitate the recommendations process with baseline information. She provided a demonstration for questions 1 through 19. Justifications may be a narrative response or research links and they may link to one or more elements from the original SURG legislation that were assigned to specific subcommittees, or address cross-cutting elements, such as special populations who are at risk. Implementation timeframes and fiscal notes may be provided if information is available. Members should try to gauge Impact, Urgency, and Feasibility and they may also indicate how health equity is impacted and provide suggestions for presenters. Members may complete the survey multiple times for each recommendation they want to submit. Ms. Marschall provided an example for Ms. Edwards, as the newest SURG member, suggesting if the Regional Behavioral Health Board had more BDR recommendations than they were allocated, she could make a recommendation through the SURG to feed into other affiliates who are allocated BDRs.

Ms. Marschall added that there would be multiple opportunities to add recommendations ahead of each subcommittee meeting, but the later the recommendation, the less likely they are to get a presenter with subject matter expertise in time to submit the comprehensive BDRs by the deadline. The hope is to have at least one recommendation from every member.

## 5. Review Subpopulations and AB374 Section 10 Requirements Addressed in 2023 Recommendations

Chair Shell introduced this item and asked Ms. Marshall to walk members through it.

Ms. Marshall reviewed the background with establishment of subcommittees for Prevention, Treatment and Recovery, and Response. Subcommittee assignments were based on analysis of [AB374](#) Items A-Q, completed by Assemblywoman Tolles, Dr. Stephanie Woodard, and Dr. Terry Kerns, all of whom supported passage of this legislation in 2021. Harm Reduction was assigned to the Prevention Subcommittee, but there has been overlap across all three subcommittees. A handout with 2023 Recommendations and Legislation addressed is linked under the [SURG website](#) with assignment details and tracking of items that have been addressed in prior years. The Treatment and Recovery Subcommittee was assigned items c, e, and f.

Referring to Table 1 from the 2023 Annual Report, Ms. Marschall explained how items A-Q were mapped to the prioritized recommendations and the subcommittees that developed the recommendations. For example, Item l has not yet been addressed to *Evaluate current systems for sharing information between agencies regarding the trafficking and distribution of legal and illegal substances*. The various tables provide additional information about what is being addressed by specific recommendations although not all legislative elements are being addressed. Subpopulations addressed are identified under Table 3.

Ms. Marshall noted that this subcommittee had intentionally reviewed all their recommendations from 2022 adding refinements for 2023, in addition to bringing forward a few new recommendations. For 2024, they will be looking for new recommendations.

## 6. Planning for 2024 Treatment and Recovery Subcommittee Meetings

Chair Shell asked for an open discussion among committee members for the following:

- What would they like to accomplish this year?
- What is their vision for developing recommendations?
  - Chair Shell noted his own preference for creating new recommendations based on new presentations; and
- Where do they want to be by September when the SURG Working Group will begin narrowing down the recommendations to include in the annual report?

Dr. Dickson said a big problem is that they are seeing and taking care of patients, but the overdose rate is still going up. They need to do a better job of letting people know that treatment is available. Also, she sees a lot of young people who are not really interested in treatment. They have learned how to make fentanyl work for them. They're not terribly afraid, so they must have dealers that they somewhat trust. But mistakes are being made because overdoses are going up. She would like to get a presentation from the coroners that could be useful in terms of recommendations. *Where are we missing the boat?*

Chair Shell thought this was a great idea.

Ms. Edwards referenced other boards and organizations making recommendations and would like to see the results of other recommendations. *Are they still passionate about them? Do they need to tweak them? Did they die? Did someone else take them up?*

Chair Shell agreed this is an excellent point noting that subcommittee members are passionate about the recommendations they've made.

Mr. Iverson said this is a great recommendation. It would be nice to see the fruits of their labors. He notices as a person in long term recovery that there is an appearance that some of the managed care providers overseeing Medicaid dollars do not make it very accessible for people needing treatment. There is a lot of money devoted to this cause and he is also seeing a lot of people being denied access to treatment and services for a variety of reasons. It would be interesting to find out if there is an audit of funds being spent around substance use, and how.

Chair Shell was glad he raised questions about Medicaid noting that we are seeing rate increases but there is still limited access to care. Mr. Iverson said there are some Managed Care providers who are good at providing access, but others are not. There are a lot of people that need access to care who are being denied. They get shuffled around to emergency rooms, shelters, or bus passes to outpatient clinics. For the amount of resources available, this population isn't getting the treatment and the services they need.

Chair Shell would like to talk more about the regulatory piece. When providers are trying to get credentialed with Medicaid, psychiatrists get it easily, but therapists do not get it in a timely manner, and they give up or move on to other sources of revenue.

Mr. Iverson noted unnecessary hurdles and roadblocks. *There needs to be some light shed on that; the money is there, but people can't access it. Part of it is a credentialing issue. There are discussions between clinical and medical personnel about what is appropriate. [He is] aware of multiple overdoses in the last few weeks and families are being ripped apart because they cannot get access to care. It almost feels criminal at times. The resources are being provided, but the care is being denied.* He said that they need to draw attention to this subject.

Dr. Dickson said it is strange. Patients do an evaluation and get a prescription, but the pharmacy doesn't take their insurance. All of the sudden, pharmacies are declining some insurance or don't carry the prescription or require prior authorization, which they aren't supposed to do with psychiatric and substance abuse medications. There are many things that can go wrong. A lot of her patients are very young, and they are ambivalent about getting treatment, especially with fentanyl with short term highs and wanting another dose.

