# Advisory Committee for a Resilient Nevada (ACRN

**March 12, 2024**

**DRAFT MINUTES**

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

**Members Present:** Jessica Barlow; Brittney Collins-Jefferson; Lilnetra Grady; Ryan Gustafson; Dr. Farzad Kamyar; Katherine Loudon; Elyse Monroy-Marsala; Darcy Patterson; Jamie Ross; David Sanchez, Chair; Malieka Toston; Dr. Karla Wagner; Quintella Winbush
**Members Absent:** Karissa Loper, Pauline Salla, Ariana Saunders, Cornelius Sheehan
**Staff/Guests Present:** Henna Rasul, Dr. Terry Kerns, Beth Slamowitz, Dawn Yohey, Debra DeCius, Vanessa Diaz, Natalie Bladis, Joseph Filippi, Joan Waldock, Sergeant Andrew Sherbondy, Nicole Schauwecker, Linda Anderson, Donna Laffey, Ryan Hamilton, Steve Shell, Dorothy Edwards, Megan Quintana, Morgan Green, Michelle Berry, Bill Teel, Jacki Shott, Tandi Maginnis, Lori (no last name provided)

## II. Public Comment #1

There was no public comment.

## III. Review and Approve Minutes from February 13, 2024, ACRN Meeting

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

## IV. Highlights from Funded Providers

Chair Sanchez reminded members they prioritized funding transportation as a social determinant of health, longer term and short-term rehabilitation programs, housing support for individuals throughout the recovery process, and sober and affordable housing resources through partnerships. The Washoe County program does all four as they support individuals with opioid use disorder (OUD) being diverted from jail programs.

- **Washoe County Department of Alternative Sentencing**
  Sergeant Sherbondy explained the Support in Treatment, Accountability, and Recover (STAR) Program is a multi-disciplinary community supervision model centered on OUD for the probation and pre-trial population the Division of Alternative Sentencing (DAS) serves in Washoe County. Its therapeutic model addresses root causes of criminogenic behavioral. The team consists of a licensed clinician, a probation officer, a case manager, a grants coordinator, and a peer recovery support specialist.
  In the first five months of programming, opioid use dropped about 60 percent. They have expanded into recovery housing, education, and medication-assisted treatment (MAT) for individuals no longer Medicaid eligible.

Ms. Schauwecker applied for FRN dollars to enable STAR participants to continue their recovery success in later phases of the program. Bus passes for participants with transportation challenges and temporary coverage of MAT for participants who lose Medicaid due to gaining employment are funded.

In partnership with Life Changes, FRN funds the live-in manager and the lease for a transitional recovery house for participants who are between needing structured residential programming and finding permanent housing. That stability has allowed residents to reconnect with and attend activities with their children. The team has used the house for a cooking class, get-togethers, and weekly group skills training for all STAR participants.

Sergeant Sherbondy informed them the house manager is an active participant in the program. He was in and out of prison as a juvenile and as an adult. He was waiting for a chance to prove himself, which became apparent when he expressed interest in being the house manager. By having the responsibility, respect, and dignity he needed, he has become the person he always knew he was. He is an example of what can happen when therapeutic, person-centered programming in the multidisciplinary model is applied with intention and with support from the community.

The program uses interactive journaling to help participants work through how they think, feel, and behave in the world around them. They hope this activity results in cognitive restructuring to help participants stay away from further justice involvement.

FRN is helping to fund a documentary about STAR. It will be packaged in media segments. One will be played for inmates at the Washoe County Detention Center who are interested in treatment and a program that will help them break the cycle, and it will be used to inform potential funders and the public of the program's impact and why it needs to continue.

Ms. Monroy-Marsala asked if the model they use is evidence-based. She asked if people lost Medicaid when employed at places not offering medical insurance or if their insurance does not cover MAT services. She requested outcome data from the program.

Sergeant Sherbondy replied an American Society for Addiction Medicine (ASAM) assessment is done to determine level of care. People are referred for services STAR cannot provide—if residential treatment is needed or if a participant needs to go through detoxification first, STAR uses the local community network. If the STAR clinician can provide the needed services, she does. The interactive journaling is an evidence-based model to supplement the clinical work participants engage in. They integrate with treatment that fits for the individual. If a participant is familiar with Northern Nevada HOPES and is established with a counselor, STAR does not interfere; they mold the operation to support whatever clinical work participants are involved in.

