MEETING NOTES

Statewide Substance Use Response Working Group
Treatment and Recovery Subcommittee Meeting

Monday, October 23, 2023
10:00 a.m.

Zoom Meeting ID: 894 8937 5298
No Physical Public Location

Members Present via Zoom or Telephone
Dr. Lesley Dickson, Dorothy Edwards, Steve Shell, and Assemblywoman Claire Thomas

Members Absent
Chelsea Cheatom and Jeffrey Iverson

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

Office of the Attorney General
Teresa Benitez-Thompson, Rosalie Bordelove, Dr. Terry Kerns, and Ashley Tackett

Members of the Public via Zoom
Sam Anastassatos, Hannah Branch, Debra DeCius (DHHS), Trey Delap, Vanessa Diaz, Lori Kearse, Lisa Lee, Elyse Monroy-Marsala, Lana Morris, Kailin See (On Point NYC, presenter), John Stuart Rabon (Vegas Stronger), Alex Tanchek, and Joan Waldock (DHHS)

1. **Call to Order and Roll Call to Establish Quorum**
   Vice Chair Shell called the meeting to order at 10:03 a.m. Ms. Marschall called the roll and established a quorum.

2. **Public Comment**
   Vice Chair Shell 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 September 19, 2023, Treatment and Recovery Subcommittee Meeting**
   Dr. Dickson suggested corrections for the minutes, including multiple references to MIT treatment that she thought should be MAT and one reference to M180 treatment that should also be MAT. Ms. Marschall explained that the MIT references were cited as a program from the Massachusetts Institute of Technology (MIT).
   - Dr. Dickson made the motion to approve the minutes as corrected.
   - Assemblywoman Thomas seconded the motion.
   - The motion passed unanimously.

4. **Safer Consumption Sites Presentation for 2024 Recommendations**
   Kailin See, OnPoint NYC, Senior Director of Programs, explained this program resulted from a merger between the Washington Heights Corner Project and the New York Harm Reduction educators in New York City. (See updated slides posted with meeting materials).

They built the first two safe consumption sites in the United States in November 2021, and are currently building the first two harm reduction wellness hubs in the United States, located in East Harlem and Washington Heights. They have a unique harm reduction mental health clinic. Additionally, they have seven vehicles, three Outreach and Public (OPC) Safety Teams, including a mobile unit, and offer various health services such as drug checking, clinical and nursing care, drug checking, acupuncture, massage, and respite programs. They combine universal medical practices and Medicaid billable serves. Ms. See emphasized the organization's approach to hiring, which includes offering full-time salaried positions to current or former program participants. She also addressed the misconception that safe consumption sites serve as "honeypots," stating that over 95,000 instances of public drug use have been managed through the sites. Ms. See shared the philosophy that the harm reduction wellness hub is the next frontier of treatment and recovery for people who use drugs. They believe that it is important to broaden the definition of what treatment and recovery is and what drug user health care is beyond just the focus on just the addiction itself.

Ms. See emphasized the importance of the unique level of access they offer the program to a population that is difficult to get your hands on. She shared unique elements of the OPC program. They offer booth side care, rather than trying to chase clients down in other settings. Their program approach gives them to outreach and community engagement in the organization's work. They highlighted the role of their public safety and outreach teams in three jurisdictions, managing issues such as drug use in parks and liaising with local authorities. The organization also operates a public safety hotline to respond faster to concerns than the standard 311 service. Kailin stressed the importance of collaboration, citing successful partnerships with local schools and daycare centers, offering holistic services and job opportunities for parents. They also discussed the organization's efforts to broker community capital through physical labor of cleanup, diverting over 2 million units of hazardous waste from parks and public spaces. Lastly, Kailin touched on the organization's approach to alternative treatment, acknowledging the failure of traditional treatment for many and the need for a more flexible and adaptable approach. They also mentioned the organization's future plans to build a detox and treatment center co-located with a consumption site. Of 93,695 utilizations, they have intervened in less than 1,200 overdoses and used Naloxone on less than 20% of interventions including those with high levels of Fentanyl because of proximity to clients at onset, training, and staff experience. They have only called ambulances 42 times which is a massive savings to emergency services, the hospital system, and police.

