



## OFFICE OF THE ATTORNEY GENERAL

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# TREATMENT AND RECOVERY SUBCOMMITTEE

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Substance Use Response Group (SURG)

October 25, 2022

9:00 a.m.

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

Assemblywoman Claire Thomas

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

| <b>Member</b>                      | <b>SURG Role</b>                       | <b>Committee Role</b> |
|------------------------------------|--|-----------------------|
| <b>Assemblywoman Claire Thomas</b> | Assembly Member Appointee              | Chair                 |
| <b>Chelsi Cheatom</b>              | Harm Reduction Program                 | Member                |
| <b>Dr. Lesley Dickson</b>          | Healthcare Provider with SUD Expertise | Member                |
| <b>Jeffrey Iverson</b>             | Person in Recovery from an SUD         | Member                |
| <b>Lisa Lee</b>                    | Urban Human Services (Washoe County)   | Member                |
| <b>Steve Shell</b>                 | Hospital                               | 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.

**3. REVIEW AND  
APPROVE MINUTES FROM  
SEPTEMBER 23, 2022  
SUBCOMMITTEE MEETING**

Assemblywoman Claire Thomas

# **4. FINALIZE SUBCOMMITTEE RECOMMENDATIONS**

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Assemblywoman Claire Thomas

# Treatment and Recovery Subcommittee Preliminary Recommendations

1. 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.

Prevention Subcommittee recommendation from October 12, 2022:

***Support Harm Reduction through:***

- ***Promote telehealth for MAT, considering the modifications that have been made under the emergency policies. 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.***



# Rec 1 Justification, Action, and Research

## Justification:

1. "This treatment approach has been shown to:
  - a. Improve patient survival,
  - b. Increase retention in treatment,
  - c. Decrease illicit opiate use and other criminal activity among people with substance use disorders,
  - d. Increase patients' ability to gain and maintain employment,
  - e. Improve birth outcomes among women who have substance use disorders and are pregnant."

Source: <https://www.samhsa.gov/medication-assisted-treatment>

## Action Step: (for Subcommittee review based on Prevention Action Steps)

- A. Policy changes so MAT can be delivered via telehealth (needs more investigation on public health emergency).
- B. Expenditure of settlement funds to enact these recommendations.
- C. Require DHHS to revise reimbursement rates and utilize expenditure funds to match the national average reimbursement rate for services.

## Research Links:

- <https://www.acep.org/globalassets/uploads/uploaded-files/acep/clinical-and-practice-management/resources/mental-health-and-substance-abuse/initiating-opioid-treatment-in-the-emergency-department-ed-faqs.pdf>

# Treatment and Recovery Subcommittee Preliminary Recommendations

2. Engage individuals with lived experience in programming design considerations.

Response Subcommittee recommendation from October 3, 2022:

Leverage existing programs and funding to develop outreach response provider(s) and/or personnel that can respond to any suspected overdose and offer follow-up support, referrals, and services to the individual (and loved ones) following an overdose. Provider(s) and/or personnel to be deployed to anyone being released from an institutional setting who is being discharged post overdose or suspected overdose.

# Rec 2 Justification, Action, and Research

## Justification:

1. “SAMHSA is committed to fostering the involvement of individuals in recovery and families to support development of policies and programs related to mental and/or substance use disorders. Maintaining individuals (mental and/or substance use program recipients) and family participation in design, development, and implementation of projects funded through SAMHSA's grant programs is a key part of that commitment.”
2. “Regardless of the nature of their role, peers have the ability to engage patients outside the confines of traditional clinical practice. This ability to fill critical care gaps is the most probable reason for their widespread uptake across a diverse range of SUD treatment settings and the reason they have emerged as a critical component of recovery management (White, 2009).”

## Action Step: **(For Subcommittee to develop)**

- A. Policy change
- B. Funding
- C. Legislation
- D. Other

## Research/Links:

1. <https://www.samhsa.gov/grants/applying/guidelines-lived-experience>
2. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6585590/>
  - a. White W. L. (2010). Nonclinical addiction recovery support services: history, rationale, models, potentials, and pitfalls. *Alcohol. Treat. Q.* 28, 256–272. 10.1080/07347324.2010.488527

# Treatment and Recovery Subcommittee Preliminary Recommendations

3. Implement follow ups and referrals to support and care; linkage of care for justice involved individuals and pregnant or birthing persons with opioid use disorder.

Notes from October 3, 2022, indicate that this recommendation could include or correlate with individuals leaving the justice system.

# Rec 3 Justification, Action, and Research

## Justification:

1. “Individuals with SUD have higher utilization of high-intensity care treatment such as inpatient hospitalizations. Timely follow-up care after treatment for SUD is critical to reduce negative health outcomes such as disengagement from the health care system and substance use relapse.”
2. “Studies show that the inability to refer to behavioral health and psychosocial services are major barriers for primary care clinicians wanting to treat SUD [66,67].”
3. For justice involved individuals following release: “Individuals with opioid use disorders are at high risk of overdose and other adverse outcomes following release from incarceration. It is important that state and local jurisdictions provide reentry support in the days and months following transition back into the community.”

