OFFICE OF THE ATTORNEY GENERAL

Aaron D. Ford, *Attorney General*

100 North Carson Street
Carson City, NV 89701
Telephone - (775) 684-1100
Fax - (775) 684-1108
Web - http://ag.nv.gov

TREATMENT AND RECOVERY SUBCOMMITTEE

Substance Use Treatment and Recovery Group (SURG)

August 19, 2025

3:00 pm

1. CALL TO ORDER AND ROLL CALL TO ESTABLISH QUORUM

Chair Shell

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

Member	SURG Role	Committee Role
Chelsi Cheatom	Harm Reduction Program	Member
Dr. Lesley Dickson	Healthcare Provider with SUD Expertise	Member
Stacey Lance	Local Governmental Representative overseeing county human services	Member
Jeffrey Iverson	Person in Recovery from an SUD	Member
Giuseppe Mandel	Advocate for persons who have SUDs and family members of such persons	Member
Steve Shell	Hospital Representative	Chair

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:
    - Dial 253-205-0468
    - When prompted enter the Meeting ID: 894 8937 5298
    - Please press *6 so the host can prompt you to unmute.
- Members of the public are requested to refrain from commenting outside the designated public comment periods, unless specifically called upon by the Chair.

3. REVIEW AND APPROVE MINUTES FROM JUNE 17, 2025, TREATMENT AND RECOVERY SUBCOMMITTEE MEETING

Chair Shell

4. DISCUSSION RELATED TO PROPOSED RECOMMENDATION AND JULY PRESENTATION

Chair Shell

Recommendation: A retrospective assessment or/ and prospective study would be conducted to assess the outcomes of patients following discharge from detoxification and examine mortality and overdose.

Submitted by: Chelsi Cheatom

July Presentation Recommendations to Consider:

1. Have DPBH and the State of NV adopt Harm Reduction Principles in their drug treatment programs

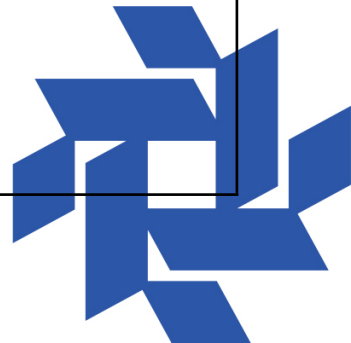
2. Require implementation of Informed Consent at State funded treatment programs that offer withdrawal management to discuss the risks, benefits, and offer access to methadone, buprenorphine, naltrexone, and provide naloxone upon discharge

July Presentation Recommendations to Consider:

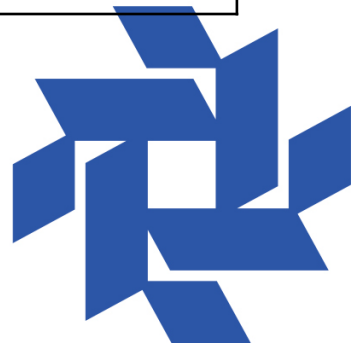
3. Promote/require engagement and/or outreach specialist recovery coaches in treatment programs that offer withdrawal management

4. Fund a study to assess the outcomes of patients following discharge from withdrawal management services to examine mortality and overdose for programs implementing harm reduction into treatment versus programs that do not include principles of harm reduction, informed consent for MOUD, and/or recovery coaches

Principle	Abstinence-Based Recovery	Harm Reduction
Engagement	Often requires commitment to abstinence as a condition of participation	Welcome individuals regardless of whether they are ready or willing to stop using
Philosophy of Readiness	Assumes that recovery begins with the decision to stop using	Meets people where they are and supports any positive change
Common Programs/ Models	12-Step programs (eg, AA/NA), therapeutic communities, residential treatment	Needle exchange, medication for opioid use disorder (MOUD), overdose prevention, housing-first models



Principle	Abstinence-Based Recovery	Harm Reduction
Definition of Success	Complete cessation of all non-prescribed substance use	Reduced risks and negative consequences associated with substance use (including continued use)
Primary Goal	Lifelong Sobriety	Improved health, safety, and well-being – regardless of ongoing substance use
Approach to Use	Substance use is seen as inherently problematic and to be stopped entirely	Substance use is seen on a spectrum; focus is on reducing harm rather than eliminating use



Informed Consent for Accepting or Refusing Medications for Opioid Use Disorder (MOUD)

Medications for an opioid disorder are available and considered the "gold-standard" of treatment and are an evidence-based treatment for individuals with an opioid use disorder. Counseling and behavioral therapies may be an important part of treatment alongside medications; however, medications alone are effective by themselves. Medications are also used to relieve cravings, relieve withdrawal symptoms and block the euphoric effects of opioids. These medications do not "cure" the disorder, but rather improve safety and prevent withdrawal symptoms which can lead to relapse or continued substance use.

