

MEETING NOTES

Statewide Substance Use Response Working Group
Treatment and Recovery Subcommittee Meeting

Friday, August 12, 2022
10:30 a.m.

Zoom Meeting ID: 865 7884 9726
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

Members Absent

Jeffrey Iverson

Attorney General's Office Staff

Rosalie Bordelove, Terry Kerns, Ashley Tackett

Social Entrepreneurs, Inc. Support Team

Laura Hale and Kelly Marschall

Members of the Public via Zoom

Tray Abney (Abney Tauchen Group), Abigail Bailey (DHCFP), Michelle Bennett, Dr. Jose Partida Corona, Vanessa Dunn (Belz-Case Government Affairs), Rhonda Fairchild, Judge Scott Freeman, DeNeese (DeDe) Parker

1. Call to Order and Roll Call to Establish Quorum

Chair Thomas called the meeting to order at 9 a.m. and read the following statement:

Please note the statewide substance use response working group SURG and its subcommittees may: 1) take agenda items out of order; 2) combine two or more items for consideration; or 3) remove an item from the agenda or delaying discussion related to an item at any time. If you have a disability and require reasonable accommodation to fully participate in this event, please contact Vicki Beavers, Executive Assistant to Attorney General at 702-684-1212 or vbeavers@ag.nv.gov in advance, to discuss your accessibility needs.

Ms. Marschall called the roll and announced a quorum, with five out of six members present.

2. Public Comment (Discussion Only)

Chair Thomas asked for public comment, with a three-minute limitation per person, reminding participants to please wait until they have been recognized by the Chair, to speak.

Rhonda Fairchild said she was “here for public comment and at this time, I have no public comment. But thank you for allowing public comment.”

Dr. Jose Partida Corona said he recently finished a fellowship in addiction medicine at [HCA, Southern Hills](#), under Dr. Strohm, and he is coming on board to hopefully get a feel for what their approach is through research. He thanked the subcommittee for the invitation.

3. **Review and Approve Minutes from May 16, 2022, (as revised), and July 26, 2022, Treatment and Recovery Subcommittee Meetings**

Chair Thomas asked members to review the revised minutes and note any changes or corrections.

- Ms. Lee moved to approve the revised minutes.
- Mr. Shell seconded the motion.
- The motion passed unanimously.

Chair Thomas asked for a motion to approve the July 26th minutes and to note any changes or corrections.

- Dr. Dickson moved to approve the minutes.
- Mr. Shell seconded the motion.
- The motion passed unanimously.

4. **Subject Matter Experts Presentations (*For Possible Action*)**

Chair Thomas introduced the Honorable Judge Scott Freeman, Department Nine, Medication Assisted Treatment (MAT) Court; and DeNeese Parker, Assistant Court Administrator, Eight Judicial District Court, Juvenile Division. Staff has reached out to Tina Willauer and Kailin See, who had conflicts for this meeting, but may present at future meetings.

Judge Freeman thanked Chair Thomas for inviting him. Up until January, and four years prior to that time, he was the Chief Judge of Washoe County, presiding over every specialty court and all the specialty court judges, until his term expired in January 2022. He is pleased to have kept MAT Court, which he has presided over for going on four years, and he finds it to be a tremendous success. Offenders have addiction to heroin, methamphetamine, alcohol, etc., and MAT court is unique.

For example, on a typical Monday, he meets with the district attorney or a public defender handling MAT court, the probation officer in charge of logging fines and fees, and a representative from their contracted treatment facility, [Northern Nevada HOPES](#). They talk about each offender, with background reports, that he organizes in three groups: those that are going to graduate; those that are doing well; and those that need a good talking to, which they call the “compliance list.” Judge Freeman was pleased to share that his compliance list in the last two years has been very, very few.

Judge Freeman has three rules, other than taking the medication prescribed to assist with addiction, that he tells offenders in court: first, be clean and sober; second, be clean and sober; and third, follow the rules. They understand what’s required and they want to be in this court; he wants them to be the best possible participants they can be, and to remember his three rules.