STAR has seen a few participants achieve full-time employment. One employer does not provide insurance, so STAR makes sure the individual can afford the necessary treatment services. For the other person, there is a three-month gap between date of hire and when insurance benefits begin. The program bridges that gap. They want to ensure a seamless transition from Medicaid to private insurance so participants continue services.

They collect statistics through the DAS on-site urinalysis laboratory. They use the testing data to mark reduction in use. The lab has a 98 percent accuracy rate.

Ms. Monroy-Marsala explained the committee wanted data for making recommendations about funding gaps; they want to see what is working. She would like to know about challenges to covering MAT services as policies may need to change.

Sergeant Sherbondy invited members to reach out to see how their investment is turning into actionable results.

Chair Sanchez clarified the presentation was to provide a programmatic overview of what they are doing and how FRN dollars are being used. He asked members to email the FRN team with any questions they have for the programs.

- **Carson City Community Counseling Center Regional Wellness Center**

  Ms. Maginnis noted Carson City Community Counseling Center has a 38-year history. Two years ago, they saw an increasing need for residential treatment. They bought a 30,000 square foot building and began renovations. They opened the end of last August. They are Substance Abuse Prevention and Treatment Agency-certified and Health Care Quality and Compliance-licensed. FRN has supported them in serving 16 clients with an opioid use diagnosis. Clients were identified through assessments and screenings at Douglas, Carson City, and Storey Counties' jails. Upon release from jail and admission to the residential program, individual treatment plans were created with each client. Therapy, medical providers for MAT services, peers, case management, and counseling are offered. In clients' first week, they start their aftercare thought process for a seamless transition. This allows the provider to meet clients' needs and offer proper quality evidence-based treatment.

  Six clients have transitioned into their outpatient certified community-behavioral health clinic. Five have gone into transitional housing while continuing in outpatient services. One went to Lyon County with a warm handoff to lower the risk of relapse.

  Ms. Ross asked how much money was spent to provide for the 16 clients served.

  Ms. Shott replied they have used $106,548.

- **Jail Medication for Opioid Use Disorder (MOUD) Program**

  Mr. Teel outlined the contracted work he is doing on opioid use disorder and its impact on Nevada's rural jails. Last year's goal was to conduct research to identify barriers to implementing a jail MAT program, which is now required by the U.S. Department of Justice (DOJ) for compliance with the Americans with Disabilities Act. Incarcerated individuals suffering from substance use or opioid use disorder who began a community MAT program and have prescriptions for MAT are to continue these medications while in custody.

  Mr. Teel developed relationships with leadership teams in the 23 Nevada jails by conducting site surveys and identifying barriers to implementing a MAT program. He visited temporary holding facilities, where individuals are held prior to being transported to the jail where they will be booked. He is waiting for word from DOJ about what is required for such facilities. His survey Included sections on deflection and diversion initiatives; opioid use disorder screening and monitoring; opioid use disorder challenges; the type of discharge planning in place; and community resources relating to a discharge plan and reentry into the community. He highlighted what he considers alarming results.

  - 78 percent of Nevada jails are reactive, mostly relying on emergency medical services to respond and manage those suffering from a medical or mental health crisis
  - 91 percent do not have a formal MAT program
  - 1 jail does not have access to Narcan, but that is being addressed
  - 1 jail is reluctant to allow Federal Drug Administration (FDA)-approved methadone

  The top barriers to implementing a MAT program in Nevada jails are the lack of onsite medical and mental health resources; the lack of funding; and the lack of community

resources, which impacts discharge planning. If community resources are not available, a nontraditional approach is needed to bridge the gap. 22 of 23 jails are willing to develop MOUD services for their jails.

In 2024, Esmeralda and Lander Counties will have pilot programs. Humboldt, Lincoln, Lyon, Mesquite, Mineral, Pershing, Storey, and White Pine Counties have access-to-care needs. Lincoln County, Mesquite Detention Facility, Mineral County, Pershing County, and Storey County want to use a similar approach.

He is working with Clark County's Nevada's Department of Justice Office to provide awareness of efforts in place and to talk about the challenges needing to be addressed for small and rural jails to bridge the gaps in implementing MAT inside their jails and temporary holding facilities. A regional mobile MAT pharmacy or access to pharmacies for FDA-approved medications is needed in these regions.

The sequential intercept model will be used to identify how people with substance use disorders are caught up in the judicial system and how to bridge the gaps in access to care to break the cycle and help individuals find greater stability, reduce recidivism, mitigate risk and liability, and save lives. They will look at challenges to implementing the intercepts and viable solutions for each county to bridge its gaps.