Informed Consent

Liberation Programs offers the following medications and suggest anyone with an Opiate use disorder receive one of these approved medications:

- Methadone – Prevents withdrawal symptoms and reduces cravings in people with OUD. It does not cause a euphoric feeling once patients become tolerant to its effects. It is available only in specially regulated clinics.
- Buprenorphine (Subutex)– Partially blocks the effects of other opioids, displaces current opioids in the body, and reduces or eliminates withdrawal symptoms and cravings. Buprenorphine treatment (detoxification or maintenance) is provided by specially trained and qualified clinicians who have received a waiver from the DEA).
- Naltrexone – Blocks the effects of other opioids preventing the feeling of euphoria. It is available from office-based providers in pill form or monthly injection.

Informed Consent

In addition, all clients discharged from Liberation Programs will receive Narcan: Naloxone (Narcan) is a life-saving medication used to quickly reverse an opioid overdose. Naloxone is safe and has no effects if administered to someone not experiencing an opioid overdose.

I have been educated on the risks and benefits of both taking and/or refusing MOUD and have willingly:

Accepted Medication
Refused Medication

Client Name Printed: _____
Client Signature: _____
Date: _____
Staff Signature: _____

Study: Receipt of opioid use disorder treatments prior to fatal overdoses and comparison to no treatment in Connecticut, 2016–17

Robert Heimer a,*, Anne C. Black b,d, Hsiuju Lin c, Lauretta E. Grau a, David A. Fiellin a,b,Benjamin A. Howell b, Kathryn Hawk a,b, Gail D'Onofrio a,b, William C. Becker b,

- 38% decrease with exposure to Methadone
- 34% decrease with exposure to Buprenorphine
- 70% increase in likelihood of fatal overdose with exposure to 30-day abstinence in treatment
- Informed consent we adapted for our residential programs is being used by the Department of Mental Health and Addiction Services as an informed consent to share the risks and benefits of not being on a medication assisted treatment when one discharges for opioid use disorder.

5. DISCUSS PREVIOUS TREATMENT AND RECOVERY SUBCOMMITTEE RECOMMENDATIONS TO RESUBMIT

Chair Shell

2024 Treatment and Recovery Recommendations (Part 1)

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 Advisor's 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.

2024 Treatment and Recovery Recommendations (Part 2)

3. Support access and linkage for treatment of trauma for people with substance use disorder (SUD) orthose 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.

6. DISCUSS AND DRAFT PROPOSED 2025 TREATMENT AND RECOVERY SUBCOMMITTEE RECOMMENDATIONS

Chair Shell

Recommendation

Hospital emergency rooms in Nevada continue to lack evidence-based peer support teams that can provide a vital service to their patients who present with substance misuse. Many of these patients have multiple visits to the ERs due to not being adequately connected to community services for treatment or not having ongoing support to maintain their recovery. Hospitals lack the financial resources necessary to cover the expenses for peer support teams whose services are not reimbursed by most insurance companies. It is recommended that hospitals be incentivized through an expenditure of opioid settlement funds to establish peer support teams in their ERs.

Justification/Background

Hospital emergency rooms continue to struggle with a high volume of patients who present with substance misuse and often with co-occurring mental health conditions. A high percentage of these individuals have multiple visits to the ERs for various reasons that are associated with their substance misuse. The ER teams do their best to evaluate, treat and connect to community services, but many of their team members lack the expertise to effectively manage substance misuse and do not have lived experience like peer recovery support specialists. Evidence has shown that connecting individuals with substance misuse to a peer while in the ER leads to better outcomes as the peer can help navigate a transfer to treatment options in the community as well as maintain communication with the individual for a period of time to encourage recovery. Hospitals would be more motivated to establish peer support teams if financial assistance is provided on a long-term basis.

7. DISCUSS UPCOMING PRESENTATIONS AND TOPICS

Chair Shell

Planning for 2025 Treatment & Recovery Subcommittee Meetings

- Subcommittee members submit recommendations via SurveyMonkey.
- The earlier recommendations are submitted, the more time we have to schedule presentations and to refine the recommendation. **Please submit your ideas as early as possible!**
- All subcommittee members are encouraged to submit at least one recommendation.

Treatment & Recovery Upcoming Subcommittee Meeting Dates:

September 16, November 18 from 3:00 pm - 4:30 pm

Please email Subcommittee staff with any other speaker recommendations.

8. 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:
    - Dial 253-205-0468
    - When prompted enter the Meeting ID: 894 8937 5298
    - Please press *6 so the host can prompt you to unmute.
- Members of the public are requested to refrain from commenting outside the designated public comment periods, unless specifically called upon by the Chair.

9. ADJOURNMENT

ADDITIONAL INFORMATION, RESOURCES & UPDATES AVAILABLE AT:

https://ag.nv.gov/About/Administration/Substance_Use_Treatment and Recovery_Working_Group_(SURG)/

OFFICE OF THE ATTORNEY GENERAL

Aaron D. Ford, *Attorney General*

100 North Carson Street
Carson City, NV 89701
Telephone - (775) 684-1100
Fax - (775) 684-1108
Web - http://ag.nv.gov