Advisory Committee for a Resilient Nevada (ACRN

April 9, 2024

Minutes

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

The meeting was called to order at 10:06 a.m. A quorum was present.

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

Members Absent: Karissa Loper, Ariana Saunders, Cornelius Sheehan

Staff/Guests Present: Henna Rasul, Beth Slamowitz, Debra DeCius, Vanessa Diaz, Natalie Bladis, Sebastian Iza, Devon Pickles, Joan Waldock, Linda Anderson, Amani Wilson, Chase Whittemore, Connie Lucido, Jenna Eckley, Rick Reich, Dr. Andria Peterson, Kenneth Kunke, Dorothy Edwards, Olivia Piercy, Alex Tanchek, Ben Rendo, Noelle Hardt, Tray Abney, Rachel Mack, John Sande, Matt Robinson, Charli Miller, Shelley Poerio, Amy Saathoff, Lea Tauchen, Karina Fox, Lauren Beal

II. Public Comment #1

There was no public comment.

III. Review and Approve Minutes from March 12, 2024, ACRN Meeting

Ms. Collins-Jefferson moved to approve the minutes. Ms. Ross seconded the motion. The motion passed without opposition or abstention.

IV. Highlights from Funded Providers

- **Trac B**

  Trac B currently distributes 25,000-30,000 syringes per month. People who use drugs are moving from injection to smoking or inhaling, which they view as safer methods of delivery. 75-80 percent of used syringes are dropped off to be disposed of and destroyed.

  In 2023, they enrolled 713 new participants. 61 percent reported injecting 1-3 times daily; 23 percent inject 4-10 times daily; 4 percent inject more than 10 times a day; 8 percent report injecting less than daily, and 4 percent came in for services and do not inject. 30-40 syringes are distributed per visit. The number of syringes is limited so individuals come in 45-52 times per year. This helps clients feel more comfortable and gains their trust. It provides staff opportunities to offer referrals for care and testing for disease.

  Trac B operates eight vending machines in Las Vegas and three in Reno. Two more will be added in Reno. With no one is onsite, Trac B casts various messages on the products.

Dr. Kamyar asked if they track how many people are referred to services and the retention rate in programs. He pointed out that other states distribute up to 600 syringes at a time.

Trac B limited the number of syringes due to an initial limited supply. Later this year, they will begin packaging syringes in boxes of 40; this way, people will come back to the storefront and the vending machines and can be exposed to more information. Mr. Reich noted when 100 or more syringes are given out, individuals may give syringes to others for money or to just to share clean syringes.

Trac B has worked with the emergency rooms at Renown and is on call with University Medical Center (UMC). They do scheduled outreach, and they visit places people congregate. They direct people to the vending machines and the storefront.

Ms. Monroy-Marsala would like them to give people as many syringes as they want. She asked if Fund for a Resilient Nevada (FRN) dollars could be used to encourage people to return to the storefront. She also asked if the fund could purchase safe smoking supplies.

Ms. Waldock replied that the smoking supplies are considered drug paraphernalia in statute; these funds cannot be used to purchase drug paraphernalia.

Dr. Wagner asked if Trac B would give people more syringes if they had more money.

Mr. Reich replied he would, but he prefers establishing relationships with individuals receiving syringes. When larger numbers of syringes are given out, syringes can be lost or stolen. He considers how individuals can carry them and packages them in plain boxes that are easy to carry. Trac B offer incentives to individuals for disposing of used syringes. They also supply snacks and allow individuals to fill water bottles. Trac B can purchase foil, hookah pipe kits, and straws from other funds; they are not considered paraphernalia until they are used. Trac B wants people to bring in used syringes for disposal, get new syringes, and pick up supplies. That cycle increases communication and provides more opportunities to refer an individual to treatment.

