



## OFFICE OF THE ATTORNEY GENERAL

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# TREATMENT AND RECOVERY SUBCOMMITTEE

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Substance Use Response Group (SURG)

June 4, 2024

12:00 pm

# **1. CALL TO ORDER AND ROLL CALL TO ESTABLISH QUORUM**

Chair Shell

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

Member	SURG Role	Committee Role
<b>Assemblywoman Claire Thomas</b>	Assembly Member Appointee	Member and Past Chair
<b>Chelsi Cheatom</b>	Harm Reduction Program	Member
<b>Dr. Lesley Dickson</b>	Healthcare Provider with SUD Expertise	Member
<b>Steve Shell</b>	Hospital	Chair
<b>Jeffrey Iverson</b>	Person in Recovery from an SUD	Member
<b>Dorothy Edwards</b>	Washoe County Services Agency Representative	Member

## **2. PUBLIC COMMENT**

# Public Comment

- Public comment will be received via Zoom by raising your hand or unmuting yourself when asked for public comment. Public comment shall be limited to three (3) minutes per person (this is a period devoted to comments by the general public, if any, and discussion of those comments). No action may be taken upon a matter raised during a period devoted to comments by the general public until the matter itself has been specifically included on an agenda as an item upon which action may be taken pursuant to NRS 241.020.
- If you are dialing in from a telephone from the US:
  - Dial +1 (253) 205 - 0468
  - When prompted enter the Webinar ID: 894 8937 5298
  - Please press \*9 so the host can prompt you to unmute.

**3. REVIEW AND APPROVE  
MAY 7, 2024 TREATMENT AND  
RECOVERY SUBCOMMITTEE  
MEETING MINUTES**

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Chair Shell

# **4. UPDATE ON BRIDGE PROGRAM IMPLEMENTATION IN HOSPITALS IN NEVADA**

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Dr. Kelly Morgan, Nevada Bridge Association

# Disclosures

- *SOR 3.0 Grant – State Opiate Response Grant 3.0*



# Introduction

- *Bridge Program for Treatment*
  - *Peer Support Specialist/Substance Use Navigators*
    - *Insertion into Emergency Departments (ED)*
    - *Early stages nationwide*
    - *NV in its infancy*
    - *Previous efforts:*
      - *Trac-B: UMC and Renown Medical Center*
      - *Dignity Health*
      - *Efforts were not sustained*
- *Goals:*
  - *Increase the use of Substance Use Navigators – shore up improved support in the EDs*
  - *Increase education and awareness among ED providers that “MAT and BUP initiation really is an ED problem.”*
  - *Efforts around education of ED providers and breaking down barriers to get navigators into hospital systems.*

# Issues

- *Sustainability of practice – Medicaid/Medicare reimbursement do NOT cover a salary or living wage for a Substance Use Navigator*
- *Lack of staffing and knowledge of where and how to get substance use disorder patients into treatment facilities*
  - *Navigators to help facilitate a true safe discharge*
- *No money within hospital to ensure appropriate care for substance use disorder patients.*

# Special Populations

- *Majority of the population seen in ED for substance use disorder: lower socioeconomic status*
  - *Unhoused population*
  - *Pregnant women – especially those early in their pregnancy*

# What's Working Well / Evidence Based Practice

- *CEO's and hospital administrators are not opposed to having peer support specialists IF they don't have to pay for them.*
- *Ask for forgiveness, not permission*

# Gaps

- *Medicaid reimbursement is not covering the cost of a navigator – options for funding:*
  - *Cross train as a community healthcare worker*
  - *Adding to skillset*
  - *Alternate funding sources*
- *Peer Support Navigators:*
  - *Individuals with lived experience don't always pass background checks*
  - *As seen with other behavioral health assessors there is no need for access to the EHR, limiting access to personal health information of a sensitive nature that could cause concern with hospital administration*
- *Track rates from ED to treatment and sustainability*
  - *Due to sensitivity and hidden nature of 42CLR*
  - *Data difficult to access and track, but needed to help keep people engaged with treatment*

# Recommendation(s)

- *Incentive programs for Medicaid/Medicare reimbursement for hospitals committed to using peer support specialists in their hospitals.*
  - *Incentives need to flow downhill to ED providers*
- *Peer support specialists as part of addiction services, expanding delineation of privileges in hospitals to include addiction and consult services.*
  - *Increase the ease of use of substance use navigators without placing impetus for payment to navigators as employees directly on the hospital system.*
- *Additional Opportunities for Peer Support Navigators via Telehealth*
  - *Significantly breaks down barriers*

# Contact Information

<b>Name</b>	<b>Kelly Morgan MD</b>
Title	Emergency Physician
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Email	kellymorganmd@gmail.com

# 5. HOW ACUPUNCTURE CAN HELP RECOVERY & PREVENTION OF SUBSTANCE ABUSE

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Substance Use Response Group (SURG)

*Yoojin Lee-Sedera, ND, OMD*

*Co-founder, Medical Director*

*Las Vegas Integrative Medicine*



# Disclosures

- I am a co-founder and medical director of Las Vegas Integrative Medicine, currently practicing acupuncture and naturopathic medicine.

