



OFFICE OF THE ATTORNEY GENERAL

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Statewide Substance Use Response Working Group Meeting

July 12, 2023

1. Call to Order and Roll Call to Establish Quorum

Chair Ford

2. Public Comment

(Discussion Only)

Public Comment

- Public comment shall be limited to three (3) minutes per person. We will begin with comments from Las Vegas and then invite comments from Carson City, followed by virtual participants.

In Person

- Please form a line.
- Before commenting, please state your full name for the record.

Public Comment

Attending Virtually

If you are dialing in from a telephone:

- Dial 719-359-4580
- When prompted enter the Webinar ID: 841 1615 6896
- Then enter the Meeting Passcode: 676835
- Please press *9 so the host can prompt you to unmute.

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*Comments can also be emailed to lhale@socialent.com. These comments and questions will be recorded in meeting minutes.

3. Review and Approve Minutes for April 5, 2023, SURG Meeting

(For Possible Action)

Chair Ford

4. Reappoint SURG members who are Legislators

(For Possible Action)

Chair Ford

5. Approve Updates to Bylaws

(For Possible Action)

Dr. Terry Kerns, Office of the Attorney General

6. Update on Opioid Litigation, Settlement Funds, and Distribution

(For Information and Discussion)

Mark Krueger, Office of the Attorney General, or Designee

7. Fund for a Resilient Nevada Update

(For Information and Discussion)

Dawn Yohey, Clinical Program Planner, Department of Health and Human Services

Joe Lombardo
Governor



Richard Whitley
Director

Presentation to Substance Use Response Working Group

Fund for a Resilient Nevada

Dawn Yohey, MFT, LCADC, CPP3

July 12, 2023

Department of Health and Human Services

Helping people. It's who we are and what we do.





Background

Nevada Revised Statutes (NRS) 433.712 through 433.744 established the Fund for a Resilient Nevada in 2021.

One of the Department of Health and Human Services' (DHHS) responsibilities is the development of a Statewide Needs Assessment and a Statewide Plan to driving funding allocations.

- The needs assessment was completed in July 2022.
- The statewide plan was finalized in December 2022.

[Nevada Opioid Needs Assessment and Statewide Plan 2022 \(nv.gov\)](#)

NRS also created the Advisory Committee for a Resilient Nevada (ACRN) to identify and prioritize recommendations to the Director's Office by June 30th every even numbered year.

[2022 Nevada Advisory Committee for a Resilient Nevada Report to Department of Health and Human Services \(nv.gov\)](#)



Background Cont.

A report regarding Findings, Recommendations and Expenditures is due to on or before January 31 of each year to the following:

- (a) The Governor;
- (b) The Director of the Legislative Counsel Bureau for transmittal to:
 - (1) In odd-numbered years, the next regular session of the Legislature; and
 - (2) In even-numbered years, the Joint Interim Standing Committee on Health and Human Services and the Interim Finance Committee;
- (c) The Commission;
- (d) Each regional behavioral health policy board created by NRS 433.429;
- (e) The Office of the Attorney General; and
- (f) Any other committees or commissions the Director of the Department deems appropriate.

[Fund for a Resilient Nevada: A report concerning all findings and recommendations made and money expended pursuant to Nevada Revised Statutes NRS 433.734 to 433.740 \(state.nv.us\)](#)



Opioid Fund Mapping

Substance Abuse Block Grant \$20,537,145 per year for 2 years (not opioid specific)

State Opioid Response (SOR) \$16,723,421 per year for 2 years with no cost extension options

Comprehensive Opioid, Stimulant and Substance Use Program (COSSUP) \$5,751,722 for two years total

Overdose Data to Action (state) \$2,600,000 per year for 5 years

Overdose Data to Action (local) Average \$2,300,000 per year for 5 years

DHCFP (expenditures July 1, 2021 through June 30, 2022)

