

MEETING NOTES

Statewide Substance Use Response Working Group Treatment and Recovery Subcommittee Meeting

March 18, 2025
3:00 p.m.

Zoom Meeting ID: 894 8937 5298
No Physical Public Location

Members Present via Zoom or Telephone
Chelsi Cheatom, Dr. Lesley Dickson, Dorothy Edwards, and Steve Shell

Members Absent
Jeffrey Iverson

Office of the Attorney General
Dr. Terry Kerns, Joseph Peter Ostunio, and Ashley Tackett

Social Entrepreneurs, Inc. Support Team
Kelly Marschall and Laura Hale

Members of the Public via Zoom
Linda Anderson, D. Davidson, Lisa Kelso, Heather Kerwin, Shannon Lepe (Empowered), and Kimberly Sarandos, (702) 308-3756

1. **Call to Order and Roll Call to Establish Quorum**

Chair Shell called the meeting to order at 3:02 p.m. Ms. Marschall called the roll and established a quorum.

2. **Public Comment**

Chair Shell read the statement on public comment and Ms. Marschall provided call-in information. There were no public comments.

3. **Review and Approve Meeting Minutes from November 5, 2024, Treatment and Recovery Subcommittee Meeting**

- Ms. Edwards made the motion to approve the minutes.
- Dr. Dickson seconded the motion.
- The motion carried unanimously.

4. **2025 Subcommittee Reorientation**

Chair Shell referred to slides regarding attendance requirements, noting that members with less than 75% attendance for subcommittee or full SURG meetings will be asked if they wish to continue serving. *Please notify SEI staff at least four business days in advance to ensure a quorum or rescheduling if necessary.*

The Recommendations Process starts with Survey Monkey where members should submit their ideas as early as possible to facilitate the scheduling of presentations. All members are encouraged to submit at least one recommendation. Ms. Marschall encouraged members to submit their ideas even if they don't have all the components, as they can be developed over the next several months through research, presentations, and discussions.

5. Review AB374 Section 10 Requirements and Subpopulations Addressed in 2024 Recommendations

Chair Shell and Ms. Marschall reviewed the legislative requirements for the SURG, as originally passed under [AB374](#) in the 2021 legislative session. Requirements (a) through (q) under Section 10 Subsection (1) were assigned to different subcommittees according to focus areas.

The Treatment and Response Subcommittee is responsible for the following requirements:

- (c) *Assess and evaluate existing pathways to treatment and recovery;*
- (e) *Evaluate ways to improve and expand evidence-based or evidence-informed programs, procedures, and strategies to treat and support recovery from opioid use disorder and any co-occurring substance use disorder; and*
- (f) *Examine support systems and programs for persons who are in recovery.*

Additionally, Cross-Cutting Assignments for all subcommittees include the following:

- (b) *Assess evidence-based strategies for preventing substance use and intervening to stop substance use; and*
- (h) *Examine qualitative and quantitative data to understand the risk factors that contribute to substance use and the rates of substance use, and substance use disorders, focusing on special populations; and*
- (q) *Study, evaluate and make recommendations to the Department of Health and Human Services concerning the use of the money described in section 10.5 of this act to address substance use disorders.*

Slides included subcommittee recommendations from 2024, as follows:

1. Legislation should be considered to amend the Nevada Revised Statutes pertaining to the Nevada Bureau of Health Care Quality and Compliance's employment guidelines for hospitals, including behavioral health hospitals, to hire certified peer recovery support specialists who have felony backgrounds and are within three years of their last felony conviction. It is recommended that individuals who were convicted of drug offenses or other offenses that do not involve violent acts or sexual exploitation be considered for employment as certified peer recovery support specialists in hospitals.
2. Support BDR 95 to ensure opioid antagonists must be available on all campuses under our Nevada System for Higher Education, including in Student Unions, Health Centers, all levels of the dormitories, Residential Advisors domiciles, sports facilities, and libraries and include training of the administration of opioid antagonists which can take place during online Freshman orientations much like we already disseminate information about Title IX, during orientation week, training could be offered throughout the year by various clubs and programs within each institution's design.
3. Support access and linkage for treatment of trauma for people with substance use disorder (SUD) or those who have overdosed and for surviving family members after an overdose fatality. Support training for healthcare professionals to identify and address trauma.
4. Direct the Division of Public and Behavioral Health to identify a funding mechanism for hospitals and providers to enhance the "Bridge Program" for Emergency Departments by incorporating Peer Recovery Support Specialists into their treatment models. Support the use of Peer Support Navigators via telehealth to increase access to treatment and support for individuals identified in Emergency Departments.

Ms. Marschall highlighted the analyses of subcommittee work from 2022 – 2024 as included on the following slides:

Number of Recommendations Aligned with Treatment and Recovery Subcommittee and Cross-Cutting Assignments over the three-year period:

- A total of 10 recommendations aligned with Section 10, subparagraph (e);
- Subparagraphs (c) and (f) each had 6 recommendations;
- Subparagraphs (b) and (q) each had 5 recommendations; and
- Subparagraph (h) had 1 recommendation.

Number of Times All SURG Recommendations Aligned with Cross-Cutting AB374 Components over the three-year period:

- Subparagraph (b) was aligned with 26 recommendations;
- Subparagraph (q) was aligned with 17 recommendations; and
- Subparagraph (h) was aligned with 6 recommendations.

