Notice of Public Meeting

Advisory Committee for a Resilient Nevada

Wednesday, June 15, 2022, 9:00 a.m.

Draft Minutes

I. Call to Order, Roll Call of Members, and Establish Quorum
The meeting was called to order at 9:00. Chair Sanchez determined a quorum was present.

Members Present: Chair David Sanchez, Jessica Barlow; Brittney Collins-Jefferson, Ryan Gustafson, Lilnetra Grady, Dr. Fazad Kamyar, Katherine Loudon, Cecilia Maria, Elyse Monroy, Darcy Patterson, Pauline Salla, Ariana Saunders, Cornelius Sheehan, Laura Sherwood, Dr. Karla Wagner, Quinnie Winbush
Members Absent: Karissa Loper
Staff/Guests present: Mark Krueger, Katree Saunders, Dominique Seck, Courtney Cantrell, Henna Rasul, Brian Evans, Jamie Ross, Lea Tauchen, Linda Lang, Marla McDade Williams, Mary-Sarah Kinner WCSO, Quest Lakes, Terry Kerns, Tyler Shaw, Vanessa Dunn, Janine Baumert, PACT Coalition, Kendall Holcomb, Joan Waldock

II. Public Comment #1
Ms. Saunders noted she sent her recommendations to staff.

III. **For Possible Action** Approval of the Minutes from the June 8, 2022, Meeting
Mr. Sheehan made a motion to approve the minutes. Ms. Barlow seconded the motion. The motion passed without opposition. Ms. Salla and Ms. Monroy abstained as they were not present at the meeting.

IV. Update on Opioid Litigation, Settlement Funds, and Distribution
Assistant Attorney General Mark Krueger, Consumer Counsel for Board of Consumer Protection, Office of the Attorney General
Mr. Krueger shared his Opioid Litigation Settlements Update. He gave members information about the status of settlement, anticipated recoveries, costs, and the timeline for anticipated allocation disbursements and reviewed the One Nevada Agreement. The One Nevada agreement allows recoveries to be allocated when they come in so the state can coordinate

efforts to implement evidence-based abatement programs and services. It also allows counties and cities to work together to develop evidence-based abatement programs and services that will work in each geographic area of the state to ensure Nevada qualifies for the maximum amount for all recoveries. He noted they are working with other states and federal delegates to determine how to manage Centers for Medicare and Medicaid Services costs in the federal medical assistance percentage (FMAP) share. The Fund for a Resilient Nevada holds the state's portion of the allocated amount for recoveries. It is managed by the Department of Health and Human Services (DHHS) to fund the state plan. The Committee is charged with helping guide DHHS in creating the state plan. The Office of the Attorney General is encouraging counties and signatories to the One Nevada Agreement to work together to set up geographic-centric programs and work with DHHS to maximize the dollars to abate the epidemic. He noted they are continuing to litigate and there could be additional settlements in the future.

Dr. Kamyar asked if there are financial management principles in place. Mr. Krueger said DHHS was tasked by SB 390 to ensure strategic long-term planning for the use of the money as it comes in. The funds, in an interest-bearing account, must be used for abatement. The initial amounts that come in are important for short-term strategic decision-making to determine which programs to start up. The long-term money can fund those programs. The needs assessment must be updated every three years because needs may change. Dr. Kamyar asked the length of long-term planning. Mr. Krueger explained the funds will be recovered over 16 years.

Ms. Monroy asked if a needs assessment by local governments was required by SB 390. Mr. Krueger explained SB 390 allows DHHS to grant funding out and to directly fund what was determined by the state needs assessment. The state plan would allow grant funding to assist city and county governments. However, DHHS was also tasked with developing regulations regarding grant processes. In those regulations, DHHS determined counties must supply a county needs assessment and county plan to qualify. Dr. Woodard noted the One Nevada Agreement requires counties to use their allocations according to the state plan; it does not require them to do a needs assessment. However, they can do a needs assessment to determine how to use their funds for their local plan. SB 390 requires DHHS to offer support to local jurisdictions to complete needs assessments. Many counties are doing needs assessments to direct their dollars from the One Nevada Agreement and to be eligible to receive funds from the Fund for a Resilient Nevada. Dr. Woodard explained the state determined needs assessments would be required for counties to ensure synergy among different jurisdictions in a geographic area by working off the same needs assessment. Chair Sanchez shared that all counties are part of the One Nevada Agreement and will receive their share of the money. If they complete a needs assessment, they can request funds to supplement what they received.

