Advisory Committee for a Resilient Nevada

Wednesday, June 22, 2022, 9:00 a.m.

Minutes

I. Call to Order, Roll Call of Members, and Establish Quorum
Members Present: Chair David Sanchez, Jessica Barlow; Brittney Collins-Jefferson, Ryan Gustafson, Lilnetra Grady, Dr. Fazad Kamyar, Karissa Loper, Katherine Loudon, Cecilia Maria, Elyse Monroy, Darcy Patterson, Pauline Salla, Ariana Saunders, Cornelius Sheehan, Laura Sherwood, Quinnie Winbush
Members Absent: Dr. Karla Wagner
Staff/Guests Present: Dawn Yohey, Dr. Terry Kerns, Henna Rasul, Dominique Seck, Janine Baumert, Linda Lang, Jeanette Belz, Katree Saunders, Jamie Ross, Tracy Palmer, Linda Anderson, Tray Abney, Tim Buch, Tyler Shaw, Mary-Sarah Kinner, Joan Waldock

II. Public Comment #1
Ms. Katree Saunders noted for the record that she sent in her recommendations. Chair Sanchez verified they will be included in their report, listed under public comment.

III. **For Possible Action** Approval of the Minutes from the June 15, 2022, Meeting
This item was tabled to the next meeting.

IV. **For Possible Action** Discussion and Approval of Prioritized Recommendations Concerning the Allocation and Distribution of Money from the Fund for a Resilient Nevada
Chair Sanchez reminded members that all of the recommendations are important; all will be included in the report to the Director's Office. The Committee is highlighting the ones they find to be priorities.

- Develop Workforce
  - Provide funding to northern rural areas in addition to central rural.
- Education/Awareness Campaign
  - The ACRN recommends the opioid settlement funds be allocated to launching a statewide educational campaign to provide consistent and standardized guidance on the safe use, storage, and disposal of opioids in partnership with DHHS, law enforcement, and pharmacies.
  - The ACRN recommends the opioid settlement funds be allocated to researching and implementing family-based prevention strategies, especially for transition-age youth and young adults.

- The ACRN recommends the opioid settlement funds be allocated to designing and launching a statewide education campaign on the addictive potential of opioids and alternative therapies for addressing chronic pain and chronic illness tailored for different populations, including underserved populations in rural/frontier county.
- Implement marketing and communications campaigns to combat stigma in the general public.
- The ACRN recommends the opioid settlement funds be allocated to expanding educational efforts in schools to promote early intervention and reduce stigma.
- The ACRN recommends the opioid settlement funds be allocated to designing and launching an education and awareness campaign focused on how to identify the need for treatment and different treatment options targeted to people using opioids and their families.
- The ACRN recommends the opioid settlement funds be allocated to designing and launching a statewide educational campaign to decrease stigma and enhance understanding of recovery targeted at employers and landlords.
- Increase education for middle school and high school students around SUDs, awareness of the opioid epidemic, naloxone use, and how to discuss these topics with health care providers.
- The ACRN recommends the opioid settlement funds be allocated to training programs for providers and pharmacists on how to educate patients about pain management expectations and the risk of using opioids.
- Public messaging campaign on the prevention and impact of ACEs.

- Evaluate Programs
  - Create a position to coordinate opioid initiatives across divisions in the Office of Strategies and Initiatives.
  - Evaluate outcomes from efforts to support SUD treatment for the criminal justice-involved population. Monitor outcomes of criminal justice-involved individuals with polysubstance conditions, and work with probation and parole officers to support the needs of individuals in treatment and recovery to determine best practices for improvements in outcomes in this population.
  - Programs treating SUDs (all ASAM levels of care) be evaluated for best practices, standards of care, implemented practices, patient outcomes, data metrics on numerous fronts (agencies, MCOs, etc.) to be held to a certain standard.
  - Parity between criminal justice system treatment and regular treatment, as much as possible. Same treatments should be available before, during and after.
  - Anonymous school survey of principals and staff to identify specific drug trends/issues in their schools, for the purposes of additional training/resources for their students and parents.
- Housing
  - The ACRN recommends the opioid settlement funds be allocated to designing and launching education campaigns for people who are incarcerated prior to their release, to provide information about and connections to post-release treatment, housing, and employment, as well as education on the risks of overdose after periods of abstinence.