Substance Use Disorder (SUD)/Opioid Use Disorder (OUD) Spending, Nevada Medicaid Fee for Service (FFS)/Managed Care Organization (MCO)

- FFS OUD Expenditures: \$135,580,199
- FFS SUD Expenditures: \$783,003,008
- MCO OUD Expenditures: \$35,923,727
- MCO SUD Expenditures: \$233,959,467



Statewide Plan Goals

Goal 1: Ensure Local Programs Have the Capacity to Implement Recommendations Effectively and Sustainably

Goal 2: Prevent the Misuse of Opioids

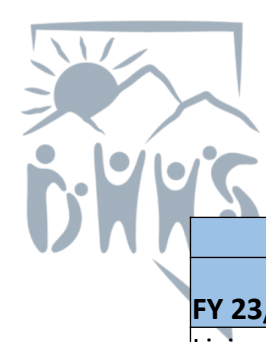
Goal 3: Reduce Harm Related to Opioid Use

Goal 4: Provide Behavioral Health Treatment

Goal 5: Implement Recovery Communities across Nevada

Goal 6: Provide Opioid Prevention and Treatment Consistently across the Criminal Justice and Public Safety Systems

Goal 7: Provide High Quality and Robust Data and Accessible, Timely Reporting



Awards

AWARDEE	Amount Obligated	Notes	Location	State Plan Goal
FY 23/24 (June 1, 2023 - June 30, 2024)				
Living Free Health & Wellness	\$271,844.00	Recovery Housing and Tx	Rural (Pharump)	4
Washoe County Dept of Alt Sentencing (STAR Expansion)	\$182,560.00	Recovery Housing and Tx	Washoe	4 and 6
Roseman University	\$230,360.00	Neonatal Abstinence	Clark	4
CCCCC	\$292,268.00	Residential Tx	Northern (Carson City)	4 and 6
FY 24 (July 1, 2023 - June 30, 2024)				
NV Indian Commission	\$103,127.00	Tribal Opioid Coordinator	Statewide	1
NV Public Health Foundation	\$84,239.20	Pharmacist Conf	Statewide	1
MTSS	\$500,000.00	Multi Tiered Systems of Support	Statewide	2
CASAT/UNR	\$85,000.00	ECHO Clinics	Statewide	2
CASAT/UNR	\$250,000.00	Education/Opioids	Statewide	2
Trac B Exchange	\$140,000.00	Syringes/Sharps	Clark/Vending Machine Locations	3
CASAT	\$500,000.00	Mobile MOUD Vans	Rural	4
NV Public Health Foundation	\$25,516.94	Criminal Justice	Statewide	5
NV Division of Emergency Services	\$558,857.00	Mass Specs	Statewide	6
DPBH EMS	\$5,000.00	ODMAP	Statewide	7
DPBH Public Health Preparedness	\$19,149.00	Poison Control	Statewide	7
DHCFP	\$109,448.00	Medicaid All Payers Claims Database	Statewide	7
GOAL 1	\$1,438,419.00	Opioid Technical Assistance and Training Center	Statewide	1
GOAL 2	\$500,000.00	Cross Sector Task Force- Overdose Prevention Action Plan	Statewide	2
GOAL 3	\$1,350,000.00	Naloxone, Fentanyl and Xylazine Test Strips	Statewide	3
GOAL 4	\$1,000,000.00	Treatment	TBD/Statewide	4



