Advisory Committee for a Resilient Nevada (ACRN)

May 14, 2024, 10:00 AM to Adjournment

MINUTES

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

Members Present: Jessica Barlow, Ryan Gustafson, Dr. Farzad Kamyar, Katherine Loudon, Elyse Monroy-Marsala, Darcy Patterson, Jamie Ross, Chair David Sanchez, Cornelius Sheehan, Malieka Toston, Dr. Karla Wagner, Quintella Winbush

Members Absent: Brittney Collins-Jefferson, Lilnetra Grady, Karissa Loper, Pauline Salla, Ariana Saunders

Staff and Guests Present: Dawn Yohey, Vanessa Diaz, Debra DeCius, Natalie Bladis, Morgan Biaselli, Terry Kerns, Alex Tanchek, Henna Rasul, Tray Abney, Areli Alarcon, Dorothy Edwards, Devon Pickles, Lauren Beal, Lea Tauchen, Megan Quintana, Lea Case, Joseph Filippi, Lisa Lee

II. Public Comment #1

There was no public comment.

III. Review and Approve Minutes from April 9, 2024, ACRN Meeting

Ms. Monroy-Marsala moved to approve the minutes. Ms. Winbush seconded the motion. The motion passed without opposition or abstention.

IV. Review, Prioritize, and Approve Substance Use Response Working Group (SURG) Funding Recommendations for Possible Inclusion in Advisory Committee for a Resilient Nevada (ACRN) Report to the Director's Office and Review, Prioritize, and Approve ACRN Funding Recommendations for Inclusion in ACRN Report to the Director's Office *(combined by Chair Sanchez during the meeting)*****

Chair Sanchez reminded committee members their report to the Director's Office may include prioritized recommendations from the Substance Use Response Working Group (SURG). Member ranked these recommendations through a poll.

Dr. Kamyar expressed concern that ACRN recommendations were focused on their legislative priorities, but SURG made recommendations differently. It was confirmed that SURG ranked their recommendations, and they aligned them with the requirements for funding established by the legislature. He would like to see SURG's recommendations mapped the same way ACRN recommendations were mapped.

Dr. Kerns verified legislative mandates were assigned to subcommittees—prevention, treatment and recovery, and response. Each subcommittee made recommendations based on those priorities. The recommendations went to the full SURG committee for ranking.

Dr. Kamyar was concerned about the SURG recommendations process. He pointed out that even if the SURG ranking for a recommendation was extremely low, ACRN could rank it as a high priority.

Ms. Yohey explained SURG subcommittees' recommendations went through a different process than ACRN's, but SURG received the Mercer tool. SURG recommendations relating to the state portion of the Fund for a Resilient Nevada (FRN) were ranked by ACRN members. SURG recommendations do not need to go through a scoring matrix. ACRN should determine whether to move any of them forward.

Dr. Kerns informed them each SURG subcommittee addressed justification and background, including research and evidence-based practices; impact, capacity, and feasibility of implementation; urgency; and how recommendations advanced racial and health equity.

Chair Sanchez asked whether they should adopt any of the SURG recommendations.

Ms. Loudon approved the recommendation to increase prevention funding from $12 million to $24 million to help individuals prevent, delay, and abstain from or suspend substance misuse and abuse.

Chair Sanchez reminded members ACRN does not control the funding, but they can highlight the needs they see. He moved doubling the amount of prevention funding forward.

Ms. Monroy-Marsala asked for the results of the ACRN poll ranking of SURG recommendations. Prevention funding was low on her list because she believes the funding should remediate the harms of the opioid epidemic; additional funding for treatment and harm reduction is needed.

Ms. Ross agreed with Ms. Loudon. She would also wanted more money to be directed toward harm reduction with measurable outcomes.

