

MEETING NOTES

Statewide Substance Use Response Working Group
Treatment and Recovery Subcommittee Meeting

Tuesday, December 6, 2022
2:00 p.m.

Zoom Meeting ID: 894 8937 5298
Call In Audio: 253 205 0468
No Public Location

Members Present via Zoom or Telephone

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

Members Absent

Jeffrey Iverson and Chair Thomas

Attorney General's Office Staff

Dr. Terry Kerns, Ashley Tackett, Joel Bekker (Deputy Attorney General)

Social Entrepreneurs, Inc. Support Team

Margaret Del Giudice, Laura Hale, and Kelly Marschall

Members of the Public via Zoom

Tray Abney, Vanessa Dunn (Belz-Case Government Affairs), Lori Kearse, Kristen Pendergrass, Lea Tauchen, and Dawn Yohey (DHHS)

1. Call to Order and Roll Call to Establish Quorum

Acting Chair Lee called the meeting to order at 2:06 p.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 October 25, 2022, Treatment and Recovery Subcommittee Meeting

Acting Chair Lee asked members to review the minutes for any changes or corrections.

- Mr. Shell made a motion to approve the minutes.
- Dr. Dickson seconded the motion.
- The motion passed unanimously among the members present.

4. Finalize Subcommittee Recommendations (For Possible Action)

Acting Chair Lee opened this item for discussion.

Ms. Marschall summarized the previous approval on October 25, 2022, of three recommendations with associated elements for justifications, action steps and references. Members had also approved the fourth recommendation, as follows:

4. Implement changes* to recruitment, retention, and compensation of 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.

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

Associated justifications for this recommendation were also previously approved, but the subcommittee left off on action steps, as reflected in the PowerPoint slide:

Rec 4 Justification, Action, and Research

Justification:

- Efficient, effective, cost-saving, quick to stand up eager workforce.
- Address ongoing shortage areas in Nevada and promote greater access to care.

Action Step: (For Subcommittee to develop)

a. Policy Change and Legislation:

- Change in Medicaid Reimbursement to allow for reimbursement of CHWs affiliated with BH/SUD.
- Medicaid reimbursements for behavioral health, including paraprofessionals (CHWs, CPSs, PRSSs) must be evaluated and increased to recruit and retain qualified behavioral health professionals.

b. Funding:

- Expenditure of settlement funds through grant dollars.
- Direct DHCFP to create grant opportunities for organizations to employ CHWs affiliated with BH/SUD and be reimbursed for services provided to non-Medicaid individuals.

Research/Links:

- <https://www.leg.state.nv.us/App/InterimCommittee/REL/Document/27968>
 - Tiffany N. Ford and Jamila Michener, “Medicaid Reimbursement Rates Are a Racial Justice Issue” <https://doi.org/10.26099/h5np-x425>

Members discussed broadening the Action Steps to include more behavioral health providers and to reference the Department of Health and Human Services (DHHS) rather than the Division of Health Care Financing and Policy (DHCFP) regarding creation of grant opportunities. Research links were updated to describe the materials.

Acting Chair Lee asked for a vote on the following language:

- Action Steps:
 - Change in Medicaid Reimbursement to allow for reimbursement of Community Health Workers (CHWs) and Child Protective Services (CPSs) workers affiliated with behavioral health/substance use disorder (BH/SUD).
 - Medicaid reimbursements for behavioral health, including paraprofessionals, must be evaluated, and increased to recruit and retain qualified behavioral health professionals.
 - Funding: Expenditure of settlement funds through grant dollars.
 - Direct Department of Health and Human Services (DHHS) to create grant opportunities for organizations to employ CHWs and other behavioral health

providers affiliated with BH/SUD and be reimbursed for services provided to underinsured and uninsured individuals.

○ Research/Links:

- [Nevada Community Health Worker Association PowerPoint](#)
- [Medicaid Reimbursement Rates Are a Racial Justice Issue Nevada Community Health Worker Association 2022 Updates and Overview](#)

- Ms. Cheatom made the motion to approve the above action steps and research links.
- Mr. Shell seconded the motion.
- The motion passed unanimously among the members present.

Ms. Marschall shared the next slide with the fifth recommendation:

Treatment and Recovery Subcommittee Preliminary Recommendations

5. To facilitate entry into treatment, ensure that BIPOC communities are receiving overdose prevention, recognition, and reversal training and overdose prevention supplies such as fentanyl test strips and naloxone to reduce fatal overdoses among Black and Latinx/Hispanic individuals in Nevada.

Members discussed opportunities for treatment and recovery, among various populations they are trying to support with different pathways into recovery. Members elected to specify populations rather than referring to BIPOC (Black, Indigenous, People of Color) communities.

Ms. Marschall presented the following language for consideration:

To facilitate opportunities for entry into treatment and/or recovery, ensure that Black, Latinx/Hispanic, Indigenous, and people of color communities are receiving overdose prevention, recognition, and reversal training, and overdose prevention supplies such as fentanyl test strips and naloxone to reduce fatal overdoses among Black, Latinx/Hispanic, Indigenous individuals, and people of color in Nevada.

Members supported this language and moved onto the associated justifications and actions.

