MEETING SUMMARY (NO QUORUM)

Statewide Substance Use Response Working Group
Treatment and Recovery Subcommittee Meeting

Tuesday, July 18, 2023
1:00 p.m.

Zoom Meeting ID: 894 8937 5298
No Physical Public Location

Members Present via Zoom or Telephone
Dr. Lesley Dickson, Steve Shell, and Assemblywoman Claire Thomas

Members Absent or Excused
Chelsi Cheatom, Jeffrey Iverson, and Lisa Lee

Social Entrepreneurs, Inc. Support Team
Kelly Marschall and Laura Hale

Office of the Attorney General
Rosalie Bordelove and Terry Kerns

Members of the Public via Zoom
Abe, Jennifer Atlas, Vanessa Diaz, Vanessa Dunn, Tiffany East, Rhonda Fairchild, G. Goodlander, Dr. Maureen Strohm (Southern Hills Hospital and Medical Center), Alex Tanchek (Tanchek & Morgan Biaselli), Lea Tauchen, Jessica Tribett, and Joan Waldock (DHHS)

1. **Call to Order and Roll Call to Establish Quorum**
   Vice Chair Shell called the meeting to order at 1:04 p.m. Ms. Marschall called the roll and announced a quorum was not reached, with three out of six members present. Deputy Attorney General Bordelove explained that without a quorum, this would not be considered a formal meeting and no action could be taken, but recordings can be made available to members as supporting material for possible future action.

2. **Public Comment** (Discussion Only)
   Vice Chair Shell read a statement regarding public comment generally, and Ms. Marschall read a statement specifically about how to call in for public comment.

   Dr. Dickson reported receiving a letter from Westcare, a provider for substance use detox and treatment, stating that they would be closing their Crisis Treatment Center effective August 15, 2023. She said it is the only place for her organization, which takes uninsured patients. She learned from a separate source that this is due to insufficient reimbursement from Medicaid. Dr. Dickson added that Huntridge Clinic had also closed for a while due to grant problems, then they opened back up with half the number of staff. Dr. Dickson also commented that Medicare is cutting reimbursement to physicians, which is not good for the goals for substance use treatment.

3. **Review and Approve Minutes from June 27, 2023, Treatment and Recovery Subcommittee Meeting**
   Vice Chair Shell deferred this agenda item to a subsequent meeting, due to the lack of a quorum.

4. **Presentation on Treatment and Recovery for Veterans**

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Abigail Beagen, Addictive Disorders Treatment Program Supervisor, VA Sierra Nevada Healthcare System presented slides on this program, including an overview of ASAM[1] levels of care to help ensure continuity of care with better outcomes. Level 4 medically managed detoxification services are provided by the VA[2] and community partners. Level 3 services include a residential component with onsite clinical interventions in partnership with the Las Vegas VA. Level 2 is a higher intensity clinical service provided on an outpatient basis; this level has the highest need, with structured clinical programing. They (the VA) work with veterans to obtain safe and supportive housing environments, if needed. Early intervention services are available for people who don't meet diagnostic criteria for a substance use disorder (SUD). Wraparound services are also defined at each level of care, along with the continuity of care.

Ms. Beagen emphasized a focus on completion of comprehensive assessments, especially for veterans with co-occurring disorders and concurrent treatment, where a treatment for one disorder can exacerbate other symptoms. The six dimensions from ASAM criteria are incorporated into assessment and clinical recommendations, including complexity, comorbidity, co-occurring, motivation, relapse potential, and environment.

At the Reno VA, they have focused on connection, belonging, and purpose. Individuals who remain in environments where substances are used are more likely to relapse. Developing life skills in partnership with community resources gives veterans opportunities to make connections, such as CrossFit gyms that offer free programming for veterans and recovery. Other partners, such as food banks, the humane society, and urban gardens engage veterans in service work and horticulture. Additional partners include the Art Museum and nature-based therapy.

Access to transitional living supports, partial hospitalization, or intensive outpatient levels of care, are more cost-efficient services. But there are barriers such as availability and eligibility.

Assemblywoman Thomas thanked Ms. Beagen for her presentation, noting that she was a US Airforce veteran and is concerned about the treatment of the whole person in recovery. A lot of veterans are homeless, lacking health care, dental care, eye exams, etc. She asked if this program provides wrap-around services in addition to addiction treatment.

Ms. Beagen thanked Assemblywoman Thomas for her service and said the VA has done an incredible job addressing homelessness among veterans. The addiction services are embedded in all homeless programs, partnering with HUD (Housing and Urban Development) with vouchers and assigned case managers from the VA. Long term housing and wrap-around services are available from the VA and elsewhere. Over the past two years they have focused on substance use while avoiding the stigma of addiction clinics by giving access to specialists within other departments, e.g., trauma, and mental health.

