



Minutes of the Advisory Committee for a Resilient Nevada

Meeting Date: Thursday, November 18, 2021, 10:00 a.m.

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

(Sheila Lambert, Department of Health and Human Services (DHHS), Director's Office, Grant Management Unit (GMU))

Members Present:

Barlow, Jessica; Collins-Jefferson, Brittney; Grady, Lilnetra; Gustafson, Ryan; Kaymar, Dr. Farzad; Loper, Karissa; Loudon, Katherine; Maria, Cecilia; Monroy, Elyse; Patterson, Darcy; Salla, Pauline; Saunders, Ariana; Sanchez, David; Sheehan, Cornelius; Sherwood, Laura; Winbush, Quinnie.

Members Absent:

Harm Reduction Agency – Vacant

Sheila Lambert, DHHS DO, shared that *Michelle Luszczewski* resigned as she was no longer eligible under the criteria she was appointed. This seat is currently vacant and the Director's Office will be recruiting for a new member under Harm Reduction service agency.

II. Public Comment #1

(Chairman David Sanchez)

Chair Sanchez invited public comment.

Marcie Ryba serves as the Executive Director for the Department of Indigent Defense Services and provided comments about the mission of the Department to support counties across the state of Nevada to develop and maintain quality cost-effective indigent defense systems that meet the needs of each local community and the requirements of the Constitution and State Law. As part of this effort, they provide resources and training, to the extent able to defense providers. Ms. Ryba served as a public defender for over 15 years and witnessed first hand the drug addiction and lack of resources for clients in the justice system. The public defender must work to obtain a substance use evaluation and facilitate placing the client in a treatment facility, while also defending the client. This has proved even more difficult in rural areas where there are not dedicated social workers to support the process and the limited treatment options. Ms. Ryba encouraged the board to consider the needs of the Indigent Defense providers as part of the statewide needs assessment.

III. Discussion and Action to approve the minutes from the October 5, 2021 Meeting.
(Chairman David Sanchez)

Chair Sanchez called for approval of the minutes for the October 5, 2021.

Elyse Monroy questioned as to why the minutes did not reflect all the information presented at the last meeting. Sheila Lambert shared that summary minutes are provided for review and to guide anyone who would like to know what happened at the meeting. It would not be possible due to staff limitation to do verbatim minutes, but all meetings are fully recorded. Connie Lucido provided information that the link for the meeting goes to you-tube, because the Ektron system for the state is unable to accommodate the links. This addressed Ms. Monroy's concerns that the information is available to the public.

Meeting minutes were approved with no changes.

Ariana Saunders abstained due to not being in attendance.

IV. Presentation and Discussion from the University of Nevada, Las Vegas (UNLV), Nevada Minority Health & Equity Coalition (NMHEC).
(Jose' Luis Melendrez, MSW, Dr. Amanda Haboush-Deloye, Ph.D.)

Jose Melendrez provided an overview of the Nevada Minority Health and Equity Coalition (NMHEC) that has now been in existence for ten years with the support and guidance from the legislature including former Assemblyman Tyrone Thompson. The MHEC works in alignment with the State's Office of Minority Health and Equity to ensure that the diversity and equity voices are at the table with community and state-based groups. The coalition has more than 300 members of both individuals and community-based organizations, including those from the federal level and various regions of the state. Through their efforts they provide cultural competency and advocacy work for a variety of initiatives including substance use. The Coalition works through the Community Based Participatory Process (CBPR) for research, training, and working with focus groups. This provides information on how to conduct interviews within diverse communities, how to collect and analyze data that can support building systems and supports in each community.

Mr. Melendrez highlighted that what makes the coalition stand out in the community is the investment the MHEC makes with community partners with training and to engage in the research components for the UNLV School of Public Health. As part of these efforts MHEC has been working with various populations and utilizing webinars as a training tool to help providers and state staff understand the perspectives from diverse communities. MHEC will be providing focus groups and information to support the state's needs assessment with qualitative information from geographically diverse regions and those with lived experience.

