

MEETING NOTES

Statewide Substance Use Response Working Group Prevention Subcommittee Meeting

August 26, 2024
2:00 p.m.

Zoom Meeting ID: 825 0031 7472

Call in audio: 1 253-205-0468

No Physical Public Location

Members Present via Zoom or Telephone

Chair Jessica Johnson, Vice Chair Erik Schoen, Senator Fabian Doñate, Debi Nadler, Angela Nickels

Attorney General's Office Staff

DAG Matthew Feeley, Terry Kerns, and Ashley Tackett

Social Entrepreneurs, Inc. Support Team

Emma Rodriguez, Margaret Del Giudice, and Mary O'Leary

Members of the Public via Zoom

Ally Abbatangelo, Linda Anderson, Brandon Beckman, Lori Bryan, Allison Cladianos, Trey Delap, Olivia GrafMank, Heather Kerwin, Jay Kolbet-Clausell, Christine Lee, Amy Lucas, Wendy Madson, Stefaine Maplethorpe, Abe Meza, Josephe Peter Ostunio, Alyssa Planas, Elyse Monroy, "aacero," "Kcastro," Ben, Cody Wagner

1. Call to Order and Roll Call to Establish Quorum

Chair Johnson called the meeting to order at 2:01 pm.

2. Public Comment (*Discussion Only*)

Ms. Rodriguez read public comment guidance and Chair Johnson asked for public comment.

Ms. Nadler reminded members and participants that August 31st is International Overdose Awareness Day and that the There Is No Hero In Heroin Foundation (TiNH*i*H) and Moms Against Drugs are hosting an event at the Welcome to Las Vegas sign, which will be turned purple for six days. The event will be at 7:30 Saturday night; all are welcome.

Seeing or hearing no other public comment, Chair Johnson moved to agenda item 3.

3. Review and Approve Minutes from August 7, 2024 Prevention Subcommittee Meeting

Chair Johnson asked for a motion to approve the minutes from the August 7, 2024, Prevention Subcommittee.

- Vice Chair Schoen made a motion to approve the minutes.
- Debi Nadler seconded the motion.
- The motion passed unanimously.

4. Presentation on Community Health Workers (*For Possible Action*)

Jay Kolbet-Clausell, Nevada Community Health Workers Association, and Wendy Madson, Healthy Communities Coalition

Mx. Kolbet-Clausell noted that they'd joined the Community Health Workers Association in 2021. They also indicated that Ms. Madson may be assisting in the presentation, and introduced Cody Wagner, the Interim Director for the Community Health Worker Association. Mr. Wagner

has been with the Healthy Communities Coalition for about six and half years and was one of the first trainers for community health workers in the state.

Mx. Kolbet-Clausell shared their PowerPoint presentation (see slides 7-20 of the SURG PowerPoint available on the [SURG Website](#)), and provided an overview of the definition of a Community Health Worker (CHW) (see slide 9 for details), noting that multiple federal agencies have different definitions for CHWs but that the American Public Health Association definition, detailed on slide 9, is the most broadly accepted and is accepted by CMS and used for Medicare and Medicaid. Mx. Kolbet-Clausell explained that Nevada, which had recently abided by its own standards for CHW education, recently joined the Core 3 Consensus Project that sets out three core competencies that are more generally accepted across the country (details provided on slide 9).

Mx. Kolbet-Clausell provided demographic data on CHW students over the last 9 years (see slide 10 for details), highlighting representation from every county and both rural and urban communities; an uptick in the number of students from Clark County was attributed to an increase in scholarship opportunities in the area. They noted that, in general, many people participate in the training to be better equipped to serve their community even if they are not interested in a formal career. With regard to diversity, Mx. Kolbet Clausell emphasized an improvement in representation from the Asian community in the state, though still a weak spot in terms of recruitment. They added that this is a very underserved population, especially in terms of health access.

They continued with a look at CHW job descriptions to illustrate what a CHW actually does when they are out in the community. They began with job descriptions that organizations might use who are looking to hire a community health worker (see slide 11 for details), followed by descriptions of jobs in the following settings: community-based (slide 12), behavioral health (slide 13), medical (slide 14), and home visiting and child centers (slide 15).