Esmerald and Lander Counties' pilot programs should result in leadership and staff MOUD buy-in and education; access to MAT medications; electronic health records (EHRs); enhanced intake screening; improved jail policy where needed; jail MOUD program consent and compliance; enhanced at-risk monitoring, jail and judicial multidisciplinary team engagement; patient commitment to scheduled service provider engagement; case management information system; discharge planning, reentry to community, or regional opioid treatment provider services; a way to measure retention in telemedicine care and medication adherence; engagement with a social services case management team, peer support, and community health care workers; continued community MOUD/multidisciplinary team engagement; and a transportation plan for community access to care.

Dr. Kamyar asked if methadone, buprenorphine, and naltrexone are offered to those in the system. He also wanted to know if the DOJ requires only a continuation of MAT for those in treatment, or if programs will initiate treatment for those identified as needing it.

Mr. Teel replied that all three medications are included. Some rural jails rely on family members to bring in prescriptions. This program would bridge the gap for providers to offer those medications to individuals who had started a program in the community and those who are qualified and interested in participating.

- **Opioid Technical Assistance Training and Coordination Center (O-TACC)**

  Ms. Green explained the Center for the Application of Substance Abuse Technologies (CASAT) is building the O-TACC. They are revamping the nvopioidresponse.org website that housed the state opioid response (SOR) grant information. It will contain the information from SOR, but it will also include the training component. People will be able to access information about where to find naloxone and test strips and to request trainings needed for their communities. The website should launch in early April. It will also house the behavioral health ECHO clinic. Trainings currently in development are overdose education (including for xylazine) designed for law enforcement; trainings requested by the Department of Education; and trainings for law enforcement and the public to clarify where the lines between the Good Samaritan Law and drug enforcement laws are. They are working with the Intertribal Council

to provide specialized support for peers who target the community and for recovery support services for the tribal communities. They are hiring community-based opioid coordinators, who will determine educational technical assistance needs with community input.

Chair Sanchez asked the state team to provide information about programs for tribal communities FRN is supporting, their outcomes, and plans for future funding.

Ms. Monroy-Marsala noted people creating overdose prevention messaging have felt the Good Samaritan Law was in direct conflict with drug-induced homicide laws. She suggested the training encompass how to message about the Good Samaritan Law and harm reduction considering the enhanced penalties for fentanyl arising from passage of Senate Bill 35.

## V. Review of Statewide Opioid Goals

Ms. Yohey reviewed the goals, objectives, and activities this committee recommended. Members were encouraged to note their priorities for funding in the next fiscal year. Unfunded activities to be considered for funding in the next biennium were discussed.

- Goal 2: Prevent the Misuse of Opioids

  Objective 2.1.2: Educate the public on the identification of treatment needs and treatment access and resources

  Activities: Leverage 211 to decrease stigma

  Ms. Monroy-Marsala asked for clarification.

  Ms. Yohey stated having a peer connection to 211 had been considered. She noted she would research the background of this as a recommended activity.

  Chair Sanchez reminded members this activity was a recommendation in their previous report. He asked members to note activities they want to be included in this year's report.

  Objective 2.1.3: Equip providers to prevent opioid misuse and overdose

  Activities: Increase opioid prescribing training in graduate schools for providers; establish physician champions for addiction treatment training, standardize clinical guidelines for non-pharmacological pain management

  Ms. Monroy-Marsala noted University of Nevada, Reno School of Medicine is starting an addiction medicine fellowship. That program might cover "establishing physician champions and standardizing clinical guidelines for non-pharmacological pain management."

  Ms. Ross stated she saw no primary prevention activities. She would like to add more information on addressing primary prevention.

  Chair Sanchez suggested members review last year's report to see how these recommendations were developed to guide how they will prioritize this year's goals. He asked members to use this presentation to help determine their priorities in the recommendations.

  Objective 2.1.4: Promote safe pain management for patients with chronic pain or opioid prescriptions

  Activities: educate patients on safe use, storage, and disposal of opioids; inform patients on potential of opioids and alternative therapies for chronic pain.

  Ms. Yohey noted these could be education topics for O-TACC.

  Objective 2.1.6: Support youth and adolescents who have experienced adverse childhood experiences (ACEs) and are at-risk

Activities – implement child welfare best practices for impacted families; implement safe baby courts for families impacted by substance use disorder (SUD), ensure family-related efforts are coordinated across agencies, provide home visit programs for families impacted by SUD
Chair Sanchez noted the value of an individual with lived experience mentoring families who are going through the Division of Child and Family Services court process the first time.