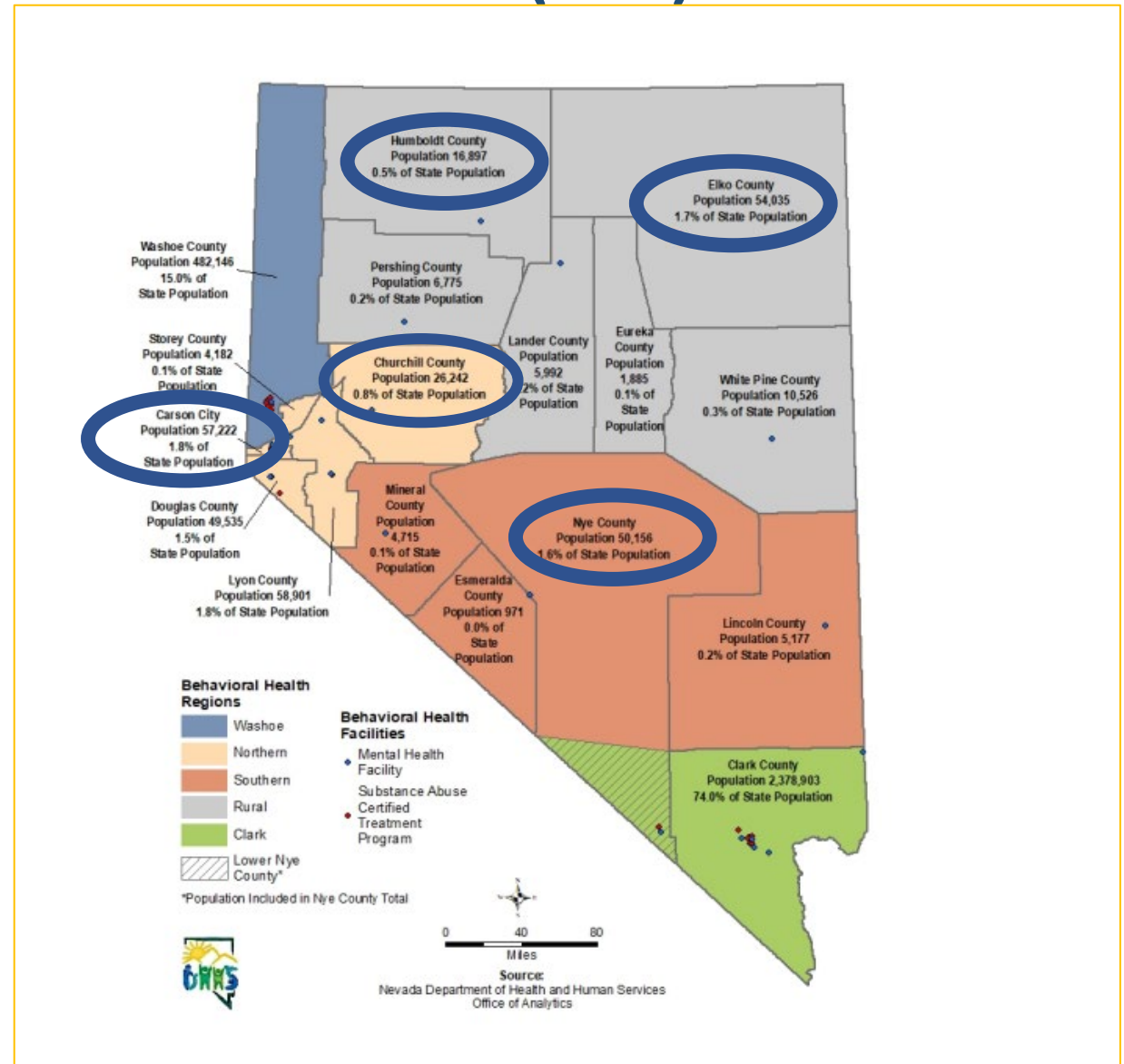
Technical Assistance (TA)

Contracting with Mercer to provide technical assistance for the following counties:

- Carson City
- Churchill
- Elko
- Humboldt
- Nye

We are anticipating the following counties will need assistance:

- Lander, Pershing, White Pine, Eureka and Lincoln





Complete or Not Requesting TA

- These counties have submitted needs assessments and plans:

