MEETING NOTES

Statewide Substance Use Response Working Group **Tuesday, August 29, 2023**
Treatment and Recovery Subcommittee Meeting **1:00 p.m.**

Zoom Meeting ID: 894 8937 5298
No Physical Public Location

Members Present via Zoom or Telephone
Chelsea Cheatom, Dr. Lesley Dickson (Joined at 1:05 p.m.), Lisa Lee, Steve Shell, and Assemblywoman Claire Thomas

Members Absent or Excused
Jeffrey Iverson

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

Office of the Attorney General
Teresa Benitez-Thompson, Rosalie Bordelove, and Terry Kerns

Members of the Public via Zoom
Linda Anderson, Jennifer Atlas, Morgan Biaselli, Donna Laffey, Abe Meza, Elyse Monroy, Alex Tanchek, and Lea Tauchen.

1. **Call to Order and Roll Call to Establish Quorum**
   Chair Lee called the meeting to order at 1:03 p.m. Ms. Marschall called the roll and established a quorum.

2. **Public Comment**
   Chair Lee read the statement on public comment and Ms. Marschall provided call-in information. There was no public comment.

3. **Review and Approve Meeting Minutes from June 27, 2023 Treatment and Recovery Subcommittee Meeting**
   Chair Lee requested a motion to approve:
   - Assemblywoman Thomas made the motion;
   - Dr. Dickson seconded the motion;
   - The motion passed unanimously.

4. **Treatment and Recovery Recommendations Process Discussion**
   Chair Lee described a process to consider recommendations under three buckets: 1) Treatment; 2) Peer Recovery Support Services; and 3) Harm Reduction (a cross-cutting strategy with other subcommittees). Vice Chair Shell welcomed Chair Lee back to the Subcommittee and supported her proposed process. Dr. Dickson and Assemblywoman Thomas also supported this process.

   The approach for 2022 recommendations is for possible resubmission, as needed, electing subcommittee members to complete surveys for specific recommendations. This includes providing justification, action, and research links, as well as the new qualitative measures: impact, capacity and

feasibility, urgency, and equity. A status report for the 2022 recommendations was provided with the posted materials for this meeting.

Chair Lee added that after reviewing the 2022 recommendations for possible resubmission, members would then move to the new recommendations from 2023 and complete the same process.

Note: Discussion of agenda items #5 and #6 were interspersed as subcommittee members combined some of the 2022 recommendations with some of the 2023 recommendations.

5. 2022 Treatment and Recovery Recommendations Review and Discussion

Chair Lee reviewed slides with the 2022 recommendations from Treatment and Recovery, as enumerated in the Annual Report:

SURG Recommendation 11:

•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.

Chair Lee referenced the status report for this recommendation and related notes from the Bureau of Substance Abuse Prevention and Treatment. She asked members if there are remaining gaps they want to address.

Ms. Cheatom asked about action steps to ensure payment for MAT for everybody. Dr. Dickson reiterated issues with low payment and patients losing Medicaid coverage. Chair Lee referenced access points including Federally Qualified Health Centers (FQHCs) and Certified Community Behavioral Health Centers (CCBHCs). Dr. Dickson cited issues with the need for highly trained therapists; she doesn't think the Medicaid Waiver is making a significant difference.[1] Dr. Dickson is also on the faculty for the Psych Department at UNLV to help develop medical workforce.

Chair Lee asked members for suggestions to update this recommendation. Dr. Dickson said they should keep it and it should be their #1 recommendation, for probably the next 20 years. Chair Lee asked Dr. Dickson if she is willing to move this forward through completion with the survey process, including justification, action steps, and supporting research. Then she would consider impact, capacity and feasibility, urgency, and how it impacts racial and health equity. Ms. Marschall clarified that the link for this survey is regularly sent out to SURG members to work on their recommendations. For the 2022 recommendations, there are existing justification, action steps and supporting research, but members can update those elements, in addition to addressing the new elements for evaluation as noted by Chair Lee. Dr. Dickson agreed to foster this recommendation by resubmitting it through the survey link and addressing the new elements. Ms. Marschall will send out the link, again, after this meeting.