Vice Chair Shell praised the amazing work they are doing in New York. Ms. See said she had done some work with people in Nevada previously and believed they were planning to work together again, soon.

Assemblywoman Thomas thanked Ms. See for her presentation and asked if there is a harm reduction agency in New York. Ms. See said there is an Office of Drug User Health at the state level, and there is a harm reduction unit within the New York City Department of Health. Although they don't have state authorization to operate, they have extremely strong backing from the city administration. They are not regulated by the city, but the city provides support and coordination. Assemblywoman Thomas said she might follow up with Ms. See for legislation.

Assemblywoman Thomas also asked about the department's handling of hazardous waste in New York City parks and public spaces. Ms. See explained that the department has a team of trained individuals who handle the collection and disposal of hazardous waste, including drug paraphernalia. The waste is collected and disposed of by a contractor used by the Department of Sanitation and the Parks Department. She also mentioned that the Parks Department has a series of kiosks for paraphernalia disposal that need to be moved seasonally.

Dr. Dickson asked how they reverse overdoses without the use of Naloxone. Ms. See explained their philosophy of response is different from anywhere else because they are there at onset (of an overdose). They work to prevent loss of consciousness through oxygenation rather than Naloxone. Even with a very heavy fentanyl adulterated dose, they can push the brain through the flood of opiate on the receptor with oxygen and agitation. If they're not able to prevent the loss of consciousness, then they pull opioid off the receptor by microdosing with .01 milligram increments of the inter-muscular formula to achieve medical stability without a "big pop-up" which can cause precipitated withdrawal. The person is medically stable but not awake, so they stay safe in a facility rather than going back out to an environment that may not be safe. Dr. Dickson commented that this was the old style of treatment before Naloxone, where they would get patients walking. Ms. See said they also get patients walking.

Vice Chair Shell asked about their funding structure, with Ms. See confirming that their primary funder is the New York City Department of Health, with additional funding from the New York State Department of Health and various foundations. They also have three federal grants, two from SAMHSA and one from HRSA, that they applied for after launching their operations. Public funds support 95 - 98 percent of staff labor dedicated to activities allowable under federal law, which is everything except for the observation of consumption. Discretionary and foundation funds pay for the remaining two to five percent of staff time. Evidence based public health intervention, or harm reduction services such as staff meetings, wound care and health education do not violate federal law. When Xylazine entered the drug supply, staff were extra vigilant to ensure people were okay through more observation of consumption, so they got up to five percent labor using non-public funds, but they adjusted back down as staff gained more experience with that.

Vice Chair Shell asked if members wanted to make a recommendation for 2024, for this [type of model in Nevada.]

- Assemblywoman Thomas made the motion.
- Ms. Edwards seconded the motion.
- The motion carried unanimously.

Note: The recommendation will be built out by the subcommittee in 2024.

5. 2023 Recommendation from October SURG Meeting Discussion

Vice Chair Shell identified one recommendation that was remanded back to this Subcommittee from Harm Reduction.

Ms. Marschall noted there was a second recommendation from Treatment and Recovery that was referred to the Response Subcommittee to combine with one of their recommendations to support re-entry. At the full SURG meeting, Dr. Kerns offered to workshop these recommendations, possibly with support from a member from the Treatment and Recovery Subcommittee.

TRS2:
Implement follow ups and referrals and linkage of care for justice involved individuals, including individuals leaving the justice system.