With regard to the community-based settings, Ms. Madson added that the Community Health Workers Association works with partners to offer an Rx Pantry, or Prescription Pantry.

Elaborating on the behavioral health setting and Medicaid billing, Mx. Kolbet-Clausell explained that as of March 1st, it is now billable for a social worker, or marriage and family therapist, to supervise a community health worker team, though Medicaid is still exploring and resolving ambiguities with regard to the specific services included.

Mx. Kolbet-Clausell provided additional context around CHWs in medical settings, noting that while most of the country initially had CHWs working under social workers and other behavioral health professionals, Nevada primarily had CHWs in clinics helping with cancer patients and other chronic diseases. They added that currently, 20-30% of all CHWs surveyed were working in a medical setting.

Home visiting and child care centers were highlighted as an area with several grant opportunities and partnerships, such as the Children's Cabinet. Education around long-term services offered through CHWs was emphasized as an important talking point with families working with doulas whose services may not extend as long as clients need.

Mx. Kolbet-Clausell continued with an overview of the CHW student trends in substance misuse and prevention, updated in May 2024 (see slide 16 for details). They noted a trend to more CHWs becoming involved in prevention, substance misuse, and behavioral health services,

though there were observable demographic differences to involvement in these areas with rates higher among Native American, Hawaiian, Asian, and African American CHWs relative to White or Hispanic CHWs. They also highlighted the information collected on the number of clients CHWs typically work with, ranging from a low of 35 to a high of 500 clients. They clarified that the higher numbers typically occur within clinical settings.

Mx. Kolbet Clausell moved on to an overview of CHW statutes in Nevada (see slide 17-19 for details), focusing on Nevada Administrative Code (NAC) written about CHWs in 2017. They explained that the first CHW bill was about CHW pools, though it occurred too early and lacked the expertise that is now available as the number of CHWs in the state has since increased. As written, the NAC has a CHW pool administrator conduct an initial assessment and write a service plan for each client. They explained that this model is now outdated because the CHW administrator should be designing and making sure assessments are appropriate for their teams, but they shouldn't be doing each assessment themselves. In addition, they indicated that a service plan, which is indicated in the NAC, is confusing and ambiguous as it is not a case plan, which requires a licensed professional. For additional details on Nevada Administrative Codes around CHW Pools, see the handout "NAC-CHWpools-2024Aug23" posted on the [SURG Website](#).

Mx. Kolbet-Clausell added that the reporting guidance in the NAC is helpful and raises important questions around how we are going to collect more data, deal with social determinants of health, and effectively coordinate. They noted that the State Board of Health has done a lot of work on what this reporting guidance should look like, which is written into the administrative code. They continued that the NAC also recognizes the full role of the CHW, even if this includes things that are not billable (e.g., community outreach), which is important to communicate to billers in order to avoid the assumption that what is not billable is not allowable.

Before completing their presentation, Mx. Kolbet-Clausell suggested that it may be time to update the NAC to reflect current CHW policy, noting that there are organizations that would administer a CHW pool in both northern and southern rural areas, and welcomed questions from the subcommittee.

Vice Chair Schoen temporarily assumed Chair duties as Chair Johnson was experiencing technical difficulties. He invited questions from subcommittee members.

Ms. Nadler thanked Mx. Kolbet-Clausell for their presentation and asked if they were involved with school districts or implementation with the schools.

Ms. Madson offered to respond and indicated that Healthy Communities Coalition has a great relationship with the school districts and that CHWs are heavily utilized. She added that CHWs are part of the Safe School Professional Network, which includes everything from a CHW to a licensed clinical social worker, and that they've seen how successful this can look, and that oftentimes CHWs can help with non-clinical supports and interventions that allows clinicians to focus on clinical work, though she emphasized that CHWs have to be trained to ensure they don't go beyond their scope. Ms. Madson further explained that they are currently using the Behavioral Health Works (BH-Works) system with the goal of billing to Medicaid under provider type 60).

Vice Chair Schoen welcomed additional questions from the subcommittee and seeing none, he thanked the presenters as well as Ms. Nadler for her question.