Chair Lee moved to the next 2022 recommendation for possible resubmission:

SURG Recommendation 12:

[1] Staff from the Division of Health Care Finance and Policy reported to the SURG in July 2023 on the implementation of the 1115 waiver recently authorized for Nevada.

• Implement follow ups and referrals and linkage of care for justice involved individuals, including individuals leaving the justice system, and pregnant or birthing persons with opioid use disorder.

Chair Lee referred to the status report noting grants that have been awarded to multiple agencies to address some of these issues in southern and northern Nevada. She reported an additional grant to expand the Empowered program to northern Nevada.

Ms. Marschall advised members that working toward the October SURG meeting, the Chair will present 5-10 recommendations from this subcommittee.

Assemblywoman Thomas said she is never in favor of taking money off the table, so she is in favor of keeping this recommendation.

Chair Lee identified an area of possible duplication with recommendation #14, in relation to child welfare services.

SURG Recommendation 14:
•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.

Assemblywoman Thomas wants to ensure that young adults are specifically addressed in their recommendations, given the high impact of fentanyl, rather than mushing everybody into one category, which takes away from specialized services.

Chair Lee agreed, noting her concern with recommendation #14 "mushing" together two completely separate populations. For example, adolescents at-risk for substance use are sent out of state for treatment, but in this recommendation, they are lumped in with families affected by parental substance use, which is completely separate, so she would like to decouple them.

Ms. Marchall adjusted the language in recommendations 12 and 14 to separate disparate elements for child welfare service delivery versus treatment of pregnant of birthing persons with opioid use disorder.

SURG Recommendation 12:

- Implement follow ups and referrals and linkage of care for justice involved individuals, including individuals leaving the justice system.
- Implement a specialized child welfare service delivery model with follow up and referral and linkage to care that improves outcomes for children and families affected by parental substance use and child maltreatment and pregnant of birthing persons with opioid use.

Chair Lee asked if any members wanted to serve as stewards for these recommendations. Ms. Marschall clarified that they do not have to winnow down the number of recommendations today, but in September, they will need to determine the 5-10 recommendations to move forward to the SURG in October.

Chair Lee volunteered for the second bullet now under Recommendation #12. She noted that almost 40% of kids are removed due to parental substance use, and Washoe Couty rates are significantly

higher than Clark County. This is a huge factor with Fentanyl impacting child safety. For example, parents have to wear smocks to block ingestion for little babies.

Related to the first bullet shown under Recommendation #12, Dr. Dickson said that AB156 didn't accomplish what they intended regarding follow up with individuals leaving the justice system, and they probably will relapse without treatment. Chair Lee asked where the gap is now, considering this bill in addition to AB389 and SB439. Dr. Dickson referred to Dr. Elliott Wade on the faculty for addiction medicine as someone who is aware of the barriers and where they might intervene. Chair Lee referenced the timeline for submitting recommendations and asked Dr. Dickson to get language from Dr. Wade. Ms. Marschall offered to meet with Dr. Dickson and Dr. Wade to reshape this recommendation.

Chair Lee moved to **Recommendation #13**:

•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.

Chair Lee referenced the recommendations status report noting that the bureau (SAPTA) is targeting high risk populations in their recent Request for Applications (RFA). She also recalled the presentation from Black Wall Street and the outreach they are doing to engage at-risk high school students in service work and trainings. She also referenced Sean O'Donnell's presentation and train-the-trainer programs in marginalized communities. This supports workforce development and intersects with harm reduction. Also, Donald (Director, Black Wall Street) talked about putting vending machines in communities of color. She would like to integrate some of this language into the recommendations.

Ms. Cheatom agreed it would be good to incorporate this language into 2023 recommendations, and ensure they are funding harm reduction opportunities for the BIPOC (Black, Indigenous, and People of Color) community.

