

MEETING NOTES

Statewide Substance Use Response Working Group
Treatment and Recovery Subcommittee Meeting

Friday September 23, 2022
9:00 a.m.

Zoom Meeting ID: 861 3187 6808
Call In Audio: 669 900 6833
No Public Location

Members Present via Zoom or Telephone

Chelsi Cheatom, Dr. Lesley Dickson, Lisa Lee, Steve Shell, and Assemblywoman Claire Thomas

Members Absent

Jeffrey Iverson

Attorney General's Office Staff

Rosalie Bordelove, Ashley Tackett

Social Entrepreneurs, Inc. Support Team

Laura Hale and Kelly Marschall

Members of the Public via Zoom

Abigail Bailey (DHCFP), Vanessa Dunn (Belz-Case Government Affairs), Chief Justice Simons

1. Call to Order and Roll Call to Establish Quorum

Chair Thomas called the meeting to order at 10:02 a.m. Ms. Marschall called the roll and announced a quorum, with five out of six members present.

2. Public Comment (Discussion Only)

Chair Thomas asked for public comment, with a three-minute limitation per person, reminding participants to please wait until they have been recognized by the Chair, to speak. There was no public comment.

3. Review and Approve Minutes from August 12, 2022, Treatment and Recovery Subcommittee Meetings

Chair Thomas asked members to review the revised minutes and note any changes or corrections. With no changes or corrections, Chair Thomas asked for a motion to approve the minutes.

- Ms. Shell made the motion.
- Dr. Dickson seconded the motion.
- The motion passed unanimously.

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

Chair Thomas introduced Tina Willauer, MPA, Program Director, Children and Family Futures, and Chief Judge Lynne K. Simons, Second Judicial District Court, Department 6.

Ms. Willauer presented on the Sobriety, Treatment, and Recovery Teams (START) a specialized child welfare service delivery model that improves outcomes for children and families afflicted by parental substance use and child maltreatment. (See posted handouts at [https://ag.nv.gov/About/Administration/Substance_Use_Response_Working_Group_\(SURG\)/](https://ag.nv.gov/About/Administration/Substance_Use_Response_Working_Group_(SURG)/))

Ms. Lee expressed her appreciation for Ms. Willauer and referenced her own prior experience with medication assisted treatment (MAT) and the challenges of a system that wasn't compassionate regarding the complications of recovery. She is currently completing her dissertation on this topic, and she is excited to implement wrap-around services that help keep families together in Washoe County. She noted the challenges to the system, due to high levels of substance use in the community and statewide, and she reiterated her excitement for Ms. Willauer's program and ongoing implementation work in her community.

Mr. Shell was very impressed with Ms. Willauer's presentation. He would like to meet with Ms. Willauer and Ms. Lee in relation to the children's hospital he works with in Northern Nevada. Ms. Willauer said she would be happy to meet with them.

Chair Thomas asked Ms. Willauer asked for clarification regarding the statistic that 80.6% of black children in START remained free of both out of home placement and child abuse and neglect, twelve months after case closure; compared to only 56% of families who were in traditional child protective services. Ms. Willauer explained this study was just with African-American families in Kentucky, where she lives. It is a very rural state with only a couple urban centers, so the populations for other ethnicities, including Hispanic, were insufficient for statistical purposes. They are about to start working with a tribal population in Montana, and they look forward to testing their program with this indigenous group.

Chair Thomas thanked Ms. Willauer for her presentation.

Honorable Chief Judge Lynne K. Simons acknowledged the remarkable appointments to this working group and her great respect for them, as well as her appreciation for the work they are doing. She described her purview as Chief Judge over both the family and general divisions, and as the Specialty Court liaison. She is also one of the sitting judges on a newly developed track for young offenders.

The mission of the specialty courts is to improve the quality of life, reduce recidivism, and increase community safety and awareness by engaging substance abuse offenders, particularly those with mental health illness, in an intensive court supervised treatment program. She described a myriad of phenomenal individuals including counselors, court officers, treatment providers, parole and probation officers, drug testing staff, the court clerks, and judges.