An offender will be sentenced by a particular district court judge; they may start in drug court, which is a general specialty court in Washoe County, and if they are identified to need MAT, by taking suboxone of similar addiction drugs, then they are sent to Judge Freeman’s court. His rules require orientation to participate in groups and get medication at HOPES, and sometimes they’ll start an inpatient program. A lesson they learned during COVID isolation is that people can do these courts remotely; a lot of addicted offenders can get on Zoom better than a lot of very wealthy lawyers. They show up and it doesn’t take away from the work they are doing if they’re at their job site. He speaks with the ones who are doing well, very briefly, and he spends some [more] time with the ones who aren’t doing so well. Judge Freeman suggested that Chief Judge Lynne Simon might also like to make a presentation.

Chair Thomas thanked Judge Freeman and asked members for questions.

Ms. Lee had a question regarding allowable medications, whether his court allows all FDA approved medications, such as Methadone or Buprenorphine, or products like suboxone and naltrexone.

Judge Freeman said that depending on the answers, absolutely (they are allowed). He finds it very positive that once a medication is prescribed for the particular offender, he requires they get the medicine when they're supposed to, and they can't miss their appointment or give him excuses why they're not taking it.

Ms. Cheatom thanked Judge Freeman for his presentation and asked what he thinks are some of the greatest needs and barriers for people participating in MAT court, in order for them to stay compliant.

Judge Freeman said that the addict must make the decision for themselves, that it's time. If they are playing games or just doing the bare minimum to get dismissal, or diversion, or to get an honorable discharge from probation – they can't do that in MAT Court because he meets them once a week and they're required to do things during the week that are reported to him on Monday. The biggest barrier is themselves; Judge Freeman said, *don't waste our time in MAT court if you don't want to get better. If you don't want to stop committing crimes, if you ... want to victimize the community, don't be in my court.* The people in his court want to be there because they've made that decision. Like anything else with addiction, he believes that 95% of crime related to alcohol and drugs, the addict must make the decision themselves that it's time, and sometimes repeat offenders don't want to die in prison. They have destroyed relationships and experienced other negativity and they want to change. The types of programs offered in Washoe County fit nicely for recovery, with a low recidivism rate of about 2%. He is very proud of that statistic.

Dr. Corona thanked Judge Freeman and asked about the use of telemedicine for MAT. He works with patients in various unions who often get contracts to work in other states, so they miss out on those employment possibilities, which is a much more stressful situation.

Judge Freeman clarified that everyone in his court is a criminal defendant. They either go to prison or get probation with MAT court as a condition of their probation, or they're looking at diversion where they successfully graduate from his program and their cases are dismissed. They are not allowed to participate by telephone: they must show up for their appointments; they must show up at HOPES and participate in group, and possibly individual counseling sessions. They are not allowed to work out of state, because leaving the state could be a violation of their probation. If they have to go visit family or there are special occasions, they must get permission from Judge Freeman to go out of state. They must be totally compliant with the program, up to date with probation, and up to date with fines and fees. It's a privilege to leave the state for special occasions, and they are not allowed to work out of state. If a "bad apple" decided to leave, the court would have to extradite them back to the state.

Dr. Corona asked about intrastate travel, such as between Reno and Las Vegas.

Judge Freeman said they still need permission to leave the county because they are on formal probation, and the probation department needs to know where an offender is located, at all times.

Dr. Dickson referenced her work as a psychiatrist in Las Vegas doing MAT, and she asked if HOPES is able to deliver either methadone or suboxone to the jails in Washoe County, for example.

Judge Freeman said he isn't aware of the jail allowing that type of medication, but they do have some treatment modalities. He doesn't supervise any offenders with MAT who are in custody.

Ms. Lee clarified that the Washoe County Sheriff's Office opened a narcotics treatment program, similar to an opioid treatment program (OTP) in the county jail. SAMHSA DEA regulations offer all

medications including methadone; previously, they did allow delivery of medications, including all medication types such as methadone or buprenorphine, if someone was an existing patient at a local clinic. They also did naltrexone injections in the jail.

