M E E T I N G N O T E S

Statewide Substance Use Response Working Group — September 18, 2024
Response Subcommittee Meeting — 11:00 a.m.

Zoom Meeting ID: 868 3331 1069
Call in audio: (669) 444-9171
No Public Location

Members Present via Zoom or Telephone
Dr. Terry Kerns
Senator Jeff Stone
Shayla Holmes
Christine Payson
Nancy Lindler
Members absent
None

Attorney General's Office Staff
Rosalie Bordelove and Ashley Tackett

Social Entrepreneurs, Inc. Support Team
Crystal Duarte and Madalyn Larson

Members of the Public via Zoom
Brandon Beckman, Michelle Berry, Miranda Branson, Allison Cladianos, Trey Delap, Joseph Filippi, Olivia GrafMank, Morgan Green, Valerie, Haskin, Lisa Kelso, Heather Kerwin, Abe Meza, Roberta Miranda, Elyse Monroy, Alyssa Planas, Bill Teel

1. Call to Order and Roll Call to Establish Quorum
Chair Kerns called the meeting to order at 11:04 am.

Ms. Duarte called the roll and established a quorum.

2. Public Comment (11:04 am) ***(Discussion Only)***
Chair Kerns asked for public comment and read the public comment guidance.

No public comment was offered.

3. Review and Approve Minutes from August 06, 2024 Response Subcommittee Meeting (11:07 am) *(For Possible Action)*

Chair Kerns asked for a motion to approve the August 06, 2024 Response Subcommittee meeting minutes.

- Ms. Payson made the motion;

- Senator Stone seconded the motion;
- The motion passed unanimously.

4. Update on Jail Medication for Opioid Use Disorder Multidisciplinary Teams (11:08 am) *(For Possible Action)*

Mr. Bill Teel introduced himself as a retired captain from the Las Vegas Metropolitan Police Department who is now contracting with the Nevada Department of Health and Human Services on this effort.

Mr. Teel noted from a disclosure standpoint, this work is being funded through the Fund for Resilient Nevada (FRN). He noted he reports directly to the Department of Health and Human Services (DHHS) and in this case, Dawn Yohey. He noted he does not have any financial conflicts of interest.

Mr. Teel provided a recap on what he presented earlier in the year at to the Response Subcommittee. Research was done in all of the jails in Nevada and everyone at the facilities visited was gracious with him coming in and presenting a survey, which then gave them a baseline to work off of and move the work forward

Mr. Teel described the issues this work examines, 1) Closing the gap on implementing Medication Assisted Treatment (MAT) in Nevada's small and rural jails, and 2) Providing an effective continuation of care bridge. Mr. Teel noted Washoe County is leading the charge for the State of Nevada in implementing a MAT program inside of their operations. He noted we want to do the same thing in all of the participating small and rural jails in Nevada. Mr. Teel said we have 6 facilities that are working with as a multidisciplinary team to implement a MAT program as part of the first objective, and that the second half of the mission is to provide an effective continuation of care bridge.

A few of the takeaways from this research were presented. Washoe and Clark counties were the only counties with MAT in their jails, all other jails did not have MAT. He said it was simply due to 1) a lack of access to resources, whether inside of their operation or within the community and 2) access to pharmacies. He also said they are exploring telehealth options as a means to closing the access gap in rural jails. He noted a few other takeaways were that there were three barriers to implementing a MAT program, 1) The lack of onsite medical mental health resources, 2) The lack of funding, and 3) The lack of community resources that are available. Finally, he noted that all jails he is working with wanted to get MAT into their operation. He said there was one facility that wouldn't commit to saying they wanted to participate, because they truly believe that they are a temporary holding facility and that they were so temporary they would only have inmates in their custody, on their site for a matter of minutes, if not a total of just an hour. That was recorded in the survey results as them not wanting to participate in this particular effort.

Mr. Teel said from a special populations standpoint, all demographics within our adult carceral environments are being considered for this work, with the focus being on substance use disorder mainly with opioid use disorder being at the forefront. He noted that co-occurring challenges are tied into substance use disorder such as mental health concerns. He described there is a little bit

of a pivot that's currently happening to where DHHS is having him work with the Department of Health Care Financing and Policy (DHCFP) on the 2023 work as well as on Assembly Bill 389, the 1115 waiver for youth carceral populations. He is working with a team of folks from DHCFP to start to make progress in this area. Surveys have already been pushed out to all of our juvenile facilities and now they are circling back around, conducting site visits and ensuring they are capturing as much information as possible for an analysis that will help to implement things as quickly as possible.

Mr. Teel said from an evidence-based practice standpoint, they are using the sequential intercept model. As he suggested earlier, he mentioned this has been a fantastic roadmap to capture all the different intercepts of the judicial process to determine what more can be done within the individual counties that are participating and to work harder at closing the gaps and mitigating the need for bringing folks into carceral environments if it can be prevented. Mr. Teel noted 26% of the 23 jails are participating in the multidisciplinary team approach towards implementing a jail MAT program and then working towards the community continuation of care model. The intention is to circle back around with all of our facilities. He said there are more jails that want to participate, with the most recent one being Mineral County, and the first meeting is scheduled with them for the middle of October.

