



DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIRECTOR'S OFFICE

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



Advisory Committee for a Resilient Nevada (ACRN)

February 13, 2024

DRAFT MINUTES

I. Call to Order, Roll Call of Members, and Establish Quorum

The meeting was called to order at 10 a.m. Chair Sanchez reminded members their discussions and decisions help direct allocation of opioid litigation funds. ACRN will work with the Substance Use Response Working Group (SURG) recommendations to do that.

Members Present: David Sanchez, Chair; Karissa Loper, Vice Chair; Ariana Saunders; Brittney Collins-Jefferson; Darcy Patterson; Dr. Farzad Kamyar; Dr. Karla Wagner; Elyse Monroy-Marsala; Jamie Ross; Jessica Barlow; Katherine Loudon; Lilnetra Grady; Malieka Toston; Pauline Salla; Dr. Karla Wagner; Quintella Winbush; Ryan Gustafson

Members Absent: Cornelius Sheehan

Staff/Guests Present: Beth Slamowitz, Dawn Yohey, Natalie Bladis, Debra DeCius, Vanessa Diaz, Joseph Filippi, Terry Kerns, Jenna Eckley, Henna Rasul, Megan Quintana, Connie Lucido, Dorothy Edwards, Areli Alarcon, Ryan Hamilton, Trey Delap, Gabrielle Enfield, Sarah Mersereau-Adler, Linda Anderson, Hannah Branch, Stacey Rice, Morgan Biaselli, MaryRose Parkman, Jazmin Orozco, Noelle Hardt, Steve Shell, Hannah Branch, Joan Waldock

II. Public Comment #1

There was no public comment.

III. Review and Approve Minutes from August 8, 2023, ACRN Meeting

Ms. Monroy-Marsala moved to approve the minutes. Ms. Ross seconded the motion. The motion passed without opposition. Ms. Saunders abstained as she was absent from that meeting.

IV. Fund for a Resilient Nevada Updates

Dawn Yohey, Clinical Program Planner, Director's Office, Department of Health and Human Services (DHHS)

- **Annual Report**

Ms. Yohey referred members to the DHHS annual report, which can be found on the Fund for a Resilient Nevada (FRN) [webpage](#). The report's introduction provides the history of the opioid crisis, where the state is now, and information about the needs assessment and the state plan. She shared information on how the high priority goals are being funded. The report identified findings to show Nevada's strong foundation of evidence-based treatment services and supports across current systems of care including prevention, treatment, and recovery;

however, opportunities for strengthening the current system exist across all components of care.

FRN follows the needs assessment and state plan. They will look at different gaps next year; they will need ACRN's help to develop the state plan for 2026. The report includes all expenditures for calendar year 2023.

- **Activities**

1. Ensure Local Programs Have the Capacity to Implement Recommendations Effectively and Sustainably
 - An Opioid Training and Technical Assistance Center of Excellence is being funded.
 - "Collaborating across the Continuum of Care," a statewide conference addressing the opioid epidemic, was held. Its target audience was pharmacists.
 - Seed money for the American Association of Treatment for Opioid Dependence (AATOD) conference taking place May 18-22 was provided.
 - A program position to assist in identifying gaps and needs among Nevada's tribal communities was funded within the Nevada Indian Commission.
2. Prevent the Misuse of Opioids
 - FRN is funding the Multi-Tiered Systems of Support (MTSS) project for Nevada schools.
 - More funding for prevention will be allocated through the recently closed youth notice of funding opportunity (NOFO).
3. Reduce Harm Related to Opioid Use
 - Trac B Exchange is providing access to needles with FRN funding.
 - Overdose reversal medication and fentanyl and xylazine test strips are funded.
4. Provide Behavioral Health Treatment
 - Mobile recovery units are being built and should be in use by this summer. State Opioid Response grant funds are being braided in to provide staffing for them. One van will be used by The EMPOWERED Program to provide care for pregnant and postpartum women in rural areas.
 - The EMPOWERED Program is being funded for pregnant and postpartum opioid support in Clark County. An additional grant from Substance Abuse and Mental Health Services Administration will expand their program to northern Nevada.
 - Living Free Health in Pahrump is being funded under this goal and goal 5.
 - Residential treatment is being funded at the Carson City Community Counseling Center's Regional Wellness Center.
 - Washoe County Department of Alternative Sentencing is being funded under this goal and goal 5.
5. Implement Recovery Communities across Nevada (focusing on the social determinants of health)
 - Transitional housing at Living Free Health is being funded.
 - Transitional housing for Department of Alternative Sentencing is being funded.
6. Provide Opioid Prevention and Treatment Consistently across the Criminal Justice and Public Safety Systems