Having resolved technical difficulties, Chair Johnson resumed Chair duties. She thanked Mx. Kolbet-Clausell and Ms. Madson and invited them to stay on as subject matter experts as the subcommittee would be considering a couple of recommendations regarding community health workers.

Chair Johnson reported that the presenter for Agenda Item 5 was unable to attend today's meeting and that this agenda item would be postponed for a future meeting.

6. Discuss and Revise Remaining 2023 Prevention Recommendations (*For Possible Action*)

For full recommendation details, please refer to the handout "2023 Prevention Recommendations" posted on the [SURG Website](#).

Chair Johnson reminded subcommittee members of the number of Prevention Recommendations and Harm Reduction Recommendations (see slide 30 of the meeting PowerPoint for details). Changes made to the recommendations (including changes to the recommendation's justification, action steps, etc.) since the prior subcommittee meetings are indicated in red text.

Subcommittee members were tasked with determining if the recommendations reviewed will move forward as a 2024 recommendation, and if moving forward, determine if there are revisions to be made to the recommendation language and corresponding components (i.e., justification, action step).

The first recommendation under discussion is #1 from the 2023 Annual Report:

Prevention Recommendation #1 in 2023 Annual Report: *Recommend to DHHS/DPBH/the Bureau of Behavioral Health Wellness and Prevention to include in their Governor's budget request, a request to double the amount of investment in SAPTA primary prevention programming (i.e., increase from current \$12 million to \$24 million for this biennium) for ages 0-24 and review the funding allocations annually. This funding should not be at the expense of existing programming.* (For details, see slides 31-33 and/or the "2023 Prevention Recommendations" handout.)

Chair Johnson explained that this recommendation was workshopped by Sen. Doñate and others.

Vice Chair Schoen expressed enthusiasm for the recommendation and the specificity now included.

Chair Johnson recognized Elyse Monroy, a member of the Advisory Committee for a Resilient Nevada (ACRN), as a subject matter expert and invited her to offer input.

Ms. Monroy commented that as an ACRN member, she appreciates the clarifying language in this recommendation. She added that this recommendation, in the last round of recommendations, was difficult because of the wording and how it was received. She thanked this subcommittee for the clarifying language and work done to continue to move this forward. She elaborated that initially, it appeared as if this recommendation was asking to use ACRN funds to the tune of 24 million dollars, which was difficult for them to work with, and they appreciated this subcommittee taking a second look and revising.

Chair Johnson thanked Ms. Monroy for her comment and welcomed additional feedback from those in attendance.

Chair Johnson and Ms. Rodriguez confirmed with DAG Matthew Feeley that voting on recommendations could occur during this meeting or at the September meeting closer to the full SURG in October.

Ms. Nadler expressed preference for voting during today's meeting.

Chair Johnson indicated that voting could occur during this meeting with any additional edits/discussion occurring during the next meeting.

- Ms. Nadler made a motion to move forward with this recommendation.
- Vice Chair Schoen seconded the motion.
- Motion passed unanimously and recommendation #1 was adopted as amended.

Chair Johnson moved to Recommendation #3.

Prevention Recommendation #3 in 2023 Annual Report: Expand Medicaid billing opportunities for preventive services and allow blended and braided funding to facilitate services to expand access to care for youth and adults. (Vice Chair Schoen recommended removing this recommendation as it is duplicative with recommendation #8). (For details, see slide 34 and/or the "2023 Prevention Recommendations" handout.)

Chair Johnson entertained a motion to approve Vice Chair Schoen's recommendation to remove this as a recommendation for 2024.

- Ms. Nadler made a motion to remove this recommendation.
- Vice Chair Schoen seconded the motion.
- Motion passed unanimously and recommendation #3 was removed from further consideration for 2024 recommendations.

Chair Johnson moved to Recommendation #5.

Prevention Recommendation #5 in 2023 Annual Report: Create a bill draft request to amend the NRS for a 15 percent set aside of tobacco control and prevention funds from the Fund for a Healthy Nevada. This would be distributed using a local lead agencies model to reach \$2 per capita, a recommended funding goal from the Nevada Tobacco Control & Smoke-free Coalition and subject matter experts. (For details, see slides 35-36 and/or the "2023 Prevention Recommendations" handout.)

