

MEETING NOTES

Statewide Substance Use Response Working Group
Treatment and Recovery Subcommittee Meeting

November 5, 2024
12:00 p.m.

Zoom Meeting ID: 894 8937 5298
No Physical Public Location

Members Present via Zoom or Telephone

Dr. Lesley Dickson, Chelsi Cheatom (12:11 pm), Dorothy Edwards, Steve Shell, and Assemblywoman Claire Thomas

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

Tray Abney, Becky Follmer, Cade Grogan, T. Guajardo, Elyse Monroy (Fireflies Notetaker)

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. There were no public comments.

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

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

4. Discuss Upcoming Presentations

Ms. Marschall referenced a previous presentation from Assemblyman Orentlicher, suggesting that Rick Reich could respond to member questions about brick-and-mortar harm reduction sites. Mr. Reich is willing and available to come back to answer questions including community-member reactions to possible site locations, and the related costs and timing. Ms. Marschall can add that to the first subcommittee meeting for 2025, once that is calendared for the next set of recommendations. Chair Shell and members agreed to scheduling Mr. Reich for a meeting in 2025.

Assemblywoman Thomas had previously suggested a presentation from Pauline Whelan, Individior on Specialty Pharma. Ms. Marchall reached out to Ms. Whelan who is willing to present to the Subcommittee. Although they have strict guidelines about what they can talk about, she and her team

do have a sense of emerging initiatives that other states are engaging in related to both overdose reversal and pharmacological options related to medication assisted treatment (MAT) and other similar efforts.

Assemblywoman Thomas would like to have both speakers come in and present to give their assessments. Chair Shell felt the same. Dr. Dickson has known Ms. Whelan for many years, and she is not just a pharmaceutical representative, but a generalist as well. A prior meeting included a discussion on adolescents and how to prescribe for underage teenagers. Ms. Whelan may have good insights into how to work with adolescents. Ms. Marschall will work on getting these presentations scheduled.

5. Finalize and Adopt Recommendations

Chair Shell reminded members that the full SURG had some possible revisions for consideration, noting they would go through each recommendation one at a time for discussion purposes.

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

Recommendations Received and Next Steps

- **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.
- **Submitted by:** Dorothy Edwards
- **SURG Discussion:**
 - Recommendation to require in other locations, but given the BDR, that will have to be held for the future.
 - Is this only NSHE or could it include other large public gathering places (e.g., sports facilities, libraries)?
 - The BDR is specific to NSHE campuses.

Chair Shell recalled that SURG members had asked about locations for Narcan placement and whether it should include other large public gathering places, rather than limiting placement to Nevada System of Higher Education (NSHE) locations.

Ms. Edwards noted that the bill drafting process was underway and she wasn't sure about the process for requesting any changes. Chair Shell agreed with Dr. Dickson that they could include additional locations as part of their recommendation. Assemblywoman Thomas suggested that high schools might also be included; Dr. Dickson agreed with this, noting that a lot of the overdoses are taking place in the high school population. However, she noted that schools don't like having things imposed on them and they don't like to have to acknowledge that they need them. Also, there are all kinds of issues that you can run into with school boards. Assemblywoman Thomas noted that Senator Titus is also well aware of the need and could get around some of the issues.

Ms. Cheatom suggested that if they determine to include high schools, it should be a separate recommendation because the Clark County School District, the school police, and – she believes – school nurses, are already carrying naloxone on the campus. It might take a little bit of investigation to figure out which school districts may have already approved naloxone on campuses, and some might need to figure out where on campus to place naloxone. She felt this recommendation was just for NSHE, but they might include some specific locations on campuses where they would want it, such as student unions and health centers, that are already listed. It could include dormitories, sports facilities, training rooms, libraries, etc. Then they could make a separate recommendation for naloxone related to youth populations.

Assemblywoman Thomas would like to see data to justify naloxone being in NSHE locations versus high schools, which could be part of the bill presentation at the legislature.

Ms. Edwards reported back to the members that the proposed bill was sponsored by Senator Titus and Assemblywoman Brown-May. Ms. Edwards also supported expanding placement of naloxone to other large places but doing something separate for high schools due to separate requirements.

Ms. Marschall reviewed language options for the members to consider moving forward with a motion.

Dr. Dickson asked if the number and location of AED machines within NSHE is known. Ms. Edwards reviewed the language for naloxone *wherever an AED machine is located, and on all campuses . . .*

Assemblywoman Thomas said that in the Regional Justice Center there is an AED machine on every single floor. She asked for further clarification about what locations would be included.

Ms. Hale offered to review the original presentation to the Subcommittee from Ms. Larson for NSHE, although the legislators could include broader language in the bill draft request (BDR).