Dr. Woodard said this Committee's recommendations to DHHS and several other organizations' recommendations on the allocation of funding through the Fund for a Resilient Nevada will be taken into consideration as the Department determines their allocation for funding strategy. Because local jurisdictions are receiving their own funds, DHHS is charged with addressing statewide needs. If funding is available and the interventions are appropriate, DHHS will allow counties to apply for funds and/or local community providers to move through a competitive process. It is a multistep process with the initial funding targeted to statewide strategies in line with many of this Committee's recommendations. Ms. Monroy asked how people, agencies, and counties can tap into this fund. Dr. Woodard replied the process is similar to how DHHS

structures federal grants. The needs assessment process at the state level is to define the needs, look at the gaps, and identify the priorities. The priorities will be considered in how the department allocates funding. A similar process should be happening at the local level to determine the needs of the community, where there are gaps in their service delivery systems, and how they will allocate local funds to help address the gaps. If a local entity has been doing this work or has ideas about how the community would best be served by allocating their local funds, they should work with their local community to identify needs and gaps and make recommendations based on what their experience has been to help shape the local community plans for allocation of funding; there is a parallel process focused on statewide needs, gaps, and recommendations. Mr. Krueger the purpose behind this is to encourage collaboration.
Dr. Wagner asked for confirmation that the Committee is to set priorities for funding, not to create a pot of money to which individual entities can apply for funds to do what they need to do. The Fund is a unique set of dollars administered by the State to address statewide and at a system-level things that are not addressable through other funds or gaps that have not been filled with other dollars. Dr. Woodard confirmed. She used the State Opioid Response (SOR) grant dollars as an example. It has been the funding stream for naloxone purchasing and distribution. If the State determines the funds in the SOR grant are not sufficient to do this work, more dollars for naloxone dispensing can be pushed closer to the community through the Fund. If it is a priority, and there is an allocation of funds for it, and there is a gap—if more naloxone is needed and a saturation plan determines more community organizations and entities are needed to distribute naloxone—the state may make a competitive funding announcement to find additional partners in the community to do this on the state's behalf. Chair Sanchez noted Ms. Salla temporarily left the meeting and that Katherine Louden joined but had another meeting to attend. [They continued to meet quorum.]

V. **For Possible Action** Discussion and Possible Approval of Prioritized Recommendations Concerning the Allocation and Distribution of Money from the Fund for a Resilient Nevada
Chair Sanchez reminded members that all the recommendations will be presented to Director's Office. The Committee will identify which ones they want to prioritize and move forward. Approved recommendations will be added to the Committee report for the Director's Office. Dr. Woodard reminded them the ACRN will send recommendations to the Director's Office for priorities to consider in allocating funds. She noted the needs of the state will exceed what is available for funding over the next 16 years. The Director's Office, in building the state plan, will map the highest priority recommendations to allowable funding streams, not just to the Fund for a Resilient Nevada. For example, there are activities that can be funded out of federal funding streams. If those funds are used effectively, there is less of a fiscal burden on the Fund for a Resilient Nevada, and the Fund can be used to meet gaps. The next phase is identifying the ACRN's priorities to be considered as the state plan is developed. Chair Sanchez reminded them unrated recommendations will be marked as unrated, but they will be rated at some point; they can be included in our recommendations. They went through the recommendations by legislative category.

- Crisis Services
  Dr. Woodard reminded them this is a stepwise process. They are currently in the step of reaching consensus on the recommendations to move forward for extra consideration

based on the knowledge, education, training, and experience of members of the Committee.

- Expand mobile crisis and ensure that the service is of consistently high quality, leverages federal matching funds, and is available for individuals not covered under Medicaid. Mobile crisis in an important alternative in substance-related crisis situations where the service can offer effective interventions and follow-up that includes referral and connection to post-crisis treatment. The ACRN recommends the opioid settlement funds be allocated to expanding mobile crisis services and ensuring the service is of consistently high quality, leverages federal matching funds, and is available for individuals covered by Medicaid.
- Support crisis stabilizations units across the state that can serve Nevada residents and offer critical diversion from emergency departments (EDs) and jails for those with opioid use disorder (OUD). The ACRN recommends the opioid settlement funds be allocated to implementing and/or supporting crisis stabilization units across the state that can serve Nevada residents and offer critical diversion from emergency rooms and jails.
- Ensure adequate funding of the state 988 crisis line such that mobile crisis can be connected by GPS and dispatched by the crisis line. The ACRN recommends the opioid settlement funds be allocated to enhance the state's 988 crisis line with GPS capabilities so a person calling from a cell phone can be easily located and a mobile crisis unit can be quickly dispatched to help the person in crisis.
- Implement mobile crisis teams with harm reduction training and naloxone leave behind.