Dr. Amanda Haboush-Deloye, Ph.D. also shared that the website has many direct links that will allow anyone to see the vast amount of work completed, but wanted to share the efforts related to mental health and the disparities in accessing treatment and trying to bring awareness to support reducing stigma around behavioral health. The goal with this work is to increase treatment seeking behaviors in minority populations. The original work focused on Black/African American males 17-30 as well as Hispanic males in the same age range. This included developing outreach and communication campaigns through CBPR and the focus groups. Dr. Haboush-Deloye also shared the work that was done with other needs assessment and how it might support the current work in developing the comprehensive needs assessment for the opioid litigation funding.

V. Presentation and Discussion from Mercer to discuss the methodology and activities for the development the needs assessment in compliance with the Senate Bill (SB) 390 legislation which will be codified in Nevada Revised Statute (NRS) 433.

(Kathy Gibson; Jordan Bublik)

Sheila Lambert, DHHS DO, provided an introduction to Mercer who was selected off of the State's Master Service Agreement to support the needs assessment that is required by the legislation to disburse opioid litigation or settlement funding.

Kathy Nichols the Project Manager from Mercer provided an in-depth overview of her experience with North Carolina Medicaid and working with substance use as a provider within the criminal justice system as well as the robust services offered by Mercer. Mercer government human services consulting was the first fully dedicated consulting practice working with the public, funded health, health and human service program since 1985. Working on data clinical and financial solutions and policies and procedures for things like new service for anything from new service design, crisis services, actuary, and changes to 1115 waivers for substance use disorder disorders. Currently, Mercer serves as the state's actuary and is also working on the CMS mobile crisis grant. Jordan Bublik echoed the comments and provided a history of services provided by Mercer.

Dr. Courtney Cantrell serves as a consultant to Mercer and Psychologist by training. She previously served at the North Carolina Medicaid and the Commissioner of the Mental Health. Based on Senate Bill 360, Dr. Cantrell provided information on the methodology for the needs assessment and state plan, which is required to spend or allocate any of the opioid settlement dollars. The first step is of course of desk reviews gathering all kinds of existing documents materials needs assessments that can contribute to a very focused needs assessment utilizing a lot of work that has already been accomplished. This also focuses on the special needs and populations in the state. Mercer will analysis about thirty documents that should capture the core of the needs for the state that will create the draft needs assessment. This also includes incorporating the Community Based Participatory Research that UNLV is completing for stakeholder input to integrate into the needs assessment.

As Mercer goes through this process to support Nevada on the needs assessment, the information will be presented to the ACRN for guidance, edits, modifications to create the plan. The needs assessment must be evidence based and once the decisions are made, they will be built into the state plan. Mercer will be collaborating with the state to create the plan, which includes utilizing Mercer's expertise to fill in gaps and recommend areas that might not have been considered before. A rough draft will be available in January, and be brought back to the board for comments. In addition, this will be brought to the Substance Use Response Working Group (SURG) which is managed by the State Attorney General, to also get input and guidance. The plan will be finalized by the end of February with the state plan work done in March.

Cornelius Sheehan asked if Mercer will be providing needs assessment or putting together a needs assessment and providing treatment professionals to respond to those needs. Mercer responded both to that question.

Sheila Lambert provided context that the Mercer scope of work is to take the work that has been done across the state by many subject matter experts and taking all of that data and expertise and putting into one document. Mercer will be able to support Nevada by navigating the data and identifying if there was any information or changes due to COVID or other community impacts. Different impacts of the Community with it change the dynamics. Mercer will be working with ACRN to help frame those impacts in the needs assessment, develop a priority list, as well as to ensure that there's not any areas that we have missed and or gaps that any of those documentation. Mercer and the State is looking for ACRN's expertise to help fill in those blanks.

Pauline Salla asked if the needs assessment has already started or has it been completed or is that what is in the future.

Sheila Lambert responded that the state of Nevada has quite a few needs assessments that have been done at a variety of levels. Mercer will be taking those existing data sets and those needs assessments and will be putting that into a framework of a one statewide needs assessment. This will be taking all the hard work and information both quantitative and qualitative in addition to information that they hear from you.

VI. Presentation and Discussion from the DHHS, Office of Minority Health and Equity Advisory Committee and their ability to provide a support role to external initiatives with resources and data to improve the quality of health care services for underserved communities.

