

MEETING NOTES

Statewide Substance Use Response Working Group
Treatment and Recovery Subcommittee Meeting

September 3, 2024
12:00 p.m.

Zoom Meeting ID: 894 8937 5298
No Physical Public Location

Members Present via Zoom or Telephone

Dr. Lesley Dickson (12:25), Chelsi Cheatom, Dorothy Edwards, Jeffrey Iverson, Steve Shell, and Assemblywoman Claire Thomas

Social Entrepreneurs, Inc. Support Team

Kelly Marschall and Laura Hale

Office of the Attorney General

Deputy Attorney General Rosalie Bordelove, Dr. Terry Kerns, and Ashley Tackett

Members of the Public via Zoom

Tray Abney, Linda Anderson, jbaez@unr.edu, Brandon Beckman, Belz & Case Government Affairs (scribe), Trey Delap, Fireflies Notetaker, Becky Follmer (DHHS), Sgt. Katie Franco (NV National Guard), Nadine Kienhoefer, Heather Kerwin, Madalyn Jo Larson, Amy Lucas, Guiseppe Mandell, David Marlon, Abe Meza, Elyse Monroy, Lea Tauchen, Jennifer Tongol, and Pauline Whelan

1. Call to Order and Roll Call to Establish Quorum

Chair Shell called the meeting to order at 12:00 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.

Guiseppe Mandell, American Addiction Centers reported noticing more people using suboxone who want to get off it, but insurance doesn't cover withdrawal treatment, so they have to pay cash. He said it is a rough and challenging detox. Also, health stores are now advertising kratom, Ms. which is very addictive and is available on the free market at any smoke shop; he thought this would also be an issue on insurance coverage.

3. Review and Approve Meeting Minutes from August 6, 2024, Treatment and Recovery Subcommittee Meeting

- Mr. Iverson made the motion to approve the minutes.
- Ms. Edwards seconded the motion.
- The motion carried unanimously.

4. Review and Finalize Recommendations for SURG October Presentation

Ms. Marschall summarized the process noting that several of the recommendations had not been altered, but there may be additional information, e.g., Madalyn Larson was in attendance to provide an update on supplying Narcan on various campus locations throughout the Nevada System of Higher Education (NSHE).

See slides available on the [SURG Website](#).

• **Update on Recommendation #1:** Based on presentation to the WRBHPB: A bill that would ensure Narcan be wherever an AED machine is located, and on all campuses under our Nevada System for Higher Education.

- Student unions
- Health centers
- All levels of the dormitories
- Within Residential Advisor's domiciles

A bill that would advocate for the training of the administration of Narcan 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.

• **Submitted by:** Dorothy Edwards

Ms. Larson introduced herself as a University of Nevada, Reno (UNR) graduate with a master's degree in public health and referenced a previous presentation by Michael Berry to this subcommittee. Ms. Larson also presented to the Joint Interim Standing Committee on Health and Human Services, resulting in bill draft request (BDR) 95, co-sponsored by Assemblywoman Brown-May and Senator Titus. This is a student-driven concept informed by people with lived experience. It will be operationalized for all NSHE institutions to support low-barrier access to naloxone in dorms, libraries, health centers, etc., in inconspicuous locations to ensure private access. Educational information on effective administration, compassionate response, and the Good Samaritan Law have also been prepared for five-minute presentations at the beginning of class. They are working with NSHE across the state for effective implementation.

Assemblywoman Thomas asked about funding for BDR 95 and advised adding that information. Ms. Larson reported working with Division of Public and Behavioral Health Administrator Cody Phinney, to develop a fiscal note, aligned with the opioid response funding. They also talked with the Chancellor's Office. They don't have an implementation date yet, but they are engaging NSHE representatives to set this up for success.

Chair Shell looks forward to Ms. Larson's career in public health. Ms. Larson acknowledged support from the team. Ms. Edwards said it felt warm and fuzzy that the recommendation got through and commended Ms. Larson's good job!

• **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.