Ms. Yohey shared the rankings of the SURG recommendations:

1. Support harm reduction through: Make recommendations to Department of Health and Human Services (DHHS) to utilize opioid settlement dollars to designate a baseline level.
2. Evaluate current availability and readiness to provide comprehensive behavioral health services to include but not limited to screening, assessment, treatment, recovery support, and transitions for reentry in local and state carceral facilities.
3. Recommend DHHS double the amount of investment in primary prevention programming.
4. Leverage existing programs and funding to develop outreach response providers and/or personnel that can respond to any suspected overdose or to those who are providing treatment for an overdose in a hospital/emergency room or by emergency medical services.
5. Implement a specialized child welfare service delivery model with follow-up and linkage to care.
6. Harm Reduction Shipping Supply: Provide for shipping costs for evidence-based harm reduction supplies.
7. Establish priority funding areas to ensure entry into treatment and/or recovery, ensure that Black, Latinx/Hispanic, Indigenous, and people of color and LGBTQIA communities are receiving culturally and linguistically appropriate overdose prevention.
8. Engage individuals with living and lived experience in programming design consideration and enhance peer support.

9. Recommend a compliance study on *Nevada Revised Statutes* (NRS) 259.050.
10. Recommend Nevada System of Higher Education conduct a feasibility study on wastewater-based epidemiology.

Dr. Kamyar claimed harm reduction was part of treatment, which is currently being funded. The recommendations do not include medication for opioid use disorder (MOUD), even though no intervention is more effective and lifesaving than treating the opioid use disorder; evidence indicates this should be the priority. He asked whether SURG made any recommendations to expand evidence-based strategies for treatment.

Ms. Yohey reminded them they are viewing recommendations that suggested the use of opioid funds or FRN.

Dr. Kamyar asked whether they were to identify only activities that were not currently funded.

Ms. Yohey clarified the opioid litigation funds are one-shot funds that should be used to fill gaps to abate the opioid epidemic. They can be used for projects that are not at capacity. One goal is to fund prevention to change a generation and alleviate the need for treatment in the future while for people who use substances, harm reduction and treatment are important.

Dr. Kamyar read the uses for these funds in statute: expanding access to evidence-based prevention of substance use disorder (which he identified as including treatment), early intervention for persons at risk of substance use disorder, treatment for substance use disorder, and support for persons in recovery; programs to reduce the incidence and severity of neonatal abstinence syndrome (NAS) (treatment); prevention of adverse childhood experiences (ACEs) and early intervention for children who have undergone ACEs and the families (if someone is treated for a substance use disorder, the effects of ACEs are generational, so this is treatment); services to reduce the harm caused by substance use (harm reduction, which is treatment); prevention and treatment of infectious disease in persons with substance use disorder (treatment); services for children and other persons in behavioral health crisis and families of such persons (treatment); housing for persons who have substance use disorder or are in recovery (treatment); campaigns to educate and increase public awareness concerning substance use and substance use disorders (prevention); programs for persons involved in criminal justice or juvenile justice (treatment); development of workforce for providers of services (treatment); collection and analysis of data relating to substance use and substance use disorder (prevention); capital projects relating to substance use and substance use disorders; implementing the hotline for persons considering suicide or otherwise in a behavioral health crisis (treatment). He stated prevention is critical, but there seems to be a mismatch between what members want to fund and statutory priorities. He does not understand why treatment should be lower in priority because it is being funded.

Dr. Kerns shared SURG recommendations relating to treatment included improving access to medication-assisted treatment (MAT) for special populations, MAT in jails and prisons, and increasing the workforce. SURG considered the fund mapping, understanding there are restrictions on how the funding can be used.

Chair Sanchez noted they previously looked at what was being funded to guide their priorities.

Ms. Diaz reminded members they can recommend their own priorities, rather than those of SURG. While treatment is important, funds are to be used to fill service gaps.

Ms. Monroy-Marsala pointed out there is a $100 million difference between Medicaid fee-for-service's spending on treatment and managed care organizations' (MCOs') spending, showing