- Address housing needs as a SDOH. Nevada may utilize tenancy supports as an intervention to all individuals to maintain housing as they go through the recovery process.
- Housing and recovery supports for homeless youth with OUD.
- Establish policies and funding to support evidence-based recovery housing using National Alliance for Recovery Residences (NARR) criteria.

- Justice Programs
  - The ACRN recommends the opioid settlement funds be allocated to designing and launching education campaigns targeted to parole and probation officers about the need for treatment and recovery, and how they can assist individuals returning to the community with increased support to achieve and maintain sobriety.
  - The ACRN recommends the opioid settlement funds be allocated to expanding partnerships with the criminal justice system to implement MAT in adult correctional and juvenile justice facilities prior to release to help prevent lapses in treatment.
  - Implement Safe Baby Courts for families impacted by substance use.
- Prevent Adverse Childhood Experiences (ACEs)
  - Implement Trauma-Informed Schools.
  - Implement zero to three programming to support families impacted by substance use.
  - Implement Child Welfare best practices for supporting families impacted by substance use.
  - Create an Office of Strategic Initiatives as recommended by the DHHS task force to coordinate activities across DHHS for programs supporting families impacted by substance use.
  - Train providers and organizations on EBPs for mitigating harm from exposure to ACEs/resiliency training.
- Reduce Harm
  - The ACRN recommends the opioid settlement funds be allocated to implementing comprehensive preventive services rooted in harm reduction principles.
  - The ACRN recommends the opioid settlement funds be allocated to increasing/sustaining access to and distribution of naloxone kits.
  - The ACRN recommends the opioid settlement funds be allocated to increasing the number of needle exchange programs across the state and expanding their service array to include distribution of naloxone and education about recovery and treatment options.
  - Family support groups bridging to care.
  - Require the use of evidence-based practices to address and treat polysubstance use in all treatment protocols and expand statewide access to interventions for polysubstance users (including through drug court).
  - Require a more systematic data collection effort to drive allocation of resources toward people and communities with high death rates as well as innovative efforts to connect with people at highest risk.
  - Establish a dedicated funding source to resource the establishment of supervised drug consumption sites.
  - Establish a disease investigation model for nonfatal overdoses to identify and mitigate risk.

- Expand access to harm reduction products through the purchase and distribution of vending machines statewide.
- Develop no-barrier access to overdose prevention/harm reduction service including naloxone and fentanyl testing.

- Reduce Neonatal Abstinence Syndrome (NAS)
  - The ACRN recommends the opioid settlement funds be allocated to evaluate the outcomes and lessons learned from the Association of State and Territorial Health Officials Opioid Use, Maternal Outcomes, and Neonatal Abstinence Syndrome Initiative and State Opioid Response projects for pregnant and postpartum women and their infants and apply successful strategies in future initiatives addressing SUD in additional identified populations.
  - Ensure that all delivery hospitals and healthcare systems taking care of reproductive age, pregnant and postpartum patients, utilize currently available programming for pregnant patients that prioritize best practices for patient, family/caregivers, and neonate/infant.
  - Increase education, adoption, support for buprenorphine first line for reproductive/birthing/pregnant, etc. patients with OUD
  - Incentivize and implement SBIRT in OB/GYN settings
  - Establish CHW/Peer Navigator program for pregnant and parenting persons with OUD
  - Promote NAS prevention programs through home visiting and parenting programs for pregnant and parenting persons with OUD
  - Promote Eat, Sleep, Console for mother/baby dyads for treating withdrawal
- Treatment/Early Intervention/Recovery Support
  - The ACRN recommends the opioid settlement funds be allocated to establishing a workgroup with representation from the Board of Health, Board of Pharmacy, Nevada Medicaid, and the contracted Medicaid managed care organizations to standardize clinical guidelines for non-pharmacological treatments, including but not limited to physical therapy, cognitive-behavioral therapy, and chiropractic care.
  - The ACRN recommends the opioid settlement funds be allocated to grants for nontraditional community organizations (e.g., churches, community centers, Family Resource Centers, etc.) to expand treatment access in rural or underserved areas with emphasis on funding organizations whose work targets populations experiencing health disparities. The Committee recommends issuing grants to encourage nontraditional community organizations to serve as spokes in the medication-assisted treatment (MAT) hub-and-spoke model.
  - The ACRN recommends the opioid settlement funds be allocated to increasing the number of health care providers, at all levels, who are trained to recognize the signs of trauma and offer appropriate trauma-informed treatment as an early intervention.
  - Provide analytics from the PDMP to providers to identify polysubstance use. The PDMP can be used to identify trends in stimulant prescriptions issued and dispensed. Replicating some of the work done with opioid reporting to address prescribing practices would assist in addressing issues of stimulant prescribing.
  - Promote screening, brief intervention, and referral to treatment (SBIRT) for primary care for all populations, including adolescents, pregnant women, and other

populations to allow for increased early identification of potential substance use problems and a more preventative, early intervention model of treatment.