• **Submitted by:** Chelsi Cheatom

• **Justification:** Treating trauma is an important step in supporting people with SUD and mental health. Trauma-informed treatment would include looking at the effects of violence, adverse childhood experiences (ACES), sexual assault, incarceration, overdose, etc. as well as supporting trauma related care for surviving family members after an overdose or overdose fatality.

• According to SAMHSA, The impact of child traumatic stress can last well beyond childhood. In fact, research shows that child trauma survivors are more likely to have:

- Learning problems, including lower grades and more suspensions and expulsions
- Increased use of health services, including mental health services
- Increased involvement with the child welfare and juvenile justice systems
- Long term health problems, such as diabetes and heart disease

- Trauma is a risk factor for nearly all behavioral health and substance use disorders (<https://www.samhsa.gov/child-trauma/recognizing-and-treating-child-traumatic-stress#impact>).

Ms. Cheatom reviewed this recommendation and asked for questions or comments. There were none.

• **Recommendation #3:** ~~The Nevada Bureau of Health Care Quality and Compliance should reevaluate the~~ **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 five years of their last felony conviction. I recommend 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.

• **Submitted by:** Steve Shell

Chair Shell reviewed the proposed change to the language to clarify the need for amended legislation to support greater flexibility to hire certified peer recovery support specialists. Also, the previous minutes reflect a change from five years to seven years, as referenced in the section above.

Assemblywoman Thomas asked about the reasoning behind the change. Ms. Hale noted it wasn't a change to the existing legislation, but a correction to the record. Assemblywoman Thomas hoped they could get a sponsor in the legislature for this recommendation.^{1 2 3}

Other: Dr. Morgan's Bridge Program Recommendation(s)

• **Recommendation to be considered:** Enhance the "Bridge Program" for Emergency Departments by providing financial incentives for hospitals and providers to incorporate 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 summarized this recommendation for members. Ms. Cheatom asked for clarification on providing financial incentives. Chair Shell noted that Medicaid could support reimbursement to hospitals. Assemblywoman Thomas suggested recommending hospitals should support with additional pay, or through another source.

¹ Paul Schubert, Bureau Chief, Health Care Quality and Compliance, Division of Public and Behavioral Health, Nevada Department of Health and Human Services previously cited statutes regarding the limitations:

Any employee or employee of a temporary employment service or independent contractor may not be employed if they have been convicted of a violation of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug as defined in chapter 454 of NRS, within the immediately preceding 7 years (NRS 449.174).

Under NRS 449.0915 Endorsement of hospital as crisis stabilization center – the hospital may employ a peer recovery specialist to provide peer recovery support services, However, the peer recovery specialist must also meet the background check requirements for hospitals. As always, the most stringent requirement applies.

² Attendee Trey Delap submitted a reference in the chat, citing NRS 179.245 1. (b) *Except as otherwise provided in paragraphs (a) and (e), a category B, C or D felony after 5 years from the date of release from actual custody or discharge from parole or probation, whichever occurs later.* (See explanation under footnote 1)

³ Ms. Hale explained that chat messages should not be used under the open meeting law.

Chair Shell explained that there were previous grant funds to support this at Renown, but they were not sustainable. He suggested directing the Division of Public and Behavioral Health to consider other revenue streams. Ms. Marshall noted the different types of recommendations where some might require funding to be established by DPBH, versus policy-based recommendations that don't require funding.

Dr. Kerns referenced another subcommittee recommendation to equalize pay of PRSS & CHWs.

Assemblywoman Thomas advised to make sure when they submit a policy bill, the lynch pins are funding and implementation. *If we don't do that, it's just words on paper.* DHHS should be directed to establish funding streams to implement recommendations.⁴

Ms. Edwards referenced recommendation #1 to provide Narcan on campus, suggesting the language should be revised to reference BDR #95. She also noted her deference to Assemblywoman Thomas, but she added that she is often cautioned to be sure their BDRs don't have a fiscal note because they would never get anything done.

Assemblywoman Thomas advised not to clutch at pearls or put forward ideas that are naïve about bills without funding.

