

MEETING NOTES

Statewide Substance Use Response Working Group
Treatment and Recovery Subcommittee Meeting

Tuesday, August 6, 2024
12:00 p.m.

Zoom Meeting ID: 894 8937 5298
No Physical Public Location

Members Present via Zoom or Telephone

Dr. Lesley Dickson, Dorothy Edwards, Jeffrey Iverson, Steve Shell, and Assemblywoman Claire Thomas

Members Absent

Chelsi Cheatom

Social Entrepreneurs, Inc. Support Team

Kelly Marschall and Laura Hale

Office of the Attorney General

Deputy Attorney General Rosalie Bordelove

Members of the Public via Zoom

aacero, Ally Abbatangelo, Tray Abney, Jordan Baez, Brandon Beckman, Belz & Case Government Affairs (scribe), Lisa Lee, Elyse Monroy, Assemblyman David Orentlicher, Chyna Parker, Tracie Rogers, Sabrina Schnur, Lea Tauchen, Jennifer Tongol

1. Call to Order and Roll Call to Establish Quorum

Chair Shell called the meeting to order at 12:01 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 was no public comment.

3. Review and Approve Meeting Minutes from June 4, 2024, Treatment and Recovery Subcommittee Meeting

- Mr. Iverson made the motion to approve the minutes.
- Dr. Dickson seconded the motion.
- The motion carried unanimously.

4. Next Steps in Harm Reduction Presentation

Assemblyman David Orentlicher, MD, JD presented information about harm reduction proposals for Nevada. He became interested in this topic in 2018 through an annual program on important health policy and law issues, which focused on the opioid epidemic. A professor from the Columbia School of Public Health talked about overseas overdose prevention sites that dramatically reduce overdose deaths, as well as reducing transmission of HIV, hepatitis, and other communicable diseases.

By connecting users to treatment for substance use, they also address wound care and other health needs. Ideally, nobody would be using controlled substances unless prescribed, but that's not the

reality, so harm reduction is needed as providers are trying to get users into treatment so they can stop using.

When Assemblyman Orentlicher came to the state legislature, he introduced legislation for pilot programs in Clark and Washoe counties, to try to replicate the successful programs from other countries. As most members are familiar with, overdose prevention sites provide an environment for users to do it in a supervised setting. If users overdose, they can be quickly revived, and staff can make sure they use sterile needles and syringes. Importantly, they can also connect them with treatment and other support services such as housing, employment, and other social services, to start the process to stop using drugs. He has introduced bills through two sessions, and they are still in the proposal stage.

In talking with harm reduction specialists, including Chelsea Cheatom, Lisa Lee, and Rick Reich with Trac-B Exchange, Assemblyman Orentlicher noted this is a progressive process. Harm reduction services are already legal in Nevada with needle and syringe exchange, but when Kailin See opened programs in New York City, facilities were already well established, and they had built trust with potential clients and residents of their neighborhoods. He has been working with Rick to do more capacity building and increase infrastructure, laying the foundation for harm reduction in parts of the city where it would make sense. Rick's current facility is on Charleston Avenue, but he also has vending machines throughout the state, and it would really be valuable to have a harm reduction facility on the East side, possibly on Maryland or Eastern Avenue. He may have found an empty building that could be used.

Assemblyman Orentlicher asked that the SURG members help build the harm reduction capacity with sufficient facilities in the areas needed to build trust and buy-in from the community, under existing law.

Assemblywoman Thomas thanked Assemblyman Orentlicher and expressed concern with placing safe consumption sites near eastside schools, and charter schools in Las Vegas near underserved communities. She asked how they would get buy-in from the communities and whether there would be public service announcements (PSAs) on harm reduction.

Assemblyman Orentlicher referenced input from Mr. Reich regarding the challenge to find appropriate sites, but they did identify an intersection in a commercial area, away from schools. However, he noted that a facility in New York City (NYC) had been located across the street from a school, which gave him some confidence in working with community members to ensure that there wouldn't be drug use in the school parking lot or around the corner. They would also collect needles and syringes, with good guidance from NYC and Canada on establishing good relations in the community.

Dr. Dickson said she had lived in NYC and it's very different from Las Vegas, with relatively compact development compared to being more spread out. It's harder to reach people with terrible public transportation in Las Vegas, where it takes patients one hour to reach her. Funding is also an issue considering that professional staff are needed in addition to operational costs such as rent and liability. Also, opioid settlement funding is temporary.

Assemblyman Orentlicher said these were good questions and that the subcommittee members might want to invite Mr. Reich to present information on funding streams, working with the Centers for Disease Control (CDC), et al, to find grants for both start-up and sustainability.

Dr. Dickson also noted that her patients use many times per day with short-acting drugs such as Fentanyl and would need 24/7 access to facilities. Assemblyman Orentlicher agreed that 24/7 access would be ideal but may not be feasible. They would need to get started and see how to build upon it, including a brick-and-mortar facility and outreach staff.