- FRN is providing matching funds for the Division of Health Care Financing and Policy (DHCFP) to develop a 90-day pre-release Medicaid waiver for those in jails and prisons.
 - FRN is working with a retired Las Vegas law enforcement officer on a rural jail opioid disorder research and implementation project.
7. Provide High Quality and Robust Data and Accessible, Timely Reporting
- FRN provided funding to the Division of Emergency Management to purchase handheld mass spectrometers for the counties. They will place the units and train law enforcement personnel in their use to ensure public safety.
 - Matching funds for an all payers claim database were provided to Nevada Medicaid.
 - FRN is working with emergency medical services (EMS) in the Division of Public and Behavioral Health to support the Overdose Detection Mapping Application Program (ODMAP) application programming interface (API).

Ms. Monroy-Marsala asked where the Opioid Training and Technical Assistance Center will be located. Ms. Yohey replied it would be housed at the University of Nevada, Reno at the Center for the Application of Substance Abuse Technologies.

Ms. Monroy-Marsala expressed concern that results from mass spectrometers might be used to help prosecute people for crimes related to drugs rather than being used for public health surveillance sampling. She suggested the state have a data-sharing agreement in place with local law enforcement. She asked if outcome data or annual reports from subrecipients would be available on the dashboard.

Ms. Yohey said providers' reports will be provided on the website. FRN is compiling the One Nevada signatories' reports into an easier-to-read document showing how much money each received, how much money they spent, how much bankruptcy money they spent, their scope of work for the dollars, which targeted populations they are focusing on, and outcomes they have seen. This information will also be available.

- **Future Distribution of Funds**

Ms. Yohey announced a NOFO covering all goals will go out in late spring to ensure goals are addressed appropriately in the new biennium. FRN is developing a flow chart for how to apply for funds, which will answer some questions that have come up.

Awards are being processed for youth services and programs from the NOFO that closed in December. Awardees are:

- Boys and Girls Clubs of Southern Nevada
- Lyon County Human Services
- NyE Communities Coalition
- Quest Counseling and Consulting

Applications from agencies not funded through this NOFO are being kept on file.

Chair Sanchez asked if recipients are held accountable to ensure funds are used to benefit the community.

Ms. Yohey said FRN pulls data from all funded agencies. The biostatistician recently hired is building a dashboard that will report how much money has gone out and how much impact it has made in communities.

V. Presentation of Substance Use Response Working Group (SURG) Update

Dr. Terry Kerns, Opioid Coordinator, Office of the Attorney General

Dr. Kerns noted the full SURG 2023 annual report can be found on the [SURG website](#). She shared a [PowerPoint presentation](#) of their recommendations. She spoke about the recommendations that deal with opiates and suggest expenditure of FRN funds.