Ms. Marschall combined language (onscreen) from 2022 SURG Recommendation #13, with 2023 recommendations for members to workshop.

Ms. Cheatom asked for clarification regarding the RFA that was referenced earlier, and whether it specifies working with BIPOC communities. She suggested adding specific wording to any future RFAs for grants that are available.

Ms. Hale noted that federal funding that comes through state agencies, such as SAPTA, always requires states to serve populations that are at risk. She didn't think they would allow state agencies to change that language, and she offered to provide a citation for future reference[2]. However, funding that is generated through the state could specify different priority populations.

[2] The Substance Abuse Prevention and Treatment Agency (SAPTA) released an RFA for funding from their federal Block Grant last spring with a deadline of 5/31/23. A link is available for Provisions of Grant Assurances, with further reference to federal requirements under 45 CFR 96.

Chair Lee referenced the RFA or NOFO (notice of funding opportunity) from the FRN[3] (opioid litigation funds), noting that she did not see anything specific to any particular population. She suggested a recommendation to include an explicit funding priority area to address disparities. Ms. Cheatom thought a priority funding area would be the best idea.

Chair Lee suggested the language could be pared down to reduce redundancies and weave in more current recommendations. Ms. Cheatom supported this approach. They also agreed to replace language "To facilitate opportunities," with "Establish priority funding areas."

There was a discussion regarding requirements for special populations under the original SURG legislation AB374 (2021 session) that could be incorporated by reference.

Ms. Cheatom asked if this could be separated into two recommendations, as they are not going to exceed the limit for 5-10 recommendations. Chair Lee and Ms. Marschall referenced additional recommendations for veterans, alternative pain treatment, and TINHIH that had not yet been discussed. They will still have an opportunity to develop consensus at the September subcommittee meeting, for recommendations to bring forward to the October meeting of the full SURG.

- **Establish priority funding areas to ensure entry into treatment and/or recovery, and that Black, Latinx/Hispanic, Indigenous, and people of color and LGBTQIA communities are receiving culturally and linguistically appropriate overdose prevention (naloxone, vending machines, media), drug checking supplies to reduce fatal overdoses among Black, Latinx/Hispanic, Indigenous individuals, and people of color (BIPOC) in Nevada. (Treatment and Recovery #5) (Harm Reduction) Sponsor: Chelsea Cheatom**

Sponsor: Lisa Lee
Language for the report: Consistent with the language in the legislation, all of the recommendations are intended to address all special populations as noted in the legislation.

Ms. Cheatom suggested one recommendation for establishing the priority funding for treatment and recovery, and then a second for enhancing peer support for underserved populations. Dr. Dickson and Chair Lee agreed that these are two separate recommendations. Ms. Cheatom volunteered to develop the supporting information for treatment and recovery; Chair Lee volunteered to develop enhancement for the peer support recommendation.

Ms. Marschall summarized commitments for recommendations:

1. 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.:
    - **Dr**. **Dickson**;

2. Implement follow ups and referrals and linkage of care for justice involved individuals, including individuals leaving the justice system:

[3] The NOFO for the FRN was released on March 1, 2023, including **Section 5.0 Cultural Competence**. Grant awards were reported at the July 12, 2023 meeting of the SURG, as included in the power point available on the SURG website.

- **Dr. Dickson;**

3. Implement a specialized child welfare service delivery model with follow up and referral and linkage to care that improves outcomes for children and families affected by parental substance use and child maltreatment and pregnant or birthing persons with opioid use disorder.
    - **Chair Lee;**

4. Establish priority funding areas to ensure entry into treatment and/or recovery, and that Black, Latinx/Hispanic, Indigenous, and people of color and LGBTQIA communities are receiving culturally and linguistically appropriate-overdose prevention (naloxone, vending machines, media), drug checking supplies to reduce fatal overdoses among Black, Latinx/Hispanic, Indigenous individuals, and people of color (BIPOC) in Nevada.
    - **Ms. Cheatom**

5. Significantly increase capacity; including access to treatment facilities and beds for intensive care coordination to facilitate transitions and to divert youth under the age of 18 at risk of higher level of care and/or system involvement.
    - **Vice Chair Shell**

Assemblywoman Thomas liked the language in #5, specifically targeting youth. Vice Chair Shell also supported language to divert youth under age 18, which is currently a statewide issue; and he agreed to sponsor this recommendation.