Ms. Marschall shared the next slide:

Rec 5 Justification, Action, and Research

Justification:

1. Notes from the field: Increase in drug overdose deaths among Hispanic or Latino persons- Nevada, 2019- 2020. MMRWR, 71(19). Thomas, S. (2022). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9098250/>
2. Nevada State Unintentional Drug Overdose Reporting System, Report of Deaths January to December, 2021 – Statewide. School of Public Health, University of Nevada, Reno. Thomas, S., Dinwiddie, A. T., & Monroy, E. (2022). <https://nvopioidresponse.org/wp-content/uploads/2022/10/SUDORS-Report-2021-All-Statewide.pdf>

Action Step: (For Subcommittee to develop)

A. Funding:

- Fund organizations that are already trusted entities within BIPOC communities to conduct OEND outreach.
- Direct DPBH to create grant opportunities for organizations to provide overdose prevention, recognition, and reversal training and overdose prevention supplies to BIPOC communities.

Research Links:

- <https://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2022.306807>
- https://journals.lww.com/jphmp/Fulltext/2022/11001/Maine_s_Overdose_Prevention_Through_I
- <https://stacks.cdc.gov/view/cdc/114435>
- <https://www.thenationalcouncil.org/program/training-public-safety-to-prevent-overdose-in-bipoc-communities/>

Members discussed including a summary with the justifications, as was done for the previous justifications regarding racial disparities. Ms. Lee offered county-level data reflecting Black, Hispanic and Native Americans with increased opioid related admissions to hospitals and emergency rooms. She further suggested inclusion of drug poisoning fatality data, which also shows a growing racial and ethnic disparity that is not fully being addressed across Nevada.

Ms. Cheatom noted that most people seeking harm reduction products at Trac-B were white Caucasian, so there is an opportunity for outreach to BIPOC populations.

Ms. Marschall read back the two potential justifications:

- Surveillance data in Nevada indicates racial disparities in overdose and drug fatalities in Nevada; and
- Fatality data and opiate related hospitalizations support that there is a growing racial, ethnic disparity not being fully addressed in the data.

Acting Chair Lee moved the discussion to the Action Step from the slide, noting that members could include policy or funding actions. She suggested that “overdose education and naloxone distribution,” be spelled out for “OEND” outreach.

Ms. Cheatom supported the funding recommendation and suggested a requirement for DHHS to specifically do OEND training or harm reduction with BIPOC communities. Any treatment related grants could specifically require outreach to BIPOC communities.

Acting Chair Lee questioned whether this could be directed with policy or regulations under the Substance Abuse Prevention and Treatment Agency (SAPTA). Staff noted that grants under federal agencies typically require service to special populations, and [AB374](#), which created the SURG, also requires service to special populations, which could be referenced in the Action Steps. In further review of the legislation, the specific populations identified in the recommendation were not called out as desired, so members preferred to specifically call out these target populations.

Ms. Cheatom suggested making such a requirement specific to this recommendation, regarding funding.

Acting Chair Lee suggested something like the following: *Allocate funding specifically for programs seeking to ameliorate the harms of substance use and conduct outreach in BIPOC communities.* This would ensure funding opportunities for organizations that are specifically looking to reduce harm in their communities. This would be one area for priority funding, similar with the structure of the State Opioid Response grants.

Ms. Marschall read back the draft statement:

Direct DPBH (Division of Public and Behavioral Health) to allocate funding to projects that are specifically conducting outreach to BIPOC communities, to ameliorate the harms of substance use disorder.

Members supported this Action Step, and they also supported removing the links that were shown in the slide under Justification.

- Ms. Cheatom made a motion to approve Recommendation 5 with the associated Justifications and Action Steps, as discussed.
- Mr. Shell seconded the motion.
- The motion passed unanimously among the members present.

Ms. Marschall screen-shared the next slide with recommendation 6:

6. Significantly increased capacity is needed for intensive care coordination to facilitate transitions and to divert youth at risk of higher level of care and/or system involvement. Implement a specialized child welfare service delivery model that improves outcomes for children and families affected by parental substance use and child maltreatment.

Notes from October 3, 2022, SURG:

Vice Chair Tolles suggested the following language: *significantly increased capacity, including access to treatment facilities and beds for intensive care coordination to facilitate care transitions*. This language would clarify that it's increasing access, which would include various avenues to get there, whether through public-private partnerships or the programs Dr. Woodard described.

Suggested Alternate Recommendation:

Significantly increased capacity; *including access to treatment facilities and beds* ~~is needed~~ for intensive care coordination to facilitate transitions and to divert youth at risk of higher level of care and/or system involvement. Implement a specialized child welfare service delivery model that improves outcomes for children and families affected by parental substance use and child maltreatment.

Ms. Cheatom stated her support for the alternate recommendation suggested by Vice Chair Tolles. Acting Chair Lee also supported this alternate recommendation to capture the intention of treatment facilities and beds.

Acting Chair Lee moved the discussion to the associated justifications and action steps, which Ms. Marschall screen-shared, as follows.