Douglas

Lyon

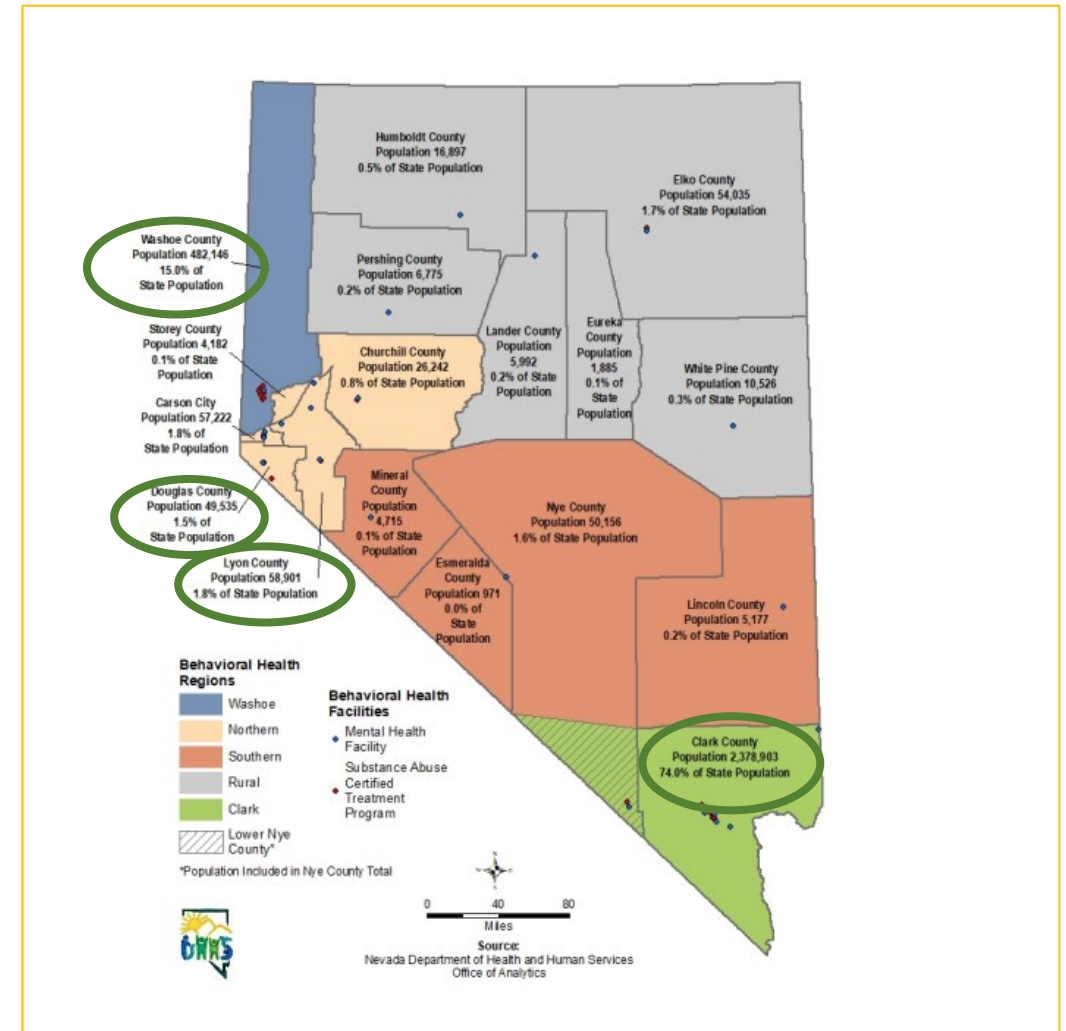
Washoe

Storey is complete but not approved by their commission

Mineral reports they are almost done

Esmeralda may incorporate into Nye

Clark has not requested TA due to having several needs assessments already completed.