- Recommend DHHS/Division of Public and Behavioral Health (DPBH)/and Bureau of Health Wellness and Prevention double Substance Abuse Prevention and Treatment Agency (SAPTA) funding for primary prevention programming aimed at ages 0-24 years.
- Expand access to medication-assisted treatment (MAT) and recovery support for substance use disorder (SUD); limit barriers to those seeking treatment regardless of the ability to pay; encourage use of a hub-and-spoke model to include use and promotion of telehealth; and pursue innovative programs such as bridge MAT programs in emergency departments.
- Implement a specialized child welfare service delivery model with follow up, referral, and linkage to care that improves outcomes for children and families affected by parental substance use and child maltreatment in pregnant or birthing persons with substance use disorder (SUD).
- Recommend DHHS use opioid settlement dollars to designate a baseline level of overdose reversal medication for the next ten years.
- Evaluate availability and readiness in local and state carceral facilities to provide comprehensive behavioral health service to include screening, assessment, treatment, recovery support, and transitions for reentry.
Allocate funding to support the development of a Medicaid Reentry Section 1115 Waiver to Increase Health Care for People Leaving Carceral Facilities and support readiness of carceral facilities to implement the 1115 Waiver.
Recommend legislation requiring DHCFP to apply for and implement the 1115 Waiver and ensure there is an evaluation of readiness for planning and implementation.
- Leverage existing programs and funding to develop outreach response providers and/or personnel to respond to suspected overdoses or to those who are provided treatment for an overdose in a hospital/emergency room/EMS and offer follow-up support, referrals, and services to the individual and those impacted by the overdose following an overdose. Providers and/or personnel to be deployed to anyone being released from institutional and community settings who is being discharged post-overdose or suspected overdose. Ensure this recommendation is included as the Nevada's Crisis Response System is being built so tailored intervention for individuals who have survived a nonfatal overdose is included.
- Recommend a compliance study on NRS 259.050.3 and 259.053. Provide adequate funding for medical examiner offices to include death scene investigations, forensic pathologists, and toxicology testing to determine specific cause of death.
- Provide shipping costs for evidence-based harm reduction supplies and travel costs for the pickup of used sharps. Increase advertising about shipping programs to rural Nevada. Establish local support for harm reduction efforts. Establish an alternative strategy for harm reduction supply delivery if people cannot receive direct delivery.

- Recommend a bill draft request to increase peer recovery support specialist (PRSS) reimbursement, making it equal or exceed community health worker (CHW) reimbursement. Add an educational requirement around evidence-based harm reduction to PRSS and CHW certification [with funding to support this].
- Establish priority funding to ensure Black, Latinx/Hispanic, Indigenous, people of color, and LGBTQIA entry into treatment and/or recovery and that they receive culturally and linguistically appropriate overdose prevention supplies to reduce fatal overdoses.
- Engage individuals with living and lived experience in program design considerations. Enhance peer support delivered through representatives of their communities for underserved populations by implementing train-the-trainer models and enacting policy changes to address limitations in the use of peers. Ensure adequate funding for these priorities: targeting special populations, increasing reimbursement rates, and offering standalone service provision opportunities.
- Recommend the Nevada System of Higher Education conduct a feasibility study on the true cost of implementing wastewater-based epidemiology and its ability to support community response plans.

Ms. Monroy-Marsala noted primary prevention is usually provided to youth in schools while most people who die of unintentional drug overdose in Nevada are adults ages 35-44. She asked if there are evidence-based primary prevention strategies for adults. She would not want to see an additional \$12 million going to fund primary prevention in schools.

Ms. Ross answered that since the goal of prevention is to prevent folks from ever using drugs, most programs work with youth, but evidence-based prevention strategies for adults exist.

Dr. Kerns added that prevention focuses on getting to people before they start using substances, but not at the expense of those already using substances. SURG focused on increasing availability, access, and funding for harm reduction in a two-pronged approach.

Ms. Winbush asked what expanding access to MAT and recovery support for SUD "regardless of an individual's ability to pay" would look like.

Dr. Kerns referred Ms. Winbush to the SURG report, pages 17-27, for recommendation justification and background information.

Ms. Ross noted she did not see the tie between recommendations and funding.

Dr. Kerns stated when SURG recommended using opioid litigation funds, the recommendation went to ACRN. FRN can fund these recommendations through NOFOs.

Since SURG identified opioid litigation funds to fund some recommendations, Ms. Yohey brought them to ACRN to determine whether to include them in their report to the Director's Office. If they agree with a recommendation, they can move it forward. In future meetings, those recommendations will be prioritized for the report.