Mr. Teel noted in addition to leadership representation from the sheriff's departments, they have six Nevada law enforcement agencies and three County Commissioner groups. He said those are from Esmeralda County, Lincoln County and Storey County, and then they have two judges, one judge from Esmeralda, the other judge is from Mesquite. He said he is hoping to get one judge from Nye County. Finally, they have a group from the Center for the Application of Substance Abuse Technologies (CASAT) participating in this project.

This is a collaborative efforts from a variety of folks. He said they have 12 different groups that are participating in this, and also sharing the story with different entities, like the Health and Reentry Project (HARP), the National Academy for State Health Policy (NASHP), Department of Justice (DOJ), Police Training and Community Collaboration (PTACC), and National Commission on Correctional Health Care (NCCHC). Mr. Teel noted PTACC focuses on intercept zero and one of the sequential intercept model – deflection and diversion. He noted his area of focus is talking about the work that they are doing in Nevada and tying in the significance of incorporating deflection and diversion efforts in our small and rural communities, and if it can work in Nevada's rural areas, we can make it work anywhere, in any state throughout the country. He said he was invited to a panel discussion with the National Commission on Correctional Health Care to share about the work that's being done in Nevada with the focus being small and rural communities who haven't traditionally been a focus.

Mr. Teel explained the roadmap to developing the Jail Medication for Opioid Use Disorder Model. He noted the different intercepts that they are working on within the individual counties in Nevada, starting with intercept zero and community services, hoping to mitigate the need for law enforcement engagement which occurs at intercept one. He said the priority is to try and divert as much as possible with the help of community resources. One of our biggest challenges is the lack of access to resources in the smaller communities. He noted intercept two would be the time of intake and booking inside of a jail, so for their efforts, as it relates to opioid use

disorder, that's where the implementation of MAT programming would begin, and it begins at the time of the screening process. It is necessary to have MAT service providers be in alignment with the screening and intake process, so they can capture those that would qualify for MAT at that point of the booking process. Then, intercept three is a continuation of the programs that happen in the jails. Additionally, he mentioned this would be the medication for opioid use disorder programming and the counseling that goes along with it. He said from a re-entry standpoint, this is where the bridge to community continuation of care begins. He said they work toward those warm handoffs with community resources and if they can provide them within the individual communities that is the best-case scenario because it is best practice.

Mr. Teel explained the Jail Medication for Opioid Use Disorder (MOUD)/Community Continuation of Care Model in development. He noted the green areas are their current areas of focus: 1) Jail MOUD Compliance/OTP Service Provider Engagement, 2) Enhanced monitoring/reduced offsite transports for overdose/suicide attempts, 3) Bridge to the community of care, 4) Community check ins by social services/peer support/re-entry coalition. He noted the re-entry coalition is being worked on in Lander County. The undersheriff was interested in seeing how this coalition could help strengthen discharge planning and reentry efforts, and then his hope is to circle back around with DHHS and have discussions to demonstrate the proof of concept and that they can make this a statewide effort. Mr. Teel said the reporting needs to analyze what's working and what's not working, as well as be able to dig into whether or not the efforts are truly demonstrating a reduction in recidivism and a break in cycles of substance use disorder. Something that is at the forefront of the State's interest is developing an electronic health record that will tie into Medicaid. With the 1115 waiver for both the adult and the juvenile populations, this will be significant with some of the access to care needs that these operations currently are missing. He said, ultimately, this will allow for a pay source to allow these operations to then bring in the necessary access to care resources.

Mr. Teel explained what success would look like for this project. He noted, leadership/staff education on MOUD, access to MAT medications (including a Memorandum of Understanding with Opioid Treatment Providers), electronic health records/enhanced intake screening, improved jail policy where needed, jail MOUD program consent/compliance, enhanced “at risk” monitoring, jail/judicial MDT engagement, commitment to scheduled service provider engagement/re-entry coalition, data management information systems, 3/6/9/12 month outcome reporting. Furthermore, he mentioned success in the continuation of care which would be discharge planning/reentry bridge to community/regional opioid treatment service provider(s), engagement from social services case management/peer support/community health workers, community MDT engagement, and 3/6/9/12 month outcome reporting.

Mr. Teel explained that a variety of jails in Nevada are in the MAT programming implementation phase. He noted a list of current jails with multi-disciplinary teams: Esmerelda, Lander, Lincoln, Mesquite, Mineral, and Storey. He also mentioned counties with a continuation of care: Lander, Esmerelda, and Mesquite.

Mr. Teel listed the community partners on this project – these include: DHHS, Nevada Division of Public and Behavioral Health, Behavioral Health Group, Rural Behavioral Health Coordinators, Nevada Association of Counties, Pool PACT (a liability and risk coverage

provider), Nevada Division of Welfare and Supportive Services, Nye Communities Coalition, Company Xceleration, Community Chest, National Alliance on Mental Illness (NAMI) Western Nevada, and the Center for the Application of Substance Abuse Technologies (CASAT).

Mr. Teel re-capped his presentation describing Nevada's trailblazing efforts which include: statewide access to MAT medications with pharmacy vouchers, introductions to technology solutions ("at risk" signs of life monitoring, community connections to resources kiosks, real time biometrics), access to Community Management Information Systems (CMIS), sober living accountability, increase in community health workers/peer support resources, virtual Medicaid enrollment, and re-entry coalition exploration.