One Nevada Agreement Reporting (20 responses)

Calendar Year 2022

- Carson City - Consolidated Municipality, Both A City And County
- Churchill County
- City Of Ely
- City Of Fernley
- City Of Henderson
- City Of Las Vegas
- "City Of North Las Vegas Community Correctional Center City Of North Las Vegas Municipal Court North Las Vegas City"
- City Of Reno
- Clark County, Nevada
- Douglas County Community Services
- Elko County Sheriff's Office
- Eureka County
- Humboldt County Comptroller's Office
- Lander County
- Lyon County
- Mineral County, A Political Subdivision Of The State Of Nevada
- North Lyon County Fire Protection District
- Nye County
- Nye County- State Of Nevada Office Of The Attorney General, Bureau Of Consumer Protection
- White Pine County, Nv Treasurer's Office



One Nevada: Reported Uses/Intent

- Ely: money committee to drug court housing, (none spent)
- Henderson: Fentanyl Awareness Campaign towards youth
- City of Las Vegas: Criminal Justice Adult and Youth, Capital Projects (none spent)
- Douglas County: Needs Assessment (none spent)
- Eureka: Education, Resource, Development (none spent)
- North Lyon County: First Responders, Narcan purchase and administration
- Nye: Capacity Building; Data; Harm Reduction; NAS; Prevention; Recovery Communities (SDOH); Training; Treatment (Adult/Youth); Removal of barriers for assessments and diagnosis (none spent)



Questions?

8. Legislative Updates

(For Information and Discussion)

Laura Hale, Social Entrepreneurs, Inc.

9. Subcommittee Reports

(For Information and Discussion)

- Prevention – Jessica Johnson, Chair or Designee
- Treatment and Recovery – Lisa Lee, Chair or Designee
- Response – Dr. Terry Kerns, Chair or Designee

Prevention Subcommittee: Meetings & Presentations

- March 20, 2023: Review subcommittee charge and areas of focus
- April 6, 2023: *Review of National Academies of Science Behavioral Health Continuum of Care Model* presented by Alyssa O'Hair, Center for the Application of Substance Abuse Technologies (CASAT)
- May 15, 2023:
 - *Barriers and Facilitators of Implementing Drug Checking Services with Spectrometry Devices* presented by Dr. Traci Green, Professor and Director of the Opioid Policy Research Collaborative, Heller School for Social Policy and Management, Brandeis University
 - *DEA community Outreach* presented by Ruth Morales, Community Outreach Specialist, Drug Enforcement Administration
 - *The Alcohol Outlet Density Report* presented by Jamie Ross, Executive Director, PACT Coalition
 - *Prevention Programming in Schools* presented by Jamie Ross, Executive Director, PACT Coalition/Nevada Statewide Coalition Partnership & Anne-Elizabeth Northan, Executive Director of Join Together Northern Nevada

Prevention Subcommittee: Meetings & Presentations Cont.

- June 20, 2023:
 - Subcommittee recommendations
 - Harm reduction recommendations

Summary of Prevention Subcommittee Recommendations Under Review

1. Recommend to DHHS/(or whoever oversees those dollars) to double the amount of investment in primary prevention programming every two years for ages 0-24.
2. Increase support for youth vaping prevention.
3. Recommendation to the DHHS (Office of Analytics/or the appropriate entity) to create a data dashboard or other type of regularly updated report on alcohol outlet density.

Harm Reduction Recommendations Process

- 9 responses collected from SURG members following the April SURG Harm Reduction meeting
- Please reference *SURG Harm Reduction Recommendation Submissions* document for the full survey responses, posted here: [https://ag.nv.gov/About/Administration/Substance Use Response Working Group \(SURG\)/](https://ag.nv.gov/About/Administration/Substance_Use_Response_Working_Group_(SURG)/)
- Prevention subcommittee tasked with further refining recommendations and reporting out suggested revisions

Harm Reduction Recommendations (Part 1)

1. Pilot and evaluate the use of the “Bad Batch” App services in one behavioral health region. Rigorously evaluate the impact and reach of the app to determine effectiveness and next steps for potential expansion.
2. Establish a statewide initiative for community drug checking that incorporates qualitative and quantitative drug checking and includes the following parameters:
 - Work with harm reduction community to identify partners/ locations and provide guidance and training.
 - Start all sites with mail-based testing while piloting on-site drug checking in a subset of early adopters to refine implementation needs.
 - Standardize the data collection, entry, testing, mailing, analysis, reporting as a best practice. Make this as transparent of a process as possible.
 - Articulate principles and plans for what will happen to the data.

