

#### OFFICE OF THE ATTORNEY GENERAL

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### TREATMENT AND RECOVERY SUBCOMMITTEE

Substance Use Response Group (SURG)

September 3, 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
Assemblywoman Claire Thomas	Assembly Member Appointee	Member and Past Chair
Chelsi Cheatom	Harm Reduction Program	Member
	Healthcare Provider with SUD	
Dr. Lesley Dickson	Expertise	Member
Steve Shell	Hospital	Chair
	Person in Recovery from an	
Jeffrey Iverson	SUD	Member
	Washoe County Services	
Dorothy Edwards	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.
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#### 3. REVIEW AND APPROVE AUGUST 6, 2024 TREATMENT AND RECOVERY SUBCOMMITTEE MEETING MINUTES

Chair Shell

# 4. REVIEW AND FINALIZE RECOMMENDATIONS FOR OCTOBER SURG PRESENTATION

#### **Update on Recommendation #1**

- **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

- Recommendation #1 Justification: In 2022, the Nevada State Unintentional Drug Overdose Reporting System reported 47.6% of people who died by unintentional drug overdoses in Washoe County were between the ages of 18 and 44 (NSOR, 2022). Also, The efficacy of Narcan as an opioid overdose reversal drug is very well documented. When Narcan is administered by a layperson, its positive overdose reversal rate can be as high as 75-100% (Clark, 2014). prefrontal cortex does not fully mature until the age of 24 or 25. This is the area of the brain which controls higher brain functions such as complex prioritizing, decision making skills, and social control of behaviors. Narcan, the opioid overdose reversal drug, is only available legitimately within the Student Health Center on the campus of UNR. A goal would be for it to be available ubiquitously throughout the campus. This life saving drug should be treated like first aid. Wherever band-aids are located, so should a box of Narcan be. Also recommended that Resident Advisors in dorms throughout this state be able to assist and provide this lifesaving care for someone in the throes of an overdose. In other states this has been made possible through legislation. Propose a similar bill that would require our Nevada System of Higher Education (NSHE) to make this happen.
- Research link(s): 1. CA SB367 (The Campus Opioid Safety Act) 2. NY S3448A (The Hinchey Bill) 3. MD HB 1268 4. MO HB 1997
- Addendum Recommendation 1

- 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 (<a href="https://www.samhsa.gov/child-trauma/recognizing-and-treating-child-traumatic-stress#impact">https://www.samhsa.gov/child-trauma/recognizing-and-treating-child-traumatic-stress#impact</a>).

#### Research link(s):

- https://www.chcs.org/project/advancing-trauma-informed-care/
- <a href="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.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</a>
- <a href="https://www.chcs.org/at-the-front-lines-in-tennessee-rural-clinic-offers-trauma-informed-treatment-for-substance-use-disorder/">https://www.chcs.org/at-the-front-lines-in-tennessee-rural-clinic-offers-trauma-informed-treatment-for-substance-use-disorder/</a>
- Possible presenters: Becky Haas, an ACES trainer, or Dr. Dan Sumrok, a trauma informed care expert.

• 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

- 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.

## 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.

## 5. UPDATE TO APPROACH TO RECOMMENDATIONS RANKING PROCESS

Chair Shell

## Discussion on Recommendations Ranking Process

- Options for ranking:
  - 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.
  - Preferred option: Entire SURG ranks recommendations by subcommittee topic area
  - Other: No ranking

## 6. PRESENTATION OF RECOMMENDATIONS TO SURG

Chair Shell

## Upcoming 2024 Treatment and Recovery Subcommittee and SURG Meetings

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

• November 5 from 12:00 - 1:30pm

#### **SURG Meeting Dates:**

- October 9 from 9:00 10:00am
- December 11 from 2:00 5:00pm

#### 7. PUBLIC COMMENT

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### 8. ADJOURNMENT

#### ADDITIONAL INFORMATION, RESOURCES & UPDATES AVAILABLE AT:

https://ag.nv.gov/About/Administration/Substance

Use Response Working Group (SURG)/



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