MEETING NOTES

Statewide Substance Use Response Working Group
Treatment and Recovery Subcommittee Meeting

Tuesday, October 25, 2022
9:00 a.m.

Zoom Meeting ID: 894 8937 5298
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 (Briefly signed in at 9:05 a.m., and again at 10:15 a.m., but lost connection.)

Members Absent
Jeffrey Iverson

Attorney General's Office Staff
Dr. Terry Kerns, Ashley Tackett, Harry Ward (Deputy Attorney General)

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

Members of the Public via Zoom
Tray Abney, Jeanette K. Belz (Belz-Case Government Affairs), Shannon Bryant, Vanessa Diaz, Vanessa Dunn (Belz-Case Government Affairs), Ryan Hamilton (Vegas Stronger), Tyler Shaw, Lea Tauchen, Joan Waldock

1. **Call to Order and Roll Call to Establish Quorum**
   Acting Chair Lee called the meeting to order at 9:03 a.m. Ms. Marschall called the roll and announced a quorum.

2. **Public Comment** (Discussion Only)
   Acting Chair Lee asked for public comment. There was no public comment.

3. **Review and Approve Minutes from September 23, 2022, Treatment and Recovery Subcommittee Meeting**
   Acting Chair Lee asked members to review the minutes for any changes or corrections. Ms. Lee noted a change on page 7 to change "overdose rehearsals" to "overdose reversals."
   - Mr. Shell made a motion to approve the minutes as revised.
   - Ms. Cheatom seconded the motion.
   - The motion passed unanimously among the members present.

4. **Finalize Subcommittee Recommendations** (*For Possible Action)*
   Acting Chair Lee reminded members of the October 4, 2022, SURG meeting where preliminary recommendations were presented. She summarized their work to review the recommendations from this subcommittee, as well as changes made by the Prevention Subcommittee, and shared justifications, resources, and options for implementation.

Ms. Marschall shared the PowerPoint with the list of original recommendations from this subcommittee, followed by new input from the Prevention Subcommittee.

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*.

   Prevention Subcommittee: *Promote telehealth for MAT, considering the modifications that have been made under the emergency policies.* ***Expand access to MAT and recovery support for SUD, . . .(as continued above)***

Dr. Dickson didn't like the change because it led with the promotion of telehealth. She feels strongly that providers should see patients in person, whenever possible, to give a live interview.

Ms. Lee disagreed, noting that expanded access via telehealth has been paramount, especially for medications used for opioid use disorder (OUD). Telehealth has been critical for so many people, including those she has personally referred. People are much more open to that because it removes barriers. They are able to retain their employment, attend appointments on their lunch break, and/or do not have to get childcare.

Ms. Cheatom agreed with Dr. Dickson that telehealth should not be the focus, but she supported a hybrid option to include telehealth, as in their original recommendation.

Dr. Dickson noted that both the Centers for Medicare and Medicaid (CMS) and Substance Abuse and Mental Health Services Agency (SAMHSA) are considering continued support for telehealth beyond the temporary emergency policies.

- Dr. Dickson made a motion to stay with the original recommendation.
- Mr. Shell seconded the motion.
- The motion carried unanimously among members present.

Ms. Marschall shared the next slide associated with the first recommendation:

Rec 1 Justification, Action, and Research

Justification:

1. "This treatment approach has been shown to:
2. Improve patient survival,
3. Increase retention in treatment,
4. Decrease illicit opiate use and other criminal activity among people with substance use disorders,
5. Increase patients' ability to gain and maintain employment,
6. Improve birth outcomes among women who have substance use disorders and are pregnant." Source: https://www.samhsa.gov/medication-assisted-treatment

Action Step: (for Subcommittee review based on Prevention Action Steps)

A. Policy changes so MAT can be delivered via telehealth (needs more investigation on public health emergency).
B. Expenditure of settlement funds to enact these recommendations.
C. Require DHHS to revise reimbursement rates and utilize expenditure funds to match the national average reimbursement rate for services.

Research Links:

- https://www.acep.org/globalassets/uploads/uploaded-files/acep/clinical-and-practice-management/resources/mental-health-and-substance-abuse/initiating-opioid-treatment-in-the-emergency-department-ed-faqs.pdf

Dr. Dickson suggested moving reimbursement rates from Action Step C. to Action Step A. because the current Medicare and Medicaid rates are so bad that a lot of folks can't do this kind of care.