Harm Reduction Recommendations (Part 2)

3. Harm Reduction Shipping Supply: Provide travel costs for pick up of used products to be returned for destruction. Increase advertising about shipping programs. Establish alternative strategy if people can't receive delivery of the supplies.
4. Increase support for harm reduction based post-overdose outreach with public safety, including wrap-around services for surviving family members and/or postmortem services for families (for example, the services could be funeral related, housing needs, health care, counseling, or a warm handoff to treatment for substance use disorder).

Harm Reduction Recommendations (Part 3)

5. Alternative Pain Treatment: Recommend that the Treatment and Recovery take this recommendation on to review as it aligns more with their purview.
6. Create a bill draft request at the legislature to change the language around drug paraphernalia as it relates to smoking supplies.
7. Provide support to community coalitions to support community health workers to expand Harm Reduction throughout the state of Nevada and prioritize funding for Community Health Workers to provide community-based harm reduction services.

Treatment and Recovery Subcommittee Meetings & Presentations

- March 21, 2023: Review subcommittee charge and areas of focus
- May 16, 2023: Presentations Provided, Meeting rescheduled for June
 - *Treatment and Recovery for Indigenous African Americans* presented by Donald Griffin, Co-Founder/Director, Black Wall Street Reno
 - *Role and Importance of Peers and Persons with Lived Experience* presented by Sean O'Donnell, Executive Director, Foundation for Recovery
- June 27, 2023: Summary and Discussion of Presentation Videos Recommendations

Summary of Treatment & Recovery Subcommittee Recommendations Under Review

1. Prevention and overdose prevention outreach to underserved communities, including BIPOC communities.
2. July 18, 2023: Workshop Recommendations related to:
 - Outreach to Underserved Communities including BIPOC, LGBTQIA+, and other populations as noted in AB374 via vending machines, billboards, and other effective outreach approaches and,
 - Enhance Peer Support for special populations through increased reimbursement rates, train the trainer models, and policy changes to address limitations to the use of Peers in some settings.

Response Subcommittee Meetings & Presentations

- March 20, 2023: Review subcommittee charge and areas of focus
- April 19, 2023: Overview of recommendations received and next steps
- May 22, 2023:
 - *Opioid Antagonist Saturation Plan* presented by Morgan Green, Project Coordinator, Center for the Application of Substance Abuse Technologies, University of Nevada, Reno
 - *Emergency Department Bridge Program* presented by Kalli Getachew, Emergency Department Nurse, Valley Hospital; Josh Luftig, National Implementation Leader, Director of Harm Reduction - National Bridge Network; and Sarah Windels, National Program Director - National Bridge Network, Fellow - Johns Hopkins Bloomberg American Health Initiative

Summary of Response Subcommittee Recommendations Under Review (Part 1)

1. Resolve the conflict between the Good Samaritan Law and the Drug Induced Homicide Law.
2. Revise NRS 453c.150 to include language similar to the State of Delaware: "Defendant made a good faith effort to promptly seek, provide, or obtain emergency medical or law enforcement assistance to another person who was experiencing a medical emergency after using a Schedule I or II controlled substance..." or Rhode Island, "An eligible person will not be charged or prosecuted for the offense of controlled substance delivery resulting in death if a person, in good faith, without malice and in the absence of evidence of an intent to defraud, sought medical assistance for someone experiencing a controlled substance overdose..."

Summary of Response Subcommittee Recommendations Under Review (Part 2)

3. SUD/MH/MOUD assessment, treatment, recovery support, pre-release case management availability in incarcerated settings, implementation challenges and opportunities, and the 1115 waiver for Medicaid coverage 90 days pre-release.
4. Wastewater-based epidemiology (WBE) for monitoring public health trends.