Mr. Iverson suggested making proposed changes to the recommendations, but not to get into the weeds on funding.

Ms. Marschall made a note of the change to Recommendation 1, to identify it as BDR 95. Ms. Larson wants to have language to "include training," but she is not sure what the BDR will look like. Ms. Edwards thought this was on target with Mr. Berry's presentation and supported language to "include training."

Chair Shell deferred to Ms. Cheatom if she had any changes to recommendation #2. She did not. Mr. Shell asked to change the language for recommendation #4 from "establish" to "identify." There were no changes to recommendation #3.

Mr. Iverson asked if they should combine and approve all four recommendations at once. The following language summarizes the final recommendations of the SURG Treatment and Recovery Subcommittee:

- **Recommendation 1:** Support BDR 95 to ensure Narcan be available wherever an AED machine is located, and on all campuses under our Nevada System for Higher Education, including in Student unions, Health centers, all levels of the dormitories, and within Residential Advisor's domiciles and include training of the administration of Narcan 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.
- **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.

⁴ Ms. Hale noted that DHHS does not establish funding, but they could identify possible funding sources. It is the finance committees of the Legislature that establish funding.

- **Recommendation #3:** 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 seven 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.
- **Recommendation #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.
 - Mr. Iverson made a motion to approve all four recommendations, with the changes discussed.
 - Assemblywoman Thomas seconded the motion.
 - The motion carried unanimously.

5. Update to Approach to Recommendations Ranking Process

Ms. Marschall explained the ranking process.

Chair Shell supported ranking by subcommittee, noting that some recommendations were lost in the process when the full SURG ranked all the recommendations.

Mr. Iverson thought that too many recommendations were put forward last year and asked how to get around five or six that are not a priority. He supported going with the 2022 method or making recommendations by subcommittee and topic area. *We want to save the world and do everything, but what can we actually fund and execute?*

Dr. Kerns noted that the Response Subcommittee suggested listing recommendations by topic areas without ranking. She added that there are not so many recommendations this year, and groups like the ACRN (Advisory Committee for Resilient Nevada) do not rank their recommendations. In 2022, some members had voted against a recommendation.

Chair Shell asked for clarification regarding how the subcommittee recommendations would be considered. Ms. Marschall said their feedback would go to Attorney General Ford, who would then make a recommendation to the SURG members. (Note: The Zoom recording stopped at this point and restarted 2 minutes later).

6. Presentation of Recommendations to SURG

Chair Shell said he could present the recommendations on behalf of the subcommittee members, but he would welcome co-presenters. Ms. Edwards and Ms. Cheatom deferred to Chair Shell, and will offer support as needed.

Ms. Marschall reported reaching out to Rick Reich, Trac-B for a presentation at the November 5th meeting to address items outstanding from Assemblyman Orentlicher’s presentation in September.

7. Public Comment

Mr. Mandell thanked all the members very much.

Chair Shell reminded members of the October 9th and December 11th meetings of the full SURG, and the next meeting of this Subcommittee scheduled for November 5th to follow up on any recommendations remanded by the full SURG. A quorum of members is essential to completing this work.

8. Adjournment.

This meeting was adjourned at 1:12 p.m.

Chat File

12:00:10 From read.ai meeting notes to Everyone:

Guissepe added read.ai meeting notes to the meeting.

Read provides AI generated meeting summaries to make meetings more effective and efficient. View our Privacy Policy at <https://www.read.ai/pp>

Type "read stop" to disable, or "opt out" to delete meeting data.

12:01:20 From Belz & Case Government Affairs Scribe by Rewatch to Everyone:

I'm recording this meeting for Elyse Monroy. To stop recording, remove me from this meeting.

12:17:52 From Guiseppe Mandell American Addiction Centers to Everyone:

Victorias Voice Foundation provides funding for things like that FYI

12:23:03 From Trey Delap to Everyone:

NRS 179.245 allows a Category B felony to be sealed 5 years after discharge from probation or prison