Mr. Teel showed what the Mobex Health Community Kiosks are and look like. He noted they are a service that's being implemented in the participating county jails and is funded through Silver Summit Health Plan. He noted the individual counties who are participating got to weigh in with what they felt were the greatest resource needs for their communities. There are customizable dashboards for each community/county—he noted this is very progressive. He said this has been implemented in Henderson, Nevada and they are looking to expand it in Esmeralda, Lincoln, Lander, and Storey Counties. He also showed the QR code for Employee Nevada, which allows people to get employment opportunities.

Mr. Teel explained the Community Management Information System (CMIS). He said it has already been implemented in the Clark County Detention Center. He noted information access is something that's been lacking for most law enforcement agencies, especially small and rural agencies, however it can be a true difference maker for individuals who are suffering from substance use disorder or mental health conditions.

Mr. Teel explained what success will look like in Phase 2: 2024 Annual Program Analysis. For the Nevada Jail MOUD Program, the 3/6/9/12 month outcome reporting will be used to show if this program is working as intended. They also want to look at program compliance (in aggregate and trend lines) as well as institutional occurrences/behavior (such as overdose send outs, suicide attempts, inmate vs. inmate fights, attacks on staff, work with MDT and CQI process using a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis, and program updates. For the Community Continuation of Care, they are going to use 3/6/9/12 month outcome reporting to show if this program is working as intended. In addition, they will look at discharge planning/re-entry to bridge to community, and regional service providers (in aggregate and trend lines), as well as engagement from social services care management/peer support/community health workers, (in aggregate and trend lines), local reductions in recidivism (in aggregate and trend lines), and work with MDT and CQI process using a SWOT analysis and program update.

Mr. Teel went over the gaps in this program. He noted 1) deflection and diversion – and the lack of transportation for individuals in crisis. Currently, the practice is that there's a call for service with someone in crisis in the community. He said you have police who are responding to the situation. He said thanks to NAMI and Executive Director Laura Yanez, they've been able to implement the tool which gives direct access to a virtual mental health professional, and this has demonstrated some success in counties throughout Nevada. But he noted, when it comes down

to actually having a need to transport an individual to resources to get the care they need, that's where the work is falling off. The transportation within the smaller rural communities to the larger urban communities is causing issues because of the travel distance and the burden on emergency services. He also mentioned a few other gaps which include: expanding access to community health workers and peers, access to information, Medicaid enrollment, and re-entry accountability.

Mr. Teel went over his recommendations from this presentation. He would like the Substance Use Response Working Group members to provide feedback on the status of this jail MOUD/continuation of care project is going/if this is meeting your expectations. As well as the group to offer support to close the gaps that were previously mentioned (transportation, access to community health workers/peers, information expansion, Medicaid enrollment, and considering a statewide re-entry coalition).

Chair Kerns thanked Mr. Teel for this presentation and his efforts. She noted he has been nationally recognized for this work and thanked him for his efforts.

Vice Chair Holmes said she is personally really excited and beyond grateful that Mr. Teel decided to tackle this work in some very rural areas of Nevada. She said that if they can figure out how to make it work there, they can make it work anywhere. She asked about the 48-hour bail reform and the ability to implement the MOUD program for individuals coming into the jail that are not going to be there in the long term?

Mr. Teel said this is the most challenging part and that there is a need to focus on those jails that are temporary holding facilities because they still fit into this equation. He said his response to that is, regardless as to whether or not someone is in the jail for an hour or for the average length of stay (national average is 29 days), the same approach needs to be taken with all of our jail operations, and we should be working toward capturing as much information through a screening process. He mentioned at the very least, if a person is being transferred to another facility they want to know who will be responsible for their access to care and we already have information that can be shared if they are in the same system. If they're a walk in, where they're only in custody for 2 to 3 hours, it is still important to have that information.

Vice Chair Holmes asked how long the average stay is for rural Nevada folks?

Mr. Teel said it is five to seven days. He said it is far less because the crimes that are being committed are low level crimes which lowers the average length of stay.

Vice Chair Holmes asked if the screener that is used is an opt in or opt out screener?

Mr. Teel said nothing can be mandated when it comes to inmates coming into the jail; however, the intake process is going to be the same for all inmates. If someone is giving the appearance that they're suffering from substance use disorder and at that moment in time they are not ready to answer the questions, staff will circle back with them to have another opportunity to save a life – to mitigate risk and liability.

Vice Chair Holmes said when they first started implementing screenings in their Lyon County jail back when we went through their sequential intercept mapping model in 2014, they had just started simple with the brief jail mental health screen and what they learned over a couple of years of attempting to implement that on intake is, it came down more to the training and the passion of the jail operators doing that intake, so she is anxious to see what his numbers for engagement look like, and then what training and how he will get the buy in of those individuals that are actually conducting screenings. When they are hiring jail staff, it looks very different than what we look for when we are hiring social services staff. The way those individuals engage with those screenings and engage with the inmates really does make a difference on the level of outcomes from screenings. She said she is anxious to see what he finds to be successful. She asked if he has considered what is already existing through the several counties that have the Forensic Assessment Services Triage Teams? She said while they may not have MAT in some of these areas, some of the continuation of care is still happening in those communities. She wanted to know how they are rolling up that information into the report/findings and/or if they are considering rolling this up?

