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Governor



Richard Whitley,
MS
Director



Cody Phinney,
MPH
Administrator

Ihsan Azzam,
Ph.D., M.D.
Chief Medical Officer

SAPTA ADVISORY BOARD (SAB) BIMONTHLY

MEETING MINUTES

Wednesday, April 24, 2024 9:00am – Adjournment

Meeting held via TEAMS

1. Roll Call and Announcements

Members Present:

Jolene Dalluhn, Quest Counseling

Jamie Ross, PACT Coalition

Michelle Berry, CASAT

Tammie Shemenski, Churchill Community Coalition

Peter Ott, Bristlecone

Mari Hutchinson, Step 2

Leo Magrdichian, West Care

Ester Quilici, Vitality Unlimited (not present) Betti M sitting in on behalf

Lana Robards, New Frontier

Jasmine Cooper, HELP of Southern Nevada

Anne Elizabeth Northan, Join Together Northern Nevada

Wendy Nelsen, Frontier Community Coalition

BBHWP/State Staff Present:

Breanne Van Dyne; Jennie Bear; Tracy Palmer; Christine Lee; Karen Freeman; Natasha Nyquist; Brandy Archuleta; Jennifer Tongol; Sonya Kemper; Jesse Stone; Chyna Parker; Shannon Bennett; Stephanie Cook; Abraham Meza; Yesenia Marquez; Jenna Eckley; Brianna Wesolowski; J'Amie Webster; Abigail Hatefi

2. Public Comment

Mr. O'Donnell proposed changes to the Division Criteria for the certification of recovery housing. Changes are to strike within the definition of those who have completed substance use treatment, also striking to learn, implement and practice skills vital for sustaining recovery. Additionally, to strike after an individual no longer meets the eligibility criteria for transitional housing, adding in new eligibility or striking the eligibility criteria of a history of substance use, treatment or participation in 12 step recovery but no longer receiving substance use treatment. Under eligibility criteria, striking the word tobacco. Individuals will sign a contract indicating adherence so suggested to strike the admission criteria relating to having a history of substance use diagnosis and if the individual has a current diagnosis and in is in remission.

3. Approval of Minutes:

Ms. Shemenski moved to approve the minutes; Mr. Magrdichian moved to second. No abstentions. Motion passed unanimously.

4. Chair/Co-Chair Report –Informational

Ms. Ross reported back on a conference she had recently attended: The Student Mental Health Conference. Assemblywoman Monroe-Moreno mentioned how Nevada is underfunded and under resourced. This led her to think that we should discuss reviewing all substance use grants that SAPTA (BBHWP) applies for. So many of these grants come from the federal government and are only to the States. She stated that this would be a great way to support our colleagues at SAPTA (BBHWP) by collaborating and helping to review grant deliverables and activities. Mr. Robeck said he supports what Ms. Ross had to say but he is concerned about how we are spending the Block Grant as well as how much money will go to a call center rather than providing direct service locally.

5. Overview of Updates to ASAM Levels of Care- Mark Disselkoen, CASAT - Informational

Mr. Disselkoen provided an update regarding the ASAM 4th Edition. This is for adults only; unfortunately, the adolescent version will be out at the end of next year. A criminal justice version will be coming out as well, most likely next year. Mr. Disselkoen then went on to advise what the updates were for the 4th Edition. Mr. Magrdichian asked if there will be a new training by CASAT? Mr. Disselkoen advised yes, there will be trainings to come and they will be free of charge. Ms. Ross asked if there will be a work group regarding these trainings? Mr. Disselkoen agreed that having a work group within this group would be great. Ms. Ross said that she will get this on the agenda to create a work group.

6. Division Criteria-Recovery Housing - Stephanie Cook/Mark Disselkoen, CASAT - For Possible Action.

Ms. Cook provided updates to Division Criteria as outlined in Nevada Administrative Code (NAC) 458. Division Criteria had recovery housing language added in March 2022, and then the passage of AB403 from last legislative session, some change occurred in recovery housing and how it's certified and licensed. The document that was sent out has green and red text in it, the updated text begins on page 10 and then the removal of the text 11 and 12. Mr. Disselkoen added the spirit of this is to create a level of service that the State of Nevada needs to support Recovery Housing. He went on to explain the difference between Transitional Housing and Recovery Housing. He went on to add that Recovery Housing provides a level of service that is missing in the current continuum. Division Criteria in NAC458 has a mechanism within it to allow the Division to create criteria to further define what is in NAC458 or to develop levels of service based on evidence-based practice. Ms. Cook defined where the differences are in the current Division Criteria that was effective March 2022 did include the Recovery Housing text that you'll see in red. On page 11 and 12, that is the text that is currently in Division Criteria. The text in green is the changes and updates based on the work that Mark and Michelle with CASAT have added since March 2022. Ms. Shemenski asked the question it says continued service criteria in green. It says that individual does not have stable employment as an eligibility requirement. How are they expected to pay for the cost of living? Ms. Cook responded advising the purpose is to provide peer recovery support services to the people that are living in these facilities and ensuring that they are getting stable employment. Ms. Padden further stated that probably within the continued service criteria changing that to may not have stable housing would reflect better in that process where they would be at because the goal for them eventually would be able to sustain their self-reliance and