Number of Times Special Populations Impacted by Recommendations Across 2023 and 2024:

- *Veterans, Elderly & Youth:* SURG = 17; Trx and Recovery = 5
- *Persons involved in criminal or juvenile justice systems:* SURG = 17; Trx & Recovery = 3
- *Pregnant women and the parents of dependent children:* SURG = 10; Trx & Recovery = 5
- *LGBTQ persons:* SURG = 12; Trx & Recovery = 4
- *People who inject drugs:* SURG = 19; Trx and Recovery = 4
- *Children involved with child welfare:* SURG = 10; Trx & Recovery = 3
- *Other populations overly impacted by SUD:* SURG = 29; Trx & Recovery = 5

Chair Shell said this data analysis was very helpful in directing discussions for this year. Ms. Cheatom agreed with the value of identifying areas that may have been missed in the past, to help focus on other special populations to support in the future. Ms. Edwards agreed this was helpful and interesting, noting the value of data on vulnerable populations, especially in uncertain times. Ms. Hale clarified that [AB374](#) did not identify specific populations under *Other populations overly impacted by substance use disorders*.

Dr. Kerns referred to a focus in Clark County on populations with higher exposure to heat. She also noted that legislators recently expressed concerns about SURG capacity to absorb more members to represent additional stakeholders. She cited the subcommittee structure and the alignment of these legislated subsections as supportive to accommodating additional members.

6. Planning for 2025 Treatment and Recovery Subcommittee Meetings

Chair Shell asked members for input on how they would like to move forward this year.

Dr. Dickson wanted to know who else was in the zoom meeting. Deputy Attorney General Ostunio noted that anyone may join a public meeting, and they are not required to identify themselves. Ms. Marschall added that meeting notes include attendees (as self-identified) and the chat record.

Dr. Dickson said she is curious about suggestions that public attendees might have for the members. She also wanted to know what they want to accomplish and what is the status of recommendations?

Ms. Hale recalled a similar discussion at the Response Subcommittee meeting on March 4th. A status report on legislative bills related to the SURG will be presented at the April 9th meeting. There was also a status report on recommendations prepared for the SURG by various representatives from the

Department of Health and Human Services, presented at the October 9th 2024, meeting; with a similar report planned for 2025.

Chair Shell appreciated Dr. Dickson's questions and the planned presentations at future SURG meetings. Dr. Dickson noted that the last day to present bills (in the Nevada State Legislature) had passed and she felt there was hardly anything related to the SURG, nor testimony from members of the four subcommittees.

Ms. Marschall suggested that the larger SURG could discuss what is still left to be done. Recommendations this year could include refinement of previous items, or new areas could be introduced through the member survey, where members can share their vision.

Dr. Kerns reported that the Response Subcommittee discussion included possible bill-draft recommendations as well as policy or regulatory recommendations. Another area they are considering is to refine language to harmonize between the Good SAM law and drug policy.

They are waiting to hear about legislation, as well as updates from the Fund for a Resilient Nevada (FRN), the Substance Use Prevention Treatment and Recovery Services (SUPTRS), and others. There have also been grants under the Division of Public and Behavioral Health (DPBH) that have incorporated SURG recommendations with added weight for application scoring.

Chair Shell referenced programs for Vegas Stronger and Reno Stronger, for which all members supported future presentations to this subcommittee. He also noted the recent opening of a Crisis Stabilization Center in Washoe County, with another opening soon in Clark County.

Ms. Marschall noted future presentations on Compassionate Overdose Response¹ and the Interdiction of Drugs (speaker TBD). Additional recommendations for speakers should be emailed to Ms. Marschall, for any of the following subcommittee meeting dates: May 20, June 17, August 19, September 16, or November 18, from 3 – 4:30 pm.

Dr. Dickson referenced the PACT Coalition, for which she is a Board member. There is also Keith Carter with HIDTA (High Intensity Drug Trafficking Areas).

Dr. Kerns reported that Attorney General Ford presented [AB19](#) to the Health and Human Services Committee and will bring back their recommendations to the SURG members. Cody Phinney, DPBH Administrator, recommended adding a specific representative for this Division. Other recommendations included bilingual representation, households affected by substance use, recovery, and treatment (Dr. Kerns noted that the SURG already has these representatives). Teresa Benitez-Thompson, Chief of Staff, Office of the Attorney General spoke with Ms. Phinney, noting the challenge of adding more representatives for DHHS, given that Ms. Slamowitz currently represents DHHS on the SURG, and [AB19](#)² would add a representative from the Division of Child and Family Services (DCFS).

Dr. Dickson reported that data is coming out on opioid deaths which have declined in the eastern United States, but not in Nevada. She will be interested in the analysis.

¹ Note, this will be presented to the full SURG in April due to broad interest.

² AB19 was amended on 3/21/25 to include a member of the Division of Public and Behavioral Health and for the member of the public to be bilingual and reside in a bilingual household.

Ms. Marschall noted that the July SURG meeting will include a presentation on trends in Nevada that could also help to address Dr. Dickson's interest.

7. Discuss Report Out for April 9 SURG Meeting

Subcommittee member discussion will be reported out to the full SURG.

Ms. Marschall provided a [survey link](#) for members to submit new ideas for recommendations and/or presenters.

Chair Shell noted that members will have the opportunity to raise additional questions at the full SURG meeting.

8. Public Comment

There was no public comment.

9. Adjournment.

Chair Shell adjourned the meeting at 4:06 p.m.

Chat File