Mr. Iverson said one of his detox clinics was turning 25-30% of clients away because the insurance companies say it's not warranted. He would like to make a recommendation to highlight this concern, but he is not trying to promote the facility he runs. A lot of these people go back out on the street, and some end up dying. This is a big hurdle and stumbling block for a lot of people who need help. He agreed to consider and propose potential presenters for future subcommittee meetings.

Mr. Iverson noted that there are four MCOs (managed care organizations) in the state: two are very good at providing the care and the other two are extremely difficult to work with. The Medicaid population is divided between them and there shouldn't be such a difference between the ones providing or denying access to care. He is not sure how much auditing goes on at the state level on expenditure of funds, but he would like to see how much goes into their pockets and how much goes to saving lives.

Dr. Dickson said the Department of Insurance has no control over the MCOs; there are no audits, and they can negotiate what they want. She added that Fee-for-Service Medicaid was better. Mr. Iverson agrees this seems to be the case with a lot of people putting money in their pockets while people are being denied access to treatment that they absolutely should be getting. He will think about possible presenters and complete the survey with that information.

Chair Shell thanked Mr. Iverson and agreed that this is an important focus on the regulatory structure. The MCO contracts are coming up for renewal in 2025, and the state will be preparing for that. He added that they are looking at making the entire state Managed Care.

Ms. Marschall referenced items from 2023 meetings that members may want to follow up on:

- Provider training on alternative pain treatment, physical therapy, massage therapy, and acupuncture.
  - Assemblywoman Thomas wants members to have an open mind to alternative medicines. In the veteran community, they are reluctant to be medicated, adding one thing to another. So, she would like to take a look at alternatives.
- DHHS is funding survey on readiness for MAT in jail and prison settings.
  - Bill Teel, a jail industry consultant who is retired from the Las Vegas Metropolitan Police Department, will present at the April 10<sup>th</sup> SURG meeting, on Jail Medications for Opioid Use Disorder.
- DHHS 1115 waiver support for Medicaid benefits 90 days prior to release from jail or prison.
- MIT Educational Justice Institute, care coordination for treatment upon release.

Dr. Dickson mentioned a 2023 legislative bill for *treatment* in prison that was changed to require a *study* for every facility in the state. She thinks it might be due in June. A survey would feed into these reports. They feel they would be better off to do the shots, such as buprenorphine. Her organization does MAT delivery in jails for patients who have been in the methadone or suboxone clinics. They need to know who is doing what and what is not being done.

Kelly will resend the link to the survey for members to submit recommendations and suggest presenters for meetings between now and July. Additional items pending from 2023 include the following:

- Regarding the presentation from Kailin See on Safe Consumption Sites and street outreach; members wanted to build out a specific recommendation for that in 2024.
- Members also had questions about reaching out to DHHS for assistance with fiscal notes for future recommendations.
- Follow up and referral on justice involved individuals.

Chair Shell suggested members review the 2023 recommendations. Ms. Marshall offered to share slides with those recommendations as well as 2022 recommendations. She noted that DHHS staff provided updates on work in progress for 2022 recommendations, which are in the 2023 Annual Report. For 2023 recommendations, there may not be updates yet because the report was just submitted in January 2024.

Chair Shell noted that they only have one subcommittee meeting between now and July, so members should bring their ideas forward now to get them on the agenda as soon as possible. Ms. Marshall reiterated the referral for Pain Treatment. Chair Shell would like to get that on the agenda for May. He reminded members that they don't have a lot of time this year so they should make the most of the next few months.

## 7. Discuss Report Out for April 10 SURG Meeting

Chair Shell said he didn't see this item on the agenda for the full SURG next month. Ms. Marshall said there would be an opportunity to add items to the draft agenda if the members wanted to do so. She tracked the following items: 1) Alternative Treatment; 2) Coroners on overdose; 3) accessibility to treatment and denial by MCOs, and a spending report; 4) timeframe for getting credentialed for therapists; and 5) looking at things through a regulatory lens given the MCO Contract renewals in 2025, with possible statewide managed care.

Chair Shell asked if other members would be able to speak on his behalf at the SURG meeting on April 10<sup>th</sup>. Dr. Dickson said she would be attending the meeting and could do that. Ms. Marshall will provide talking points as soon as the draft minutes are available.

## 8. Public Comment

Chair Shell read the statement on public comment and Ms. Marschall provided call-in information.

Dr. Dickson responded to the concern of credentialing by insurance companies. During a conversation she was privy to in another committee several years ago, one therapist was complaining about not being able to get credentialed. A representative of the main insurance company said that he was being too picky and only wanted to be credentialed for the other insurance and not Medicaid, so they would not credential him. A lot of people would much rather work for employer-based insurance companies and get bigger fees.

Assemblywoman Thomas asked if an invitation was received for April 10<sup>th</sup>. Ms. Marschall said it should be on their calendars; she will follow up with Deanna to send another reminder.

## 9. Adjournment

This meeting was adjourned at 4:20 p.m.

### Chat File

00:13:40 Belz & Case Government Affairs Scribe by Rewatch: I'm recording this meeting for Elyse Monroy. To stop recording, remove me from this meeting.

00:14:58 Bill's OtterPilot:Hi, I'm an AI assistant helping Bill Teel take notes for this meeting. Follow along the transcript here:

[https://otter.ai/u/X1ENNV3DokOzClomnoXbnICYGN4?utm\\_source=va\\_chat\\_link\\_1](https://otter.ai/u/X1ENNV3DokOzClomnoXbnICYGN4?utm_source=va_chat_link_1)

You'll also be able to see screenshots of key moments, add highlights, comments, or action items to anything being said, and get an automatic summary after the meeting.