Objective 2.1.7: Prevent opioid misuse and overdose in schools
Activities – embed prevention specialists in K-12 schools, implement trauma-informed schools

Objective 2.2.1: Monitor the prescription of opioids and related substances
Activities – provide enhanced Prescription Drug Monitoring Program (PDMP) analytics, ensure PDMP data is obtained from all bordering states
Dr. Slamowitz verified Nevada does not pull information from other states. It would require agreements with those states, made at the Board of Pharmacy level.
Dr. Kamyar stated Code of Federal Regulations 42 part 2 was updated to allow opioid treatment programs to report to the PDMP, but he does not think any program does that.
Chair Sanchez pointed out a person could receive MAT from more than one agency at the same time. He would like this item to be labeled as important for discussion and recommendation.
Ms. Monroy-Marsala suggested rewording the activity to, "Ensure the Board of Pharmacy or PDMP has adopted policies to promote two-way data exchange."

Objective 2.2.2: Implement screening and early intervention for all Nevadans
Activities – Increase screening, brief intervention, and referral to treatment (SBIRT) statewide and train providers in integrated care, educate providers on the signs of trauma and appropriate referral options
Chair Sanchez stated there should be a way to verify whether SBIRT is being used well.

Objective 2.3.1: Implement a cross-sector task force to address overdose
Activities – prepare responses for state and local jurisdictions in the event an increase in overdoses occurs; provide technical assistance, guidance, and resources to rapidly implement best practices to reduce risk for overdoses; enhance capacity to respond to events; and recover should such overdose events occur.
Chair Sanchez indicated enhancing the capacity to respond to events was a major opportunity for funding, along with the creation and development of programs. Some hospitals follow up with families after an overdose; there are leave-behind programs. He would like this to be included in their recommendations.
Ms. Monroy-Marsala wondered if local agencies have tested their spike response plans or if any of them has been put into action.
Dr. Kerns noted all the community overdose spike response plans were developed.
Ms. Toston mentioned community partners in Las Vegas gather to discuss what works and what does not work in the community. She would like to see more of that. She suggested SBIRT be used in hospitals and institutions to provide more education and training.

- Goal 3: Reduce Harm Related to Opioid Use

  Objective 3.1.1: Increase the availability of naloxone and fentanyl testing supplies across Nevada.

  Activities – implement mobile crisis teams with naloxone leave-behind

  Ms. Green stated naloxone is available for mobile teams. They are developing the scope of work for the mobile teams' responsibilities, but the prevention component is a priority.

  Objective 3.1.2: Prevent suicide-related overdoses

  Activities – Implement Zero Suicide prevention efforts; establish crisis stabilization units, expand mobile crisis teams statewide, and ensure 988 funding

  Ms. Yohey clarified other funding was established for those efforts.

  Chair Sanchez agreed there is funding to establish crisis stabilization units and to expand mobile crisis teams. He was not sure about the 988 funding. He would like this to be a priority moved forward in the recommendations.

  Ms. Ross verified 988 is being funded; she does not think this should be a high priority.

  Ms. Monroy-Marsala said the legislature increased state funds for 988. Traditional, evidence-based harm reduction services should be funded.

  Objective 3.1.3: Support safe harm reduction behaviors among people using opioids

  Activities – establish safe places for opioid use that include harm reduction resources

  Ms. Ross asked if this referred to safe injection sites.

  Ms. Yohey replied that it did but establishing those sites would require legislation.

  Chair Sanchez said this could be kept on the list if it is important to members.

  Ms. Monroy-Marsala would like to keep safe places for use in the plan, while acknowledging these would need to be community-driven sites. Wording could include, "supporting local communities in their ability to establish safe places for opioid use," or ""utilizing funding to support the development of local harm reduction resources."

  Dr. Wagner requested community-based drug checking be added.

  Ms. Collins-Jefferson asked why the education piece is not being funded. Many doctors prescribe opioids, but they do not educate their patients on the impact of opioids.

  Objective 3.1.4: Implement statewide harm reduction philosophy

  Activities – Educate on the addictive potential of opioids and alternative therapies for chronic pain, promote public support for harm reduction efforts

  Dr. Kamyar suggested adding wording about appropriate prescribing practices among the pain management community.