Ms. Beagen also confirmed to Vice Chair Shell that Peer Recovery Support Specialists (PRSS) are utilized within the addiction clinic and specialty clinics. There are peer-led-groups and modalities that are part of action plans for PTSD (post-traumatic stress disorder) and SUD (substance use disorder) programs. They also do outreach with hard to engage veterans from primary care settings such as clinics, with personalized contact from the start, which decreases no-show rates for appointments.

Vice Chair Shell said he was very glad to hear all that, and thanked Ms. Beagen for her presentation.

[1] American Society of Addiction Medicine
[2] Veteran's Administration

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5. **Presentation on Pain Management**
Ali Nairizi, MD, MS, D.ABA, Board Certified Pain Specialist, Board Certified Anesthesiologist, Clinical Assistant Professor at University of Nevada, Reno School of Medicine, President and CEO at Reno Tahoe Pain Associates, and President and CEO at United Pain Urgent Care presented slides. Programs at these facilities address acute pain with alternative options to prevent addiction. It is important to provide alternatives in emergency settings for situations that are not life-threatening, to prevent exposure to opioids that can lead to irreversible changes in the reward pathway. Early intervention and treatment are key to favorable outcomes.

Pre-authorization for these types of interventions often results in delays or denials. During Covid, there were also capacity issues for emergency rooms, highlighting infrastructure problems. Opioids may be used to reduce pain while patients are waiting to be seen.

The total duration of an opioid prescription is the strongest predictor for misuse, with a 44% increase in the rate of misuse for each week the prescription is refilled. Dr. Nairizi felt that most patients seeking emergency care have already tried over-the-counter medications, so they get prescriptions for the pain, with refills until they can get in to see their primary care doctor.

Dr. Nairizi advocated for more education around opioids, as well as regulations such as AB374. But, he said, they also need access to pain management that isn't currently available at the front end of treatment. Sports injuries are especially common emergency cases where there is significant pain, leading to prescriptions for opioids. Veterans, cancer patients, seniors, and people in recovery may also have higher levels of pain with vulnerability to addiction.

With regard to cost, analyses show significant savings for pain management as compared to emergency treatment, which would impact Medicare and Medicaid programs. Epidural injections for pain management can be used with fractured ribs or migraine headaches, to break the pain cycle, but it's not done because emergency providers are not trained to do this.

Dr. Nairizi is working on a two-year study to expand these services. They also want to make sure that payers understand the benefits for removing "prior authorization" requirements. He recommends providing better access to patients when they enter the system with painful pathologies, as well as legislation to expand authorizations.

Vice Chair Shell said he was pleased to see the focus on underserved populations, as identified in AB374 which established the SURG. He asked if they were also working with pregnant women. Dr. Nairizi said they provide ultrasound treatment for pregnant women, which is safe with no absorption to effect either the fetus or the mom. Vice Chair Shell thanked Dr. Nairizi for his presentation.

6. **Overview of Recommendations Received and Next Steps**
Vice Chair Shell and Ms. Marschall reviewed the slides with recommendations and justifications, including those from members, as follows:

- Recommendation (submitted by Lisa Lee): *Prevention and overdose prevention outreach to underserved communities, including BIPOC communities.*
- Justification: A recommendation from this subcommittee was to expand overdose prevention outreach to BIPOC communities. This recommendation is based on racial disproportionality in our state's overdose fatality data.
    - Presenter suggestion: Donald Griffin and Romar Tolliver, Black Wall Street Reno

- Recommendation (submitted by Steve Shell): *Presentation from Nevada Department of Veteran's Services.*
- Justification: The VA provides a variety of services around the state that are pertinent to our focus on special populations.
  - Presenter Suggestion: Dr. Joseph Simpson from the Reno VA system or his designee (or his counterpart at the Las Vegas VA System)

Additional recommendations were made by presenters, as follows:

Donald Griffin, Black Wall Street Reno
- Prioritize programming and funding specific to organizations reaching Indigenous* African American community members
- Promote diversion and deflection programs for Indigenous African American people and facilitate access to treatment
- Engage Indigenous African American people and organizations in campaigns, billboards, and messaging related to substance use
- Support and implement Trac B model with funding for staff and infrastructure to stand up newsstands/vending machines for Indigenous African Americans
- Address the school to prison pipeline (ne Jim Crow laws) through policy and legislation

*Language provided by presenter

Sean O'Donnell, Foundation for Recovery
- Stand up PRSS independently of treatment, with targeted funding (Let people who are directly impacted have resources to do work in communities. Think outside the box working with those who have historically been left out, creating a more diverse workforce.)
- Support PRSS training events including train-the-trainer programs with technical support for other trainers.