Mr. Teel said the FASTT teams are embedded in a lot of the small/rural jails. It is very difficult to implement something like this into the jails because of the lack of access to resources. He said what has been successful with the Nye County Communities Coalition is something very similar to what FASTT is doing—they do a validated screening to capture quality information to bring the resources in that are necessary to link people to care.

Vice Chair Holmes said she appreciates this work and his time answering her questions. She said it is interesting that some of the areas which have FASTT programs are lacking on that front end. She said she is anxious to see how buy-in looks on the front end and how they will be able to make it better. She said she is anxious to see how his outcomes impact our ability to motivate some of the other local jails to do this work.

Senator Stone asked for an explanation of the pharmacy voucher process.

Mr. Teel said the intent is to streamline the process. When a service provider/pharmacy is in place, they will be able to bill the state for the medications being prescribed to patient inmates. Currently, what is happening is an interim process in which the service provider is contracted with funding to allow them to prescribe medications and then pay for those medications. The State recognizes an opportunity to do a better job managing the funding involved with the medications, because it is a big unknown as far as what the true demand will be until they actually start getting some repetitions under their belt. He said the voucher process is something that they are hoping to implement by the summer of next year and make the payment process for medications as seamless as possible. After that time, all the different jails providing MAT will be using the same method to pay the pharmacies.

Senator Stone noted that in the 2023 Legislative session they passed a bill that allows pharmacists to treat opioid use disorder patients but there was no payment to the pharmacy for pharmacists participating in that. He noted that in the next session he is going to support a bill to allow a pharmacist to actually get paid by Medicaid for providing the services for Medicaid

patients, including patients in need of opioid treatment. He said he is hoping that maybe through that effort they could help bridge the gap and offered to help in any way.

Chair Kerns said she thinks this program is in line with what is expected. The Response Subcommittee previously had a recommendation regarding access to the three FDA-approved MOUD prescriptions in carceral facilities. Secondly, there are recommendations related to community health workers/peers and continuing to push for equity. Then finally, Chair Kerns said they have a recommendation about the definition of recidivism and if that goes through, she would like his multidisciplinary teams to provide feedback.

Mr. Teel agreed that he/the multidisciplinary teams can give feedback on that recommendation.

5. Known Bill Draft Requests Affecting the Behavioral Health Workforce (11:58 am) (*For Possible Action)*

Ms. Valerie Haskin introduced herself as the Rural Regional Behavioral Health Coordinator. Her presentation gave a general overview of some of the bills being put forward related to behavioral health workforce development. Ms. Haskin mentioned there are always new bills being submitted and they are on rolling deadlines for many of the legislators to submit bill draft requests (BDRs). Ms. Haskin noted while they do have the first batch of BDRs that have been submitted and assigned numbers, they don't know necessarily what's coming. She noted that when someone goes into the Nevada Electronic Legislative Information System (NELIS), there's an informational tag line associated with the different bills. She has been able to connect what she knows about potential BDRs that affect behavioral health with the numbers provided in the system. Her presentation included the different policy board BDRs, and how they either directly relate to or touch upon behavioral health workforce development. She also included information from legislators, the Joint Interim Standing Committee on Health and Human Services, and the Patient Protection Commission. Ms. Haskin said she will mention things about other workforce development progress, contacts for this work and will have time for questions at the end.

Ms. Haskin started with BDR 54-403, the Rural Regional Behavioral Health Policy Board's BDR. The BDR, "revises provisions relating to behavioral health", specifically it would enter the Nevada Board of Examiners for social workers into the social work interstate compact. For those who are not familiar with interstate licensure compacts, a compact allows anyone who is licensed within one of the compact states to go through the compact and essentially get an in-kind licensure very quickly to be able to practice in another state. Interstate licensure compacts can be a really fantastic way to a streamline the processes for behavioral health and other providers who are coming to Nevada to practice and it's an added incentive for someone who wants to move to Nevada. Additionally, she mentioned this will benefit social workers who have existing patients or clients in another state that they don't want to lose contact with. It's also a way to ensure that we have more access to tele-behavioral health providers, because if these professionals are licensed in one of the interstate licensure compact states, they can go ahead and jump into practice in Nevada seamlessly. Ms. Haskin noted something else the Rural Behavioral Health Policy Board is looking to do with this bill is revise the language regarding the annual reporting of licensure data from the four behavioral health licensing boards that they've been working with. Those four boards are the Board of Psychological Examiners, which oversee psychologists,

the Marriage and Family Therapist (MFT), Clinical Professional Counselors (CPC) Board, which oversees marriage and family therapists, and also clinical professional counselors. She added that the drug and alcohol board which oversees all different types of gambling, substance, use and alcohol addictive disorder type of treatment will be included and then, last, but not least, of course, social work. Ms. Haskin noted that what they saw last year when they got the licensure data reports from the four different boards is they were vastly different, and they had two very comprehensive reports, and then two that met the letter of the law, but not the intent and they weren't very useful. What is needed in published information from licensing boards is who they're accepting and who they're not, and why; and to be able to make sense of the information and for it to bring clarity.