- **Living Free Health and Fitness**

  Ms. Poerio said FRN provides funds for housing and treatment for frontier area residents. There are not many resources available for people in rural Nevada. To meet that need, Living Free added an eight-bed transitional living house that opened August 1, 2023, six of which are funded by the FRN grant. The grant also pays for incidentals for clients and covers expenses for picking up folks. They offer level 2.1 or 1.0 outpatient treatment. There is a program for men, women, women and children, and pregnant women. They have had a total of 11 clients. Currently, they have five active clients who are benefitting from the grant.

  Living Free has also created therapeutic workplaces. Participants can acquire jobs skills and knowledge by working at the Living Free Café and Living Free Gym, which are real businesses. They primarily hire people who are in recovery or who have been affected by addiction. In these sober workplaces, clients learn job skills and appropriate aptitudes and knowledge to prepare them to continue in recovery.

  Ms. Winbush asked how pregnant women can be eligible for Living Free's program.

  Ms. Poerio replied that participants must have either an opioid use disorder or opioid misuse diagnosis. The house has beds for five women with up to two children eight years old or under. They expanded their regular women's housing and can place a woman in her first trimester of pregnancy in one of the women's houses.

- **The EMPOWERED Program**

  Dr. Peterson stated that pregnancy offers a unique opportunity to make an intervention when individuals are more willing to seek and remain in care and treatment to have sustained recovery making it an important time to offer treatment and support services. Drug-induced death is the leading cause of death for women ages 15-45 in the United States. Neonatal abstinence syndrome (NAS) can occur from a sudden discontinuation of fetal exposure to substances that were used or abused during pregnancy. The number one cause of pregnancy-associated death in Nevada is overdose, which is preventable. Postpartum overdose risk is highest 43-365 days after giving birth, making it important to offer support services during pregnancy and the postpartum period.

  To mitigate the effects of maternal opioid use disorder (OUD) and NAS, EMPOWERED supports pregnant and postpartum individuals who use or have a history of using opioids with a person-centered approach focused on community, health, home, and purpose. The program prepares participants for the birth of their infants and to thrive as caregivers. It helps them build social networks, know how to make informed and healthy choices, have a stable and safe place to live; develop meaningful daily activities and independence, earn an income, and have resources to participate in society. Personalized care plans clients' self-identified most urgent needs, creating trust.

  FRN funding has allowed EMPOWERED to expand services through peer recovery support specialists, which this target population needs. Peers accompany participants to appointments, do home visits, and provide care navigation. Clients work with a peer who has lived experience in navigating community resources.

  Clients are grouped into pregnancy, 0-12 months postpartum, and 13-24 months postpartum stages. Stage-based interventions peer groups, education, community building activities, peer support groups, and sober social activities are provided. The pregnancy stage focuses on prenatal care, medications for OUD, and NAS medication. Clients learn about the effects of the substances they are using, how to sustain recovery, and the benefits to the infant's outcome. 0-12 months postpartum focuses on addressing barriers and triggers, parenting skills, and sustained recovery. If clients are involved with Child Protection Services, EMPOWERED supports and advocates with them. The 12-24 months postpartum stage focus on building resiliency.

  Education teaches clients how to better manage overall health and recovery for them and their families and how to create safer home environments to prevent relapse. Opportunities focused on mindfulness, stress management, educational and vocational training, job readiness, and the value of their story promotes a sense of purpose. Through peer support, clients can see recovery being modeled. They learn that long-term sobriety is possible, and it is possible to have their children and maintain a full-time job.

  75 clients have participated in FRN activities: 15 clients in the pregnancy stage, 44 in 0-12 months postpartum, and 9 in 12-24 months postpartum. Seven clients have been supported beyond 24 months as they worked on a safe transition and discharge planning. Clients have received 376 sessions of case management, 259 peer support sessions, and a network of 65 community partners.

  Ms. Wilson joined EMPOWERED in May of 2021 when she was homeless, pregnant, and had no support. She wanted to get clean, but treatment centers looked down on her for being pregnant and still using substances. A friend told her about the EMPOWERED. Ms.