Chief Judge Simons agreed with Ms. Willauer that many challenges stem from childhood experience, and she described how the specialty courts consider the appropriate response or intervention. They have evolved not only in programs, but in judging best practices. The workload adds four to six hours a week on top of their other work, but it is a passion of the heart for her to do this work.

Specialty courts include Mental Health, Veterans Court, Adult Drug Court, MAT Court, Young Offender, Prison Reentry, and Family Treatment Court. An example of how they have evolved is folding the youth offender court into MAT court due to challenges with restricted funding. Chief Judge Simons added that the resurgence of meth and cocaine in their community is not typical, compared to other areas of the country where opioids are dominant. They have strict milestones for program completion, partnering with treatment providers and a designated probation officer who understands these different populations. Other examples include having a veteran sit on the Veteran's Court, or providing assistance with birth control, medical, dental needs and education for younger people who may engage in high-risk behaviors. They also partner with [Join](#) to provide assessments, classes, time management, employment assistance, etc.

Chief Judge Simons enumerated her goals:

1. To affirm their sobriety;
2. To give them a sandwich approach of positive-negative-positive; and
3. To give consequences such as writing essays or apologies or assigning community service.

This approach is supported with feedback, planners, and time management classes.

In the Mental Health Court, they have over fifty participants with a \$17,000 budget, so they turn away a lot of people due to insufficient funding. They are looking at young offenders with multiple felonies and how to determine the right time for intervention. People recovered from sex trafficking may join the criminal justice system because they have no other avenue for treatment. Substance use overlaps with mental health issues at every turn.

Another goal for Chief Judge Simons is to utilize detention centers to provide basic treatment with a captured audience. In cases with DUI, the only choice is to send them to prison, but they go with no treatment, so counseling needs to be added. Both individual and group counseling has been highly successful with all the specialty courts. With younger people, you just want to find one thing that's important to them.

Chief Judge Simons cited higher rates of substance use in Washoe County compared to other counties in Nevada, and the need for alternatives to incarceration. She loved Ms. Lee's statement that recovery is a non-linear process, and she reiterated the need for the specialty courts to focus on the greatest needs and where they can intervene to support people in recovery, pulling people out of the criminal justice system. She stated that the specialty court personnel are grateful for any collaboration and participation from community partners, and she appreciates this body shining a spotlight with so many different lenses.

Dr. Dickson asked where the courts get their funding. Chief Judge Simons said that in Washoe County, there is a Specialty Court Funding Committee that allocates monies every year, with both fee and general fund allocations from the state. For example, they requested \$260,000 for Mental Health Court and received \$17,000. For fiscal year 2023, general fund allocations for the courts are \$260,000, out of \$700,000 total. She proposed changing the funding model to identify more avenues, based on different needs and services.

Ms. Lee appreciated the increased compassion of the justice system compared to her experience twenty years ago. She noted that the Washoe County jail does have a narcotic treatment program, with three types of MAT, including methadone, buprenorphine, and naltrexone. She expressed her gratitude for the entire leadership staff at the Sheriff's Office for putting that together. Chief Judge Simons clarified that it is mostly MAT, and not as much counseling at this juncture, but Sheriff Balaam is totally open to suggestions. She added that because the court hearings are on zoom, people can watch any of the Specialty Court hearings. Ms. Lee recommended watching these hearings to "hype up your hope."

Ms. Lee expressed concern with courts recommending twelve-step programs, which are not the gold standard, with so many other recovery pathways available. Chief Judge Simons said her team approves all types of self-care meetings to meet different needs, and she is very open-minded, and absolutely welcomes any suggestions.

Chair Thomas thanked Chief Judge Simons and Ms. Willauer for their presentations.

5. Review Process for Prioritizing Recommendations *(For Possible Action)*

Chair Thomas referred members to the slides showing their timeline up to this month to finalize priorities to present to the SURG in October, focusing on five main priorities. There will be an opportunity to discuss these and any other priorities, with motions for refinement. Combined priorities from all three subcommittees will provide a foundation for the annual report, which is due in January.

6. Review Subcommittee Recommendations and Finalize Top 5 Priorities *(For Possible Action)*

Chair Thomas reminded members that weighted recommendations were presented in June and reviewed in July, with additional input in August for refined recommendations, targeting five to seven recommendations to bring forward to the full SURG in October, not including harm reduction.

