



Advisory Committee for a Resilient Nevada
Wednesday, May 18, 2022, 9:00 a.m.
Draft Minutes

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

The meeting was called to order at 9:02 a.m. A quorum was present.

Members Present: Chair David Sanchez, Jessica Barlow; Brittney Collins-Jefferson, Lilnetra Grady, Ryan Gustafson, Dr. Fazad Kamyar, Karissa Loper, Katherine Loudon, Elyse Monroy, Darcy Patterson, Pauline Salla, Cornelius Sheehan, Ariana Saunders, Dr. Karla Wagner, Quinnie Winbush

Members Absent (excused): Cecilia Maria, Laura Sherwood

Staff and Guests Present: Dr. Stephanie Woodard, Henna Rasul, Marla McDade Williams, Julia Peek, Kendall Holcomb, Iris A. Key, Lea Tauchen, Samantha Szoyka, Linda Lang, Dr. Amanda Haboush Deloye, Taylor Allison, Jose L. Melendrez, Tyler Shaw, Katree Saunders, Dr. Terry Kerns, Janine Baumert, Joe Cylc, Jennifer Atlas, Denni Byrd, Sarah Adler, Christopher Boyd, Allison Genco, Brooke C. Kleven, Brooke Esquibel, Carmen Hua, Jenny Harbor, Joyce Abeng, Lara Vo, Margaret Scharmann, Lea Case, Marcie Ryba, Michael Magney, Misty Allen, a representative from The Perkins Company, Tina Fennel, Yolanda Chatwood, Joan Waldock

II. Public Comment

There was no public comment.

III. Discussion and Possible Action to Approve the Minutes from April 20, 2022, Meeting

Ms. Barlow moved to approve the minutes. Ms. Monroy seconded the motion. The motion passed. Ms. Salla, Ms. Collins-Jefferson, Ms. Loper, Ms. Saunders, and Ms. Loudon abstained as they were not present at the previous meeting.

IV. Presentation to Review the ACRN's Purpose and Responsibilities

Ms. Yohey shared her [presentation](#). The goal of the ACRN is to effectively address risks, impacts, and harms of the opioid crisis through the Fund for a Resilient Nevada. They are responsible to develop a report for the Director's Office, due on or before June 30 of each even-numbered year. They must also develop recommendations pursuant to the statewide plan to allocate money from the fund. The Department of Health and Human Services will consider their recommendations and those of state, regional, local, and tribal governmental entities whose work relates to opioid use disorders and other use disorders. She reviewed their progress and where they are in the process.

V. Presentation, Discussion, and Possible Approval of ACRN's Recommendations Arising from the April 20, 2022, Meeting, Public Input, and Survey Results

Ms. Yohey reviewed the [results of the survey](#) completed by Committee members and recommendations for the report to the Director. The survey results will assist them to prioritize gaps from the needs assessment and develop recommendations based on those gaps. Gaps identified in the survey include data, prevention, general treatment, outpatient treatment, withdrawal management, inpatient and residential services, discharge and recovery support, harm reduction, and social determinants of health. She suggested they first determine whether items are funding or policy. Ms. Loper asked to add identifying whether items are prevention or treatment strategies.

1. Mandatory prevention training in all schools along with current health training, mental health, suicide and drug prevention.

Ms. Louden commented on the difficulty her school district has in implementing *Nevada Revised Statutes* mandates and regulations when nothing identifies the interrelationship between them in prevention. Schools must cover substance misuse, prevention, and intervention; dating violence; eating disorders, and bullying; but schools and the community do not understand what prevention is and how strategies and tools could be used across risk factors. She recommended tying them together. Ms. Salla noted this recommendation pertains to policy, funding, and prevention. She suggested attaching funding when their recommendations result in policy changes. Mr. Sanchez pointed out the needs assessment should inform their recommendations. Based on the needs assessment, Ms. Loper suggested this recommendation read, "Sustainable funding to improve drug use prevention education and educator training in geographic and sociodemographic underserved areas identified by the needs assessment." It was marked as prevention policy and funding.