Winbush was her peer support specialist; she needed peer support to provide a sense of community. Peer support gave her someone to talk to for needed wisdom and advice on how to carry herself and how to have a safe home. Ms. Winbush always answered the phone. A Thursday morning group provided a way for Ms. Wilson to feel she was part of a community. She felt empowered by knowing other women were going through what she was going through—trying to say clean in their recovery journeys and dealing with motherly issues. It made her feel like she could do this.

EMPOWERED helped her with navigation and advocacy. Staff listened to her needs and helped her prioritize them. When she enrolled in the program, her emergent need was her substance use disorder. She used therapy services offered, which helped her get to where she is today. She applied the skills she was taught, and they helped her build resiliency. Midway through the program, she had trouble with housing. She had been so focused on not using substances that she did not work at the time. The program care manager linked her to her health insurance resources that covered her rent.

Being busy is a key part in recovery. There is always something to do in the program. She did two therapy sessions. EMPOWERED offers mental health groups. In these groups, participants talk about their mental health. She feels mental health is the key issue to stopping substance use. Topics covered help clients stay resilient in recovery.

In their stage-based activities, EMPOWERED has covered car seat safety, which is different for babies than it is for toddlers. They have provided classes on sexually transmitted diseases. Dentists have come to teach them how to help their children brush their teeth. They are now doing yoga and can bring their children. They have gone to the University of Nevada for a cooking class.

Ms. Wilson knows she would not be where she is today without the support of EMPOWERED. They helped her with close her case with Child Protection Services.

Dr. Peterson noted the criteria for enrollment in the program is opioid and/or stimulant use disorder for persons who are pregnant or in the postpartum period. They are expanding into northern Nevada. They will start accepting clients in April.

Ms. Monroy-Marsala asked what EMPOWERED is doing about the increasing number of syphilis cases. She also asked if the Department of Health and Human Services (DHHS) is working with public health to use settlement dollars for congenital syphilis due to its comorbidity with drug use.

Ms. Mack stated she is on the review team for the Nevada Congenital Syphilis Review Board case review ream. EMPOWERED works with the Southern Nevada Health District (SNHD). They get clients to their appointments for treatment during pregnancy. They continue to educate clients on family planning, safety, and harm reduction. In northern Nevada, they are learning that access to support, screening, and treatment is different.

The education piece is important, along with care coordination and support for clients. Ms. Mack said a client might have signs or symptoms, then needs to go an appointment for testing or find a walk-in clinic—it takes transportation to get there and then to go to treatment, which takes more than one appointment. Case management helps them to complete treatment prior to delivery.

Dr. Peterson reported SNHD hels listening sessions to generate an awareness campaign for sexually transmitted infections. They hosted a listening session with EMPOWERED;

EMPOWERED helped them host one with WestCare. Clients at both sessions were open with their personal stories.

Ms. Monroy-Marsala summarized there is a gap in the north and that addressing this is not simple. She asked whether using FRN funds to support congenital syphilis work could be an agenda item for a future ACRN meeting.

Dr. Kamyar noted most cases of congenital syphilis are the result of individual- or systems-based obstacles. In southern Nevada, prenatal care will identify syphilis, and it will be treated effectively. Programs that link patients to prenatal care will help decrease those rates of infection. That is one of the main goals of the EMPOWERED Program's goals in northern Nevada. He added that two of the most common individual-level barriers are lack of insurance and substance use with its accompanying stigma.

V. Overview of Potential Wastewater Analysis Project

Stercus Bioanalytics has developed a methodology that can detect opioid and other drug usage through wastewater testing that identifies the presence of opioids and quantifies their level. The data enables targeted interventions and informed policymaking to combat the drug epidemic effectively. Stercus can test for the per capita consumption rate of up to 45 different narcotics, including fentanyl, opioids, methamphetamine, xylazine, and heroin.