Chair Lee moved to the next recommendation from 2022, *to Engage individuals with lived experience in programming design considerations.* She reviewed the status report, including AB403 to change requirements for recovery houses from licensure to certification, and preserving certain immunity from liability for volunteers of a recovery house. She also noted that SAMHSA and other advocates encourage organizations to involve individuals with lived experience.

Assemblywoman Thomas supported a change in the language to include "living" and "lived" experience in this recommendation. There was further discussion as to whether to combine this recommendation with the recommendation on enhanced Peer Support.

6. Overview of All Recommendations Received and Next Steps

Note: At this point in the discussion, all the recommendations from 2022 had been discussed. Ms. Marschall provided a status report for 2023 presentations and possible recommendations, as follows:

- "Treatment and Recovery for Indigenous African Americans," was addressed.
- "Role and Importance of Peers and Persons with Lived Experience" was addressed.
- "Treatment and Recovery for Veterans" had not yet been addressed.
    - Promote the use of ASAM as a part of the clinical assessment and recommendations.
    - Promote continuity of care to include transitional or supportive housing options.
    - Develop opportunities for Veterans and/or individuals diagnosed with substance use disorders to develop meaningful connections, sense of belonging, and purpose.
- "Pain Management" had not yet been addressed, including the specific recommendations from Dr. Nairizi and another SURG member from the Harm Reduction presentation:
    - Eliminate the need for prior authorization either through legislation or persuade insurance carriers to sanction opioid alternative treatments.

    - Provide early access to patients who would otherwise be prescribed opioids if treated in an emergency room setting.
    - Expand this strategic initiative to other areas of the state who are faced with the same opioid addiction issues.
    - Include training on opioid stewardship, provider training on alternatives to opioids, patient education materials on tapering and options for pain management.
- TINHIH presentation.

Vice Chair Shell agreed to lead discussion on 2023 presentations for which Chair Lee was not present. Dr. Dickson confirmed that the presentation from the Veterans Administration was from Reno, rather than Las Vegas, which has a psych unit that does detox and intensive outpatient programs, with several providers who can provide MAT. Consequently, Dr. Dickson said that some of the specific recommendations don't seem pertinent to Las Vegas. She suggested consideration of any components that were unique to veterans. Vice Chair Shell and Chair Lee agreed with this. The use of ASAM and continuity of care are standard for all populations, but more services are available for veterans, such as linking them to social workers and transitional housing. Recovery support services can leverage peers and mutual aid groups for a lifelong process. Members agreed there was not a specific recommendation for this subcommittee to make regarding veterans.

Vice Chair Shell moved to the specific recommendations from Dr. Nairizi, or recommendations based on his presentation to the full SURG, on alternative pain treatment, as bulleted above. Dr. Dickson said pain anesthesiologists and others in pain management could do all kinds of (non-opioid) things if someone would pay for it. She opined that narcotics are cheap, but acupuncture or physical therapy costs money, and prior authorization should be eliminated.

Chair Lee said she also refers people to pain management to help break the cycle of substance use. She said they do take Medicaid, but more providers would be interested if prior authorization was eliminated. She would also support provider education similar to the uptake of knowledge around prescribing to understand pain is a fifth vital sign. But, she said there was a gap in knowledge for how to titrate people off these medications, rather than simply cutting them off and stigmatizing them in the process.

