MEETING NOTES

Statewide Substance Use Response Working Group **May 22, 2025**
Treatment and Recovery Subcommittee Meeting **3:30 p.m.**

Zoom Meeting ID: 894 8937 5298
No Physical Public Location

Members Present via Zoom or Telephone
Chelsi Cheatom (left at 4:25 pm), Dr. Lesley Dickson, Dorothy Edwards, and Steve Shell

Members Absent
Jeffrey Iverson

Office of the Attorney General
Dr. Terry Kerns, DAG Joseph Peter Ostunio, and Ashley Tackett

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

Members of the Public via Zoom
Tray Abney, Linda Anderson, John Firestone, Heather Kerwin, Dr. Jose Partida Corona, and Dr. Maureen Strohm

1. **Call to Order and Roll Call to Establish Quorum**
   Chair Shell called the meeting to order at 3:33 p.m. Ms. Marschall called the roll and established a quorum.

2. **Public Comment**
   Chair Shell read the statement on public comment.

   Ms. Edwards announced that she will be retiring effective September 30th, after 31 years of public service. Consequently, she will not remain on the SURG and she said it had been her greatest honor to serve. She would like to take part until September, and she has talked with Dr. Kerns about that, depending on the needs of the SURG. She will submit her letter through the appropriate channels.

   Chair Shell applauded Ms. Edwards for her many years of service and the phenomenal job she has done for the state of Nevada and Washoe County, supporting all of us, "So, we just appreciate you for everything, so don't really want to have to hear that you're retiring, but thank you!"

3. **Review and Approve Meeting Minutes from March 18, 2025 Treatment and Recovery Subcommittee Meeting**
   - Dr. Dickson made the motion to approve the minutes.
   - Ms. Edwards seconded the motion.
   - The motion carried unanimously.

4. **Presentation: Trends and Opportunities Related to Substance Misuse Treatment**
   Dr. Jose M. Partida Corona, Partida Corona Medical Center, shared his slides beginning with disclosures as the owner and lead physician for his internal medicine/addiction clinic in Las Vegas.

He also is core faculty to Southern Hills Hospital Addiction Fellowship Program, and Founder of Amparo, Inc., a non-profit entity formed to establish a Federally Qualified Health Center (FQHC) aimed to treat those in recovery from substance use disorder (SUD).

Dr. Partida Corona reminded members of the national trends showing a decrease in morbidity associated with opioid use disorder (OUD) which is largely attributed to the distribution of Naloxone and lowering the bar to community-based treatment, by changing the guidelines for the X-waiver. Previous requirements for an 8-hour course to prescribe suboxone limited the number of primary care physicians and others who would do that, but fortunately, they have gotten rid of that requirement. It was also opened up to Nurse Practitioners (NPs) and Physician Assistants (PAs) which helped.

Initiation of treatment in the field is headed up by Kelly Morgan in southern Nevada, and she's doing a fabulous job of it! They hope to have suboxone available on mobile response rigs for the community, soon. Through contacts with people in the community, they can affect life changing decisions, including for incarcerated people who now have access to medication assisted treatment (MAT) due to the American Disabilities Act and related enforcement.

Dr. Partida Corona's wife, Kate Jessup, started the Clark County Detention center MAT program under Wellpath, which is now under NavCare with increased daily census of patients since February 2024 to between 160 – 180 now, despite high turnover in the jail.

When patients overdose, the mobile crisis teams take them to the hospital, where they cannot do nearly enough [due to restrictions under Nevada law.] In California, 268 Bridge programs facilitate addiction treatment in acute care hospitals. In Nevada, there are limited services at UMC and through Southern Hills Hospital fellowship program, but that's it. Only Southern Hills Hospital has delineated privileges. They graduate one or two fellows per year, and there are less than 0.1 Addiction Certified Psychiatrists per 100,000, based on available research.

Dr. Partida Corona continued, noting that Southern Hills Hospital is the only provider to adopt a delineation of privileges. None have credential guidelines for addiction mid-levels, or for Peer Recovery Navigators. Although overdose death rates in the US have dropped 27% from 114,000 to 87,000 from 2023 to 2024, during that same timeframe in Nevada we had an increase, with the worst rates among all states.