10. Recommendations Process: Weighting and Consolidating

(For Possible Action)

Laura Hale and Emma Rodriguez, Social Entrepreneurs, Inc.

Timeline for SURG Meetings and Recommendations

July/August

Subcommittee Meetings

- Refine recommendations based on feedback from the SURG
- Weight and rank recommendations

October

SURG Meeting

- Discussion and possible action on subcommittee recommendations

December

SURG Meeting

- Finalize recommendations to be included in the SURG Annual Report
- Review outline of SURG Annual Report
- Presentation of DHHS Annual Report

January

SURG Meeting

- Approval of final Annual Report

11. Reconsidering Prior Recommendations

(For Possible Action)

Dr. Terry Kerns

12. Presentation on Nevada's Treatment of Opioid Use Disorders (OUDs) and Substance Use Disorders (SUDs) Transformation Project

(For Information and Discussion)

Sarah Dearborn, Social Services Chief II, Nevada Department of Health and Human Services, Division of Health Care Financing and Policy

Joe Lombardo
Governor

Richard Whitley
Director

1115 Substance Use Disorder Demonstration Waiver

Division of Health Care Financing and Policy

Sarah Dearborn, Social Services Chief II, Behavioral Health Unit

July 12, 2023

Department of Health and Human Services

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On the Agenda

- Overview and Background
- Deliverables
- Implementation Plan and timelines
- Next Steps

Background and overview

1. In response to the ongoing national opioid crisis, Centers for Medicare and Medicaid Services (CMS) has indicated a willingness to provide additional flexibilities to help states improve access to, and quality of SUD treatment through Medicaid 1115 Demonstrations.
2. The 1115 SUD Demonstration Waiver option allows states to test coverage of a full SUD treatment service array in the context of overall SUD service delivery system transformation.
3. Nevada Treatment of Opioid Use Disorders (OUDs) and Substance Use Disorders (SUDs) Transformation Project Section 1115 Demonstration Waiver was approved on December 29, 2022.
4. The American Society of Addiction Medicine (ASAM) levels of care that will be reimbursable within an IMD setting include:
 - **ASAM Level 3.1 - Clinically Managed Low-intensity Residential Services**
 - **ASAM Level 3.2 - Clinically Managed Residential Withdrawal Management**
 - **ASAM Level 3.5 - Clinically Managed High-Intensity Residential Services**
 - **ASAM Level 3.7 - Medically Monitored Inpatient Withdrawal Management**
 - **ASAM Level 4.0 – Medically Managed Intensive Inpatient Services**

Deliverables

- SUD Implementation Plan and Health Information Technology Plan
 - Approved May 24th, 2023
- Monitoring Protocol and Quarterly Reporting
 - Submitted June 12th, 2023, and under CMS review
- Evaluation Design
 - Due to CMS August 26, 2023
 - Independent Mid-Point Assessment
- Post Award Forums
 - Due 6 months after Implementation Plan approval, estimated for mid-November 2023

Implementation Plan and timelines (part 1)

1. Access to Critical Levels of Care for OUD and Other SUDs

- **Within 12-18 months:**
 - State Plan Amendment (SPA) – clearly define substance use treatment services
 - New Medicaid Service Manual Chapter for SUD treatment – MSM Chapter 4100
- **Within 24-36 months:**
 - State Plan Amendment (SPA) – redefine reimbursement for residential levels of care
 - Add Pharmacists as eligible providers for Medication-Assisted Treatment

2. Use of Evidence-based, SUD-specific Patient Placement Criteria

- **Within 6-12 months:**
 - Define prior authorization requirements for each reimbursable ASAM level of care
- **Within 12-18 months:**
 - State Plan Amendment (SPA) – clearly define substance use treatment services
 - Leverage the SUPPORT Act post planning demonstration grant activities to support growth in increased provider capacity at ever ASAM level of care
- **Within 24-36 months:**
 - State Plan Amendment (SPA) – redefine reimbursement for residential levels of care
 - Develop process to collect quality measures from providers