There were also recommendations referred to this Subcommittee by the Prevention Subcommittee related to Alternative Pain Treatment, similar to Dr. Nairizi's presentation to this Subcommittee.
- Prevention Subcommittee recommended that the Treatment and Recovery Subcommittee consider the following recommendation submissions:

a) Eliminate the need for prior authorization either through legislation or persuade insurance carriers to sanction opioid alternative treatments.
b) Provide Early Access to patients who would otherwise be prescribed opioids if treated in an emergency room setting.
c) Expand this strategic initiative to other areas of the state who are faced with the same opioid addiction issues.
d) If you would like to combine any of these into one recommendation/add additional details, please do so below.
e) Additional comments/suggestions to combine recommendations from SURG members:
   - (Prevention Subcommittee) would include training on opioid stewardship, provider training or alternatives to opioids, patient education materials on tapering and options for pain management.

Vice Chair Shell also reviewed a slide with recommendations from 2022 for potential resubmission, including the following:

- Expand access to MAT and recovery support for SUD, limit barriers to individuals seeking treatment regardless of the ability to pay, and encourage the use of hub and spoke systems, as well as recovery

support, including use and promotion of telehealth, considering the modifications that have been made under the emergency policies, and pursuing innovative programs such as establishing bridge MAT programs in emergency departments. (Treatment and Recovery #1, Prevention #8c)

- Implement follow ups and referrals to support and care; linkage of care for justice involved individuals, including individuals leaving the justice system, and pregnant or birthing persons with opioid use disorder. (Treatment and Recovery #3)
- To facilitate opportunities for entry into treatment and/or recovery, ensure that Black, Latinx/Hispanic, Indigenous, and people of color communities are receiving overdose prevention, recognition, and reversal training, and overdose prevention supplies such as fentanyl test strips and naloxone to reduce fatal overdoses among Black, Latinx/Hispanic, Indigenous individuals, and people of color in Nevada. (Treatment and Recovery #5)
- Significantly increase capacity; including access to treatment facilities and beds for intensive care coordination to facilitate transitions and to divert youth at risk of higher level of care and/or system involvement. Implement a specialized child welfare service delivery model that improves outcomes for children and families affected by parental substance use and child maltreatment. (Treatment and Recovery #6)
- Implement changes to recruitment, retention, and compensation of health and behavioral health care workers and enhance compensation in alignment with the Commission on Behavioral Health Board's letter to the Governor on June 22, 2022. Additionally, continue to sustain and expand investment in Community Health Workers, Peer Recovery Specialists, and Certified Prevention Specialists by implementing changes to recruitment, retention, and compensation. (Treatment and Recovery #4, Prevention #1)
- Engage individuals with lived experience in programming design considerations. (Treatment and Recovery #2)

Dr. Dickson asked for clarification on the next steps. Ms. Marschall reviewed the process with the first SURG report in 2021 outlining creation of the SURG, subcommittees and administrative process. The 2022 Annual Report included the first set of formal SURG recommendations. Some SURG members wanted an opportunity to review the status on the first set of recommendations for possible resubmission. For example, *is there still a need to significantly increase capacity, including access to treatment facilities for a specialized child welfare service and delivery model*? Members can revisit that and consider updates.

Dr. Dickson suggested referring items to the interim health committee of the legislature, for further action. Vice Chair Shell suggested drilling down on these recommendations to determine what has gone forward in legislation.

Ms. Hale referenced the legislative bill tracker as a resource to identify the status of some of the SURG recommendations from 2022. There would need to be more analysis to pull out specific elements. Members may have more information on bills they were following.

Assemblywoman Thomas referenced the trafficking bill with threshold weights for fentanyl (SB 35), but that was in the Judiciary Committee, so she didn't have specific details.

Dr. Dickson referenced the interim health committee as a good way to follow up on legislation, suggesting that Senator Doñate might be helpful in identifying progress and gaps.

Dr. Kerns, attending as a SURG member, pointed out that some recommendations were made to state agencies such as DHHS (Department of Health and Human Services), ACRN (Advisory Committee for Resilient Nevada) or other organizations, such as the Regional Behavioral Health Policy Boards.

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Some other recommendations that went to the legislature were moved forward with modifications, e.g., Medicaid coverage for community health workers, and the Overdose Fatality Review which went to Clark County to pilot.

Vice Chair Shell thanked everyone for their helpful input. Ms. Hale was tasked with completing an analysis of the 2022 recommendations to get more clarity on status.

7. **Presentation Updates**
Vice Chair Shell and members supported getting a presentation from Marissa Brown with the Nevada Hospital Association, on the Bridge Program, and a presentation from Katro Henderson with the Adelson Clinic, on youth treatment programs.

8. **Recommendations Scoring Process and Timing**
Ms. Marschall asked about scheduling meetings in August and September to get remaining presentations and discussion with a quorum of members to move forward with recommendations to the full SURG on October 11th, and then adjusting them for the Annual Report in December. She will reach out to members with scheduling options, and she will send recommendations with the weighting tool for their review.

9. **Public Comment**
There was none.

8. **Adjournment**
This meeting was adjourned at approximately 2:43 p.m.

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