The Washoe Regional Behavioral Health Policy Board is putting forward BDR S-405 - it, "Requires a study of mental and behavioral health care parity in Nevada." She said what they have heard in the last couple of years is that there's concern as to whether or not mental health providers are really getting the parity of pay from insurance providers that they're supposed to be. What the Washoe Board want to do is dive into it and see what the actual issues are before they go ahead and change legislation. This will be a study to explore where Nevada payors, both public and private, are falling short with the payment parity, and how this can be remedied through statutory change.

Ms. Haskin explained the Northern Regional Behavioral Health Policy Board serves Carson City, Douglas, Churchill, Lyon and Storey counties is working on a bill regarding peer recovery support specialists as well as certified prevention specialists. They would like to add an opportunity for transition age youth to work as peer recovery support specialists, interns and start working on that licensure at transition ages, which is youth aged 18 to 24. This will make provisions for this age group to become interns, and they will have to be supervised by an adult certified peer recovery support specialist supervisor. Additionally, she said they also want to create a workforce pool for both peer recovery support specialists as well as certified prevention specialists to make sure that they are bolstering some of those career ladders so that they become really meaningful, viable careers.

Ms. Haskin explained the Southern Regional Behavioral Health Policy Board's BDR 39-368 – it states, "Revises provisions relating to providers of nonemergency secure behavioral health transport services." This policy board serves Lincoln, Esmerelda, most of Mineral, and the majority of Nye Counties. This BDR is focused on transportation. It does not touch directly on the behavioral health workforce; however, it will create mechanisms to reimburse transportation companies for "deadhead" miles, miles when they are returning to their station after providing transportation to persons seeking services. She explained that having that reimbursement helps expand the viability and ability of companies to either come to Nevada or develop in Nevada for non-emergency behavioral health transportation. Again, she mentioned that non-emergency means that a person is not bleeding to death, so even if someone is in crisis, it's still considered non-emergency.

Ms. Haskin explained the Clark County Regional Behavioral Health Policy Board's BDR 31-433 – it states, "Revises provisions relating to state financial administration." She said this isn't directly associated with workforce development, but what they're trying to do is streamline the

state's processes for federal grant processing, particularly for grants they have previously received. She said it is important for programs and service providers to have continuity over grant cycles. In the past, as an example, a position was vacant and something didn't get turned in within the appropriate time window and this created issues where Federal funds were coming down to Nevada, and those funds could not be accepted and distributed to subgrantees in a timely way. Several programs almost closed, which would have meant losing providers or them having to seek other work, so this bill will hopefully help remediate all, if not some of those issues.

Ms. Haskin explained BDR's from legislators. BDR 129 – "Revises provisions governing healthcare". Ms. Haskin said the two sponsoring legislators, both Senator Hafen and Senator Titus have written this BDR to enter the Board of Examiners for marriage and family therapists and clinical professional counselors into the counseling compact. She explained the counseling compact is an interstate licensure compact for clinical professional counselors, and unfortunately there is nothing available for marriage and family therapists, but at least this provides another opportunity for licensure compact.

Ms. Haskin explained the two BDRs from the Interim HHS committee. 1) BDR 352 "revises provisions relating to social work" and 2) BDR 40-353 "Makes revisions relating to health professions." Ms. Haskin believes BDR 352 would create a social work apprenticeship program within the Board of Examiners for Social Workers. Ms. Haskin said BDR 40-353 appears to be a really big deal. She said what this bill would do is to essentially take a lot of the healthcare workforce/licensing boards and create an office of healthcare workforce and licensing within the Department of Public and Behavioral Health or within the Department of Health and Human Services. She said there would be a subset of that office that would be specific to the Behavioral Health Licensing Board that would then consolidate the four behavioral health licensing boards that she had mentioned before--so those boards would cease to exist, and it would all be within one. Then, she said the other piece to this bill would explore other licensing board consolidation over time.

Senator Stone agreed with all of this information Ms. Haskin provided.

Ms. Haskin explained BDR 354 which, "establishes priority review for certain applicants for licensure to practice health professions." Ms. Haskin said this one is more general and the reason she included this one is because psychiatrists are also physicians, and so anything that affects physicians may, unless they're specifically called out as otherwise, may also affect our psychiatry providers as well. This information is taken straight from the language in the work session document giving priority review status to the application of an applicant for a license or certificate, who demonstrates that he or she intends to practice in a historically underserved community. She noted an applicant shall provide proper documentation, including without limitation, a letter from the employer located in an historically underserved community, indicating that the applicant has accepted employment and stating the start date. She said this can be super exciting for not only our underserved communities within urban areas, but also potentially for our rural communities as well.

Ms. Haskin explained BDR 358 which, "creates the Office of Children's Mental and Behavioral Health." She said the purpose of this bill is to create and consolidate a lot of the related programs into the Office of Children's Mental Health. She says she believes this would also be at the Department of Health and Human Services and that it would tie together a lot of these efforts because there have been silos within this work, historically. She said this would come with a fiscal note.