Ms. Lee noted that HOPES is not able to offer methadone, so she is wondering if someone is getting care with (Center for Behavioral Health) - BHG or the Life Change Center, the two Integrated Opioid Treatment and Recovery Centers (IOTRCs), can they get their medication through the court?

Judge Freeman clarified that for people with pre-existing medications, they can get it from those places other than HOPES. He thanked Ms. Lee for sharing the information about the availability of MAT in the county jail.

Ms. Lee said she is very proud of their very progressive sheriff's office, paving the way for progressive practices relating to substance use with incarcerated people. She referenced Judge Freeman's mention of the intrinsic motivation factor, noting there is a ton of research that supports this in maintaining recovery, versus externally motivating factors such as justice involvement or child welfare. She asked about court strategies for trauma informed practices to increase the person's motivation through motivational interviewing or something like that.

Judge Freeman said his team learns about the offenders' lifestyle, whether they have children, if they're looking for work, and what is motivating them to stay sober. Crossroads inpatient facility, for example, motivates them to continue their sobriety. Getting to know the offender through the court's Monday meetings uses this approach. One offender was proud of telling the Judge every week how his testing was going, and how his interviewing was going, and how his goal was to get a very well-paying job at Waste Management. Judge Freeman totally encourages that. Another offender now works with a well-known painting company and Judge Freeman tells him he wants him to come and paint his house when he is done with the program. Outside influences that are not necessarily punitive, or part of the justice system are certainly supported.

Dr. Dickson noted that housing is an issue for a lot of people going to specialty courts, and she asked if the program works with the community to get housing for the offenders.

Judge Freeman referred back to inpatient programs, such as Crossroads, which he views as a state-of-the-art recovery program, working on housing, but he is not hands on with it.

Chair Thomas asked how veterans are handled in his court.

Judge Freeman explained there is a separate Veterans Court for whatever assistance they need, including treatment counseling or employment assistance. If a veteran comes to drug court, it's because of other factors, not because they're a veteran.

Chair Thomas asked about the length of the program and the graduation rate.

Judge Freeman is proud of their 98% graduation rates. They are supposed to stay in the program for a year, but the average stay is a little bit longer. When they're clean and sober and following the program, he talks business with them. A lot of people have restitution, to pay back for their crimes; payment to victims is a priority for Judge Freeman. Then they look at the fees to cover the costs of the program, and they occasionally entertain waivers. Being a productive member of society is not only being clean and sober, but also paying their debts, having a job, and understanding budgeting, because they're going to need that when they aren't checking in with the court anymore. Also, the timeframe is based on whether they have reached the maximum benefit, where they are consistently

clean and sober, working, and dealing with their families. So, it's no less than a year, but it can be greater.

Ms. Lee said that as a staff member for Washoe County Human Service Agency, she wanted to state for the record that Crossroads include men's, women's, and women and children's programs, and they are not inpatient programs. They are considered community living, supported living, and recovery residence programs that offer Level One outpatient services.

Judge Freeman said that a lot of times offenders will literally be meeting with him on Zoom from Crossroads, where they're staying and can get on to Zoom very well.

Chair Thomas thanked Judge Freeman again, and she introduced DeNeese Parker, with the Eighth Judicial District Court in Southern Nevada, for the next presentation.

Ms. Parker thanked members for inviting her. She is Assistant Court Administrator over Specialty Courts in the Juvenile Division. Ms. Parker shared slides (39:35) summarizing specialty courts. A third case of Driving Under the Influence (DUI) results in a three-to-five-year program with mental health court, juvenile drug court, veterans' treatment court, and an open program for 18-26 year olds, but you don't have to have a substance use disorder (SUD), and it is in place of incarceration.

Other programs include family treatment court, gambling treatment diversion, co-occurring courts, and MAT court, where they can take inmates out of Nevada Department of Corrections (NDC) up to two years before their parole dates, under the supervision of the court.