Rec 6 Justification, Action, and Research

Justification:

1. “Although many children living in households with a substance-using parent will not experience abuse or neglect, they are at increased risk for child maltreatment and child welfare involvement compared with other children. In addition, these children are at an increased risk for engaging in substance use themselves. The consistency of the prevalence across age groups in the percentage of children living with at least one parent with an SUD suggest that prevention and intervention efforts targeting older and younger children may be beneficial for reducing the impact of parent SUDs.”

Source: https://www.samhsa.gov/data/sites/default/files/report_3223/ShortReport-3223.html

Action Step: (For Subcommittee to develop)

A. Funding: Direct DPBH to create grant opportunities for organizations to open or expand bed capacity and implement specialized child welfare programs that are not reimbursed by Medicaid or other payers.

Research/Links:

1. <https://store.samhsa.gov/sites/default/files/d7/priv/samhsa-state-community-profiles-05222019-redact.pdf>
2. <https://www.sciencedirect.com/science/article/abs/pii/S0145213421000363?via%3Dihub>
3. <https://www.sciencedirect.com/science/article/abs/pii/S0145213421003331?via%3Dihub>
4. [https://www.journalofsubstanceabusetreatment.com/article/S0740-5472\(21\)00289-0/fulltext](https://www.journalofsubstanceabusetreatment.com/article/S0740-5472(21)00289-0/fulltext)
5. <https://www.sciencedirect.com/science/article/abs/pii/S0190740921003327?via%3Dihub>

Dr. Dickson thought the justification looked good, with some initial concern about separating older and younger children, in the quote from the Substance Abuse and Mental Health Services Agency (SAMHSA).

Acting Chair Lee referenced data from 2012 to 2021 regarding under-age children removed to foster care due to parental substance use in Washoe County and statewide. Washoe County has a substantially higher rate of 75.4% compared to a statewide percentage of 25.4%.¹ They should also include the issue raised by Dr. Dickson regarding sending children out of state for treatment, due to the shortage of treatment beds in state.

Ms. Marschall reminded members of a subcommittee presentation on the Sobriety Treatment and Recovery Teams (START) program from Child and Families Futures, regarding engaging parents in treatment for children who were at risk of child maltreatment or child welfare involvement. The intent is to facilitate entry into treatment for parents, and to reduce the separation of families. Ms. Marschall also referenced [a report from the Department of Justice](#) (DOJ) as a potential justification for the need for more treatment beds.

Mr. Shell noted that the high number of children being placed out of state was a big focus of the DOJ report. Acting Chair Lee added that there are no beds for pre-teen children in Reno. Dr. Dickson said they aren't available in Las Vegas either, due to the need for high-level staffing to support children with behavioral problems related to substance use.

¹ Acting Chair Lee clarified that out of all the infants within the Washoe County child welfare system in 2021, 75.5% were removed due to parental substance use; whereas statewide, substance use is a contributing factor to child maltreatment in 25.4% of the total cases.

Ms. Marschall noted that the DOJ report included seven remediation steps, but the state is currently negotiating with DOJ on a remediation plan.

Acting Chair Lee and Mr. Shell suggested justification language as follows:

The investigation of institutions to serve children with behavioral health disabilities issued by the U.S. Department of Justice, Civil Rights Division, on October 4, 2022, provides recommendations for remediation. The Committee suggests that the State of Nevada consider and adopt accordingly, these remediation strategies to enhance services for at risk youth in Nevada.

Acting Chair Lee suggested synthesis of the quote from SAMHSA under the first justification in the slide as follows:

Parental substance use increases risk for child maltreatment and child welfare involvement which increases intergenerational substance use.

Members supported this and moved on to the action steps.

Dr. Dickson expressed concern that state grant opportunities would not be sufficient to increase treatment bed capacity, which is also related to the nursing shortage. Staff noted previous recommendations from Senator Seevers-Gansert for public-private partnerships to support increased treatment bed capacity.

Acting Chair Lee and Mr. Shell suggested the following language:

Direct DHHS to create grant opportunities and pursue public-private partnerships to expand bed capacity.

Acting Chair Lee suggested a separate action step for child welfare programs. Mr. Shell suggested leaving in the reference to those not reimbursed by Medicare or Medicaid, or other payers, emphasizing the uninsured and underinsured.

Acting Chair Lee noted that child welfare programs are typically not funded by Medicaid, so that should be a separate action step B, that could reference programs not reimbursed by other payer sources.

Acting Chair Lee asked if opioid litigation funds could be used for capital improvements, which is a huge barrier for a lot of organizations. Mr. Shell agreed capital improvements and operational costs should be included, and they have been part of the public-private partnership discussions he has been engaged in. This would be part of action step A.

Members agreed this would help organizations and would give the state some latitude in being able to issue funds for capital improvements and operational costs.

Ms. Marschall read back the action step:

To create grant opportunities, including capital and operational costs, and pursue public-private partnerships, to open or expand bed capacity.

- Mr. Shell made a motion to approve Recommendation #6 with the justification and the two action steps, as discussed.

- Ms. Cheatom seconded the motion.
- The motion passed unanimously among the members present.

5. 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.

6. Adjournment

This meeting was adjourned at approximately 4:15 p.m.