Ms. Marschall clarified that this item would ultimately go under a separate category for "funding" in the Annual Report.

Mr. Shell asked about providing detail regarding where policy changes would reside in the administrative structure for the state of Nevada. Ms. Lee explained that CMS and SAMHSA have been extending these policies, but they don't know whether they will ultimately be retained under broader federal authorities. She added that state legislation and regulation often align with federal policies. Ms. Marschall suggested a notation that state determinations will need to consider federal policies.

- Ms. Cheatom made a motion to accept the Justifications, Action Steps, and Research Links as drafted for this recommendation.
- Mr. Shell seconded the motion.
- The motion passed unanimously among members present.

Ms. Marschall screen-shared the next recommendation along with input from the Response Subcommittee:

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

   Response Subcommittee recommendation for possible integration from October 3, 2022: *Leverage existing programs and funding to develop outreach response provider(s) and/or personnel that can respond to any suspected overdose and offer follow-up support, referrals, and services to the individual (and loved ones) following an overdose. Provider(s) and/or personnel to be deployed to anyone being released from an institutional setting who is being discharged post overdose or suspected overdose.*

Acting Chair Lee explained significant differences between the original recommendation to engage individuals with lived experience in programming design considerations, versus post-overdose response intervention, which is gaining traction across the country.

Dr. Dickson, Ms. Cheatom, and Mr. Shell also expressed concern with integrating these two separate issues.

- Dr. Dickson made a motion to leave the original recommendation as is.
- Mr. Shell seconded the motion.
- The motion passed unanimously among members present.

Ms. Marschall screen-shared the next slide noting the opportunity for members to suggest other actions for inclusion in the Annual Report.

Rec 2 Justification, Action, and Research

Justification:

1. "SAMHSA is committed to fostering the involvement of individuals in recovery and families to support development of policies and programs related to mental and/or substance use disorders. Maintaining individuals (mental and/or substance use program recipients) and family participation in design, development, and implementation of projects funded through SAMHSA's grant programs is a key part of that commitment."
2. "Regardless of the nature of their role, peers have the ability to engage patients outside the confines of traditional clinical practice. This ability to fill critical care gaps is the most probable reason for their widespread uptake across a diverse range of SUD treatment settings and the reason they have emerged as a critical component of recovery management (White, 2009)."

Action Step: **(For Subcommittee to develop)**

A. Policy change
B. Funding
C. Legislation
D. Other

Research/Links:

1. https://www.samhsa.gov/grants/applying/guidelines-lived-experience
2. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6585590/
    1. White W. L. (2010). Nonclinical addiction recovery support services: history, rationale, models, potentials, and pitfalls. *Alcohol. Treat. Q.* 28, 256–272. 10.1080/07347324.2010.488527

Acting Chair Lee said she is absolutely thrilled about this recommendation, and she believes that the people closest to the issue are always the people that are closest to the solution. She offered the following justifications:

1. *Relevant and timely information about current substance use trends in communities, at the level where these trends occur.*
2. *Alignment of services to needs and preferences of the people receiving services.*

Acting Chair Lee explained that the 'living room model' came from people with lived experience who developed a non-clinical, more comfortable place for people to get services where it's less scary and intimidating.

Dr. Dickson asked for clarification about the process for developing justifications.

Acting Chair Lee explained that support staff from Social Entrepreneurs, Inc (SEI) had drafted sample justifications based on their research to facilitate discussion. Members of this subcommittee determine which justifications to support.

Acting Chair Lee restated the second justification as follows:

2. *Alignment of services to needs and preferences of persons seeking or receiving services.*

Mr. Shell said these two justifications sound very good to him and he did not have any other recommendations.

Acting Chair Lee suggested a third justification:

3. *To include diverse perspectives to ensure culturally and linguistically relevant service delivery to people with substance use disorders.*

Mr. Shell said he totally agreed with this, adding "the more we can call attention to that, the better."

Dr. Dickson asked for clarification regarding the process with Justification, Action Step, and Research Links. Ms. Marschall explained that the intent is to provide context for readers of the report, including legislators or other intended audiences, seeking to implement the recommendations.