Slides reflected original weighted recommendations, with some collapsed into suggested revised recommendations from the August 12, 2022, meeting.

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 made a motion to accept the first suggested recommendation as their top priority:
- Ms. Lee seconded the motion.
- The motion passed unanimously.

2. *Engage individuals with live experience in programming design considerations.*

Dr. Dickson asked if the term “lived experience” needed to be expanded upon a little bit. Ms. Lee said that as a person with lived experience, she thinks it is sufficient. She added that the people closest to the issue are closest to the solution.

- Ms. Cheatom made a motion to accept this recommendation as their 2nd priority.
- Ms. Lee seconded the motion.
- The motion passed unanimously.

3. *Implement follow ups and referrals to support and care; linkage of care for justice involved individuals and pregnant or birthing persons with opioid use disorder.*

- Mr. Shell made a motion to move this recommendation forward.
- Dr. Dickson seconded the motion.
- The motion passed unanimously.

4. *Consider radical changes to recruitment, retention, and compensation of state frontline health care workers and enhance compensation.*

The subcommittee reviewed a resource provided by Dr. Woodard to help define “radical changes.” [Commission on Behavioral Health Draft Letter to Governor June 23, 2022 \(nv.gov\)](#)

Ms. Marschall highlighted two recommendations from Regional Behavioral Health Policy Boards:

1) (Northern) *Support a tiered approach for a calibrated mental health system, that includes a robust relationship between clinicians, CHWs and PRSSs. Following this model, the Northern Board has been exploring strategies to increase the clinical*

workforce and expand use of CHWs and PRSSs to bridge the gaps caused by lack of clinical providers. Recommendations: Support local agencies facilitating CHW and PRSS workforce development, expand Medicaid reimbursement to include all behavioral health clinicians as community health worker supervisors, provide incentives for providers in rural areas, evaluate network adequacy and efficiency for insurance company credentialing, support family caregivers through access to reimbursement, respite services, and training across the lifespan; and

2) (Clark County) • DHHS and DPBH review the allocation of funds to meet the identified needs for the Clark Region. • Address the region's counselor-to-patient ratio by attracting counselors from out of state. • Mainstream the application process for a behavioral health professional to become licensed. • Review the Medicaid reimbursement rate and processing time to align with more competitive states. • Add incentives for providers who serve high-risk populations and utilize peer support specialists.

Ms. Marschall also highlighted recommendations from the Commission:

Another solution that is more feasible is the boards aligning their guidelines to make the licensing of new providers more streamlined. If the process for licensure is easier to navigate Nevada is more likely to attract providers to our state...Nevada's various boards of examiners should be sharing strategies to encourage and develop a licensed behavioral health workforce. The biggest opportunities we see for collaborating amongst the boards are in the areas of license reciprocity with providers moving to Nevada from out of state and supervision on new professionals seeking licensure in Nevada.

Regarding reciprocity – Nevada will continue to struggle with behavioral health workforce unless we make the process easier for fully licensed and experienced providers moving from out of state to obtain a license in Nevada. In this area it appears that the Board of Nursing in Nevada has been the most successful in providing out of state applicants a “temporary” license to practice in Nevada in just a few days until background checks and other administrative processes are cleared for full licensure in Nevada. Other state boards should look towards the nursing boards policies in this area. Additionally, there are several interstate compacts for licensing reciprocity in various behavioral health fields that Nevada should consider joining to increase the number of providers licensed in the state for behavioral health services.

Regarding supervision – there are two opportunities in Nevada to improve access to new providers seeking high quality supervision towards licensure. First is to standardize the training/process to become a supervisor in a given discipline. This process is often convoluted or daunting to professionals that would otherwise qualify to supervise state interns, but do not do so because the process is confusing. In this area the board of examiners for drug and alcohol counselors seems to be most successful in offering a standardized training program through state sponsored CASAT to meet the qualifications to supervise interns in Nevada. Other state boards should consider a standardized and easily accessible training to certify supervisors in their discipline.