The LIMA program is a diversionary program that is not heard in a court setting, in partnership with Las Vegas Metropolitan Police Department. They are not cited, and they do not enter the system. Day Court is a detention alternative for autistic youth.

Ms. Parker reviewed statistics for the programs, noting that Adult Drug Court is the largest program, but the newer programs are growing. The next slides showed drugs of choice, based on self-report, including marijuana for youth. They also do risk assessments as part of best practices to identify risk levels and provide support to moderate to high-risk offenders. Another slide showed costs and savings. Four of their programs were built specifically on grant funding. MAT court is specific to opiates and stimulants, based on the funding. They would love to have reentry courts to accept any participant with an STD, but based on the funding, they must have an opioid or stimulant use disorder.

They have found grant funds to fill gaps within the system, such as housing. They have multiple grants to fund residential and inpatient level three services. Additionally, they have certified transitional housing with case management. They work with contracted providers to place participants, especially in the very beginning stages of recovery, where they can live, receive case management, get insurance coverage, a primary care doctor, and start developing their skills or finding employment. They are also required to have treatment on site.

Before they got grants, people were sitting incarcerated because they had no housing, and therefore could not be placed on probation. They couldn't return to previous housing where there may be drugs or alcohol or others with criminal records, or owners who don't want probation coming into the house. They need a place to be supervised by probation and to have a supportive environment.

Ms. Parker's team wrote a grant about six years ago, and they continue to write grants with SAPTA and SAMHSA, and others because they still face a housing issue in southern Nevada, especially with their population who don't qualify for a lot of federal funds for homelessness.

They also look at program evaluation with an independent evaluator to support data driven programs. Ms. Parker likes DCM, and it is used across the state. She knows there are difficulties with case management system, but it's important to see what's working and what's not working. They identify statistics, based on grants and meet with providers. They host trainings for motivational interviewing with housing providers, because a lot of them don't have a therapeutic background, but they need to keep clients engaged so they are not absconding. They also continue to look at recidivism rates.

Children's mental health is another extremely important issue, as well as substance abuse services. They send the majority of youth out of state for residential treatment, so they are trying to bring more providers into Nevada. In February 2022, they had 135 individuals on a waitlist for residential treatment and/or supportive housing. When it's Level Three Substance Abuse Treatment, Medicare doesn't cover it, so they are trying to decrease referral time between CCDC and treatment.

They want to continue to update their program curriculum with best practices for trauma support with more supervision to increase oversight of participants, which has been difficult with COVID, and continue to expand their judicial staff. With the increased population and other factors, their calendars are getting very large.

Monetary evaluation of specialty courts show that they do work. They have very low recidivism rates, and they are thankful to the administrative office of the courts. Based on the data, a three-year post discharge conviction rate for specialty court participants showed that 92.1% did not recidivate. The data for three-time DUI offenders going to specialty court showed 98.2% did not recidivate.

Chair Thomas thanked Ms. Parker for a great job.

Ms. Lee noted that Ms. Parker's presentation was comprehensive, and she loves the data driven approach with a lot of different pieces. She commended Ms. Parker for her work and thanked her for her presentation.

Ms. Parker noted that when they first started looking at data, the rates weren't as high as they wanted so they worked together to identify what they could do better. They have case managers, and they started training with housing providers on motivational interviewing.

Dr. Corona reiterated support for the data-driven approach. He referenced the challenge with the transition from incarceration back to the community, explaining that he works with Dr. Strohm, Program Director for the Addiction Program at HCA, on a Nevada bridge program for people who present to the ER with addiction issues to provide a warm handoff. He thinks the same thing needs to be in place for folks coming out of incarceration. He asked if there is any support for utilizing casinos that are slated to be torn down to instead convert them to housing with built in programs.

Ms. Parker said she is not aware of any conversations around those particular sites. One issue is to ensure recovery support is available to participants, including on-site case management, with drug testing and social services. Sometimes they go to a different treatment provider, based on their insurance, but they try to provide all that support before moving participants to the next phase of recovery with self-sustaining housing and employment.