Chair Johnson noted that this recommendation was informed by a presentation from a tobacco control program and experts across the state, and that SEI staff were able to reach out to the subject matter experts that had presented for an update on relevant activities and learned that there has been no movement around this recommendation at this at this time. Chair Johnson suggested continuing to move forward with this recommendation as it currently reads.

Ms. Nadler asked if this was the recommendation that the subcommittee had previously considered adding language about marijuana to. She added that, while tobacco control is important, there are already available funds to put towards this.

Chair Johnson clarified that this particular recommendation does pertain to tobacco control and prevention, and that SEI staff and this subcommittee has been working to identify a subject matter expert who can speak to the cannabis recommendations and funds received could be a part of this presentation. The dates for Prevention meetings in 2024 have not worked out for the subject matter expert thus far, but scheduling is still in progress.

Ms. Nadler asked if this recommendation would be moving forward as is or if language around marijuana could be added.

Chair Johnson welcomed feedback from the subcommittee but suggested caution around adding this as it was her understanding that the particular fund noted in the recommendation was set up from tobacco control and prevention dollars.

Vice Chair Schoen echoed Chair Johnson's understanding of the funds. He also recalled that presenters on this topic have recommended a narrow focus on tobacco for this particular recommendation. He emphasized that this is not to say that addressing the use of marijuana is not important, just that it is likely is more effective as a separate recommendation because inclusion here would run the risk of a recommendation that is too burdensome to gain traction.

Ms. Nadler asked for clarification around funding and what funds must be spent on tobacco prevention.

Chair Johnson clarified that the Fund for Healthy Nevada is a separate fund from the Fund for Resilient Nevada; the former was created from the tobacco settlement dollars and has with it a separate set of legislative guidance for expenditures. The Fund for Resilient Nevada governs the Opioid Settlement funding. She suggested that if there's a particular recommendation around cannabis or marijuana expenditure, it should be a separate recommendation considered by the subcommittee and not intertwined with this one at this time.

Ms. Nadler underscored the urgency and importance of moving that separate recommendation forward.

Vice Chair Schoen added that, in many cases, when tobacco is lumped in with other drugs, it's the other drugs that get the focus, and that tobacco prevention has never been funded on its own or historically been given the attention needed to develop strategies. He highlighted this as an opportunity to consider tobacco on its own merits and to develop strategies specific to reducing tobacco use without the possibility of being sidetracked by adding another drug that might take up the focus.

Ms. Nadler asked for additional clarification around funding sources for tobacco prevention in this recommendation.

Chair Johnson indicated that, as written, this recommendation centers on the Fund for Healthy Nevada and does not include the Fund for Resilient Nevada.

Ms. Rodriguez commented that the action step in the 2023 Annual Report associated with this recommendation was to identify funding sources other than the Fund for Resilient Nevada that can support these statewide programs and asked if this would need to be changed. She then reminded subcommittee members that if members did decide to create a separate recommendation around cannabis, this would require that a subcommittee member submit this recommendation via the survey ahead of the September 4th subcommittee meeting.

Chair Johnson thanked Ms. Rodriguez and added that the survey link would be re-sent to subcommittee members at the close of this meeting.

Chair Johnson suggested moving forward with recommendation #5 as written.

- Vice Chair Schoen motioned to adopt recommendation #5 as written.

Subcommittee members did not second the motion; motion withdrawn by Vice Chair Schoen. It was determined that this recommendation would be revisited at the next subcommittee meeting in September.

Chair Johnson moved to the Unranked Recommendation.

Prevention Recommendation Unranked in 2023 Annual Report: *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, tobacco outlet, and cannabis outlets density.* (For details see slides 37 and/or the “2023 Prevention Recommendations” handout.)

Chair Johnson noted that staff has been made aware that the Response subcommittee is considering two recommendations related to data collection and reporting is expected to include language on outlet density. She suggested removing this recommendation and instead offer support behind the 2024 recommendation from the Response subcommittee. Chair Johnson invited feedback from the subcommittee.

Vice Chair Schoen and Ms. Nadler expressed agreement.

Chair Johnson entertained a motion to remove the Unranked Recommendation from further consideration by the Prevention Subcommittee.