Dr. Dickson referenced previous legislation for psychiatric medications that was passed despite push back from the insurance industry, so she said that it's a model worth trying. She supported the first two elements of these recommendations for Alternative Pain Treatment, but she thought the recommendation for training was redundant, as this should already be part of medical training.

Chair Lee expressed passion for keeping the recommendation for training, which she thinks is still a big gap. In the last wave of the opioid crisis, providers didn't want to prescribe an opioid for pain, but she suggested they could prescribe opioids for 3 to 5 to 7 days, and then transition the patient off the opioids. There could be a recommendation to the medical board to include training on opioid stewardship, alternatives to opioids, and how to safely titrate from opioids. Patient education materials can be provided with Community Health Workers (CHWs) and health educators.

Dr. Dickson referenced AB474 from Nevada's 2017 legislative session where providers must limit prescribing. Those with a DEA Certificate or a board of Pharmacy license to prescribe controlled substances must do two hours of CME (continuing medical education) every cycle. Data show prescriptions going down, but the result, said Dr. Dickson, was to send all these people to the heroin dealers.

Chair Lee shared her experience working in treatment when AB474 was implemented in 2018. Prescriptions went down and the illicit market picked up with a pendulum swing, where providers did not want to treat pain. She reiterated the need to promote training, and she wanted to get rid of the reference to patient education materials, and replace the word "tapering," with "safely titrating from opioids." Chair Lee said the result of the decrease of prescriptions and the increase in the illicit market had literally killed some of her friends and family.

Dr. Dickson liked the language to "promote" training, and the other changes that Chair Lee suggested. Vice Chair Shell agreed. He noted the need to sign off to attend another meeting.

Note: Vice Chair Shell signed off at 2p.m. Assemblywoman Thomas had also signed off. With just three members remaining, the subcommittee lost their quorum.

Deputy Attorney General Bordelove asked that they hold a final public comment before adjourning. She clarified that members could continue to discuss the remaining recommendations, if remaining members want to serve as a sponsor, so long as they do not take formal action. They can organically get together to work on this, but they must avoid the appearance of a second subcommittee. However, they should call for public comments first, to adjourn the official portion of the meeting.

Ms. Marschall added that the remaining components for recommendations could also be built out through independent survey of the members.

Note: Chair Lee moved to Public Comment at this time.

7. **Presentation Updates**
   This item was put on hold for future discussion.

8. **Recommendations Scoring Process and Timing** (No quorum for this item)
   Ms. Marschall reviewed the timeline for SURG Meetings and Recommendations (see meeting materials linked at the SURG website). Remaining members were reminded of the need for them to complete the surveys that Ms. Marschall sends to them.

   Ms. Hale clarified that the recommendations review process includes a qualitative discussion at the subcommittee level, and then a ranking of recommendations by the full SURG. Each subcommittee may bring forward five to ten recommendations. There is a proposal pending for each SURG member to rank their top five recommendations, then the aggregate scores would be used to submit up to 20 recommendations for the Annual Report.

   Ms. Marschall added that any follow-up work on recommendations would be reassigned to the subcommittees to complete before the December meeting of the full SURG. At the December meeting, the members will review a draft of the Annual Report, then any changes would be approved at the January meeting of the full SURG, prior to submission.[4]

[4] *For submission to the Governor, the Attorney General, the Advisory Commission on the Administration of Justice, any other entities deemed appropriate by the Attorney General and the Director of the Legislative Counsel Bureau for transmittal to: (1) During an even-numbered year, the Legislative Committee on Health Care and the Interim Finance Committee; or (2) During an odd-numbered year, the next regular session of the Legislature.*

Ms. Marschall noted that the next SURG meeting had been scheduled for the afternoon on October 11th, but staff are looking at moving it to the morning, pending confirmation of member availability.

9. Public Comment

Chair Lee read the statement on public comment and Ms. Marschall provided call-in information. There was no public comment.

10. Adjournment

This meeting was adjourned at 3:15 p.m.