Implementation plan and timelines (part 2)

3. Use of Nationally Recognized SUD-specific Program Standards to Set Provider Qualifications for Residential Treatment Facilities

- **Within 6 -12 months:**
 - Medicaid Management Information System enhancement to enroll substance use treatment providers that are licensed or certified as individual Medicaid providers and will be able to link to a substance use treatment provider agency
- **Within 12-18 months:**
 - Update Medicaid Service Manual policy to include requirement of offering all FDA-approved MAT on-site or facilitate access to off-site MAT.

4. Sufficient Provider Capacity at Critical Levels of care including for Medication-Assisted Treatment for OUD

- **Within 6 -12 months:**
 - Integrating Intensive Crisis Stabilization Services as a new service delivery for individuals experiencing a mental health or substance use crisis.
 - Using SUPPORT Act data, provider surveys, and enrollment information, Nevada will identify specific counts of current providers performing and accepting new patients at all critical levels of care.
- **Within 12-24 months:**
 - Further develop and refine the SUD Data Book developed through the DHHS's Office of Analytics.
 - Refine data collection to collect specifics on individually enrolled substance use treatment providers available in Nevada once new Substance Use Treatment Provider Type and individual enrollment specialties are created and providers are enrolled.

Implementation plan and timelines (part 3)

5. Implementation of Comprehensive Treatment and Prevention Strategies to Address Opioid Abuse and OUD

- **Within 6 – throughout Demonstration Period:**

- Nevada will continue work across the Department of Health and Human Services to support access, training, and awareness of coverage through increased provider communication through web announcements and monthly SUD treatment provider engagement meetings.
- Evaluate data dashboard capabilities

- **Within 24-36 months:**

- Increase access to naloxone by adding pharmacists as an approved prescriber

6. Improved Care Coordination and Transitions between Levels of Care

- **Within 12-24 months:**

- Redefine discharge criteria specific for residential treatment providers consistent across Medicaid policy and Division of Public and Behavioral Health Division Criteria
- Develop MSM and Division Criteria standards for coordination of care for co-occurring physical and mental health conditions for residential levels of care transitioning to outpatient levels of care.

- **Within 24-36 months:**

- If provided legislative authority, integrate the collaborative care model within state plan and MSM
- If provided budgetary authority, integrate new SUD-only target group within the targeted case management benefit to support case management activities for individuals transitioning between residential and outpatient SUD services

Next steps

1. Division of Health Care Financing and Policy (DHCFP) working with Division of Public and Behavioral Health (DPBH) Substance Abuse Prevention and Treatment Agency (SAPTA) on timeline to transition IMD providers from the Substance Abuse Block Grant to Medicaid billing.
2. DHCFP and Gainwell Technologies working to ensure MMIS billing is reimbursable for SUD services performed in an IMD for the Medicaid population between the ages of 22-64.
3. Updating MSM 400 – Mental Health and Alcohol and Substance Abuse Services Attachment B, C, and D with language to align with flexibilities provided by the 1115 approval.
4. Updating Provider billing guides
5. Updating [1115 SUD webpage](#) with remediated documents
6. Creating an 1115 Fact Sheet to inform on specifics for billing and performing services under the 1115 Demonstration Waiver authority.

Questions?

Contact Information

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Behavioral Health
sdearborn@dhcfp.nv.gov
(775)684-3732

Abigail Bailey
Social Services Program Specialist II,
Behavioral Health
Abigail.Bailey@dhcfp.nv.gov
(775)684-3659

13. Review and Consider Items for Next Meeting

(Discussion Only)

Dr. Terry Kerns

14. Public Comment

(Discussion Only)

Public Comment

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15. 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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