Dr. Corona thinks there is an opportunity to utilize those buildings and refurbish them for housing and the resources needed, including job training to prevent recidivism and encourage recovery. He suggested an old casino would be a good place to train people who might later work in a casino, given that they are the main employer in Las Vegas.

Ms. Parker thought this was a great idea, but she wasn't sure how you would start that conversation or who to contact.

Dr. Dickson suggested engaging the Fertitta Brothers, because they own the property. Chair Thomas agreed with this approach and appreciated the feedback from members.

Chair Thomas asked Ms. Parker how long the programs run and what are the graduation rates.

Ms. Parker said the majority are 12 to 18 months, depending on the participant. The majority of felony DUI participants is a minimum of three years with a maximum of five years, as defined by statute. The LIMA program works outside of the justice system, so it just depends on when participants are stable and ready to move on. For re-entry after MAT court, they tell participants they can stay with them, but they require a minimum of six to eight months on parole, but they would like to see them for about 12 to 16 months. With mental health courts, it's probably about two years to ensure they can sustain with their disability. It still takes about three years to get them on disability, which is very difficult. She will get the graduation rates to Chair Thomas, based on 12 to 18 months programs.

5. Review Process for Prioritizing Recommendations, Upcoming Meetings, and Conflict of Interest (For Possible Action)

Chair Thomas referred members to the slides showing their timeline and additional information impacting recommendations, such as whether a bill draft request (BDR) might be needed, whether a funding source exists, and recommendations from the [ACRN](#) report. They can refine, expand, or evaluate recommendations during these subcommittee meetings to ensure recommendations are specific and actionable.

Chair Thomas reviewed the email sent by Dr. Terry Kerns, Attorney General's Office, to the SURG members on August 2, 2022, to clarify issues regarding conflict of interest and the role of the SURG.

- *As outlined in the above references [see letter], there are a couple of points to remember.*
 - *The SURG does not make direct grants to any program, but rather makes recommendations to DHHS on the use of funding to address the impact of opiate misuse and other substance use disorders. When discussing programs or organizations with which the SURG committee member is affiliated the member should make a disclosure or state their intentions to abstain from making specific motions or casting a vote prior to any discussion. If a member is unsure whether they have a conflict requiring disclosure or abstention from an agenda item, they are encouraged to seek advice from counsel with the Attorney General's Office to avoid conflicts of interest. Recommendations should be made for general types of programs, such as the recommendation to provide certified prevention specialists in Nevada Schools, to provide appropriate prevention, education, and programming, as opposed to specific programs or to provide funding recommendations to DHHS to support any board related to opiates and other substance use disorders, rather than recommending support for a specific board. DHHS makes the final decision on the use of the funds and provides opportunities for specific programs to apply for these funds.*

- *Another example would be the concept of creating a set aside fund for small grants. The SURG could not independently create such a fund, but SURG members could make a recommendation to DHHS to create such a fund.*

Chair Thomas referred members to Dr. Kerns for any questions, at tkerns@ag.nv.gov.

Ms. Lee stated for the record that she did want to own her mistake in making the recommendation for the Nevada Certification Board, of which she is a member. She also disclosed that she receives no financial compensation as it is all voluntary. She apologized if she was out of her lane, and in addition, she wanted to reflect that she would absolutely abstain from any vote on such an item, given her position on that board.

Chair Thomas thanked Ms. Lee for her statement.

6. Subcommittee Recommendations and Discussion of Top 5 Priorities (For Possible Action)

Chair Thomas reminded members that weighted recommendations were presented in June and reviewed in July; she asked members for any additional input, keeping in mind that only five to seven recommendations will go forward to the SURG, not including the harm reduction recommendations. In July, there was also a discussion of elevating the recommendation to invest in behavioral health workforce. They will continue to add recommendations and rank them moving forward.

Ms. Lee said she is impressed with the recommendations. She suggested more inclusive language to change “pregnant women” to “pregnant and birthing persons” to fully capture the ways in which people have pregnancies and give birth.