a significant gap since most Nevadans on Medicaid are with MCOs. She asked how ACRN dollars could be used to help fill treatment or coverage gaps.
Chair Sanchez focused on recommendations not currently funded to create his priorities. He asked whether they could recommend additional funding for activities already funded.
Dr. Kamyar tried not to let funding influence him. He asked if they could know whether something was being funded, how much the per-year funding was, and how long the funding would last.
Chair Sanchez said knowing what is being funded added to the confusion.
Ms. Loudon asked if the ACRN could broadly say that for Nevada to be more resilient, the state must improve Medicaid reimbursement rates for providers; increase the number of behavioral health providers; and have a comprehensive plan that includes prevention, intervention, and treatment. These suggestions would contribute to the overall health of Nevada over time. She added people using Medicaid should be empowered to choose their providers.
Chair Sanchez stated another broad recommendation would be to provide opioid prevention and treatment consistently across criminal justice and public safety system. The state could increase funding if it were presented as an ACRN priority and fund the listed action items. Previous committee recommendations have had results. He summarized the committee determined that treatment, prevention, and harm reduction were priorities.
Dr. Kerns added Centers for Medicare and Medicaid Services (CMS) is amending its payments for quality and effective treatment by providing incentives. Nevada Medicaid is exploring using telehealth and mobile units to address needs in some areas. She recommended committee members view the May 13, 2024, Joint Interim Standing Committee on Health and Human Services meeting for more information.
Chair Sanchez said the gap between Medicaid and the MCOs spending on treatment is an issue he cannot solve. What he can do is listen to the information given to him, look at his community and his experience, and use that to guide how he decides which recommendations are important to him. Some SURG recommendations did not rise to that level.
Ms. Diaz suggested they focus on their own recommendations for their report.
Chair Sanchez asked committee members whether their report should include any of the SURG recommendations or if they felt they did not have enough information.
Ms. Monroy-Marsala noted she would like to include their ranking of SURG recommendations in the report. She acknowledged the process was challenging for the committee; she requested that information be included in the report.
Chair Sanchez agreed the process was complicated. He suggested they identify their part and how to address it.
Dr. Wagner suggested stating they reviewed the SURG recommendations and ranked them. They could highlight their concerns around the process. She preferred they not endorse SURG's recommendations.
Chair Sanchez summarized the ranked SURG recommendations could be included in the report, along with a note of how far they went with the recommendations.
Ms. Toston agreed with Dr. Wagner, Dr. Kamyar, and Ms. Monroy-Marsala. She suggested funds be directed toward hospitals and institutions for treatment, early intervention for mothers so fewer babies are born with addictions, and childcare and job resources.
Ms. Loudon requested committee members not disregard SURG's input without knowing who SURG members and presenters were and how they made their recommendations.

Ms. Ross agreed with including the ranked SURG recommendations and prioritizing prevention and evidence-based treatment. Their recommendations are simply recommendations, which may or may not be funded. She wondered if the report would be used.
Dr. Kamyar looked at the funding imperatives in NRS. Prevention was included, but most of the list related to treatment. He asked how their list of hundreds of activities became grouped into goals in 2022.
Chair Sanchez replied the long list was filtered by whether recommendations met legislative criteria and which gap was being filled—capacity, treatment, data, prevention, and harm reduction. They were then grouped into categories.
Dr. Kamyar pointed out disparities between the two lists; items were omitted from some goals. It appeared to him a further distillation occurred.
Chair Sanchez reported state staff reorganized the list to avoid duplications and to eliminate unfeasible recommendations. ACRN has been charged with putting their recommendations in their report; they must trust the Director's Office to use them. Members should employ their subject matter expertise and work together to produce a list. They have seen the impact of their funding decisions in communities. They should determine whether those impacts match what they would like to see. Previous decisions have changed the way community members live and are helping to remediate harms from the effects of the opioid epidemic.
Ms. Monroy-Marsala would prefer the recommendation to double prevention funding not be included in their report. She stated her belief that this funding was intended to mitigate the harm caused by over-prescribing by bad actors. Primary prevention would mitigate the harm for people who are addicted today. In addition, the recommendation did not define prevention. The state generally views prevention to be primary prevention. Primary prevention would not mitigate the harms of bad actors and over-prescribing. She also did not want to recommend an additional $12 million for prevention versus $140,000 per year for harm reduction for people who were harmed and live with active harm from over-prescribing and inappropriate dispensing. There is also a gap in funding for treatment.
Chair Sanchez restated that prevention is not a direct response to mitigating the harm of the opioid epidemic.
Ms. Toston asked what would happen after the report is submitted.
Chair Sanchez explained the Director's Office will receive the report, review it, and choose what to do with the recommendations. They can issue notices of funding opportunity in response.
Ms. Toston asked if they knew which recommendations were most important to the State.
Chair Sanchez replied they do not. The responsibility of the committee is to complete their report; the Director's Office will do what it wants with those recommendations. They will report to the committee what was funded.
Ms. Toston clarified that regardless of whether recommendations are in the report, they may not all be funded.
Ms. Winbush said their recommendations could save lives; they should not just sit on a shelf.
Ms. Diaz acknowledged their frustration, and she reminded them their work was important. She explained that the statewide plan broke all their recommendations into different activities under strategies under the objectives. All the recommendations were as ranked. Their recommendations were important; they were taken into consideration and translated into the statewide plan. The state funded organizations and created partnerships based on ACRN