They combine state-of-the-art wastewater analysis with real-time analytics to give health officials a true picture of drug use in a targeted area by collecting samples at wastewater treatment plants. Testing can show where drug rates are rising or falling; they can monitor public heath campaigns to see what is working in ZIP codes where consumption rates go down. They use artificial intelligence analytics to predict what drug consumption rates will be in two weeks; they are working to be able to predict what the fentanyl usage rate will be for specific ZIP codes based on previous data and what the naloxone rate will be two months out. If fentanyl usage is high and naloxone use is low, the state could increase naloxone distribution in that area to prevent overdoses. They want to see the seasonality of drug use and distribution, shipping patterns, the impact of public messaging and recovery campaigns, and what affects change.

They can see emerging drug threats and help develop resources to snuff out those problems before they become widespread. They can aid public health by testing outgoing sewage pipes at high schools and colleges to monitor weekly fentanyl consumption rates. If a spike reaches a trigger point, a warning can go out to parents, administrators, and students.

Their testing can differentiate btw fentanyl that is prescribed or is street-level synthetic fentanyl. They can tell how many doses of naloxone was administered in an area in the previous week—data that is helpful in determining where naloxone should be distributed. They can tell whether the fentanyl has been flushed or consumed. A prevalence of nonmetabolized synthetic fentanyl is a sign of a possible drug distribution trafficking point, indicating the need for investigation.

Their portal shows their partners the narcotic consumption rates and where they are reaching a point to trigger warnings. When that happens, a notification can go out to everyone in the area to let them know fentanyl rates spiked and overdoses are on the horizon. They are working on tying narcotics back to the cartels and manufacturers.

Dr. Wagner asked who can access the data from the system.

Mr. Rendo replied the data belongs to the state. They do not share the data with law enforcement unless they have been directed to do so by the state.

Dr. Wagner asked how small a geographic area they can focus on from a wastewater treatment plant.

Mr. Rendo said that depends on how many ZIP codes the plant serves.
Dr. Wagner asked how long it takes Stercus to add a new drug to the testing panel.
Mr. Rendo replied that it has taken about two weeks.
Dr. Wagner asked what public health infrastructure is needed for the state to be able to implement action response plans or spike response plans to save lives based on emerging phenomena based on near real-time data.
Mr. Rendo replied that the most success has come with engaged teams from Department of Public Safety and Department of Health and Human Services. A sample taken on Monday will be at the Stercus lab by Tuesday and uploaded to the dashboard on Thursday. Proactive teams can help get the message out. For naloxone distribution, if they have data on May 1 that says fentanyl rates in certain ZIP codes will be at a certain point by July 1 but naloxone rates are inadequate, they rely on state partners to distribute naloxone in the areas and get messaging out. At a high school level, notification is immediate and goes to the parents and administrators. At a dorm, notification would go to everyone living in the dorm.
Ms. Tosten asked how often they run tests per ZIP code.
Mr. Rendo said they collect samples for macro testing at a wastewater treatment plant once per week.
Ms. Tosten asked if they focus on ZIP codes and areas where manufacturing could be taking place by looking for chemicals from the manufacturing process.
Mr. Rendo said they can tell whether narcotics have been consumed and metabolized by a person. A drug task force can inform them of an area they believed to be a trafficking distribution point. Stercus can sample at the manhole cover-level. In the United States, there is a sewage manhole every half block to block. They can look for the presence of unmetabolized fentanyl. From there, they can triangulate the trafficking distribution hub to a half block.
Dr. Kamyar asked if they could differentiate between naloxone people take that is in Suboxone and naloxone that is administered for opioid overdose reversal.
Mr. Rendo replied they can see the number of metabolites attached to naloxone and calculate the dosage rate.
Dr. Kamyar asked if 1,500 people in a ZIP code were using Suboxone and excreting naloxone and seven people were administered naloxone nasal spray, would Stercus be able to tell.
Mr. Rendo said they would.
Chair Sanchez noted his interest in seeing outcomes from states Stercus partners with.

VI. Review of Statewide Opioid Goals

Chair Sanchez asked members to pay attention to what is currently being funded, what is earmarked for dollars in the budget, and what is not yet funded to guide their process for making recommendations to the Director's Office.
Ms. Diaz announced the Fund for a Resilient Nevada will be releasing a request for proposals in May or June. She reviewed the remaining goals, strategies, and objectives.