- Ms. Nadler made a motion to remove this recommendation.
- Vice Chair Schoen seconded the motion.
- Motion passed unanimously and the Unranked Recommendation was removed from further consideration by the Prevention Subcommittee.

Chair Johnson invited Ms. Nadler to speak about a potential new recommendation around school ID cards (see slide 38 for details).

Ms. Nadler commented that, to the best of her recollection, a bill had passed in 2022 requiring that all school ID cards have information about Safe Voice, 988, and a suicide hotline on the back of the cards, but that this is not routinely being enforced. Ms. Nadler explained that she took a survey of a group that she’s in with 100,000 parents in the state and had them all look at the back of their child’s student ID cards. She reported that about half of the children did not have the required information on their cards. Ms. Nadler continued that she called the Clark County School District and spoke with the Executive Assistant for Operational Services who told her it was supposed to be done, that they were aware of the bill and that they were supposed to be enforcing it this year. Ms. Nadler then spoke with the Education Service Department and learned that different schools have different photography vendors, and some of the vendors were unaware of this requirement. Ms. Nadler was then told to call the Government Relations Department, and she left a message with Dr. Brad Keating, who oversees this. She had learned that the plan was to print out stickers that have all of the information to put on the back of the cards but that there is no one person enforcing this. Ms. Nadler added that it’s unclear if they will be communicating with the school principals to ensure enforcement. She also highlighted the problem that if a student loses their card that did have all of the information, it’s not reprinted with the same information.

Chair Johnson thanked Ms. Nadler for her tenacity in following up on this and asked if Ms. Nickels, potentially along with subject matter experts, could provide some assistance in developing a recommendation to ensure this law is enforced.

Ms. Nadler added that the parents she'd surveyed and spoken to were very enthusiastic about enforcing this requirement.

Chair Johnson clarified that a recommendation would focus on enforcement statewide, not just on Clark County. She suggested following up with Ms. Nickels to help identify someone who could assist with this recommendation.

Dr. Kerns commented that, based on a similar experience with another recommendation, the Legislative Council Bureau could conduct an audit on the legislation. She also suggested engaging the Nevada Department of Education as they could also potentially look at some sort of audit on implementation.

Chair Johnson thanked Dr. Kerns for her suggestions and suggested recommending that the Legislative Council Bureau conduct an audit of the legislation. She then asked Ms. Rodriguez and SEI staff to reach out to the Department of Education to understand the strategy for statewide implementation of this particular legislation and the communication to and oversight of the various school districts.

Ms. Nadler expressed enthusiasm for this plan and asked if there was a way to incorporate elementary schools, who are not currently required to have the same information on the back of their school ID cards.

Chair Johnson indicated that this would likely need to be an additional, separate recommendation, and offered that it would be a good idea to get the Department of Education to weigh in on the pros and cons of this type of recommendation to ensure there are no unintended consequences.

Vice Chair Schoen expressed agreement with Chair Johnson.

Chair Johnson reminded subcommittee members that any additional recommendations would need to be submitted prior to the Sept. 4th subcommittee meeting to ensure time to discuss and revise before the full SURG meeting in October.

Chair Johnson welcomed additional recommendations or comments, hearing none she moved to Agenda Item 7.

7. Review and Discussion of Revised 2023 Harm Reduction Recommendations *(For Possible Action)*

For details, please refer to slides 40-63 and/or the "2023 Harm Reduction Recommendations" handout. Revisions of the recommendations made since the prior meeting on August 7th are indicated in red.

Chair Johnson opened up discussion around Recommendation #7.

Harm Reduction Recommendation #7 in 2023 Annual Report: Support Harm Reduction through: Make a recommendation to DHHS to utilize opioid settlement dollars to designate a baseline level of identification and overdose reversal medication for the next 10 years in Nevada (base this on the state naloxone saturation plan) to create a stable, sustainable source of overdose reversal medication throughout the state.

Recommend to DHHS to develop an annual or biannual saturation and distribution plan for overdose reversal medication, which should be regularly revisited and updated. DHHS should utilize opioid settlement dollars to designate a baseline level of identification and overdose

reversal medication for the next 10 years in Nevada (which should be based on the state's Naloxone Saturation Plan) to create a stable, sustainable overdose reversal medication throughout the state. (For details, see slides 41-44 and/or the “2023 Harm Reduction Recommendations” handout.)