Chair Thomas asked for a motion to make this change:

- Ms. Cheatom made the motion;
- Mr. Shell seconded the motion;
- The motion passed unanimously.

Chair Thomas reviewed remaining recommendations from the slides noting that more specifics are needed to know what strategies are recommended for workforce and strengthening treatment and recovery. A member previously suggested working with the Board of Examiners or the Certification Board to provide financial assistance or reciprocity, as well as developing health equity through recruitment and retention of a diverse workforce, including engaging individuals with lived experience.

Ms. Lee suggested that “radical changes” should be defined, looking at reciprocity. For example, financial assistance for licensure and certification, and again, ensuring the workforce reflects the diversity in Nevada and to better offer services in a culturally and linguistically appropriate manner. Her suggestion is to be more concrete because “radical changes” could mean different things to different people. More concrete language helps recruit people other than English-language speakers, for example, or members of the trans community, or BIPOC members. Also, reciprocity has been a consistent barrier for recruitment and retention and licensure and certification, driving the provider shortage. They can offer financial incentives or tuition forgiveness like student loan forgiveness to people in health care provider shortage areas, such as rural Nevada. Concrete strategies would make this a little bit more thoughtful and actionable.

Dr. Dickson referenced Ms. Lee’s comments as well as Dr. Kerns’ letter, noting that even though DHHS will carry out the recommendations, the SURG members should suggest how they would like

DHHS to do it. She thought it might be worth having Dr. Woodard come back and talk with the members to suggest how to convert a recommendation into a real proposal.

Chair Thomas thought this was a good idea, but she wanted more clarification on what to present to the SURG.

Ms. Cheatom fully supported what Ms. Lee suggested for wording to incorporate with the recommendations to make them more specific.

Ms. Lee suggested something more actionable for the compensation piece, such as “raising Medicaid reimbursement rates,” or “Medicaid match,” as a specific request to DHHS, which factors into how agencies are able to compensate their staff.

Chair Thomas agreed to including that with refinement as they go on.

Ms. Cheatom referenced an earlier slide where a correction was made to the last bullet point, it could say “implement follow ups and referrals to support and care; linkage of care for incarcerated: and or court involved individual goals.”

Chair Thomas asked for a motion to amend the amended motion:

Ms. Lee asked Ms. Cheatom if the term “justice involved individuals” would capture both people who were incarcerated and also people who are involved with the court system, as well as re-entering citizens.

Ms. Cheatom said she believes it does and liked the suggestion.

- Ms. Lee motioned to amend bullet point five to state “and linkage of care for justice involved individuals and pregnant or birthing persons with opioid use disorder.”
- Ms. Cheatom seconded the motion;
- The motion passed unanimously

Ms. Marschall asked for clarification regarding whether Dr. Woodard could make a suggestion to the subcommittee regarding language for recommendations related to defining “radical change”, or if a full presentation was needed. Chair Thomas said that would be good, too, but she would really like to hear from Dr. Woodard. Ms. Marschall noted that Dr. Woodard was unable to attend today’s meeting, due to a separate board meeting.

Chair Thomas asked for member input regarding elevation of the recommendation for better compensation of treatment providers. Dr. Dickson supported that idea, but she deferred to other members.

Ms. Lee reiterated the issue of health equity which “rears its head everywhere.” If they are being data driven, the overdose disparities they are seeing are part of a national trend. In Nevada, there are increasing disparities with the Hispanic community, so this is something they should prioritize. Some communities are receiving overdose prevention training and opioid reversal medication, and some are not. The committee should be dialed into these trends, with actionable items to address these growing disparities.

Chair Thomas thanked Ms. Lee and agreed with Dr. Dickson about elevating the recommendation for better compensation, and suggested incorporating it with bullet number four, from the top five recommendations.

Dr. Dickson agreed that it was a good place to incorporate that.