Ms. Haskin explained the three Patient Protection Commission (PCC) BDRs. First, BDR 54-449 "revises provisions relating to certain providers of healthcare." She said this isn't necessarily an omnibus bill for interstate licensure compacts but something like it. She explained there are several different licensing boards that would be entered into their respective interstate licensure compacts with that bill—with one of being the nursing compact and that would really assist nursing providers who may directly care for a person experiencing behavioral health challenges. This includes services for Medication Assisted Treatment (MAT) and prescribing and then monitoring MAT treatment as well as other psychiatric nursing professions. Next, BDR 38-451 "revises provisions relating to graduate medical education." She said this bill is focused on physicians, but, as already mentioned, psychiatrists are a part of that pool, so they want to establish a new Medicaid Healthcare Workforce Fund to focus on eligible graduate medical education programs, indirect medical education programs, providing fellowship and apprenticeship programs, and loan repayment programs. She said this would be a longer-term solution. Finally, BDR 38-450 "revises provisions related to Medicaid." Ms. Haskin mentioned she is not sure what this bill looks like quite yet.

Ms. Haskin explained other behavioral health workforce development programs, with one being BeHERE Nevada. She said this program was a result of the passage of AB37 during the 2023 legislative session. BeHERE Nevada is up and running and they are almost done with their hiring processes and are getting their programs rolling. She explained this entity is a K-12 professional practice/workforce development pipeline and it is seated within the Nevada System of Higher Education. She noted Dr. Sara Hunt, who is at the University of Nevada Las Vegas, School of Medicine, is the Executive Director of BeHERE Nevada. Ms. Haskin's said her Rural Regional Behavioral Health Policy Board is excited about this work. She said this program includes elements to bolster and support opportunities for K-12 students to interact with and learn about behavioral health professions, but to also assist undergraduate and graduate students in attaining internships, getting funding, providing scholarships, connecting them with places where they can work, and providing and paying for supervision because oftentimes clinical supervision falls on the student or the new graduate to pay for which is unfortunate.

Ms. Haskin said Dr. Sara Hunt is getting ready to start building out their advisory committee for BeHERE Nevada. She said it is a multidisciplinary committee, much like the membership in the SURG and the Regional Behavioral Health Policy Boards. She said if there is anyone the subcommittee members know that would be a fantastic person to add to that advisory committee to contact Dr. Sarah Hunt.

Ms. Haskin provided all of the Regional Behavioral Health Policy Board contacts, these include Cherlyn Rahr-Wood (cherylyn@nrhp.org), Dorothy Edwards (DAEdwards@washoecounty.gov), Mark Funkhouser (mark@nrhp.org), and Jamie Ross

(jross@drugfreelasvegas.org). For the Patient Protection Commission Joseph Filippi (jfilippi@dhhs.nv.gov), for the Interim Health and Human Services Committee Senator Fabian Doñate (Fabian.Donate@sen.state.nv.us), Assemblyman Gregory Hafen (Gregory.Hafen@asm.state.nv.us), BeHERE NV, Dr. Sara Hunt (sara.hunt@unlv.edu).

6. Update from the Nevada Opioid Center for Excellence (12:17 pm) (*For Possible Action)*

Ms. Morgan Green said this work under the Nevada Opioid Center for Excellence (NOCE) is fully funded by the Fund for Resilient Nevada.

Ms. Green noted the purpose of the Nevada Center of Excellence is to provide training for both individuals that are in the professional fields and behavioral health, as well as provide much needed information to our community members, because we want the people on the ground to have some awareness as to resources that exist. It provides access to information and resources to all members of our Nevada community.

Ms. Green explained the technical assistance requests that were received from April-August 2024. Ms. Green explained that in addition to technical assistance requests they also provide live virtual trainings. These live virtual trainings include opportunities to receive continuing education. Once trainings are completed, they go into the On Demand library, where people can access them at any point in time, however, they are no longer attached to continuing education credits anymore. This creates an incentive to attend the sessions live. Sessions have had had a pretty good turnout, at the first listening session there were 93 live attendees. This was the drug induced homicide and Good Samaritan laws session that they did in conjunction with the Attorney General's office.

Ms. Green noted that in addition to the live trainings, they have trainings that have been developed that are only on demand (i.e. not live) for ongoing access. These have included overdose education for specific populations, such as law enforcement, or community members. She also noted these are translated in Spanish so that they don't miss that population. In addition, they have worked with Wise Batch, which provides the fentanyl and xylazine test strips, to provide specific trainings that people can access, such as for individuals who are primarily intravenous drug users, as well as those who are testing amphetamines or MDMA.

Ms. Green explained they have several upcoming live virtual trainings coming up. They just had the Harm Reduction listening session on September 17th with over 100 people attending. In conjunction to listening sessions, they are producing a podcast. She mentioned the podcast has follow up content with the panelists of each one of the listening sessions, so they can provide a bit more information based on some of the information they receive back during a session, and answer extra questions for people. In addition, Ms. Green explained there is an upcoming overview of recent opioid use trends, emerging substances and strategies for providers. Xylazine has really started to make its way into the State. We knew that this was coming and we want to provide more information around that as well as some of the other trends, including nitazines that are being found in the supply as well. In addition, she noted they are preparing a Medications for Opioid Use Disorder (MOUD) basics live virtual training as well.

Ms. Green explained a few things they have in the works but not scheduled yet. This includes: Introduction to ACEs, Basics of Nevada's Plan of Care, Understanding the Open Beds System, Integrating Family Centered Care.