Acting Chair Lee shared her experience that with policymakers, brevity is best. She recommended removing the sample justifications but retaining their related research links, and then providing very concise justifications.

Mr. Shell supported this concept, replacing the two sample justifications with the three justifications that Ms. Lee proposed.

Dr. Dickson supported Ms. Lee's proposed justifications, but she wasn't sure about removing the sample justifications.

Acting Chair Lee wanted to make sure that justifications are in alignment with action steps and to avoid verbose justifications. She recommended moving to Action Steps to push forward.

Dr. Dickson suggested an action step that members of committees (like the SURG) would include those with lived experience, as well as family members of persons with substance use disorders (SUD).

Acting Chair Lee referenced the Funding element of Action Steps, suggesting that those with lived experience should be compensated for their service on committees, similar to professionals who are compensated for their time.

Dr. Dickson clarified that she and other professionals are not compensated for committee service, but they do it as part of their job, for which they are paid a salary. She added that most committees are heavily dominated by state employees who do it on their work time, but clinicians may miss out on clinical time and related compensation.

Ms. Cheatom expressed her support for the proposals to replace the sample justifications with those that Ms. Lee suggested, and she also supported compensation for committee service for people with lived experience.

Acting Chair Lee summarized member input to include people with lived experience in committee membership and provide compensation for committee members who are not otherwise compensated for their time.

- Ms. Cheatom made a motion to accept these recommendations, including the three justifications from Ms. Lee.
- Dr. Dickson seconded the motion.

Discussion:

Dr. Dickson asked if they were proposing a bill draft request (BDR).

Acting Chair Lee asked members if they want this language to be codified in the statutes.

Dr. Dickson said if they only had one BDR, they probably would not want to use it for this purpose, but it could be a policy recommendation.

Deputy Attorney General (DAG) Ward advised that members could retract this motion and make a new motion.

- Ms. Cheatom retracted her previous motion.
- Ms. Cheatom made a new motion to approve the recommendation with corresponding justifications, actions, and research links, adding the policy change and funding suggestion, but removing the action step for legislation.
- Dr. Dickson seconded the motion.
- The motion passed unanimously among members present.

Ms. Marschall screen-shared the next slide:

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.*

   Notes from October 3, 2022, SURG meeting indicate that this recommendation could include or correlate with individuals leaving the justice system.

Ms. Marschall interpreted the notes to reflect a question about whether the intent is to include those leaving the justice system with all justice-involved individuals.

Ms. Cheatom suggested changing the recommendation to:

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

- Mr. Shell made a motion to make this change.
- Dr. Dickson seconded the motion.
- The motion passed unanimously among members present.

Ms. Marschall screen-shared the next slide:

Rec 3 Justification, Action, and Research

Justification:

1. "Individuals with SUD have higher utilization of high-intensity care treatment such as inpatient hospitalizations. Timely follow-up care after treatment for SUD is critical to reduce negative health outcomes such as disengagement from the health care system and substance use relapse."
2. "Studies show that the inability to refer to behavioral health and psychosocial services are major barriers for primary care clinicians wanting to treat SUD [66,67]."
3. For justice involved individuals following release: "Individuals with opioid use disorders are at high risk of overdose and other adverse outcomes following release from incarceration. It is important that state and local jurisdictions provide reentry support in the days and months following transition back into the community."

Action Step: **(For Subcommittee to develop)**

A. Policy change

B. Funding
C. Legislation
D. Other

Research/Links:
https://www.ncqa.org/hedis/measures/follow-up-after-high-intensity-care-for-substance-use-disorder/
https://nam.edu/improving-access-to-evidence-based-medical-treatment-for-opioid-use-disorder-strategies-to-address-key-barriers-within-the-treatment-system/
https://store.samhsa.gov/sites/default/files/d7/priv/pep19-matbriefcjs_0.pdf

Acting Chair Lee suggested the following language for Justification:

- *Improve survival outcomes, increase retention in treatment, decrease illicit opiate use and other criminal activity among people with substance use disorders.*
- *Improve birth outcomes among pregnant and birthing persons.*

Ms. Cheatom expressed concern that the third justification (see slide items above) did not include current justice involved individuals. Acting Chair Lee suggested the following language:

- *Increased engagement for justice involved individuals, including during incarceration and re-entry.*

Ms. Cheatom said she thought this was perfect.