Dr. Woodard explained the Director's Office would use their recommendations in drafting the state plan, which will come to this Committee for review and input.

- Data
  - Provide reports or analytics from the prescription drug monitoring program (PDMP) that allow the State to identify demographic characteristics of those prescribed controlled substances for prevention of future overdoses. The ACRN recommends the opioid settlement funds be allocated to increasing the reporting and analytical capacities within the DHHS Office of Analytics, so the State can produce reports from the PDMP that identify demographic characteristics of those prescribed controlled substances for prevention of future overdoses.
  - Programs to monitor prescribing practices, co-occurring prescriptions, indications for prescriptions, all controlled substances including methadone from OTPs, with subsequent education, enforcement, etc. based on data.
  - Purchase and distribute handheld testing equipment (mass spectrometers) to allow for rapid testing of substances.
  - Partner with surrounding states to share PDMP data. State leadership should work with neighboring states to establish a way to share PDMP data across state lines. Nevada has PDMP partnerships with 34 states and shares data with four of the bordering five states' PDMPs. California does not share data with Nevada,

creating a significant barrier for monitoring and harm reduction efforts along the Nevada-California border.
    - Development of an overdose fatality review committee(s).
    - Establish a "bad batch" communications program to alert communities to prevent mass casualty events.1
    - Increase reporting of treatment episode data set (TEDS) for all certified providers.

- Workforce Development
    - Promote careers in behavioral health through early education. Workforce development can begin as early as high school to engage students, especially in rural and frontier communities, to pursue a career in behavioral health. Possible resources could include ambassador programs, virtual mentoring, student training, scholarships, and mentorship.
    - Develop special medical school programs. Work with medical schools to offer specialized residencies or free or subsidized tuition for students who enter the behavioral health field and serve in rural and frontier communities or with underserved populations for a specified number of years. The ACRN recommends the opioid settlement funds be allocated to Nevada's medical schools to offer specialized residencies or free or subsidized tuition for students who enter the behavioral health field and serve in rural and frontier communities or with underserved populations for a specified number of years.
    - Increase prescriber training in graduate school. Training would be more effective if mandated as a part of graduate school education. Medical school curriculum should include education around buprenorphine, naloxone, and methadone, in addition to training of safe opioid prescribing and pain management practices. The ACRN recommends the opioid settlement funds be allocated to Nevada's medical schools to design and implement an opioid prescriber training curriculum, including education about buprenorphine, naloxone, and methadone, in addition to training on safe opioid prescribing and non-prescription pain management practices.
    - Improve upon evidence-based substance use disorder (SUD) and OUD treatment and recovery support training and resources for providers. Enhance trainings to include culturally tailored and linguistically appropriate services in an effort to decrease health disparities and evaluate current services to determine any possible expansions. Trainings may also include tools to determine the level of risk for relapse. The ACRN recommends the opioid settlement funds be allocated to improving/enhancing evidence-based substance use disorder and opioid use disorder (SUD/OUD) treatment and recovery support trainings for providers to include culturally tailored and linguistically appropriate services in an effort to decrease health disparities.
    - Increase provider training and education on the effective use of telehealth. The State currently supports telehealth utilization and billing. Providers may require training as increased flexibility due to COVID-19 has led to an increase in the use of telehealth and a need for training on how to use this modality to deliver treatment. Utilization of federal resources such as the American Medical

Association's provider playbook can assist in these efforts. In addition, use of telehealth can assist in expanding services to rural and frontier areas, provide greater access to specialists such as eating disorder specialists, and assist individuals in finding providers with similar cultural backgrounds. The ACRN recommends the opioid settlement funds be allocated to designing and implementing trainings for providers on the effective use of telehealth, including how to code and bill for a telehealth visit.