In addition to this, Ms. Green mentioned a few other activities that NOCE is working on. This includes the launch of the podcast called, "The NOCE Dose: The Opioid Crisis Unplugged." Furthermore, she mentioned the University of Nevada, Reno launched an Overdose Education Module on Web Campus available to all students. She said over 1,000 students have watched the recorded webinar and now have the ability to obtain naloxone at various distribution points on campus. In addition, she said the University of Nevada, Las Vegas has also been distributing naloxone for over a year.

Chair Kerns thanked Ms. Green for her presentation.

Vice Chair Holmes said she doesn't have any questions but that she is very excited about all of the trainings and to hear about the distribution on campuses.

Chair Kerns asked Ms. Green what the breakdown was for the participation at the Good Samaritan webinar NOCE put on.

Ms. Green said she doesn't have that information now, but they do collect this information and she would pass it along.

7. Finalize Preliminary Recommendations (12:20 pm) (*For Possible Action)*

Chair Kerns introduced this agenda item and explained that subcommittee members will need to determine if they will move each recommendation forward as a preliminary 2024 recommendation, and if moving forward, if there are revisions to be made. She noted that in the slides the items in red indicate a suggestion, change or new information collected by staff from the subcommittee members and subject matter experts for the subcommittee's consideration. Chair Kerns noted that they should refer to September 2024 handout for additional information that addresses things such urgency, advancement of racial equity, and capacity for each of the recommendations.

Recommendation #1 – *Recommend state agencies under the legislative, judicial, and executive branches involved with deflection and diversion program shave a comprehensive definition of recidivism, and policies related to measuring and reporting recidivism.*

Action Item: State agencies involved with the deflection and diversion programs; to include but not limited to the Department of Health and Human Services, Depart of Administration, Department of Corrections, and Court Systems have a comprehensive definition of recidivism, and policies related to measuring and reporting recidivism. Recidivism is often broadly defined as reoffending, however more specificity is necessary for understanding and measuring recidivism rates.

Chair Kerns said that this recommendation came about because there were issues with different agencies using different definitions of recidivism, which then makes it hard to compare against one another. She noted Cherylyn Rahr-Wood was the subject matter expert that noted this recommendation.

Chair Kerns added that we received feedback from the Sheriffs' and Chiefs' Association. This feedback states, "in developing the definition Elko Police Chief Tyler Trouten would like arrests, rather than convictions, to be part of the criteria, as this would account for instances in which someone enters a plea agreement. He further recommended that three years would be too short of a time period, as felony offenders are often not convicted within that time period."

Recommendation #2 – *Recommend research into implementation of statewide Data Sharing Agreements with the Chief Data Officer of the State of Nevada and implementation of a cross-sector database housing multiple points of data across prevention, treatment, recovery, and criminal justice* to include data such as controlled substance outlets (tobacco, cannabis, and alcohol) to help tailor interventions geographically.

Vice Chair Holmes added that the Response Subcommittee heard from Virginia's data team which has implemented a data structure like this, with clearly defined Memorandums of Understanding. She noted that incorporating the feedback of the Prevention Subcommittee strengthened this recommendation.

Recommendation #3 – *Support the collaborative proposal to the Fund for a Resilient Nevada to conduct sampling of high schools, college/university campuses and bars/nightclubs and use information gained to develop public health awareness programs, deploy targeted naloxone, increase provision of fentanyl test strips to targeted locations and to develop a plan for expanding high risk substance wastewater surveillance in Nevada and review the outcomes from this pilot program to identify if it and similar targeted programs may aid in the community response.*

Chair Kerns said Dr. Oh and Dr. Gerrity (who presented to the subcommittee) let her know that they have been recommended for funding to do this work, and they will be updating their budget to meet fiscal year requirements and they hope to continue working with the SURG to determine how their data can make a significant impact.

Vice Chair Holmes said she is excited to hear that they were funded. She reminded everyone that this was a recommendation from last year that did not receive enough votes to be ranked in the 2023 Annual Report. She said the goal of the original recommendation was to determine the cost. She thinks this data is along the lines of what we are looking forward to meet our legislative requirements and be data driven in making decisions and responding to a variety of different issues with substances, but the cost was really unknown. She said she is excited that this proposal has been funded, and that it is a small target population.

Chair Kerns highlighted in the research there are other states that have implemented this and have been using it as drug surveillance.

Recommendation #4 - "*Resolve the conflict between the Good Samaritan Drug Overdose Act and Drug Induced Homicide Law; immediate action may include recommending community level education using best practice guidelines, as well as education for law enforcement personnel, and exploring options for altering the Good Samaritan language to expand coverage to a greater population of individuals living with substance use disorder."*

Chair Kerns highlighted that the new addition (in red) was because they have heard from various committees and the legislature through testimony that there are individuals who still do not feel comfortable calling 911 when they have witnessed someone experience an overdose and, as we know, even though bystanders may administer Naloxone, the best practice is still that they should receive follow up care. She noted that was why they looked at adding that language in red.

Chair Kerns explained the action item for this recommendation is for the Subcommittee to continue to research and track this recommendation.