Acting Chair Lee recommended incorporating the draft justifications from SEI into the Research Links, in the spirit of brevity.

Dr. Dickson asked for clarification as to whether the recommended language is for the Report or if it is going directly to the legislators.

Ms. Marschall stated her understanding that the Report would go to policymakers in general, and would be used to inform the Legislature as appropriate. Acting Chair Lee said that one copy goes to the Governor's Office and one copy goes to the Legislative Council Bureau.

(Ms. Lee and Ms. Marschall provided updates to Chair Thomas who re-joined the meeting at approximately 10:15 a.m. Due to an unstable internet connection, Chair Thomas signed off again.)

Ms. Lee read from the legislation (AB374 Sec. 10, Paragraph 2, Subsection (b)) requiring Report submission

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

Dr. Dickson said she didn't think the justifications were problematic, noting that many new legislators would be coming on who won't know much about these issues. [Justifications] relating to referral into treatment are important and should stay. She supported making these justifications more concise, but she did not support moving them down to the Research Links.

Ms. Cheatom supported keeping justifications as brief as possible with a focus on the target populations.

Acting Chair Lee recommended moving onto Action Steps.

Mr. Shell recommended keeping *Legislation* as an action step for this particular recommendation. He was also fine with the other action steps listed.

Acting Chair Lee suggested replacing the "other" action step with the following:

- *Ensure local jails, Nevada Department of Corrections, and Specialty Courts are in communication to ensure continuity and accountability through implementation.*

Acting Chair Lee also recommended this language for child welfare and medical providers for pregnant and birthing persons with SUD.

- Ms. Cheatom made a motion to approve the justifications, action steps, and research links for recommendation #3, with the suggested changes.
- Mr. Shell seconded the motion.
- The motion passed unanimously among members present.

Ms. Marschall screen-shared the next slide:

4. *Implement changes* to recruitment, retention, and compensation of state frontline health care workers and enhance compensation in alignment with the Commission on Behavioral Health Board's letter to the Governor of June 22nd.*
   **See Oct 3 meeting attachment with highlighted Commission on Behavioral Health Draft Letter to Governor June 23, 2022, for details on changes.*

Ms. Marschall explained that this included recommendations from the Northern Regional Policy Board, the County Behavioral Health Policy Board, and the Commission.

Prevention Subcommittee recommendation from October 12, 2022:

1. *Continue to sustain and expand investment in Community Health Workers, Peer Recovery Specialists, and Certified Prevention Specialists throughout Nevada.*

Note support for: Joint Interim Standing Committee on Health and Human Services BDR #333 which revises provisions relating to community health workers.

Ms. Marschall added that the recommendation covers compensation, but not recruitment and retention.

Acting Chair Lee recalled her similar recommendation for community health workers, peer recovery support specialists, and certified prevention specialists, noting for the record her ongoing conflict of interest due to her service on the Nevada Certification Board.

Dr. Dickson suggested adding the language from the Prevention Subcommittee.

Ms. Cheatom suggested combining the two recommendations as follows:

- *Continue to sustain and expand investment in Community Health Workers, Peer Recovery Specialists, and Certified Prevention Specialists by implementing changes to recruitment, retention, and compensation.*

Mr. Shell agreed with recommendations from Dr. Dickson and Ms. Cheatom.

Acting Chair Lee recommended broader inclusion of all providers and state frontline health care workers.

Dr. Dickson explained that there aren't that many state workers who are providers, and some care is provided from out of state via telehealth.

Acting Chair Lee agreed with removing the word 'state" and recommended inclusion of behavioral health care providers with the others.

Ms. Marschall shared details from the Commission draft letter that includes all of these providers: community health workers, peer recovery specialists, and certified prevention specialists including both health and behavioral health.