recommendations. She reminded members FRN funding must align with the statewide plan. The plan will be rewritten; ACRN recommendations will influence that.
Chair Sanchez reminded members that their discussions about recommendations two years ago influenced the statewide plan.
Ms. Diaz reiterated that these conversations and recommendations help guide the statewide plan. She reminded them they are subject matter experts whose input is needed. Changing a generation should be a goal, but there are present things they need to look at.
Ms. Ross informed the committee that most funding related to substance use is from federal grant dollars through State Opioid Response, Overdose Data to Action, and the Block Grant; few state general fund dollars are used. 80% of those grants goes to treatment; 20% goes to prevention. She would like a recommendation for funding both prevention and harm reduction. She reported the SURG Prevention Subcommittee discussed primary, secondary, and tertiary prevention; she confirmed prevention includes harm reduction.
Ms. Monroy-Marsala pointed out the state does not consider prevention and harm reduction the same, so they must be clear in what they write.
Ms. Ross suggested adding a harm reduction section. She apologized for her earlier comments. It was not her intention to discount the importance of their work.
Chair Sanchez reminded members they have seen how their work has made a difference in the community. He called for a motion to include SURG recommendations, with an explanation that they did not necessarily agree with all of them.
Ms. Monroy-Marsala reminded the Chair they should include the recommendations as they were ranked by the committee.
Dr. Kamyar would prefer the rankings not be included. He stressed that he had not known they were to look only at funding initiatives that were unfunded. He read the first sentence from the statewide needs assessment, "The Nevada Department of Health and Human Services Director's Office Fund for a Resilient Nevada Unit is responsible to administer the Fund for a Resilient Nevada and to supplement and not supplant existing funding focused on opioid use for opioid use disorder in Nevada," which is one of the Johns Hopkins principles ACRN adopted to help ensure that dollars from opioid-related settlements were additive to existing efforts. He did not understand it to mean he should consider whether an activity was being funded.
Chair Sanchez reminded them their bylaws state their part in creating the state plan was to prioritize overdose prevention strategies. They will continue to hear updates until their next report is due in 2026. Committee members need to participate in clarifying, reviewing, and directing the processes that result in the final report. He suggested moving forward the SURG recommendations with a caveat that they prioritized them, but there is still more work to do.
Dr. Kamyar asked whether using funding statuses as prioritizing criteria should be backed into SURG recommendations and if SURG made other recommendations they should consider.
Chair Sanchez asked whether they should say they do not have anything to report. He stated that overcomplicating this could put them in a place where they provide little or no input on how the state uses these funds. He asked that they move forward with what they see that can help remediate the harms of the opioid epidemic.
Ms. Monroy-Marsala made a motion to have the ACRN use its existing goals and objectives for funding for the next two years, including in the report their ranked SURG recommendations and documentation of their conversation about the challenges of ranking SURG recommendations.