Ms. Lee noted three top priority areas for MAT and OUD medications for opioid use disorder rather than kind of comprehensive MAT and in general, specific to opioid use. There is an opportunity for them to combine or collapse some of those into one recommendation regarding MOUD. If they're also including alcohol use disorder, then it should continue to remain MAT rather than MOUD, but they could expand access to limit barriers to individuals seeking treatment regardless of the ability to pay. She wonders if they could establish a bridge MAT program in Emergency Departments and make the other recommendation stand on its own.

Dr. Dickson referenced the concept of switching to MOUD, noting there are good medications for alcohol use disorder, so she doesn't want to eliminate that. The same thing for tobacco, with good medications, and also for amphetamines. They could stay broad to take care of patients with all kinds of substance use disorders in their clinics.

Ms. Lee agreed with Dr. Dickson that it should be more inclusive. They should be fully intentional and strategic with language. She suggested changing the language to SUD to cover substance use disorders broadly. She also agreed with Dr. Dickson about very effective medications for treating disorders as well as a lot of promising evidence around psychostimulant use disorders. She also wants to try to collapse some of the MAT categories into one recommendation. She doesn't know what the impact would be on the weighted scores, but maybe they could collapse it.

Ms. Marschall noted that Mr. Shell had to leave the meeting at noon, but there was still a quorum.

Chair Thomas asked the members to table this item for review ahead of the next meeting to consider where to collapse recommendations.

Ms. Lee appreciated Chair Thomas's suggestion to take time to consider how to collapse recommendations, and she suggested another change. This would collapse all three categories. And then something like *and pursuing innovative programs, such as establishing a MAT bridge program in emergency departments*, something like that with modifying words to string it all together. The first bullet was discussed as, "to 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."

Chair Thomas confirmed Ms. Marschall's understanding of the proposed changes, tabling further discussion for any additional tweaking of the verbiage in the recommendations they are considering. She is really pleased with the feedback everyone is giving to make sure they are ready for the next phase and getting their point across to DHHS for funding their recommendations.

7. Subject Matter Experts for Future Meetings

Chair Thomas explained they are taking recommendations for presentations in September but leaving enough time to finalize their recommendations. Ms. Willauer is available for September, and staff is still working with Ms. See on availability. They will continue to schedule presentations after

September, as their work will continue. Chair Thomas reminded the Subcommittee that Judge Freeman suggested Judge Lynne Simon as a presenter at a future meeting.

Ms. Lee mentioned Chad Sambora, a former prosecuting attorney in long-term recovery, with Faces and Voices of Recovery. He is the Executive Director of Missouri Network for Opiate Reform and Recovery. Recently, there were several news stories about his Naloxo Boxes that look like a newspaper rack and can be easily placed in community settings, including those with high overdose fatality rates, increasing low barrier access. She would be interested in hearing how he formulates the implementation for this community-based solution.

Chair Thomas said staff would include this.

8. Public Comment

Chair Thomas 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*

Rhonda Fairchild thanked Judge Freeman because MAT is so important to those who suffer with OUD. She wants to move away from calling people addicts, to call them persons with substance use disorder. Although Washoe and Clark County jails do treat OUD, NDOC does not. So, when a client goes to jail and is on MAT, they are forcibly detoxed when they are sent to prison, which is against ADA. She also thanked Denise Parker for her presentation, working on criminal justice reform. All she can say is “housing, housing, housing.” When she meets with releasing inmates, she cannot send them to a sober living environment, but they can get approved to go to their mother’s house where their uncle is cooking crack in the back room. And, on the weighted recommendations, she thinks engaging individuals with lived experience in program design considerations is an individual bullet because it’s talking about peer support and engaging peer support specialists in the design of these programs.

Dr. Corona said he is 100% behind Ms. Fairchild in regard to the need to change verbiage. He is definitely in agreement with a need to bring up the topic of housing and figuring out a better solution than we currently have. With regard to the Naloxo Boxes, he thinks that would be a very interesting topic and he could see that working in different parts of Las Vegas; so, he would be very inclined to hear that.

9. Adjournment

This meeting was adjourned at 12:21 p.m.

Chat Record