- Increase access to evidence-based family therapy practices through training availability and increased funding/reimbursement.
- The ACRN recommends the opioid settlement funds be allocated to implementing more evidence-based suicide interventions statewide to help decrease intentional overdoses.
- Modify or remove prior authorization requirement for select outpatient behavioral health services. Individual, group, and family therapy do not require prior authorization from in-network providers through Medicaid managed care. Nevada should consider removing these requirements from their fee-for-service system, which will decrease administrative burden for both providers and the State.
- Align utilization management policies between Medicaid managed care and fee-for-service, such as preferred drug lists and under- and over-utilization reports for consistency in review of the overall system.
- Continue to support expansion of substance use services such as MAT in Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) which could increase the availability of services in rural areas, as well as increase the coordination of behavioral and physical health for individuals in treatment. This effort would include an analysis of data and working with providers to determine how many individuals in their service areas they may be able to accommodate. Key stakeholders and champions will be a necessary component for expansion of MAT, including change management perception of MAT as addiction medicine being difficult and unappealing. Tracking outcomes to provide success stories of MAT services may also assist in this endeavor.
- The ACRN recommends the opioid settlement funds be allocated to expanding mobile medication-assisted treatment (MAT) for rural and frontier communities by purchasing vans which will assist in providing treatment in areas where it may not be financially feasible for a provider to open a brick-and-mortar facility.
- The ACRN recommends the opioid settlement funds be allocated to funding an appropriate array of OUD services for uninsured and underinsured Nevadans.
- The ACRN recommends the opioid settlement funds be allocated to establish a Medicaid benefit (e.g., bundled payments, enhanced rates, or Medicaid health homes) that supports the hub-and-spoke model which decreases travel time and can remove the barrier of transportation for those in rural and frontier areas so they can effectively access substance use services.
- Increase adolescent beds certified to treat young adolescent- and transition-age youth, as well as capable of treating co-occurring disorders. Ensure facilities are accessible to populations most in need.
- The ACRN recommends the opioid settlement funds be allocated to implementing trainings for providers about evidence-based treatment for co-occurring disorders for adults and children and enhanced reimbursement for use of specific evidence-based models; training opportunities must be marketed and made easily available to providers in rural and frontier areas.

- Nevada has submitted an 1115 Demonstration SUD Waiver that will allow for payment of SUD services in Institutions for Mental Disease. Room and board is not covered under this waiver and consideration for reimbursement will need to be given outside of Medicaid funding.
- Support care coordination. The State of Nevada may consider financial incentives for care coordination across health care professional types, including behavioral health counselors and other non-physicians. These could be in the form of billing codes and supporting reimbursement for care coordination for particular OUD populations using established evidence-based practices.
- Engage OB/GYNs in an ECHO project to encourage and improve OUD screening, referral, and treatment for pregnant women.
- Increase withdrawal management services in the context of comprehensive treatment programs.
- Increase short-term rehabilitation program capacity.
- Increase longer-term rehabilitation program capacity.
- Incorporate screening for standard SDOH needs as a routine intake procedure for all services.
- Expand use of referral mechanisms. Receive periodic updates from University of Nevada, Reno (UNR), State owner of OpenBeds. Update the referral process to include use of the eligibility checklist to enable referring providers to confirm Medicaid eligibility and initiate enrollment. Develop a user-friendly standardized form that providers can complete and send with referrals to improve coordination of care. Planning and implementation of this recommendation should ensure process is as streamlined as possible and results in decreased burden to providers. Provider stakeholdering may assist in ensuring further improvements.
- The ACRN recommends the opioid settlement funds be allocated to researching, designing, and implementing transportation solutions for both the Medicaid-enrolled and non-Medicaid-enrolled populations with a particular emphasis on solutions for rural/frontier communities.
- Identify opportunities for faith-based organizations to provide recovery supports in local communities. Local communities should develop coalitions to work together to ensure recovery supports are available, including the development of local recovery centers.
- Implement a workforce of community health workers throughout recovery supports, behavioral health, and social service agencies. This will potentially require planning, a new Medicaid service definition and associated budget expansion, and funds for the uninsured to access these services.
- Use braided or blended funding, which merges multiple sources of funding for treatment that may not be fully covered by one individual funding source. Braided funding combines state, federal, and private funding streams for a united goal, ensuring individual funding sources are separately tracked and reported. Blended funding is the same principle, with the exception that all blending funding sources are combined and not tracked are reported on individually.
- Implement a reimbursement model that reduces the administrative burden of administering grant funds for organizations not accustomed to handling grant