be out on their own. She further stated that under continued service criteria, we could adjust it to say the individual may not have stable housing. Mr. Robeck advised he sees challenges into putting things like this in the verbiage. Mr. Disselkoen rebutted with instead of the goal of, could we say being responsible for the cost of living and recovery housing based on person centered needs? Mr. Robeck replied with that he doesn't feel we are prepared to vote on this today because there are a lot of questions on this. Mr. O'Donnell then replied to the conversation stating he would type up a memo and send it out to the board members for consideration regarding the model of recovery, a defined application and interview process, making safeguards and clearly defined procedures. Ms. Fairchild agreed that more structure would be needed. Chair Ross asked the board if they were interested in tabling this issue and bringing it up in June's meeting? Mr. Robeck moved to approve that motion; Ms. Cooper seconded. No abstentions. Motion passed unanimously. Later in the meeting it was determined that there would be a subcommittee formed by Chair Ross, Ms. Shemenski, Mr. Robeck, Mr. Magrdichian, Mr. O'Donnell, Mr. Ott, Mr. Ingle and Mr. Chelli. Ms. Dalluhn moved to approve this motion; Mr. Robeck seconded no abstentions motion passed unanimously.

7. Bureau of Behavioral Health Wellness and Prevention Updates –Informational

a. Review the Nevada State Naloxone Saturation Plan - Presentation-Breanne Van Dyne

Ms. Van Dyne presented a PowerPoint that has been posted on the [website](#). Chair Ross had a question asking how does the fund that is supposedly a renewable resource work with grants that have very specific deadlines and requirements? Ms. Cook responded: We are managing that by utilizing our SOR grant dollars and some dollars from the Fund for Resilient Nevada as they also have dollars that are used to purchase naloxone. Utilizing various funding sources within our Bureau to drop into this account and then capturing the data from there.

b. OD2A- Presentation- Jenna Eckley

Ms. Eckley presented a PowerPoint that is posted on the [website](#). Chair Ross asked the question for Ms. Eckley to go over all the agencies that are funded with OD2A. She replied with the following UNR, Nevada State Board of Pharmacy, Washoe County Regional Medical Examiner's Office, Southern Nevada Health District, which includes the Clark County Coroner's Office, and the Regional Behavioral Health Coordinators.

8. Updates from CASAT- Michelle Berry—Informational

Ms. Berry advised she had no updates.

9. Topics for next meeting-Informational

1. Possibly creating an ASAM work group.
2. Voting to review SAPTA grants
3. New provider type in the 1115 waiver update.

10. Next Meeting- June 26th

11. Public Comment

A letter from Northern Nevada Harm Reduction Alliance:

Hey,

The Northern Nevada Harm Reduction Alliances mission is to support a coordinated quality person centered and trauma informed system of care that supports autonomy, education and support for people who use drugs and follows the principles of harm reduction. To this end, the NHRA supports the expansion and distribution of overdose prevention tools, including the LOXONE and drug test strips in Northern Nevada. We are submitting this letter to bring to your attention and emerging concern in the overdose prevention field, the development, approval, and sale of high dose opioid overdose reversal agents including high dose naloxone brand name clubs Soto and something brand name ophie. To date, these products have only been tested and healthy volunteers. Currently, naloxone is sold in the US market in several separate FDA approved delivery systems. Each has their own dosage, which are written down, and an HRA opposes the bulk purchase of these higher dose products and encourages SAPTA to purchase naloxone that will allow community-based programs to follow established best practices, which include training people, how to provide the lowest effective dose of naloxone and provide respiratory support in the form of rescue breathing and other supportive action. We are particularly concerned about this new product that has received approval and entered into the market under the brand name collect asado. This nasal naloxone system dosage 8 milligrams, double the amount of Narcan. 8 milligram clocks auto is a high dose naloxone which is administered to a person who is opioid dependent when experiencing an overdose, can send them into an immediate and painful withdrawal. More and higher initial doses of a naloxone or associated with elevated opioid withdrawal symptoms including nausea, vomiting, agitation, pain and aspiration. Not only can these symptoms cause harm in and of themselves, but they serve as a powerful deterrent for people to administer naloxone in the future. People who use drugs have also reported using drugs alone. The most significant risk factor for overdose death in an effort to avoid having an overdose reversed with too much naloxone, people are perhaps even more concerning. The opioid antagonist, now metformin, is even longer lasting than alloxan and precipitate even more severe opioid withdrawal symptoms. The scientific consensus to date is that the higher dose products are unnecessary even as communities experience increase in fentanyl supplies. As example of this study has found no relationship between the naloxone dose administered and fentanyl concentration. Additionally, the study yielded similar results. It's linked. Naloxone dose does not make any significant difference in an overdose reversal for illicitly manufactured fentanyl related overdose. Finally, the CDC MMWR published in February of this year, compared 8 milligrams versus 4 milligram naloxone and found no differences in survival. The number of doses received combativeness or hospital transport refusal this that is the 8 milligram product did not work better than the standard of care 4 milligram NALA nasal spray. However, the 8 milligram product recipients had a significantly higher prevalence of opioid withdrawal symptoms. Then the four milligram product recipients for years, Nevada has purchased 4 milligram Narcan and .4 injectable naloxone for community-based distribution programs to hand out and an HR encourages state to continue its use of funds to purchase the lower dose Narcan, an injectable naloxone. Given the issue document the MMR MMWR and growing community concerns that hired those products are not needed in can cause harm. Additionally, we encourage the state to promote resuscitation and rescue breathing in all overdose response education materials.

Thank you for your time and important attention to this matter.

12. Adjournment – 11:05 am