Goal 4: Provide Behavioral Health Treatment

- Strategy 4.1: Increase the Availability of Evidence-Based Treatment

Objective 4.1.1: Increase Training and Implementation for Evidence-Based Practices (EBPs)
Objective 4.1.2: Provide a Variety of Evidence-Based Practices Accessible to Nevada's Frontier, Rural, and Urban Populations
Objective 4.1.3: Expand Treatment Options for Special Populations, Including Adolescents and Individuals with Co-Occurring Disorders

Chair Sanchez asked if they could fund an additional program to provide activities that are already being funded.
Ms. Diaz replied that others could apply to meet an objective that is already being funded. Notification for the request for proposals will be sent out through the FRN ListServ, and information will be available on the FRN website.

Objective 4.1.4 Expand/Maximize Capacity of Current Services and Increase Workforce

- Strategy 4.2 Increase Access to Evidence-Based Treatment
  Objective 4.2.1 Expand Treatment Funding Options
  Objective 4.2.2 Increase Effective Utilization of Telehealth

- Strategy 4.3: Increase Availability of and Access to medication for opioid use disorder (MOUD)
  Objective 4.3.1 Increase the Volume of Waivered Prescribers for OUD Providing Treatment in Rural and Underserved Areas
  Objective 4.3.2 Increase Access to MOUD
  Objective 4.3.3 Increase Provider Proficiency in Treatment with MOUD

- Strategy 4.4: Increase Treatment for Neonatal Abstinence Syndrome (NAS)
  Objective 4.4.1 Screening, Intervention, and Referral for Pregnant Women

Goal 5: Implement Recovery Communities across Nevada

- Strategy 5.1: Address Social Determinants of Health (SDOH)
  Objective 5.1.1: Screen and Connect People to SDOH Resources
  Objective 5.1.2: Access to Housing

Ms. Toston asked if there will be a notice of funding opportunity to improve youth housing.
Ms. Diaz reminded the committee the request for proposals to be released covers all goals, strategies, and objectives.
Chair Sanchez added this objective has not been funded. An agency can respond to the request for proposals with a plan to meet this need.
Ms. Diaz explained all applications will be reviewed by an evaluation committee who will evaluate the program and determine whether it is sustainable.
Chair Sanchez asked how the evaluation committee would choose between two programs applying for the same funds.
Ms. Diaz replied they would not look at funding one or the other. The committee determines how strong an application is and which goal they are applying for.
Chair Sanchez summarized there is a thorough process that determines how the funding is given out.

Objective 5.1.3: Employment Supports

Objective 5.1.4: Access to Childcare
Objective 5.1.5: Access to Transportation

Goal 6: Provide Opioid Prevention and Treatment Consistently across the Criminal Justice and Public Safety Systems

- Strategy 6.1: Promote Safe Response to Opioid Use in the Community

Objective 6.1.1: Ensure Laws and Law Enforcement Agencies Do Not Deter Interventions for People in Need of Harm Reduction Interventions

Dr. Wagner mentioned SHIELD training was provided in southern Nevada last summer. Train the trainer was supposed to disseminate and propagate the training to law enforcement across the state. She asked whether FRN funds could be used for this under this strategy.
Ms. Diaz asked Dr. Wagner to email her the question so she can check into it for her.
Chair Sanchez stated the trainers have been trained. He suggested law enforcement agencies could apply for funds to increase this training.