RS1:
Evaluate current availability and readiness to provide comprehensive behavioral health services to include but not limited to screening, assessment, treatment, recovery support, and transitions for reentry in local and state carceral facilities. Recommend the allocation of funding to support the development of a Medicaid Reentry Section 1115 Waiver to Increase Health Care For People Leaving

Carceral Facilities and to support readiness of carceral facilities to implement the 1115 waiver. Recommend legislation to require DHCFP to apply for and implement the 1115 Waiver to Increase Health Care For People Leaving Carceral Facilities and ensure there is an evaluation of readiness for planning and implementation.

Dr. Kerns welcomed members of this subcommittee to attend her subcommittee's meeting on October 30, 2023, at 10 a.m. She explained that the Department of Health and Human Services (DHHS) has started a survey of jails and prisons to determine their readiness to implement MAT in their facilities. Another agency is working on recovery friendly workplaces in a couple of counties. Esmeralda County wants to pilot a MAT program and other counties are also interested. The FASST and MOST teams in some counties are looking at pre-arrest programs to assist with substance use and mental health disorders.

Dr. Kerns clarified the proposed Section 1115 Waiver under Medicaid would support reentry for people leaving carceral settings, to get Medicaid coverage 90 days before reentry. Otherwise, there is a gap in coverage for people getting MAT and wraparound services, including behavioral health counseling.

Assemblywoman Thomas asked about the risk for people who have used substances if they don't have coverage when they reenter the community. Dr. Kerns explained that they may overdose because they go back to the amount of substance they were using before incarceration, but they don't have the same level of tolerance. She added that DHHS has already done a lot of work on this, but it is a long, involved process that may not be implemented for years. She has attended forums where this type of legislation has been documented to help get the waiver through Medicaid.

Dr. Kerns responded to Dr. Dickson that she did not believe that Medicaid would pay for medical care while the beneficiaries are still incarcerated, but it would allow them to reinstate their Medicaid to take effect as soon as they leave.

Assemblywoman Thomas asked if it is accurate that people who leave a carceral setting without access to their medications end up back in the system within 60 days. Dr. Kerns confirmed that this is correct. She added that people who receive MAT at the time of incarceration have an easier way of getting back onto Medicaid, but for those who are trying to initiate coverage upon reentry, there are larger gaps before getting those benefits.

Vice Chair Shell asked for input on how to proceed. Ms. Marschall suggested members could vote in support of the recommendation, requesting that the Response Subcommittee integrate follow ups, referrals, and linkage to care.

- Dr. Dickson made the motion for the Response Subcommittee to combine the two recommendations into one.
- Assemblywoman Thomas seconded the motion.
- The motion passed unanimously.

Vice Chair Shell moved the discussion to the remaining recommendation to consider two related recommendations, TR6 and HR5:

TR6: Engage individuals with living and lived experience in programming design considerations and enhance Peer Support for underserved populations to be delivered through representatives of underserved communities by increasing reimbursement rates, implementing train the trainer models, and enacting policy changes to address limitations to the use of Peers in some settings through strategies including:

- Ensure adequate funding for these priorities,
- Target special populations,
- Increase reimbursement rates, and
- Offer standalone service provision opportunities.

HR5: Provide support to community coalitions to support community health workers to expand Harm Reduction through the state of Nevada and prioritize funding for Community Health Workers to provide community-based harm reduction services.

Ms. Marschall noted that the prior set of recommendations from the 2022 Report included a Treatment and Recovery Subcommittee recommendation that combined Peer Recovery Support Specialists and Community Health Workers (CHW). In subsequent review in 2023, Subcommittee members determined to split those apart and focused on presentations specifically on Peer Recovery Support Services, which led to the TR6 recommendation with the specific bullet items shown above. Recommendation HR5 specifically focuses on supporting CHWs to expand harm reduction throughout the state. Ms. Marschall noted that former Chair Lisa Lee had joined the meeting and would be a subject matter expert, based on her previous advocacy for this language.

Vice Chair Shell said he was glad that former Chair Lee had joined them and might be able to give them additional information. He had thought about how they might combine these recommendations and kept coming back to the reason they split them in the first place.