Dr. Dickson added that it's not just opioids, but patients also use "meth" and can become unruly, so good security is needed in addition to transportation. Assemblyman Orentlicher referenced the NYC program with Kailin See where program design does depend on types of drugs that are used and the method of delivery. They would need to determine what model works for Las Vegas.

Assemblywoman Thomas echoed Dr. Dickson's concerns regarding funding, hours of operation, conceptual models in southern and northern Nevada, 24-hour security, transportation, and location. She specifically referenced a location on Maryland Parkway and asked for follow-up information once details are formalized. Assemblyman Orentlicher agreed to get back to members with more information.

Ms. Edwards asked if Assemblyman Orentlicher would be proposing legislation. He said he had not yet decided whether to sponsor a bill draft for the 2025 session. They are focused on building capacity and sometimes legislation can be distracting and counterproductive. He will make a determination over the next few months.

Dr. Dickson asked how to get the community on board and whether things have changed with more people in favor of this model, suggesting they probably had not changed that much under the current administration. Assemblyman Orentlicher said that once they find a site, they will start working with people who live there. A lot of times, opposition comes from people who don't even live in the neighborhood. Right now, they are suffering from the presence of drug use versus having a facility which could reduce discarded syringes and needles, or use in public bathrooms or libraries, etc. The current environment could be improved.

Assemblyman Orentlicher clarified to Chair Shell that Rick Reich is associated with Trac-B Exchange. This harm reduction facility has already been approved, with one brick-and-mortar facility, but that is inadequate. When the time and place are right for users and neighbors, with respect and safety, then they would add overdose prevention.

Chair Shell invited Lisa Lee former SURG member and subcommittee chair, currently working with Northern Nevada Harm Reduction Alliance, to comment. She referenced recent legislation around OPS (overdose prevention sites) in Rhode Island and Boston, working with the National Overdose Prevention Center and the Drug Policy Alliance. She is seeing a shift in northern Nevada from injection to smoking as a harm reduction technique, but there are legislative and regulatory barriers, so users are not going to harm reduction services, with a recent bust in Carson City. When Change Point started, they developed MOUs (memorandums of understanding) with the police department to stay away from the OPS and not conduct surveillance of the syringe service program, when they opened a decade ago. She noted that other components of community-building are needed, and asked if there is a plan for legislation to decriminalize safe smoking supplies, similar to Senate Bill 410 around hypodermic devices.

Assemblyman Orentlicher recalled previous legislation when test strips and testing of fentanyl were decriminalized. He was pleased that Attorney General Ford presented SURG recommendations for decriminalizing drug paraphernalia, and he is willing to sponsor a bill draft request to help make that happen. He met with the Clark County Sheriff to start discussions, and there is a willingness to work

together on this project. They understand the need for more services, with parallel tracks to work on over the next year or two.

Chair Shell thanked Assemblyman Orentlicher for sharing information on this important topic. The members look forward to continuing to work with him and will definitely follow up with Rick Reich for additional information. Assemblyman Orentlicher looked forward to continuing the discussion.

5. Discussion of NRS Requirements for Peer Background Checks

Laura Hale, Strategic Partner, Social Entrepreneurs, Inc. reviewed statutory and regulatory requirements for health facilities and oversight by the Bureau of Health Care Quality and Compliance (HCQC). This is in relation to a pending recommendation for changing oversight requirements, specifically for Peer Recovery Support Specialists.

[NRS 449.123 and 449.174](#) require health facilities to conduct employee background checks related to criminal convictions, *including possession, distribution or use of any controlled substance with the immediately preceding 7 years*, or a *substantiated report of child abuse or neglect*.

HCQC implements these statutory requirements under regulation [LCB File No. R093.22](#), directing the process for investigation of complaints related to alleged violations. Additionally, they may review evidence upon request regarding substantiated reports of child abuse or neglect or certain related violations, against peer recovery support service providers or supervisors.

Chair Shell thanked Ms. Hale and appreciated the clarification provided under the statutes and regulations.

6. Overview of Recommendations Received and Next Steps

Kelly Marschall, Principal, Social Entrepreneurs, Inc., reviewed slides for the pending recommendations for this subcommittee.

Chair Shell thought more information from Rick Reich, Trac-B Exchange could be helpful with the recommendation for harm reduction services. Mr. Iverson and Dr. Dickson agreed with this. Dr. Dickson noted that there are still major problems to resolve, including residents who say, “Not in my backyard.”

Assemblywoman Thomas appreciated Dr. Dickson’s analysis regarding what the community members think. She would like to hear from people who are opposed to harm reduction efforts, such as safe consumption sites. Chair Shell agreed with this. Ms. Edwards also agreed with this, noting that Nevada is unique, and she would like to see data to support where they are going with this effort.