Dr. Woodard noted they used the *Johns Hopkins Principles for Use of Funds for Opioid Litigation* as a guiding document to structure Senate Bill (SB) 390 for how the state uses opioid funds from the litigation. They must use the funds to save lives and use evidence to guide spending. As they organize their recommendations, they should identify which criteria recommendations relate to. The needs are known; the recommendations will provide how to address them with an action or strategy. They should determine if each is a funding strategy, a policy strategy, or both. Chair Sanchez pointed out their recommendations are for the report they will approve. The Committee's recommendations are not the only recommendations the Director's Office will receive. Ms. Yohey reminded them they are not limited to this list.

2. Intense media coverage regarding prevention, how to recognize addicts in your circle of influence, and effective steps one can take to help the person. Ads should be run across social media, television, radio, and print—specifically, billboards and flyers.

Chair Sanchez explained they can note their recommendation priorities if a recommendation goes through the objective tool and is considered a lower priority. Dr. Woodard reminded them they are identifying recommendations which will go through the objective tool to identify the impact, feasibility, and urgency of each. The Committee will review and prioritize those. They can be included in the report to the Director's Office. Ms. Monroy noted if messaging is not appropriate, culturally competent, and in language people can understand, the money is wasted. The recommendation became, "Campaigns to educate and increase awareness of the public concerning substance use and substance use disorders: assessment of efficacy of current

related media campaigns and ensure all media campaigns are evidence-based, culturally competent, and multilingual on diverse media platforms (marked as prevention and funding).

3. Opening more beds for crisis and withdrawal management that should be readily available despite an individual's insurance status.

Chair Sanchez noted withdrawal and detoxification centers are a challenge throughout the country. Ms. Salla asked if creating effective infrastructure to open more beds could be added. Dr. Wagner suggested they recommend creating a scholarship fund for workforce development and training to assist people affected by the opioid epidemic. Ms. Monroy asked to separate creating the infrastructure and funding the beds. A treatment infrastructure would mean facilities, beds, linkage to care, community-wide case management, health information exchanges, and reimbursement models. Dr. Wagner would like to have funding set aside people directly affected by the opioid epidemic. The updated recommendation was, "Open more beds for crisis and withdrawal management should be readily available, despite an individual's ability to pay and/or type of insurance, for both adults and youth." It was categorized as treatment, workforce, infrastructure funding, and policy.

4. Expand harm reduction services in both urban and rural underserved areas. This should include funding for syringe exchanges, fentanyl test strips, and naloxone distribution.

This recommendation was changed to, "Sustainable investment in harm reduction services in both urban and rural underserved areas, including but not limited to funding for syringe exchange, fentanyl test strips, and naloxone distribution.

5. Support secondary prevention strategies, including screening and linkage to care, school-based mental health, and other community-wide multipronged strategies.

Chair Sanchez noted this focuses on secondary prevention strategies and ties to screening, linkage to care, and school-based mental health. Dr. Wagner they should tie this back to the needs assessment's mention of screening, brief intervention, and referral to treatment (SBIRT). Ms. Monroy said many federal grants can be used for primary prevention programs for youth, but do not allow for screening and linkage to care. Dr. Wagner pointed out the needs assessment reported Medicaid claims for SBIRT are low, and utilization of SBIRT is low in non-behavioral health settings. This recommendation was changed to, "Sustainable investment in increasing utilization of secondary prevention interventions and strategies focusing on targeting underserved populations as noted in the needs assessment," and marked as prevention.

6. Creation of more inpatient rehab facilities

Ms. Monroy thought this would fit under the infrastructure recommendation. It became, "Investment in behavioral health infrastructure towards the creation of more inpatient rehabilitation facilities and detox facilities linked to the needs assessment," and was marked as pertaining to treatment.