- Dr. Dickson made the motion to change the recommendation as follows:
  - *Implement changes[1] to recruitment, retention, and compensation of ~~state frontline~~ health and behavioral health care workers and enhance compensation in alignment with the Commission on Behavioral Health Board's letter to the Governor of June 22nd. Additionally, continue to sustain and expand investment in Community Health Workers, Peer Recovery Specialists, and Certified Prevention Specialists by implementing changes to recruitment, retention, and compensation.*
- Ms. Cheatom seconded the motion.

DAG Ward advised Ms. Lee that she could make a statement regarding her ability to be fair and impartial in this matter.

Acting Chair Lee stated for the record that her service on the Nevada Certification Board is voluntary, and she has nothing to gain in relation to this recommendation. Therefore, she believes she can be fair and impartial in her vote on this matter.

- The motion passed unanimously among members present.

At approximately 11 a.m., the remaining recommendations and associated justifications, action steps, and research links for this agenda item were held for a future meeting. Ms. Marschall noted that the PowerPoint slides with all this information would be posted on the website for review and preparation.

Dr. Dickson requested that a reminder be sent ahead of the next meeting.

5. Subcommittee Appointments and Process (Discussion Only)

Acting Chair Lee reviewed Section 7 of the SURG Bylaws: Highlighting Subsection E:

Section 7. Subcommittees. The Working Group shall have the ability to create up to three subcommittees.

A. Each subcommittee must include a minimum of two voting member(s) of the Working Group.

[1]*See Oct 3 meeting attachment with highlighted Commission on Behavioral Health Draft Letter to Governor June 23, 2022, for details on changes.*

B. Each subcommittee shall have one (1) Chair who is a voting member of the Working Group.
C. The Working Group Chair shall appoint the subcommittee chairs and members from the Working Group.
D. Each subcommittee, through the subcommittee Chair, may request presentations from subject matter experts (SME), as needed based on area of expertise and/or specific projects.
E. The subcommittee members will serve for one year on the subcommittee. After one year, the Working Group chair will determine if the subcommittee needs to continue for another year. If the committee is needed for another year, the Working Group Chair will appoint the subcommittee chair and members from the Working Group.
F. The subcommittee chair will report back to the Working Group on the activity of the subcommittee and recommendations from the subcommittee.
G. The number of Working Group members serving on a single subcommittee cannot be equal to or greater than a quorum of the Working Group and the Working Group members are limited to serving on one of the three subcommittees.

Acting Chair Lee asked members to provide input as to whether they want to remain on the *Treatment and Recovery Subcommittee* or possibly move to the *Prevention Subcommittee* or *Recovery Subcommittee*, and whether they might be interested in serving as a chair or vice chair of the subcommittee.

Additionally, Ms. Lee highlighted the discussion about where *harm reduction* fits in and whether it should have its own separate subcommittee. She recently participated in a meeting of the ACRN where Dr. Kerns suggested a joint discussion on harm reduction among all subcommittees to flesh out related recommendations.

Ms. Marschall reported that the *Prevention Subcommittee* had made some specific recommendations on harm reduction, and there was also a recommendation on harm reduction from another subcommittee. Her understanding is that the Annual Report will not ascribe recommendations to a specific subcommittee, rather, they will be adopted by the SURG as a whole, with a different organizational scheme. She believed this would be agendized for a later meeting of the SURG with an opportunity for members to review a draft of the Report prior to its adoption in January.

Ms. Cheatom stated that as a *harm reduction* representative on the SURG, she wants to serve on whichever subcommittee will address this issue.

Dr. Dickson stated that she belongs on this Subcommittee for *Treatment and Recovery*.

Mr. Shell stated that he thinks he belongs on this Subcommittee as well.

Ms. Lee said that *harm reduction* has been the center of her life for the last 28 years, so she would be interested in serving on that subcommittee, should one be formed. Otherwise, she is definitely on the *Recovery* side of this Subcommittee.

Ms. Cheatom agreed that she would want to remain on this subcommittee, if that is where *harm reduction* is addressed.

Discussion ensued regarding members interested in serving as Subcommittee Chair.[2]

[2] In the SURG Bylaws, the "Work Group Chair" refers to the SURG Chair, not the Subcommittee Chair. Therefore, it is the Attorney General who appoints a Subcommittee Chair.

6. Public Comment

Acting Chair Lee 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.

7. Adjournment

This meeting was adjourned at approximately 11:05 a.m.