Dr. Dickson said she didn't really understand what a CHW is, but she has a pretty good understanding of Peer Support. However, she doesn't know where they came from, but they seem to have appeared in the last few years. Vice Chair Shell understood that CHWs focus more on case management, based on their work in the Renown system.

Assemblywoman Thomas said she supported the expertise of other members. Ms. Edwards also agreed with Dr. Dickson.

Ms. Edwards said the Washoe Regional Behavioral Health Policy Board was considering a bill in the last legislative session around CHW. They had a presentation that helped clarify the different classifications. She suggested if there was time, there could be a presentation to this group, as well.

Dr. Kerns's understanding is that CHWs came out of the chronic disease model and were not necessarily focused specifically on substance use, but they have taken on that role of having people in the community assist others in their community, with case management type services. A CHW could also have experience with Peer Support, but not necessarily. She added that SURG member Erik Schoen has extensive background with the CHW program and could provide information.

Ms. Marschall noted that Trey Delap was participating in the meeting and provided information in the Chat to describe the main distinction as cultural competence (CHW) versus lived experience (Peer Support). In addition, Ms. Lee provided a link in the Chat for Nevada CHW certification. (The Chat is posted at the end of the minutes, below.)

Vice Chair Shell recognized Ms. Lee, who explained that with lived experience, Peers are coming from the community they are working with to provide public health, education, advocacy, and linkage to care. CHWs are embedded in the community, but Ms. Lee argued that they are not "case managers" because the power differential is eliminated, as they are paraprofessionals and not telling people what to do. There is often dual certification between CHW and PRSS.

Vice Chair Shell asked about having Mr. Schoen come to their next Subcommittee meeting. Ms. Marschall advised that the next Subcommittee meeting had not been scheduled because they are managing toward getting recommendations approved at the December SURG meeting.

Ms. Hale noted that it was Mr. Schoen who suggested combining these recommendations, when the SURG reviewed them at the October 11, 2023, meeting.

Dr. Dickson said she didn't think they should be combined, and Vice Chair Shell said he shared that challenge. Dr. Dickson added that PRSS is living or lived experience, by definition, but that is not a CHW requirement. That was Vice Chair Shell's concern, as well.

Vice Chair Shell asked staff about a motion to leave the recommendations separate. Ms. Bordelove noted the request for combining recommendations was based on the effort by the SURG to try to limit the total number of recommendations put forward in the Annual Report. However, the members of this Subcommittee can report back that they don't support combining the two recommendations.

Dr. Kerns noted that the Harm Reduction recommendations were developed by the Prevention Subcommittee, which was scheduled to meet the following week, so a member of this Subcommittee could attend that meeting to get a better understanding of the intent.

Vice Chair Shell suggested a two-step approach; first he would take a motion on the recommendation:

- Assemblywoman Thomas made a motion to send the recommendation back to the Prevention Subcommittee to not combine the two recommendations.
- Dr. Dickson seconded the motion.
- The motion carried unanimously.

Vice Chair Shell asked if there was any member who would like to attend the next meeting of the Prevention Subcommittee. Most members were out of town or otherwise unavailable to attend.

Ms. Marschall clarified for Dr. Dickson that there are no more Treatment and Recovery Subcommittee meetings scheduled for this year as they are managing toward the December 13, 2023, and the pending January 10, 2024, SURG meetings. A new schedule will be proposed in January, for the rest of 2024, pending new member appointments and reappointments.

6. Public Comment

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

7. Adjournment

This meeting was adjourned at 11:20 a.m.

Chat Record

01:17:18 Trey Delap: Main distinction between CHW and PRSS - is cultural competence vs lived experience.
01:17:30 Kelly Marschall, SEI (she/her): https://nevadacertboard.org/chw/

01:17:43 Dorothy Edwards: Hi Trey! Thanks!!
01:31:44 Lisa Lee (she/her): The CHW Section has adopted the following definition of a community health worker: A community health worker is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.
https://www.apha.org/apha-communities/member-sections/community-health-workers