# Introduction

- Acupuncture and Oriental Medicine is a complete set of medical system with full understanding of the whole body as a part of the nature (“in between the heaven and earth”) that has been practiced for thousands of years.
- Yin and Yang is a basis of understanding the nature and human body.
- The theory behind the acupuncture is that the body is connected from head to toes by so-called “meridians/ channels”; each channel has multiple acupuncture points which can be used to treat different organs and areas of the body.
- When there is a blockage in the channel (or meridian), it is manifested as various health issues or pain.

# Issues

Increasing number of drug users and the death from drug overdose in state and nationwide.

The Substance Abuse and Mental Health Services Administration (SAMHSA) estimates --

- The prevalence of past-year (2021) substance use disorder in Nevada was 9.5% (or 241,000).
  - Regional average: 8.1%
  - National average: 7.4%

*\*Source: Behavioral Health Barometer: Nevada, Volume 6 (samhsa.gov)*

# Special Populations

- Veterans, elderly people and youth group;
- Pregnant women and the parents of dependent children;
- LGBTQ;
- Other populations of disproportionately impacted by substance use disorders.

# What's Working Well / Evidence Based Practice

- “These data, combined with observations of brain response as measured by fMRI and the craving intensity, suggest that acupuncture may be a solution to provide effective therapeutic intervention in drug addiction. The neurobiological data reviewed above imparts evidence that acupuncture therapy reduces drug relapse by regulating neurotransmitters in the brain through stimulation of specific sensory receptors on the skin and muscle around acupuncture points.”<sup>1</sup>
- “The data suggest that acupuncture can impact various cocaine-induced issues via stimulation of diverse brain areas; nevertheless, the interconnection of these brain regions and the PNS mechanisms involved remain unknown.”<sup>2</sup>

# Gaps

- Drugs are often introduced for pain, anxiety, sleep, focus, and etc. as well as recreational use.
- Opportunity to address the issues without introducing another possibly harmful drugs..
  - Pain Management
  - Stress Management
  - Supporting Detoxification
  - Addressing Co-occurring Conditions
  - Promoting Holistic Wellness

# Recommendation(s)

- Work with NV policymakers to include addiction or symptoms related to abuse of drugs as one of the conditions covered by insurance.
- Work with US Congress and Senate to expand the insurance (ie. Medicaid) coverage of acupuncture for the conditions that can be treated.
- Work with US Congress and Senate to include OMD as a credentialed provider for acupuncture services with any insurances (ie. Medicare and/or Medicaid).
- Insurance should acknowledge the chronicity of the conditions related to addiction and approve the regular long-term treatment of such conditions with acupuncture (multiple sessions).
- Work with US Congress and Senate to expand the coverage for acupuncture for Veterans, their families and active military service members.

# References

1. MY Lee, BH Lee, HY Kim, CH Yang, 'Bidirectional role of acupuncture in the treatment of drug addiction', *Neuroscience and Biobehavioral Reviews*, 2021;126, pp. 382–397.  
<https://doi.org/10.1016/j.neubiorev.2021.04.004>
2. Sun L, Wang H. Acupuncture in the treatment of cocaine addiction: how does it work? *Acupuncture in Medicine*, 2024;0(0). doi:10.1177/09645284241248473



**6. 2023 PRESENTATION  
SAFER CONSUMPTION  
SITES DISCUSSION FOR  
2024 RECOMMENDATIONS**

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Chair Shell

# 2023 Presentation: Safer Consumption Sites

*Kailin See, Senior Director of Programs, OnPoint NYC*

## What does OnPoint NYC do?

- 2 Harm Reduction HUBs in East Harlem and Washington Heights
- 7 vehicles including a MMU w onboard SCS
- 3 Outreach and Public Safety Teams
- Public Safety Hotline
- Harm Reduction Mental Health Unit
- Drug Checking
- Clinical and Nursing Care
- Holistic Services Program
- Respite and more...

**Clinical and Mental Health Care** - MDs, RNs, Psych NPs, LMSWs

**Respite Room**

**Laundry/Shower**

**Food/Hydration**

**Pro Dev Training**

**Volunteer Jobs (40)**

**Barber Shop/Salon**

**Clothing Store**

**Psychedelic MH Prog**

**Groups/Classes**

**24/7 Operation**

# 2023 Presentation: Safer Consumption Sites Cont.

## How do our OPCs work?

- Poly modality/substance
- Do not provide drugs
- Splitting permitted
- Safer Use assistance permitted
- No time limits
- Highly trained staff
- Low threshold, anonymous registration and Code of Conduct
- Opportunity to Correct and the 24-hour clock
- All supplies stay in the OPC
- Booth-side care: clinical, mental health
- Co-located within larger program

# Since Nov 30, 2021:

Registered Users 3,941

- Still enrolling existing program participants or their immediate networks

Utilizations 93,695

Overdose  
Interventions

1131

Opioid or Depressant  
Involved

851

Naloxone used 197 (17%)

Naloxone not used 774  
(68%)

Overramps

169 (14%)

Ambulance  
Calls

40

# 2023 Presentation: Safer Consumption Sites Cont.

## **Cost savings to Emergency Services, the Hospital System, and Police**

Estimated savings of \$30.6  
Million dollars in diverted  
EMS, ER and hospital  
admissions costs

Cost savings to NYPD have  
not been fully calculated but  
are thought to be significant

# 2023 Presentation: Safer Consumption Sites Cont.

## Community Engagement & Partnership

Programs that meet the needs of two stakeholder groups:

Our participants and the communities where our programs are located.