Another innovative suggestion is the use of Telesupervision. There are advantages that the Telesupervision Services may provide. Our State Licensing Boards are the appropriate regulators to oversee and develop these services. All around the world, Telesupervision services are being developed and implemented. Telesupervision, also known as e-supervision, is defined as the use of video conferencing technologies to supervise graduate students or assistants remotely. Supervisors can utilize video

conferencing technologies to meet with students to discuss their objectives, assignments, and caseload, and to provide necessary and timely feedback for effective supervision.

Ms. Marschall reported that Dr. Woodard was unable to attend this meeting, but she suggested that members may want to qualify “radical changes” by referencing this document, if it is sufficiently inclusive of their intent.

Ms. Lee believed the verbiage in this document reflected most of the things the members discussed regarding what “radical changes” could mean, including creative reimbursement, higher Medicaid reimbursement, support for CHWs (Community Health Workers) and Peer Recovery Support Specialists, reciprocity, streamlined supervision, and tele-supervision. She supported refined language to be more specific than “radical changes,” as in the Commission letter that Ms. Marschall reviewed.

Dr. Dickson agreed to more specificity, but “significant” might be a better term than “radical,” which is a very politicized word. Chair Thomas offered “progressive.”

Ms. Cheatom also agreed with more specificity and suggested referencing the letter, and rewording the recommendation.

Ms. Marschall acknowledged members’ input and suggested revising the recommendation to *Implement changes to recruitment, retention, and compensation of state frontline health care workers and enhance compensation in alignment with the Commission on Behavioral Health Boards’ Letter to the Governor of June 22nd*. They could specifically include the references Ms. Marschall reviewed above.

Ms. Cheatom said that would cover a lot of the changes that could be made to make this recommendation more specific.

Mr. Shell, Ms. Lee, and Dr. Dickson also supported the proposed changes.

- Mr. Shell made the motion to approve.
- Dr. Dickson seconded the motion.
- The motion passed unanimously.

5. *Ensure that BIPOC 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 and Latinx/Hispanic individuals in Nevada.*

Ms. Lee referenced a recently published article from Sean Thomas and others regarding Nevada data for 2019 and 2020, especially looking at increased rates of overdose among young Hispanic males. This speaks to the need for targeted outreach and aligns with being in a data-informed body.

Dr. Dickson suggested this recommendation should come out of the Prevention Subcommittee, because it references overdose prevention, and there is nothing about treatment.

Ms. Marschall clarified for the members that this is the *Treatment and Recovery* Subcommittee.

Ms. Lee reiterated the dual role of this subcommittee and she referenced her many, many opioid overdose rehearsals, noting “there is no opportunity to recover when you are dead.” She wants to make sure that the opportunity to recover is available to the individual.

Ms. Marschall suggested that Ms. Cheatom might share some of her work in distribution as a pathway towards recovery.

Ms. Cheatom described her work in harm reduction for the Trac-B Impact Exchange, distributing overdose prevention supplies, including naloxone and fentanyl test strips, and other drug testing supplies, in addition to a vending machine and were able to test supplies for people. Harm reduction can get people interested in treatment, and providing these supplies helps keep people alive to they can be in treatment and get into recovery.

Dr. Dickson suggested adding language *to facilitate entry into treatment*. Ms. Marschall amended the recommendation with this language:

To facilitate entry into treatment, ensure that BIPOC 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 and Latinx/Hispanic individuals in Nevada.

- Ms. Cheatom made the motion to approve this language.
- Dr. Dickson made the second.
- The motion passed unanimously.

Chair Thomas reviewed the next three slides with *Weighted Recommendations, Other Weighted Recommendations, and Additional Recommendations from Presentations*, including today’s presentations, for example: *implement a specialized child welfare service delivery model that improves the outcomes for children and families affected by substance use and child maltreatment*. Chair Thomas reminded members that they had an allowance for up to two more recommendations.