Chair Johnson reminded subcommittee members that there had been a long discussion about this particular recommendation around baseline level of identification and opioid reversal medication and a stabilizing source. She explained that the supporting language added to this recommendation goes into how a lot of the Naloxone or opioid overdose reversal medication is grant funded, so this proposes developing an annual or biannual saturation and distribution plan and that it be regularly revisited and updated.

Ms. Nadler expressed enthusiasm for these revisions.

Vice Chair Schoen suggested revising to “create a supply of stable, sustainable, overdose reversal medication throughout the state.”

Chair Johnson also suggested removing the language “regularly revisited and updated” as they’re recommending an annual or biannual saturation and distribution plan.

Vice Chair Schoen agreed.

Recommendation #7 was revised as follows: *Recommend to DHHS to develop an annual or biannual saturation and distribution plan for overdose reversal medication. DHHS should utilize opioid settlement dollars to designate a baseline level of identification and overdose reversal medication for the next 10 years in Nevada (which should be based on the state's Naloxone Saturation Plan) to create a supply of stable, sustainable overdose reversal medication throughout the state.*

Chair Johnson entertained a motion to approve Harm Reduction #7 as revised.

- Ms. Nadler made a motion to approve this recommendation.
- Vice Chair Schoen seconded the motion.
- Motion passed unanimously and the recommendation was approved as revised.

Chair Johnson moved to Harm Reduction Recommendation #8.

Harm Reduction Recommendation #8 in 2023 Annual Report: *Support Harm Reduction through: 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 (2022). 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.*

Implement changes to support the recommendation of the State Amendment Plan requesting rates and billing standards for CHWs and Peers be increased by at least 10% if not more over current rates and increase the number of hours that CHWs and Peers can bill per month. (For details, see slides 45-47 and/or the “2023 Harm Reduction Recommendations” handout.)

Vice Chair Schoen indicated that his revisions to this recommendation were made following the conversation during the prior meeting around being more specific. He asked for feedback, particularly from Sen. Doñate.

As Sen. Doñate was unavailable at the moment, Chair Johnson held discussion on Harm Reduction Recommendation #8 and moved to Harm Reduction #10.

Harm Reduction Recommendation #10 in 2023 Annual Report: *Create a bill draft request at the legislature to change the Nevada paraphernalia definition as it relates to smoking supplies. (See proposed draft language change to N.R.S. 453.554 in justification in handout.)*

Create a bill draft request at the legislature to change the Nevada paraphernalia definition as it relates to smoking supplies, utilizing Maine or Colorado as examples. (See links to examples from Maine and Colorado to change N.R.S. 453.554 in justification.) (For details, see slides 48-51 and/or the “2023 Harm Reduction Recommendations” handout.)

Chair Johnson explained that revised language was incorporated following a presentation from Colorado at the prior meeting. She added that they are still awaiting comments and feedback per the discussion of this subcommittee from the Nevada Sheriffs and Chiefs Association, the Nevada District Attorney’s Office, and possibly the Public Defender’s Office as well. Chair Johnson invited feedback regarding recommendation #10.

Hearing no feedback, Chair Johnson suggested reserving moving this recommendation forward until the next meeting to allow for additional time to connect with those noted above.

Vice Chair Schoen agreed with Chair Johnson.

Returning to Recommendation #8, Sen. Doñate commented that the first part of the recommendation looked fine but indicated that specificity would be needed on the number of hours that CHWs and peers can bill per month.

Vice Chair Schoen asked Ms. Madson if she would recommend increasing hours and if so, what number she would recommend.

Ms. Madson indicated that she was unaware of the current number of hours but noted that a minimum would be 20 hours per month.

Vice Chair Schoen suggested specifying “doubling the number hours,” noting that the number of hours is then implied.