- 3 Outreach and Public Safety Teams - *multi-faceted service*
- Ambassadorship and the mighty reframe
- How can we take work off overburdened plates? *e.g. 911, 311, Sanitation, Parks*
- Collective responsibility and collaboration – *ABC School, NYPD*
- Value of visible labor to broker community capital

**Since Launch:** Over 2,400,000 Units of Hazardous Waste  
Diverted from NYC Parks & Public Spaces

# 2023 Presentation: Safer Consumption Sites

## References and Links

### Presentation References

- First 2 Months of Operation at First Publicly Recognized Overdose Prevention Centers in US; *JAMA Netw Open.* 2022;5(7):e2222149. doi:10.1001/jamanetworkopen.2022.22149
- The Nation's First Publicly Recognized Overdose Prevention Centers: Lessons Learned in New York City; <https://link.springer.com/article/10.1007/s11524-023-00717-y>
- One Year Inside a Radical New Approach to America's Overdose Crisis; <https://www.nytimes.com/2023/02/22/opinion/drug-crisis-addiction-harm-reduction.html>

### Additional Links:

- Dr. Woodard followed up with links for [Assembly Bill 345](#) from 2021 and suggested the [Clark County Regional Opioid Task Force](#) could leverage data to recommend safe consumption sites.

# **7. 2024 SUBCOMMITTEE RECOMMENDATIONS**

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Chair Shell and Chelsi Cheatom



# 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
  - **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>).

# Recommendations Received and Next Steps

- **Research link(s):**

- <https://www.chcs.org/project/advancing-trauma-informed-care/>
- <https://www.pacesconnection.com/blog/bad-news-good-news-each-additional-ace-increases-opioid-relapse-rate-by-17-each-ace-informed-treatment-visit-reduces-it-by-2>
- <https://www.chcs.org/at-the-front-lines-in-tennessee-rural-clinic-offers-trauma-informed-treatment-for-substance-use-disorder/>

- **Possible presenters:** Becky Haas, an ACES trainer, or Dr. Dan Sumrok, a trauma informed care expert.

# Recommendations Received and Next Steps

- **Recommendation #3:** The Nevada Bureau of Health Care Quality and Compliance should reevaluate the 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

# Recommendations Received and Next Steps

- **Recommendation #3 Justification:** Individuals who have felony backgrounds have limited opportunities to work as certified peer recovery support specialists in hospitals, including behavioral health hospitals, due to requirements that are set by the Nevada Bureau of Health Care Quality and Compliance. Current requirements do not allow a hospital to hire a peer specialist who has had a felony in the last five years. As a result, this has excluded some peers who are stable and in recovery but are still within the five-year period from their felony conviction. I believe individuals who were convicted of drug offenses or other offenses that do not involve violent acts or sexual exploitation should be considered. In a hospital setting peers would only work under the supervision of a physician, nurse or a therapist and would not be working independently with patients.
- **Research link(s):** N/A
- **Possible presenters:** A representative from the Nevada Bureau of Health Care Quality and Compliance or Division of Public and Behavioral Health.

# **8. PRESENTATIONS AND POTENTIAL RECOMMENDATIONS FOR 2024**

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Chair Shell

# Planning for 2024 Treatment and Recovery Subcommittee Meetings

## **Current Presenter/Topic Suggestions for Upcoming Meetings:**

- To present around submitted Recommendation #2: Becky Haas, an experienced trainer on adverse childhood experiences (ACES) or Dr. Dan Sumrok, a Trauma Informed Care expert. *(Presenters suggested for consideration during May Treatment and Recovery Meeting.)*
- To discuss submitted Recommendation #3: Review links and/or define the nature of the presentation from HCQC.

## **Treatment and Recovery Meeting Dates:**

- August 6, September 3, November 5 from 12:00 - 1:30pm

# **9. DISCUSS REPORT OUT FOR JULY SURG MEETING**

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Chair Shell

# **10. PUBLIC COMMENT**

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# 11. ADJOURNMENT

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# ADDITIONAL INFORMATION, RESOURCES & UPDATES AVAILABLE AT:

[https://ag.nv.gov/About/Administration/Substance  
Use Response Working Group \(SURG\)/](https://ag.nv.gov/About/Administration/Substance_Use_Response_Working_Group_(SURG)/)



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