



OFFICE OF THE ATTORNEY GENERAL

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TREATMENT AND RECOVERY SUBCOMMITTEE

Substance Use Response Group (SURG)

December 6, 2022

2:00 p.m.

**1. CALL TO ORDER AND
ROLL CALL TO ESTABLISH
QUORUM**

Assemblywoman Claire Thomas

1. Call to Order and Roll Call to Establish Quorum

Member	SURG Role	Committee Role
Assemblywoman Claire Thomas	Assembly Member Appointee	Chair
Chelsi Cheatom	Harm Reduction Program	Member
Dr. Lesley Dickson	Healthcare Provider with SUD Expertise	Member
Jeffrey Iverson	Person in Recovery from an SUD	Member
Lisa Lee	Urban Human Services (Washoe County)	Member
Steve Shell	Hospital	Member

2. PUBLIC COMMENT

Public Comment

- Public comment will be received via Zoom by raising your hand or unmuting yourself when asked for public comment. Public comment shall be limited to three (3) 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 a matter raised during a period devoted to comments by the general public until the matter itself has been specifically included on an agenda as an item upon which action may be taken pursuant to NRS 241.020.

**3. REVIEW AND
APPROVE MINUTES FROM
OCTOBER 25, 2022
SUBCOMMITTEE MEETING**

Assemblywoman Claire Thomas

4. FINALIZE SUBCOMMITTEE RECOMMENDATIONS

Assemblywoman Claire Thomas

Treatment and Recovery Subcommittee Preliminary Recommendations

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.

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>

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.

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. *MMWR*, 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/>

Treatment and Recovery Subcommittee

Preliminary Recommendations

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.

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>

5. PUBLIC COMMENT

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6. ADJOURNMENT

ADDITIONAL INFORMATION, RESOURCES & UPDATES AVAILABLE AT:

[https://ag.nv.gov/About/Administration/Substance_Use_Response_Working_Group_\(SURG\)/](https://ag.nv.gov/About/Administration/Substance_Use_Response_Working_Group_(SURG)/)



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