(Chair Shell moved to the next recommendations while waiting for more information, then came back to this recommendation following action on Recommendation #3)

Ms. Hale cited notes from Ms. Larson's presentation to the subcommittee regarding Recommendation #1:

- 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.

Ms. Hale further noted that when Ms. Edwards provided an update on that, the language was that it would *ensure Narcan would be wherever an AED machine is located, and on all campuses under NSHE*. Presumably, when Ms. Larson presented to the Legislature, she would have been talking about what NSHE was prepared to put within that institution. Although, the bill draft may come out differently.

Assemblywoman Thomas appreciated having the insight from the original and said that the presentation and the recommendation should be limited to NSHE. Ms. Edwards explained that the change was based on discussion with the Regional Behavioral Health Board, but she was not married to that. She brought it on behalf of Mr. Barry, who originated the proposal, with the intent of having them in NSHE dorms.

Dr. Dickson noted that without knowledge of AED locations it would be hard to separate those out. Ms. Edwards confirmed that she would be fine with removing AED to have a narrower scope.

Chair Shell made a motion with the following language:

- Support BDR 95 to ensure Narcan 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. This includes 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 and could also be offered throughout the year by various clubs and programs with each institution's design.
- Assemblywoman Thomas seconded the motion;
- The motion carried unanimously.

Recommendations Received and Next Steps

- **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
- **SURG Discussion: No suggested revisions**

Because there were no suggested revisions for this recommendation, Chair Shell moved to the next recommendation for discussion.

Recommendations Received and Next Steps

- **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.

- **Submitted by:** Steve Shell

- **SURG Discussion:**

- Revise to make it clearer what change is being requested in NRS. Intent is to expand the pool and not exclude peers that are qualified.
- NRS currently states that it's within 7 years and the intent of the recommendation is to change NRS which includes the requirement for those with a felony in the last 7 years.
- Are there examples from other states with specific years included—is 3 or 5 better?

Chair Shell reviewed the discussion of revisions, and a question from Assemblywoman Thomas regarding the rationale for the 7-year period currently in Nevada Revised Statutes (NRS). He conducted some research and found in the State of Texas and one other state that it was also a 7-year period, but he was unable to find any national standards.

Dr. Dickson thinks the recommendation is a great idea and she absolutely agrees with it, but she can't imagine that the legislative justice committees would go for this. Chair Shell agreed that it would be a long shot, but it's particularly important on the hospital's side in terms of who the hospitals are able to hire and there are a lot of Peer Support Specialists who are being limited as to where they can work. But he's not sure it will gain traction with the legislative body, but he still recommends putting it forward for people to at least consider.

Assemblywoman Thomas asked about what drugs and what convictions they are looking at. For example, 7 years for marijuana use may not be a fair way of assessing the problem, and getting people certified to help others. Does 7 years make a difference? Does 10 years make a difference?

Ms. Cheatom explained that the Nevada Certification Board requires that the PRSS have at least 2 years of sustained recovery prior to certification. So, that would be a good barometer for the subcommittee members to look at. With the option of 3 to 5 years, 3 would probably be closer to matching what's required for someone to be certified in Nevada.

Chair Shell and Dr. Dickson agreed with this, but Dr. Dickson also agreed with Assemblywoman Thomas on making it a little clearer as to whether they are talking about a conviction for selling fentanyl versus having a bag of marijuana.

Ms. Cheatom added that for PRSS, they could be in recovery from substance use or mental health for the Nevada Certification Board, so it may not be easy to clarify. It could also be something legal, like alcohol. So, more general references might be better, as currently written.

Ms. Marschall clarified that the SURG request for revisions included legislation be considered to amend NRS for people who have felony backgrounds and are within 3 or 5 years of their last felony conviction. The existing language further specified these would be drug offenses or other offenses that do not involve violent acts or sexual exploitation. The legislature could consider the number of years for amendment.

- Chair Shell made a motion to amend Recommendation #3 to change 7 years to 3 years.
- Dr. Dickson seconded the motion.
- The motion passed unanimously.

Recommendations Received and Next Steps

- **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.

- **Submitted by:** Dr. Morgan through Steve Shell

- **SURG Discussion:**

- Recommendation to consider including jails
- Debi: Kids are also going into jail for short term stays, can the Bridge program be incorporated into the justice system?
- The MDT project Bill Teel is working on will hopefully include juvenile facilities in the future
- FASTT programs are piloting this (Lyon County)

Chair Shell reviewed this recommendation based on a presentation from Dr. Morgan to the subcommittee, with the discussion points from the full SURG, as noted above.