Sen. Doñate suggested that this recommendation be changed to require the State Office of Medicaid to provide a State Plan Amendment, and rather than doing 10%, incorporate language about meeting the national average of what CHWs get reimbursed for. He added that the wording should also reiterate the number of hours that are billed based on national averages or what the standard is. He explained that when you bill for patients, specifically in behavioral health, you need to quantify what the visitation looks like, and when you you’re able to bill more, it can lead to an increase in fraudulent activities. He continued that for this reason, the recommendation needs to refer to best practices of what is set federally for this specific industry.

Vice Chair Schoen thanked Sen. Doñate for his input and explanation and expressed agreement with benchmarking it to a national average rather than the 10%, which he had thought was likely not enough.

Sen. Doñate offered additional insight, explaining that when CMS was determining options for how they were going to reimburse for another type of service, such as telemedicine, the State followed what CMS was reimbursing for it, and this is the model they need to follow here, ensuring that whatever the billing standards are, these are what the recommendation is based on

as well as what other states are doing. It will allow for the State Medicaid Office to at least align towards what's happening nationally.

Harm Reduction Recommendation #8 was revised as follows: *Require the state office of Medicaid to develop a state plan amendment to implement changes to support the recommendation requesting rates and billing standards for CHWs and Peers be increased to align with the national average and CMS standard.*

Ms. Rodriguez noted that five minutes remained in the meetings and asked Chair Johnson if she wished to continue with this agenda item and push the remaining agenda items to next week's meeting.

Chair Johnson paused to determine if there was consensus to make a motion on this recommendation before moving on and holding discussion of the remaining recommendations until the next meeting.

- Vice Chair Schoen made a motion to move forward with this recommendation.
- Ms. Nadler seconded the motion.
- The motion passed unanimously and the recommendation was adopted as amended.

Ms. Rodriguez encouraged subcommittee members to submit via the survey any supporting information, such as what the national average and CMS standards are, that can be included in the Annual Report to bolster the recommendations.

The remaining recommendations will be discussed at the next meeting on September 4th.

Chair Johnson moved to Agenda Item 8.

8. Approach to Recommendations Ranking Process *(For Possible Action)*

Ms. Rodriguez reviewed the options for ranking recommendations, noting that all subcommittees have been asked to weigh in on how recommendations should be ranked (see slide 65 for details).

Vice Chair Schoen asked, with regard to the new option of the entire SURG ranking by subcommittee topic area, if Harm Reduction and Prevention Recommendations would be combined and then ranked or ranked separate from each other.

Ms. Rodriguez was unsure if they would be kept separate but that with this new option, likely the full SURG would rank the recommendations as they came out of the subcommittee and then they would be included in the report under that subcommittee in a specific order, as voted on by the full SURG.

Vice Chair Schoen thanked Ms. Rodriguez for the clarification and expressed enthusiasm for this new option because the Prevention ideas would not be competing with the Treatment and Recovery ideas and vice versa, and because it would give all recommendations a chance to see the light of day.

Ms. Nadler agreed with Vice Chair Schoen.

Chair Johnson noted that there was some confusion in the technology used for the 2023 process, and expressed enthusiasm for having one clear list of recommendations rather than two lists in the report where one was ranked and one was in the order they were presented. She indicated that

she would opt not to repeat the 2022 method and indicated being in favor of the 2023 method or an alternate strategy.

Hearing no other feedback, Chair Johnson moved onto Agenda Item 9.

9. Upcoming Prevention Subcommittee Meetings and Next Steps *(For Possible Action)*

Chair Johnson reported that the next meeting will be on September 4th, which will be the last subcommittee meeting before the full SURG considers preliminary subcommittee recommendations at the October 9th meeting and will focus on finalizing recommendations.

Chair Johnson noted that at the upcoming October 9th SURG meeting, there will be a report out of Prevention subcommittee recommendations and the subcommittee members will receive feedback on their recommendations from other SURG members.

Following the October SURG meeting, the Prevention subcommittee will meet on November 6th to consider the feedback from the October meeting and finalize recommendations.

Chair Johnson invited questions or feedback from subcommittee members; seeing or hearing none she moved to Agenda Item 10.

10. Public Comment *(Discussion Only)*

Seeing and hearing no public comment Chair Johnson moved to agenda item number 11.

11. Adjournment

Chair Johnson thanked subcommittee members and others in attendance adjourned the meeting at 3:34 p.m.