Ms. Monroy-Marsala thought the settlement funds were intended to mitigate the harms of inappropriate prescribing for those affected by the opioid crisis. She agreed there should be additional funding for primary prevention, but she thinks \$24 million for youth primary prevention is too much. She would like data to drive funding allocations and recommendations. She noted funding for specialized foster care and the 1115 waiver would make needed investments in state infrastructure.

Chair Sanchez pointed out the harm reduction allocation was \$140,000 per year.

Ms. Loudon reminded members school districts and prevention providers serve families comprehensively. Children have been harmed by opioids; preventing youth from future use and the harm related to what occurred in their family systems needs to be a focus of this group.

Dr. Kerns added prevention programs are supported through grants which end. They look to FRN for sustainability. She ended her presentation by reviewing recommendations that would require bill draft requests.

Dr. Wagner asked if the law regarding naloxone distribution needed to be revised since it is already allowed.

Dr. Kerns replied the recommendation would standardize how it is distributed.

Dr. Wagner noted the law passed in 2015 authorizes it. Hospitals and emergency rooms need systems in place allowing them to dispense outpatient drugs through the emergency room.

Dr. Kerns pointed out one state installed a vending machine in their emergency department, but a community partner is responsible to operate it and keep it filled.

VI. Presentation on High Intensity Drug Trafficking Areas (HIDTA)/Overdose Detection Mapping Application Program (ODMAP)

Dr. Kerns stated the program is for public safety/public health; it cannot be accessed by the public. Staff can run reports for groups who need the available data. FRN paid for the API.

All the ODMAP data on suspected overdoses is in the state EMS database; the API pulls the data automatically. It takes 48 hours to update ODMAP to show the number of suspected overdoses, how many were fatal, and the number of incidents where naloxone was administered. Reports can be generated for specific counties. Using this tool can direct outreach and prevention activities as it can pinpoint which day of the week and which hour of the day most overdoses occur. It can also be used to map out drug trafficking routes using predictive analysis. ODMAP has provided reports to groups doing outreach into Clark County so they can target areas based on day of the week, ZIP code, time of day. Smaller counties have used ODMAP to determine where to place nalox-boxes in their communities.

VII. Recommendations for Future Agenda items

The ACRN report is due to the Director's Office on June 30. It will include recommendations for allocating funding. The recommendations from SURG and ACRN will be considered and prioritized. They will review the statewide plan and highlight recommendations to be funded in the next two years. He asked members to determine what action should be taken with the highest

priority recommendations. The Director's Office and the Attorney General's Office are working with agencies to develop the media campaigns discussed at the last Cross-Sector Task Force to Address Overdose meeting. He asked members what they would like to hear in the next several meetings to help guide their recommendations to the Director's Office.

Dr. Wagner would like to hear who is providing harm reduction services, what they are doing, what capacity they have to scale, and what is needed to stand up new infrastructure.

Chair Sanchez summarized that if harm reduction is a priority, they need to know where the state is now and how to build a more robust harm reduction system.

Ms. Monroy-Marsala asked if they could determine how to fund the SURG recommendations. She would like to hear from current subrecipients about what they are doing, what is working, and what is not.

Chair Sanchez stated they will look at what has been done so far, how the money affects services, and how many SURG recommendations they want to push forward.

Ms. Loper asked if they could work through funding recommendations.

Chair Sanchez reminded members FRN receives a portion of the litigation settlement funds coming into the state over the next 18-20 years. ACRN gave recommendations for getting money out into communities for the first two years in what will be a continuous process. They should look for gaps or important areas to target for support for the next two-year cycle.

VIII. Public Comment #2

Ms. Biaselli offered to have the Nevada Opioid Treatment Association present what they are doing in harm reduction at a future meeting. They operate 50 opioid treatment facilities in the state.

Mr. Hamilton expressed it should be a priority to help people who have opioid use disorder as opposed to some of the other efforts. There is more than enough demand for people who currently need treatment. He thinks the emphasis should be on expanding providing treatment for them.

IX. Adjournment

The meeting was adjourned at 11:51 a.m.