7. Peer support workers, along with community health workers, implanted in recovery support programs across the state

They had an extended discussion about increasing wages for peer support and community health workers. Chair Sanchez noted this is entry-level work in behavioral health and is guided by lived experience. Having community health and peer support workers in recovery programs could result in destigmatization. Currently, these workers are employed in outpatient or inpatient treatment facilities, but there is a place for them in social services, hospitals, judicial systems, and schools. Dr. Wagner amended the language to ensure they are not implanted in recovery support programs only, but broadly across social services. Chair Sanchez stated there is

evidence showing the benefits of utilizing these workers in behavioral health settings; they pay for themselves. Ms. Monroy acknowledged peer reimbursement rates are established. If the rates cannot be increased, settlement funds could be used to supplement them. Dr. Wagner suggested that paying these workers a salary not based on reimbursement could expand their scope of service in meaningful ways. This is a policy and funding. Ms. Monroy said the role of peers in the health and social support system is to work alongside community health workers. The recommendation became, "Sustainable investment in peer support programs along with community health workers implanted in the recovery support programs and across behavioral health and social services throughout the state, including review of reimbursement rates and supplementing wages"—policy and funding.

- Expansion of payment coverage for family treatment; insurance coverage for family-based treatment (insurance for family treatment lags individual treatment, creating a disincentive for many providers); family (caregiver/kin) based programs to fortify adolescent and young adult attachment as a preventive measure; provider training in administration of family-based treatment.

Mr. Sheehan said research indicates making interventions at a family level, especially from an attachment perspective, and fortifying young people's sense of attachment security can have a preventive effect regarding bad substance abuse outcomes including addiction and its consequences. The disincentive for providers providing family-based treatment is that insurers reimburse disproportionately for individual versus family psychotherapy. He has been advocating for Nevada insurers to provide conjoint therapy—parent and child, parents together with kids, siblings—at the same rate they reimburse individual psychotherapy. Providers need to be trained, but many cannot attend trainings due to cost. Chair Sanchez pointed out the need to supplement existing organizations or programs for people to maintain this therapy if there is such a discrepancy between the reimbursement in a family versus an individual therapy setting. There is a challenge going through the system—school, Child and Family Services, or judicial—resulting in stigmatization, uncertainty, and bad feelings. Going through that system does not keep them bound together; it separates them, especially when there is financial hardship.

Dr. Kamyar said he did not think the Committee had done the Mercer identification of gaps justice. He was trying to tie the recommendations to SB 390. He did not see anything about evaluation, implementing a hot line, programs of persons involved, crisis service, prevention and treatment of infectious diseases. Chair Sanchez explained the Mercer presentation was meant to guide their recommendations to fill in the gaps. Other entities will be making recommendations to the state. Ms. Collins-Jefferson asked if this recommendation could include the transitional age group of 18 to 25. They still need the support of the families. Mr. Sheehan reported the young adult recovery program in a Reno court covers through age 26. This recommendation was split into, "Expansion of payment coverage for family treatments (policy)," and "Sustainable and continued investment and training in administration of family-based treatment."

Ms. Yohey suggested they vote on the recommendations they have gone over before they lose quorum.

Ms. Monroy made a motion to move the agreed-upon recommendations forward for prioritization through the Mercer objective tool. Ms. Salla seconded the motion. The motion passed without

abstention or opposition. [Dr. Kamyar, Ms. Saunders, Ms. Barlow, Mr. Gustafson, Ms. Winbush, and Ms. Salla were absent for the vote.]

- Approaching the problem from 80/20 perspective, limited resources so prioritizing what will save the most lives, treatment with medications for opioid use disorder and everything tied to treatment. Evidence based/informed practices across all treatment in Nevada.

Chair Sanchez stated all recommendations put forward will be evidence-based and informed practices.

[Quorum was lost.]

- VI. Notice of the Date for the Next ACRN Meeting to be held on June 8, 2022
Dr. Wagner suggested they be informed how long the June meetings will be. Ms. Loper recommended they plan a five-hour meeting. Ms. Monroy agreed. They will attempt to have three meetings in June to accomplish their goal.
- VII. Public Comment #2
Ms. Saunders stated she would send her recommendations to the Committee.
- VIII. Adjournment
The meeting was adjourned at 3:21 p.m.