Ms. Cheatom asked for clarification as to whether the referenced Bridge Program is for linkage to care or linkage to MOUD (medications for opioid use disorder), with different implications for the inclusion of jails and kids.

Dr. Dickson said she was involved with the committee until they lost their leader. She said this recommendation was referring to having the Bridge Program in the emergency room itself to start the evaluation process with doctors and peer support for withdrawal or overdose to start talking about treatment and to provide referral. She thinks the intent is that they would sometimes start the patient on MOUD in the emergency room. Some are doing it now, including emergency rooms, as well as jails and prisons. Dr. Dickson thinks it should include other programs, but she thought the Bridge Program was trying to get the emergency room docs to prescribe buprenorphine. Chair Shell said that was his understanding as well. Ms. Marschall also recalled that Dr. Morgan supported MAT induction within emergency rooms.

Ms. Cheatom said that based on the intent to include MAT for people in jail and to include kids going to jail for short terms, peers would be used to support programs such as the MDT (Multi-Drug

Therapy) that Bill Teel is working on. But, she doesn't know what the requirements are for kids to start on that program and what that would look like.

Dr. Dickson referenced a team in CCDC (Clark County Detention Center) and something similar in Reno, but she doesn't know about doing this with kids. When buprenorphine first came out, the answer was definitely no and methadone was definitely no, but things have loosened up. She doesn't think the DEA (Drug Enforcement Agency) has addressed that question.

Chair Shell added that there has been a major push for several years now to figure out how to motivate the hospitals to provide this service in the ERs, and they are missing out on a lot of opportunities when these individuals land in emergency rooms and hospitals still can't start that treatment. Members could include jails or add a separate amendment to address jails, but more information may be needed.

Ms. Cheatom suggested including this recommendation as currently written, focusing on the emergency department, for the bridge program for MOUD.

Dr. Kerns commented that the Response Subcommittee made a recommendation for the three FDA approved MATs available in our carceral settings as part of Bill Teel's work to get MOUD in the jails. They are hopeful to include juvenile facilities in the future for his project, but this current project is more focused on rural and frontier jails because it already exists in Clark and Washoe Counties. Chair Shell thanked Dr. Kerns for this update.

Members did not opt for further discussion, leaving the recommendation as originally presented.

6. Ranking of Recommendations

Chair Shell reviewed the process and scoring for ranking of recommendations. Ms. Marschall noted that the spreadsheets for the rankings had been updated with changes to the recommendations, as per member instructions from prior agenda items.

TRS1: Support BDR 95 to ensure Narcan be available 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.

TRS2: 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.

TRS3: 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.

TRS4: 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.

The following rankings, from high to low, were recorded for each member:

Assemblywoman Thomas: TRS3, TRS1, TRS2, and TRS4.

Ms. Cheatom: TRS3, TRS2, TRS1, and TRS4

Dr. Dickson: TRS1, TRS4, TRS3, and TRS2

Chair Shell: TRS3, TRS1, TRS2, and TRS4

Ms. Edwards: TRS1, TRS3, TRS2, and TRS4

Ms. Marschall reported Final Rankings for Treatment and Recovery Recommendations:

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 Narcan be available 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.
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.

- Assemblywoman Thomas made the motion to approve the rankings as reported.
- Ms. Edwards seconded the motion.
- The motion carried unanimously.

7. Presentation of Subcommittee Recommendations for December SURG Meeting

Chair Shell said he could present recommendations unless another member wished to do so. All members supported Chair Shell to present their recommendations.

8. Discussion of 2025 Subcommittee Membership and Schedule

Chair Shell explained that subcommittee members would be reselected in January along with a chair and a vice chair. Members for the full SURG also need to be reappointed. The Attorney General's

Chief of Staff will be reaching out to members, or the appointing authority to identify reappointments. Within the Subcommittees, members can indicate whether they would like to join a different subcommittee or continue with their current assignment, if they are reappointed to the SURG generally.

Ms. Marschall noted that subcommittee meetings would continue with the first Tuesday of the month, typically at noon for the months they are scheduled for 2025.

Chair Shell noted that the Office of the Attorney General has submitted a BDR to broaden the membership of the full SURG which would likely occur in 2026, which would require amendments to the bylaws for roles, including for members of the general public, Fire/EMS, Family Services and Foster Care, Director of the Department of Indigent Defense Services, or her designee, and Nevada's District Attorney Association.

9. Public Comment

There was no public comment.

10. Adjournment.

Chair Shell reminded members of the full SURG meeting scheduled for December 11th. This meeting was adjourned at 1:14 p.m.

Chat File

Elyse Monroy: Assemblywoman Brown-May is the co-sponsor for BDR 95.