(Tina Dortch, Manager, Office of Minority Health and Equity)

Tina Dortch with the Office of Minority Health and Equity (OMHE) provided an overview of the OHME statewide mission which is to achieve optimal levels of health and wellness for all minority groups and marginalized communities. OHME provides guidance and addresses health disparity and strategies to achieve sustainable systemic changing initiatives; generates public awareness and education around disparities and health outcomes and offers assistance to organizations committed to equitable serving disproportionately impacted communities.

Currently, under the Department of Health and Human Services OHME is also working on the CDC Health Disparity Grant. This includes COVID responsive components and deliverables that are intended to improve the capacity and service delivery of health and human service providing entities. This includes impacting the health of at-risk populations from racial, ethnic, to rural populations. Through these efforts OMHE is working on the development of a statewide health equity plan with emphasis on things like language access on emergency responsiveness and on harm reduction strategies from an equitable standpoint. In addition, OHME is working to develop multi-sector collaboration enhancements and coalition building.

In addition, Ms. Dortch explained that she is supported by her own statutorily established advisory committee. It is a nine- person body, and it also reflects the ethnic, racial ability status geographic and social diversity of our state and by drawing upon its collective live and professional experiences they advise know me, on a quarterly meeting schedule.

In terms of the needs assessment, OHME will be working in consultation with ACRN to ensure that recommendations also accommodate racial and ethnic differences, ideally, relative to our state's population and unique diversity. And the second point being that we will be partnering and engaging together identifying and designing a tool to support the work with equitable decision making and recommendation development. We are going to produce an objective method to define the potential positive and negative impacts of a priority on the health of affected communities, with an emphasis on disproportionate impacts to any population targeted by that to priority. This helps to identify and address and equality typically focusing on how fairly resources are distributed in relation to the health needs of different groups. These tools, they can also make possible a measurement a system of measurement of the degree of the potentially positive impacts on marginalized communities, such as the reduction of a disparity.

We very much look forward to presenting a tool in the coming months for this bodies input.

VII. Discussion for Requests from the Chair or Committee Members on Information for next or future Advisory Committee Meeting.

Karissa Loper shared that given the news about overdose deaths topping 100,000 in the past year, if we could discuss the Biden plan to end the opioid crisis and how that is informing Nevada's plan and if there were some model laws and policies that would be appropriate for ACRN to speak about.

Sheila Lambert shared that as part of the Attorney General's Office, the SURG Committee will be addressing policy initiatives. In addition, it was shared that Dr. Stephanie Woodard serves as a bridge between the SURG and ACRN and she was on the call today. ACRN's role is to focus on the needs assessment for Nevada and then identifying the priorities that move forward to State Plan for funding. Sheila Lambert will also share when the next SURG committee will meet as it is a public meeting so any members can listen or attend. Mercer will also be presenting at the next SURG meeting.

Elyse Monroy also wanted to validate some of what Ms. Loper was sharing in terms of the Biden plan, as she indicated it is important to know what recommendations were going to be made based on what funding may be available and the limitation of the funding dollars. Elyse indicated that she would appreciate specifically looking at what funding is going to be coming down from the Federal Government as part of Biden's plan. And then, her second question was, and maybe this is a question for Ms. Rasul, but if there's an open invitation for members of this committee to also attend the SURG committee isn't that going to be an open meet law issue?

Ms. Rasul indicated that if there is a quorum in attendance, it could become an open meeting law issue. Any time you may interact with each other, you take that risk.

In response to Elyse Monroe and other comments regarding responsibility of current or future funding, it was shared that it was the Director's Office responsibility how to determine how those priorities fit within the overall funding. This includes identifying funding going towards any priority and to make sure that Nevada does not supplant any existing funding or any future funding that comes to Nevada. The funding will be allocated according to the funding priorities and the gaps in services based on the recommendations based on existing allocations and gaps in current funding streams.

Ariana Saunders shared that it is important when developing priorities to understand where the needs and gaps are within the system as we move forward with the needs assessment. MS. Saunders believes it would be helpful to have the context and understand how we align those priorities by understanding the current landscape in terms of resources. She did not feel that she could make an educated decision about where we should align our priorities if she doesn't fully understand what current resources are addressing these gaps. She feels that having that information will benefit them as that becomes available.

Sheila Lambert asked the Chair's permission to refer to Dr. Stephanie Woodard.