Weighted Recommendations

- *Invest in behavioral health workforce mitigating stress and burn out covid-19 has caused*
- *Consider the parity in coverage and participation in a statewide hub and spoke model across all payers with limitations on fail-first treatment options, prior authorization, and coverage limits*
- *Fiscal support for the Nevada Certification Board to expand PRSS, CHW, PS, and doula certification in Nevada to expand our workforce and ameliorate drug related harms in Nevada*

Other Weighted Recommendations

Provide educational opportunities to increase competency of clinicians providing adolescent care (overlap)

- *Proactively develop and implement a state plan/infrastructure for pediatric disaster behavioral health response and recovery as well as general hospital consultation-liaison services and more effort in youth substance use disorder services*
- *Significantly increased capacity is needed for intensive care coordination to facilitate transitions and to divert youth at risk of higher level of care and/or system involvement. Support the mental health needs of youth in the child welfare system. Fully support alternative funding and service delivery models for intensive care coordination*

Additional Recommendations from Presentations

- *Mobile Crisis Team safety checks;*
- *Co-response models with true para-response professionals;*
- *Intensive in-home services, peer operated respite care, and short-term residential facilities;*
- *Expand clinical quality oversight of residential care systems, and support facilities remediation;*
- *Develop and implement state plan/infrastructure for pediatric disaster behavioral health response and recovery, as well as hospital consultation-liaison services for youth SUD;*
- *Increase timely data collection and research to identify and respond to youth mental health needs with resiliency-based solutions;*
- *Consider ways to get all payers in the system to reimburse for crisis services and include federal funding for access to services; and*
- *Invest in and expand masters level clinicians' programs*

Ms. Lee said she would love to see more support for families impacted by substance use, with so many families and communities across the state without enough support to break the intergenerational cycle. It could include wrap-around services to build protective factors to create resilient families and resilient communities. It could ensure that families have access and support to get into treatment and community-based recovery supports, and address ACEs (adverse childhood experiences).

Dr. Dickson asked if the subcommittee would continue on after making recommendations to the SURG.

Ms. Marschall recalled the statutory requirements for the SURG to address a broad range of items, with a charge to study these issues and make recommendations annually.

Chair Thomas asked members about supporting Ms. Willauer's recommendations.

Ms. Lee referred to the following recommendation:

- *Significantly increased capacity is needed for intensive care coordination to facilitate transitions and to divert youth at risk of higher level of care and/or system involvement. Support the mental health needs of youth in the child welfare system. Fully support alternative funding and service delivery models for intensive care coordination.*

Ms. Lee suggested adding something about supporting families who are screened into the child welfare system with the factor of parental substance use. She explained there are not many places for families to get recovery together, at least in northern Nevada. She added there is also an opportunity to include transitional housing, and to include support for female-identifying persons. When children are removed, their parents' substance use goes up, due to trauma and depression.

Ms. Marschall suggested combining elements of these recommendations, as follows:

- *Significantly increased capacity is needed 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.*

- Ms. Lee made a motion to approve this recommendation as the 6th priority.
- Mr. Shell seconded the motion.
- The motion passed unanimously.

7. Subject Matter Experts for Future Meetings

Chair Thomas referred members to the slide on Pending Future Presentations (#24), based on member recommendations, to be scheduled after the October SURG meeting.

Ms. Lee suggested Chad Sambora from Missouri, but then retracted that because Donald Griffin and Black Wall Street are already in the Reno/Sparks area, providing overdose aid kits with naloxone and fentanyl test strips, which she thinks are better than the naloxo boxy. They support trips with adolescents and work on zero suicide initiatives.

Dr. Dickson will get back to Kelly with any recommendations for presenters from Clark County.

Mr. Shell would like an update from the state, at some point in the near future, regarding efforts to revamp the system of care for children and families.

Ms. Cheatom asked for clarification about making recommendations related to harm reduction and whether those are limited to the seven total recommendations.

Ms. Marshall responded with her understanding that other subcommittees would bring forward harm reduction recommendations that all members would have an opportunity to vote on at the October meeting of the SURG. She said there is also a consideration that a fourth subcommittee on harm reduction could be established to avoid confusion, but that would need to be discussed at a later meeting. It's also possible that some of the recommendations from this committee could be placed in the harm reduction category.

Ms. Cheatom suggested they use the seventh recommendation slot for harm reduction, and she supported Ms. Lee's recommendation for Black Wall Street, or possibly someone from Trac-B Exchange or Impact Exchange, as well.

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 were no public comments.

9. Adjournment

Chair Thomas commended and thanked everyone for their great feedback and the phenomenal work that staff and members are doing.

This meeting was adjourned at 11:51 p.m.