Recommendation #5 – *Implement a voluntary program to install "drug take back bins" in retail pharmacies.*

Senator Stone explained that when he was a California State Senator, they needed to find a place for people to dispose of their pharmaceuticals instead of flushing them down the toilet and tainting water supplies. He mentioned that as we have seen the opioid crisis get worse and worse, what they are finding is that people have opioids that they are not using (i.e. elderly people having opioids in their medicine cabinets) and people using them who were not prescribed them. In California they required pharmacy take back boxes in all pharmacies and the state had a division of toxic substances that went around each respective pharmacy monthly and got rid of the contraband from those take back boxes. However, Nevada does not have a division of toxic substances that can take on this role so Senator Stone pushed through a bill that called for a voluntary program in the 2023 Legislative Session. He discovered that there are a few pharmacies in specific geographical areas that have these bins. Furthermore, he noted a lot of sheriff's departments or police departments also have them, but it's kind of intimidating for people that have these medications, whether they are legal or illicit, to take them into a drug disposal in police stations.

Senator Stone explained that with this recommendation he is trying to make Nevada a voluntary program for pharmacies to put these bins in and to have a funding mechanism to pick up the waste and incinerate it, so these drugs don't get diverted back into the market. He explained that as an example, you can get a Percocet or Percodan pill on the street for $20-$40 a pill. He wants to try to reduce that diversion of narcotics and other controlled substances and ultimately clean our water supply up by having these take back bins. He said the reason why this bill was killed in the last session was because the chain pharmacies felt that it would be voluntary, but that the legislature would come back and make it mandatory, and basically create an unfunded mandate which was never the intent of the legislation. With this, Senator Stone would like to submit another BDR for the 2025 Legislative Session and potentially use opioid settlement funds to pay for the collection and incineration of these drugs.

Chair Kerns thanked Senator Stone for this recommendation. She would add that she knows some of the prevention coalitions do the drug take back days and have done those in collaboration with law enforcement. She said she believes in the last notice of funding opportunity from the Fund for Resilient Nevada, some of the prevention coalitions also requested to have drug take back bins, not in pharmacies, but located throughout the communities. She noted there is a chance for collaboration with the prevention coalitions on this bill. She said one of the coalitions asked for funding for an incinerator. She noted that through the Attorney General's office there were incinerators placed at various law enforcement locations for these reasons.

Senator Stone added that this bill was passed in California and as a result there's been a dramatic decrease in the contraband that has come from medicine cabinets. He said he won the environmental quality award in the State of California for this bill. He thinks it could be modeled here in Nevada and be very successful as well.

Chair Kerns went over the additional recommendation for consideration:
(Revised from 2022 and removed from 2023 Annual Report Rankings for further consideration in 2024)
Review the operations and lessons learned from Clark County's Overdose Fatality Review Task Force when that body's report is released in December 2024 and take this into account when supporting legislation to establish regional Overdose Fatality Review (OFR) Committees allowing flexibility as to the makeup and practice and for the OFR to remain at the county or regional level, as needed, to effectively identify system gaps and innovative community-specific overdose prevention and intervention strategies in accordance with established best practices such as the Bureau of Justice Assistance's Overdose Fatality Review: A Practitioner's Guide to Implementation (See Also Overdose Fatality Review for Additional Resources)

Chair Kerns noted the Clark County Regional Opioid Task Force will be coming to the November meeting, so they may push this recommendation forward once the Subcommittee has more information on it.

Chair Kerns asked for a motion to approve the recommendations as listed.

- Dr. Holmes made the motion;
- Senator Stone seconded the motion;
- The motion passed unanimously.

8. Presentation of Response Subcommittee Recommendations for October 9th, 2024 (12:45 pm) (*For Possible Action)*

Vice Chair Holmes explained that at the October 9th SURG Meeting there will be a report out for the subcommittee recommendations with opportunity for feedback from other SURG members. She noted that the SURG Response Subcommittee will meet again on November 5th to consider the October meeting feedback and finalize recommendations.

Chair Kerns highlighted that at the October 9th SURG, the Attorney General will be looking to the SURG members to figure out how we will move the recommendations forward as the Subcommittee has discussed in the past. She noted this would include the options previously presented. She noted this year there will be fewer recommendations than years past. She said to be prepared for this conversation and how subcommittees will vote on this.

9. Upcoming Response Subcommittee Meetings (12:49 pm) (*For Possible Action)*

Vice Chair Holmes noted our next full SURG meeting will be on October 9th from 2pm-5pm and January 13th, 2025 from 1 pm to 4 pm. The Response Subcommittee will be meeting on November 5th from 11 am to 12:30 pm with presenters from the Clark County Opioid Task Force and with additional discussion to finalize recommendations with feedback from the entire SURG.

Vice Chair Holmes asked if they will be figuring out Subcommittee members again after the January report?

Ms. Duarte explained that every year Subcommittee members will have the opportunity to select a committee they would like to be on or remain on the same one.

Chair Kerns thanked everyone for all of the work that they have put in and that their recommendations do make a difference. She said different organizations take them into account.

The new Notice of Funding Opportunity from the State Opioid Response (SOR) grant states they will prioritize anything coming out of the SURG for funding.

Chair Kerns noted at the next committee meeting they may have to potentially combine recommendations from another subcommittee if they are similar. She said that would be some of the work they would have to do in the meantime as well as refine the recommendations this subcommittee has put forward.

10. Public Comment (12:53 pm) *(Discussion Only)*
Chair Kerns asked for public comment and read the public comment guidance.

No public comment was offered.

11. Adjournment
The meeting was adjourned at 12:54 pm.