Dr. Stephanie Woodard was recognized by the Chair and shared when we were conceptualizing the needs assessment we absolutely were looking to evaluate the funding available and that Nevada is receiving to be able to fund gaps identified because we do not want to supplant. If we have available federal funds, we want to leverage those to the greatest degree possible so that we can really use the Funds for Resilient Nevada to address what some of the critical gaps where there are not funding sources.

We know, for example, that the majority of our federal funds cannot go for direct infrastructure so in the housing world they call this bricks and sticks. Construction projects are not allowed with a lot of our federal funds, that is a known need. If the needs assessment determines that we need, for example greater access and more residential treatment beds, then we would know that we need to direct those funds potentially to projects that would help to expand availability of residential treatment beds. To Karissa's point, and to Elyse's as well, this is an iterative process right. We do the needs assessment and we determine what actually are the needs. The next step is to determine the

priorities in the state plan part of that prioritization process really is to determine where some of those gaps are. We direct the federal funding that we are already receiving to amplify what it is that we are already doing, answering the question do we need to redirect funds to address a different strategy. We intend to use a lot of the needs assessment and state plan also to reevaluate the utilization of existing federal funds and potential federal funds that are coming down. So that is one piece.

The other piece that is important is that we know that there are some barriers from a policy perspective to us being able to implement specific evidence-based strategies. A good example of that would be this past session, when we were able to pass legislation to reclassify fentanyl testing strips from the definition of drug paraphernalia, which happened simultaneous to Nevada learning from the Federal Government that we could now use federal funds to purchase and distribute fentanyl testing strips which was a big support for Nevada, but overly complicated by the fact that it was classified as drug paraphernalia in the Nevada Revised Statutes. And so, where we do run into those situations where we really do need to look at enabling policy and legislation to be able to implement some of those best practices that rise to the level of prioritization and our state plan, we want to be able to identify what those are and then message those back to the SURG because the SURG will be in a much better position, with elected officials actually serving on that body, in prioritizing their recommendations as we move into next legislative session and to really elevate some of those policy recommendations as we move forward and as it relates to the SURG. SURG also held its first meeting this week.

There was a lot of great conversation about how we are setting our agenda, they are also legislatively required to provide recommendations to DHS on the utilization of opioid settlement litigation funds and so SURG will have a sort of an overview and update related to the needs assessment to their group in January, and then again an opportunity for them to review the draft state needs assessment in March so really trying to be very intentional on bridging these two committees, because some of the work is very much aligned where others not so much because their greater responsibility is really to look at substance use, misuse prevention, treatment, recovery across a number of special populations, as well as criminal justice intersects data and information sharing, I mean their tasks are enormous, and are really far reaching across all substances, and so we do want to make sure that we have an opportunity to align and especially in the beginning, as a lot of the work for the FRN gets lifted. As it relates to attending the SURG meeting, the members of the ACRN would be attending as public members. Just as the rest of the public would be able to attend, but I do think that there is great opportunity in public comment to make sure that if there is any additional information that needs to be communicated to the SURG, it can be done in that way, and then as Sheila had mentioned before, really trying to make my presence in both of these meetings and also the ability to really facilitate communication back and forth.

Chairman Sanchez indicated that with Dr. Woodard attending both as an intermediary, she would be in the best position to communicate what is back and forth, for now, before we add it to an agenda item.

Sheila Lambert clarified with the Chairman that at the next or future ACRN meeting, you would like discussion on how we could coordinate and collaborate with the SURG committee recognizing that Dr. Woodard is currently supporting that role.

Chairman Sanchez advised that there would not be a meeting in December, but the ACRN meeting would be on January 13, 2022, which will include an update on the needs assessment with the opportunity for the ACRN members to have comments.

VIII. Public Comment #2

Public Comment will be taken during this agenda item regarding any item appearing on the agenda. In consideration of others, who may also wish to provide public comment, please avoid repetition, and limit your comments to no more than three (3) minutes. No action may be taken on a matter discussed under this item until the matter is included on an agenda as an item on which action may be taken.

Chair Sanchez invited public comment.

Sheila Lambert was recognized by the Chair and shared that the next meeting for SURG will be on January 19, 2022, where they will receive an update on the needs assessment.

There was no other public comment.

IX. Adjournment

Chairman Sanchez adjourned the meeting at 11:24 a.m.