- Strategy 6.2: Prevent Overdose after Release from Jails and Prisons

Dr. Wagner asked whether Carson City Community Counseling provided medication-assisted treatment (MAT) in all correctional facilities.
Ms. Waldock clarified Carson City Community Counseling is providing MAT in Carson City, Storey, and Douglas Counties.
Dr. Wagner asked if the program in the Washoe County detention facility is funded by FRN.
Ms. Waldock believes it is funded by the county.
Dr. Wagner noted there is room to grown in providing MOUD in correctional facilities.
Ms. Waldock added that Bill Teel, who presented at the last meeting, is doing MOUD pilot programs in Lander and Esmeralda Counties,

Objective 6.2.1: Increase Access to Quality Care for Justice-Involved Individuals
Objective 6.2.2: Support Individuals with Opioid Use History Leaving Jails and Prisons

Goal 7: Provide High Quality and Robust Data and Accessible Timely Reporting

- Strategy 7.1: Provide Consistent, High-Quality Data for Surveillance and Reporting

Objective 7.1.1: Improve the Quality of Toxicology Data
Objective 7.1.2: Improve and Standardize Surveillance Reporting

Ms. Monroy-Marsala pointed out they had a presentation about improving the state's ability to collect more data through wastewater surveillance. She suggested the state consider whether there is a supported public health infrastructure that can respond to what such surveillance would reveal. She heard the presenter state they can provide information to public safety, which would not be overdose prevention. That would likely result in an increase in law enforcement presence, which is not needed to reduce overdose deaths. The state needs to ensure they have infrastructure in place to make meaningful corrections based on the data received.

- Strategy 7.2: Increase Availability of Data for Rapid Response to Opioid Trends

Objective 7.2.1: Increase Breadth of Data Collected
Objective 7.2.2: Ensure Data is Shared Across Agencies and Providers

Chair Sanchez noted Objectives 7.2.1 and 7.2.2 are on his radar. He would like to see that clients are not receiving Suboxone from more than one prescriber. He asked if the committee could follow up on this.

Objective 7.2.3: Provide Immediate Access to Critical Opioid-Related Data

Chair Sanchez asked how they could fund bad batch communications.
Ms. Diaz replied that entities could apply to do this under the next funding opportunity.
Dr. Kamyar compared the goals, strategies, and activities in their previous statewide plan and pointed out some of the priority scoring for their recommendations in 2022 had been scored incorrectly. He noted that pregnancy is covered in many of the priorities—prevention of overdoses potentially treats 2+ persons; addressing disparities in access to health care for pregnant women who have difficulty accessing health care; prevention of substance use among youth is addressed as it is know that treatment for substance is generational and affects children. Pregnancy treatment hits all three priorities.
Chair Sanchez asked committee members to consider what their previous priorities were and advocate for the gaps in funding today and moving forward.
Ms. Monroy-Marsala asked how their recommendations would be ranked for the new report.
Chair Sanchez said they would prioritize what is important to them in the next two meetings.

VII. Review, Approve, and Prioritize Substance Use Response Working Group (SURG) Funding Recommendations for Possible Inclusion in Advisory Committee for a Resilient Nevada Report to the Director's Office

Chair Sanchez asked members to make note of the SURG recommendations they would like to include in their recommendation to the Director's Office. He explained that the SURG broke into subcommittees that researched and discussed their topics before they ranked them.
Dr. Wagner asked if the SURG rankings reflected the ranking ACRN members did of the SURG priorities.
Ms. Waldock clarified the order of the priorities is based on the poll of ACRN members.
Chair Sanchez reviewed the first recommendation—using opioid settlement funds to support the naloxone saturation plan for the next 10 years. He would like to move this recommendation forward. The next recommendation concerns the 1115 Waiver for people leaving correctional facilities. It will be moved forward. The third recommendation was to double the funding to primary prevention. He recommended not moving this one forward.
Dr. Wagner thought it was useful for the committee to see the priority rankings.
Chair Sanchez asked members to note their own priorities so next month they can discuss them.
Dr. Kamyar noted that SURG had 20 recommendations, 10 of which had included treatment.
Ms. Waldock explained the SURG recommendations they are viewing are the ones SURG viewed FRN as the funding source for.
Chair Sanchez closed this agenda item.

VIII. Public Comment #2

There was no public comment.

IX. Adjournment

The meeting adjourned at 12:53 p.m.