## Action Step: **(For Subcommittee to develop)**

- A. Policy change
- B. Funding
- C. Legislation
- D. Other

## Research/Links:

<https://www.ncqa.org/hedis/measures/follow-up-after-high-intensity-care-for-substance-use-disorder/>

<https://nam.edu/improving-access-to-evidence-based-medical-treatment-for-opioid-use-disorder-strategies-to-address-key-barriers-within-the-treatment-system/>

[https://store.samhsa.gov/sites/default/files/d7/priv/pep19-mathbriefcis\\_0.pdf](https://store.samhsa.gov/sites/default/files/d7/priv/pep19-mathbriefcis_0.pdf)

# Treatment and Recovery Subcommittee Preliminary Recommendations

4. Implement changes\* to recruitment, retention, and compensation of state frontline health care workers and enhance compensation in alignment with the Commission on Behavioral Health Board's letter to the Governor of June 22nd.

*\*See Oct 3 meeting attachment with highlighted Commission on Behavioral Health Draft Letter to Governor June 23, 2022, for details on changes.*

Prevention Subcommittee recommendation from October 12, 2022:

1. ***Continue to sustain and expand investment in Community Health Workers, Peer Recovery Specialists, and Certified Prevention Specialists throughout Nevada.***

***Note support for: Joint Interim Standing Committee on Health and Human Services BDR #333 which revises provisions relating to community health workers.***

# Rec 4 Justification, Action, and Research

## Justification:

- Efficient, effective, cost savings, quick to stand up eager workforce
- Address ongoing shortage areas in Nevada and promote greater access to care.

## Action Step: **(For Subcommittee to develop)**

- a. Policy Change and Legislation: Change in Medicaid Reimbursement to allow for reimbursement of CHWs affiliated with BH/SUD
- b. Funding: Expenditure of settlement funds through grant dollars
- c. Other

## Research/Links:

- <https://www.leg.state.nv.us/App/InterimCommittee/REL/Document/27968>

# Treatment and Recovery Subcommittee Preliminary Recommendations

5. To facilitate entry into treatment, ensure that BIPOC 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 and Latinx/Hispanic individuals in Nevada.



# Rec 5 Justification, Action, and Research

## Justification:

1. “Although some public safety agencies have implemented overdose prevention programs, few take into consideration the unique needs of Black, Indigenous, and people of color (BIPOC) communities, and even fewer are trained on engaging with BIPOC communities around substance use and overdose prevention.”
2. “The overdose crisis...has disproportionately affected BIPOC communities. ... Despite a significant amount of information on public safety-led and public safety-partnership initiatives to address overdose prevention and response within the general population, it is unclear how these programs have been applied or adapted to meet the unique needs of BIPOC communities or what the BIPOC community perceptions are of public safety-led overdose prevention and response efforts.”

## Action Step: **(For Subcommittee to develop)**

- A. Policy change
- B. Funding
- C. Legislation
- D. Other

## Research:

Source: <https://www.thenationalcouncil.org/program/training-public-safety-to-prevent-overdose-in-bipoc-communities/>

Source: <https://www.thenationalcouncil.org/resources/training-and-educating-public-safety-to-prevent-overdose-among-black-indigenous-and-people-of-color-communities-an-environmental-scan>

# Treatment and Recovery Subcommittee

## Preliminary Recommendations

6. Significantly increased capacity is needed 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.

Notes from October 3, 2022, SURG:

Vice Chair Tolles suggested the following language: *significantly increased capacity, including access to treatment facilities and beds for intensive care coordination to facilitate care transitions*. This language would clarify that it's increasing access, which would include various avenues to get there, whether through **public-private partnerships or the programs Dr. Woodard described**.

Suggested Alternate Recommendation:

Significantly increased capacity; *including access to treatment facilities and beds* ~~is needed~~ 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.

# Rec 6 Justification, Action, and Research

## Justification:

1. “Although many children living in households with a substance-using parent will not experience abuse or neglect, they are at increased risk for child maltreatment and child welfare involvement compared with other children. In addition, these children are at an increased risk for engaging in substance use themselves. The consistency of the prevalence across age groups in the percentage of children living with at least one parent with an SUD suggest that prevention and intervention efforts targeting older and younger children may be beneficial for reducing the impact of parent SUDs.”

## Action Step: (For Subcommittee to develop)

- A. Policy change
- B. Funding
- C. Legislation
- D. Other

## Research/Links:

1. [https://www.samhsa.gov/data/sites/default/files/report\\_3223/ShortReport-3223.html](https://www.samhsa.gov/data/sites/default/files/report_3223/ShortReport-3223.html)
2. <https://store.samhsa.gov/sites/default/files/d7/priv/samhsa-state-community-profiles-05222019-redact.pdf>

# **5. SUBCOMMITTEE APPOINTMENTS AND PROCESS**

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Assemblywoman Claire Thomas

# **6. PUBLIC COMMENT**

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# Public Comment

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# **7. 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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