- Create a primary care integration toolkit. Include the elements of an integrated care training program. Training in the integration of physical and behavioral health can not only help to identify substance use and potential misuse earlier, but it can address other problems, such as mental health issues, before they contribute to substance use. A toolkit should consider the unique landscape of rural, frontier, and tribal communities in the development of tools. Integrated care allows for better screening, rapid intervention, and referral to treatment for opioid misuse for the general population. The toolkit should also include a focus on social determinants of health (SDOH) and can be tailored for opioid issues in special populations, such as adolescents and transition-aged youth or pregnant and postpartum women, and underserved individuals such as people of color. The ACRN recommends the opioid settlement funds be allocated to the development of a substance use disorder education and recognition toolkit for primary care providers. The toolkit should include the elements of an integrated care training program, a focus on the social determinants of health, and have sections which appropriately consider the unique landscape of rural, frontier, and tribal communities.
- Address stigma among providers of all types. Enhance educational and training practices with strategies to influence provider attitudes and reduce stigma can increase provider willingness to offer SUD treatment and recovery services. Anti-stigma training can also benefit primary care, dental, and emergency department providers by promoting more compassion when interacting with people with SUD and in recovery.
- Evaluate provider enrollment process to ensure the process of becoming a Medicaid provider is not deterring providers from enrollment. The State should evaluate current enrollment procedures, using available data including provider stakeholder group input to determine where there are opportunities to improve the provider enrollment process, encouraging more providers to join the Medicaid program. The ACRN recommends the opioid settlement funds be allocated to evaluating the current Medicaid provider enrollment process, using available data and stakeholder engagement, to ensure the process itself is not deterring providers from enrolling and therefore acting as a barrier to increasing the number of providers who accept Medicaid.
- Accurately identify capacity of SUD and OUD treatment providers. Due to the fact that many providers such as opioid treatment programs (OTPs) and office-based opioid treatment (OBOTs) are not delivering services to capacity, a review of available data sources such as Medicaid claims and information from the Office of

Analytics, Primary Care Association, and other entities can be used to determine the current provider network array and determine where there are gaps, especially in the fee-for-service system. Developing a provider gap and needs assessment will allow the State to target specific areas and provider types as part of the effort to provide as full a continuum of care as possible. Managed care contracts should include provider adequacy requirements for medication-assisted treatment (MAT). Information should include the patient capacity of providers. The gaps analysis should include culturally relevant indicators, such as the availability of tribal providers and distance of underserved populations from existing providers. The ACRN recommend the opioid settlement funds be allocated to developing a statewide provider gap/needs assessment, using a diversity/equity/inclusion (DEI) framing, to determine the current provider network array and what is missing, especially in the fee-for-service system.

- Capture data on workforce through the licensure renewal processes. Licensure renewal is another opportunity to capture workforce information from the State's 26 health licensing boards. There are opportunities to efficiently collect standardized, longitudinal employment, demographic, and practice data on any health profession licensed by the State of Nevada. Such information can be used to capture existing and calculate projected clinical full-time equivalent (FTE) capacity needed to meet the demand for SUD. Combined with the data from the gap analysis, the information can help the State's strategic allocation of resources.
- Increase availability of peer recovery support services. Peer supports are a valuable component of treatment, harm reduction, and recovery systems. Consider expanding internship programs, offering scholarships to pursue peer support certification, and promoting 24/7 peer-staffed call centers.
- Expand educational efforts in schools to promote early intervention and reduce stigma. Curricula such as Mental Health First Aid can be an effective method of assisting youth in identifying the signs of suicidality in their peers in a way that reduces stigma and increases knowledge of how to promote intervention. Continued training on the signs and interventions of suicide and substance use in the school system for parents, law enforcement, and other community partners will assist in reducing stigma and identifying individuals at risk, allowing for potential earlier intervention and decreased risk for lethality. The ACRN recommends the opioid settlement funds be allocated to expanding educational efforts in schools to promote early intervention and reduce stigma.
- Expand drug court treatment availability as well as treatment protocols to include Although some efforts have been made, such as the expansion of individuals able to be served by the Las Vegas-based 8th Judicial MAT Re-entry Court to include those with a stimulant disorder, interventions for those who use multiple substances should be available statewide.

Ms. Salla moved to approve the recommendations they agreed upon. Ms. Maria seconded the motion. The motion passed without abstention or opposition.

VI. **For Possible Action** Presentation, Discussion, and Possible Approval of the Draft ACRN Report
This item was tabled to next meeting.

VII. Notice of the Date for the Next ACRN Meeting to be held on June 22, 2022
Chair Sanchez reminded members they would meet again on June 22.

VIII. Public Comment #2
Ms. Saunders requested a copy of the spreadsheet.

IX. Adjournment
Adjourned at 12:01 p.m.