payments. One way to do this would be to run the reimbursement payments through the edits built into the Medicaid Managed information system (MMIS); when the reimbursement is not a Medicaid expense it would filter down to the Division of Public and Behavioral Health (DPBH) code and be paid from state or federal grant money.

- The ACRN recommends the opioid settlement funds be allocated to designing and launching collaborative outreach programs with tribal communities to meet their needs for prevention, harm reduction, and treatment.
- Work in concert with the Nevada public and private school districts for the development of mandatory prevention education and educator training for grades K 12 to provide age-appropriate training (specific to SAMHSA strategic prevention framework; good behavior model, evidence-based curriculum).
- Implement Multi-Tiered Systems of Support (tier 1 and 2) and social-emotional learning in all K-12 schools.
- Implement Multi-Tiered Systems of Support (tier 3) in all K-12 schools.
- Develop and implement parent education opportunities, resources, and supports for SUD prevention.
- Implement universal screening for ACEs and SBIRT in pediatric care settings (reimburse in Medicaid under Early and Periodic Screening, Diagnostic and Treatment).
- Train providers on EBPs for family-focused SUD treatment interventions.
- Provide specialty care for adolescents in the child welfare and juvenile justice systems.
- Provide support for commercially sexually exploited children receiving centers and ongoing treatment.
- Increase parent/baby/child treatment options including recovery housing and residential treatment that allow the family to remain together.
- Implement CARA plans of care with resource navigation and peer support.
- Expand access to childcare options for families seeking treatment/recovery supports.
- Create street outreach teams to provide street medicine programs, harm reduction, psychiatry, and care management.
- Establish and/or expand home visiting programs for families at-risk for or impacted by OUD.
- Provide grief counseling and support for those impacted by the loss by fatal overdose of family or friend.
- Directly fund people either at tribes or through Nevada Indian Commission. And, to the extent that a tribe, the Inter-Tribal Council of Nevada, Nevada Urban Indians, or the Las Vegas Indian Center want direct funding, for us to just direct-fund them.
- Victim/affected by compensation. The experts can weigh in on best practices regarding implementation—who, what, when, where, etc. Possible example to follow could be October 1 [VICTIM COMPENSATION].

Ms. Patterson asked that the record reflect that she included a similar victim compensation recommendation that was not included in the list of recommendations. She feels victims should be compensated for expenses not covered by insurance, burial costs, and collateral damage.

Mr. Sheehan made a motion to move the approved recommendations to the report to the Director's Office to be considered in the development of the state plan. Ms. Loper seconded the motion. The motion passed without opposition or abstention. [Ms. Monroy, Ms. Maria, and Ms. Loudon were absent for the vote.]

V. **For Possible Action** Discussion and Approval of the Draft ACRN Report

Chair Sanchez reminded members the finalized recommendations will be added to the draft report. Ms. Collins-Jefferson moved to approve the report. Ms. Salla seconded the motion. The motion passed without opposition or abstention. [Ms. Monroy, Ms. Maria, and Ms. Loudon were absent for the vote.]

VI. **For Possible Action** Discussion and Approval of the Date for the Next ACRN Meeting

Due to a scheduling conflict, the next meeting will be held on from 9 a.m. to noon on July 27.

VII. Public Comment #2

Ms. Belz asked when the draft report with recommendations would be available for the public to see. Chair Sanchez replied the draft report is on the meeting webpage. The report will be posted to the Committee page by June 30.

VIII. Adjournment

Chair Sanchez noted the Committee will continue to meet monthly until they can move to meeting every other month. The meeting was adjourned at 12:12 p.m.