Chair Sanchez said Ms. Monroy-Marsala's motion would hand the package to the State with what ACRN views as important and that there are things the committee needs clarified to organize their process.
Ms. Loudon seconded the motion. She asked if the report could include a link to SURG's report and allow readers to see the discussions they had, the recommendations, the intentionality of the funding, and how complicated the process was.
Chair Sanchez pointed out their discussion has shown that the process was confusing and more information was needed; it also highlighted the impact of their recommendations on the community. He asked members to wrestle with their questions, working on them between meetings. He would like to dig into clarifying the process over the next year.
Ms. Monroy-Marsala reminded them the motion was to roll over the recommendations from the last annual report so the state can work with the recommendations, goals, and objectives for the next two years and incorporate the ranked SURG recommendations, today's discussion, and a link to the SURG report to complete the record.
Dr. Kamyar asked if they were completing agenda item 5 and approving the ACRN recommendations at the same time.
Ms. Rasul verified they could combine the two agenda items.
Dr. Kamyar noted the goals were distilled. He noticed there were important treatment activities within Goal 4 that were not included
Chair Sanchez confirmed their current recommendations would be rolled over, with an emphasis on the ones that have not been funded.
Dr. Kamyar asked if they could add items not on the previous list. He referred members to "Increase Education, Adoption, and Support for Buprenorphine as a First-Line Treatment for Reproductive, Birthing, Pregnant, Etc. Patients with OUD." He disagreed with the final score – the legislative target score was zero even though this goal hits the highest number of legislative targets. He also disagreed with the impact score. If the points for meeting a legislative target were added, that recommendation would have the second highest score of all their recommendations, yet it was omitted. He would like to add it.
Chair Sanchez asked if they could add this to the motion.
Ms. Monroy-Marsala pointed out if they opened the motion to include recommendations outside of the current ones, they would also need to discuss excluding SURG recommendations they did not agree with. Their problem was in the process from 2022. The scoring was not transparent and was not shared with ACRN. Now, they are shoe-horned into recommendations they do not agree with and cannot change.
Dr. Kamyar said not all the individual recommendations made it into the goals.
Chair Sanchez explained the goals in the statewide plan were based on conversations and feedback from ACRN. They could roll over what they have; afterwards, they could discuss what they would like in the next statewide plan, covering the gaps Dr. Kamyar noted. State staff will finalize the statewide plan; ACRN can point out what is missing: how to address the gap between prevention versus treatment dollars and the importance of neonatal treatment. State staff can be guided by the discussion to adjust and address these issues in the state plan. He asked how they should move forward.
Ms. Yohey inquired whether they wanted staff to consider everything they will not put into their report to the Director's Office. The State used the recommendations in their last report to create activities. The State consulted with them throughout the needs assessment and creation of the

state plan. They took the committee's input under advisement, using their discussions during meetings for input regarding activities.

Dr. Kamyar noted Section 6 of the state plan under Goal 4, treatment, had 81 recommendations. In Section 7, treatment alone had 57 recommendations. He identified Eat, Sleep, Console, the number 2 activity for reducing neonatal abstinence syndrome (NAS). Number 1 is treatment with buprenorphine, but neither is listed under Goal 4. He did not go through the other goals to determine what was missing. ACRN was tasked with reducing NAS; Eat, Sleep, Console is the best evidence-based method for preventing or minimizing it.

Chair Sanchez noted the State could use that information to guide their statewide plan.

The motion passed without opposition or abstention.

Chair Sanchez indicated Dr. Kamyar requested including Promote Eat, Sleep, Console for the Mother-Baby Dyad for Treating Withdrawal, which is directly tied to reducing neonatal abstinence syndrome. The committee also discussed treatment over prevention, the importance of prevention, supporting more prevention, and disproportionate funding for harm reduction.

Ms. Monroy-Marsala advocated for increasing harm reduction funding. She proposed funding response teams to act on the outcomes of wastewater testing, but she did not support funding the vendor who presented at a previous meeting. The universities and local health districts do wastewater testing, but they do not have response teams. She would like information on how prevention funding is used. If it goes toward treatment, the state should ensure that more prevention dollars go toward prevention.

Chair Sanchez asked members to remain involved. He suggested they meet monthly. They can form subcommittees to report back to the committee as a whole. He asked members to provide feedback by emailing state staff and him. He would like their work to align with what they were tasked with doing.

V. Public Comment #2

There was no public comment.

VI. Adjournment

The meeting adjourned at 12:39 p.m.