  Chair Sanchez asked to include this in the pool of priorities for recommendations. He inquired whether they could recommend additional entities to do activities that are already funded.

  Ms. Yohey said current activities will continue to be funded for the next two to four years. Trac B is the sole source for purchasing needle as they own the vending machines. Litigation funds are being used to sustain the needle exchange until abatement is reached.

  Chair Sanchez asked if exchange sites could be an additional harm reduction effort.

  Ms. Yohey explained the next notice of funding opportunity (NOFO) will include all the goals, priorities, and activities so the entire budget can be brought to the legislature for approval.

  Chair Sanchez noted the committee supports harm reduction and would like to see harm reduction as a priority and are looking for a significant amount of support from the fund.

Dr. Wagner stated there are only two syringe services programs in the state – Trac B and Change Point at Northern Nevada HOPES. She asked if Northern Nevada HOPES applied for funding for syringe services.

Ms. Yohey said FRN funded Trac B for the vending machines as a sole source; they did not put out a NOFO for harm reduction services.

Dr. Wagner encouraged them to think more broadly about ways to integrate what is now best practice and standard of care - sterile injection supply distribution, not exchange. She asked if they could build capacity for other organizations to provide these services.

Ms. Ross asked Dr. Wagner to explain the difference between exchange and distribution.

Dr. Wagner explained needle exchanges required individuals to bring in a needle to receive a sterile one in exchange. In studying HIV and hepatitis C transmission, they learned that does not ensure people have what they need to stay safe and prevent HIV and hep C. The focus has turned to distributing syringes. Individuals may bring used syringes back to a program to dispose of them properly, but access to the service is not conditioned on participants bringing in used syringes.

Chair Sanchez announced they would table discussion of the rest of the goals to their next meeting. He reminded members they have entered their busiest time as they prepare to create their report for the Director's Office. It will include their prioritized recommendations. State staff will send out a copy of the recommendations showing what is being funded, earmarked for being funded, or not funded yet.

Ms. Monroy-Marsala asked whether activities were not funded because there has not been a NOFO or because the state is waiting for a settlement that can fund those items.

Ms. Yohey explained the legislature approved use of $6 million of Fund for a Resilient Nevada. To fund anything else, they would have to go to the Interim Finance Committee for approval. Due to the number of activities and the size of the staff, not everything could be funded at one time, so they funded a portion from each goal.

## VI. 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 reminded members their recommendations may be different than the SURG's. The legislature laid out the membership of both groups to provide different perspectives. The ACRN has many subject matter experts who have been directly touched by opioid use; therefore, this committee may see things differently than the SURG. The relationship between the SURG and the ACRN ensures that efforts to combat the opioid epidemic and help guide the funding from the litigation is informed by a thorough understanding of the state's needs and are aligned with evidence-based strategies in prevention, treatment, and recovery. We are to report to the Director's Office the funding priorities of this committee. The SURG recommendations were ranked by the ACRN members who responded to the poll that went out. For those who have not participated in the poll, it is still open. Voting on these will take place in the next meeting.

The highest rated SURG recommendation as prioritized by ACRN members is to evaluate current availability and readiness to provide comprehensive behavioral health services to include screening, assessment, treatment, recovery support, and transitions for reentry in local and state carceral facilities.

Chair Sanchez explained the SURG and the ACRN work together in a complementary way. The ACRN will determine which of the SURG's recommendations, if any, are moved forward as priorities for funding.

Dr. Wagner asked whether the SURG recommendations were for using the Fund for a Resilient Nevada dollars or other funding sources.

Ms. Yohey explained these were the SURG recommendations earmarking FRN as the funding source. She reminded members they do not have to adopt any of these recommendations, or they can adopt some of them. They need to rank them and add their own priorities. As an example, FRN is already funding the match for Nevada Medicaid to write an 1115 waiver for a 90-day pre-release. She requested members who did not complete the survey do so.

Chair Sanchez asked members to send edits to the SURG recommendations to state staff. The recommendations should be viewed as a tool to provide direction.

The item was tabled to the next meeting. State staff committed to sending out the link for access to the poll.

## VII. Public Comment #2

Ms. Bladis stated the Office of Analytics has information regarding the Prescription Drug Monitoring Program. Nevada has record of out-of-state patients receiving prescriptions from Nevada pharmacies, and they have out-of-state pharmacies that give prescriptions to Nevada residents. She can provide that information for the surrounding states.

## VIII. Adjournment

The meeting adjourned at 12:18 p.m.