Chair Shell asked if there were any recommendations in relation to the background checks on Peer Recovery Support Specialists that could be used for submission to the full SURG. Ms. Marschall confirmed that the committee could put forward a recommendation for legislation. Dr. Dickson supported the discussion with the full SURG to get insights from Chair Ford and hopes to get him on board. She also noted that Assembly Speaker Yeager has supported past legislation to change sentencing guidelines.

Ms. Marschall reminded members that all recommendations would be vetted by the full SURG at the October meeting. Members of this subcommittee will meet again on September 3rd to complete work on recommendations to forward to the full SURG.

Ms. Edwards referenced a presentation to the Washoe County Behavioral Health Board regarding a parity bill for selection as their one bill draft request, but they did not choose that one. She will try to get more information for the September 3rd meeting, but it might get picked up elsewhere. They could do a letter of support. Ms. Marschall explained that all the SURG recommendations go forward to policymakers as part of the Annual Report in January, which essentially serves as a letter of support.

Chair Shell read the recommendation from Ms. Cheatom:

Recommendation #2: 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.

Ms. Marschall noted that members had previously supported this recommendation, so it is moving forward in the queue to be voted on based on today's process.

Chair Shell moved to the recommendation regarding Peer Recovery Support Specialists, noting a correction to the timeframe for violations related to controlled substances or any dangerous drug. Review of applicant or employee violations goes back for the immediately preceding 7 years; not 5 years. He would also include a request for legislation. He proposed to rewrite the recommendations before the September 3rd meeting.

Deputy Attorney General. Bordelove clarified that the members could consider recommendations for any changes through an action item. Whatever members approve in their motion is what will become the recommendation. Chair Shell can bring back a revised recommendation for the subcommittee to consider in September. He clarified to Assemblywoman Thomas this would change 5 years to 7 years and add legislative consideration for changes to the NRS that HCQC follows.

Assemblywoman Thomas thought that Dr. Morgan's recommendation related to the Bridge Program should be carried forward and she hoped someone would be able to build out the recommendation. Chair Shell agreed to take that on and bring it back to the subcommittee in September.

The final recommendations from Dr. Lee Sedera's presentation on acupuncture were not advanced. Dr. Dickson and Ms. Edwards were concerned by the breadth of insurance requirements and limited capacity of the SURG for implementation. Ms. Marschall said it could be brought forward in the future, but recommendations for this year need to be made soon.

Ms. Marschall will reach out to Rick Reich for a possible harm reduction presentation with available data to the subcommittee in September. Assemblywoman Thomas suggested inviting someone in opposition, as well; Dr. Dickson suggested getting recommendations from Ms. Cheatom and Jamie Ross for additional input.

Chair Shell reviewed a slide with upcoming subcommittee meetings on September 3rd to complete recommendations to advance to the full SURG, and then on November 5th to complete any follow-up on the recommendations.

7. Approach to Recommendations Ranking Process

Ms. Marschall reviewed approaches to ranking recommendations in the past as follows:

- 2022 method: weighted ranking; recommendations with multiple members ranking it as their top recommendation received a higher aggregate score.

- 2023 method: ranked the full slate of preliminary recommendations in October and the final recommendations in December to reflect the relative importance of different recommendations.
- New option: entire SURG ranks recommendations by subcommittee topic area.

Chair Shell said he liked the new option because it could heighten the awareness of each of the subcommittee topic areas, which sort of got lost in previous ranking discussions.

Ms. Edwards noted that as a new member, she was not part of the previous process, but asked about a concern about the quantity of recommendations, suggesting that the quality of recommendations should be prioritized.

Mr. Iverson likes the new option and agrees that a limited number of recommendations is better, with recommendations that will be taken seriously and can be implemented.

Chair Shell agreed they should try to limit the number and keep it within the topic area.

Dr. Dickson liked the 2023 method and agreed with keeping the number down and making recommendations practical. She also asked about follow-up on previous recommendations.

Ms. Marschall explained that the Division of Public and Behavioral Health is slated to report to the SURG on expenditures and has been providing updates, with another update planned for the October SURG meeting. She clarified that feedback from the subcommittees would be take back to the Attorney General.

Ms. Marschall summarized member discussion as follows:

- *A desire for thoughtful, meaningful quality recommendations, with some agreement on doing them by subcommittee, as opposed to the full SURG. No one is opposed to limiting the number of recommendations so that they all have sufficient air once they're published.*
 - Chair Shell made a motion to approve.
 - Mr. Iverson seconded the motion.
 - The motion carried unanimously.

8. Public Comment

Chair Shell read instructions for public comment and call-in information. There was no public comment.

9. Adjournment

This meeting was adjourned at 1:27 p.m.

Chat File

Belz & Case Government Affairs- Scribe by Rewatch

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