Addressing the gaps in the hospitals can benefit all the special groups that we worry about, whether incarcerated, or youth, or others, because the vast majority end up in the hospital should they overdose. This situation can be very life-changing, motivating them to take steps toward rehabilitation. Addiction consultation services provide a warm handoff to outpatient rehab, and facilitate better care for other substance use, such as alcohol, which is very poorly managed in hospital settings without staff trained in addiction. For patients with heart valve issues due to IV drug use, addiction specialists can prevent wasted surgeries by getting the patients into treatment, saving their lives and saving quite a bit of money for the healthcare system.

Building this addiction service within the hospital also helps build a deeper bench of specialists within the community, including recently graduated fellows who otherwise go elsewhere. Peer Recovery Navigators help with reducing stigma and increasing success rates with the hospital and eventually treatment and recovery, by adopting the delineation of privileges.

Among several bullet points on the slide, Dr. Partida Corona noted the important point to improve care in the hospital setting – particularly with federal grants in question – is to adopt delineation of privileges to provide funding for treatment of SUD which allows billing by specialists within the

hospital setting, rather than relying on grant funding. The loss of 100,000 lives to substance use in past years is right up there with some of the most common diseases.

Dr. Partida Corona reviewed the next slide, which listed studies on the efficacy of substance use treatment:

- 57.3% of patients seen by Addiction Consult Services (ACS) initiated MAT in hospital, vs. 26.7% of those seen by regular medicine services.
- 72% vs 48.1% continued OUD treatment after discharge.
- Patients engaged in the ER had a higher likelihood of post discharge outpatient SUD treatment engagement at 50.4% vs. 15.9% for those not engaged by PRN.
- ASAM and AMBHA have made a joint statement regarding the importance of incorporating PRN into hospitals systems through addiction services.
    - Dr. Partida Corona said hopefully this would be a Pan-Valley service to get more bang for the buck across the two hospitals – UMC and Valley.

As the Committee Chair for public advocacy for ASAM (American Society of Addiction Medicine) in Nevada, Dr. Partida Corona referenced their letter highlighting the importance of delineation of privileges. His recommendations are as follows:

- Fund more addiction fellowship slots and start more fellowship programs.
- Require any Nevada hospital receiving Medicaid funds have in place delineation of privileges for addiction specialists, regardless of location.
    - These delineations should be specific for any specialty that has obtained additional board certification for addiction treatment (e.g. ABPM, ABAM, AOA, ABPN and ISAM)
    - A pathway for credentialing NPs and PAs should also be provided requiring certification specific to addiction treatment (certification for NPs through CARN-AP, fellowship training or CAS, and CAS or fellowship training for PAs)
    - Finally, peer recovery navigators need a credentialing process for seeing patients in hospital (Nevada Certification Board)

Dr. Partida Corona added one more item verbally:

- Any Nevada hospital receiving Medicaid funds should have in place delineation of privileges for addiction specialists, regardless of location. This doesn't mean that they necessarily have addiction specialists as staff, but that they must provide a means to have them.

Any hospital can adopt this protocol and some of these services can be provided via telemedicine to support rural hospitals. Dr. Partida Corona believes addiction specialists should be board certified, and there should be a pathway for NPs and Pas.

Dr. Dickson asked if he had talked with anyone at the Valley system about the consult service because she met with the CEO recently and they are trying to get something going there.

Dr. Partida Corona reiterated the importance of getting the delineation of services because the grant funds for these services are in question right now. This would also help the fellowship programs to generate their own income without being too dependent on grants. He would be glad to speak with anyone at the Valley Health system.

Dr. Maureen Strohm, Program Director, Nevada Addiction Medicine Fellowship, met with Valley Health Systems a month or so ago, and one of their fellow graduates maintains a close relationship

with Valley Health Systems, having finished the Family Medicine Residency there. They have been in discussions regarding the provision of addiction consult services in their hospitals.

Ms. Cheatom noted that her employer, PACT Coalition for Safe and Drug Free Communities, has Peer Recovery Support Specialists (PRSS) working with Valley Health Systems right now, stationed in the emergency rooms, meeting with patients daily, and helping to navigate them into treatment. Also, UMC hospital had a program with Trac-B Exchange which she believes they are trying to restart. The PACT Coalition is open to talking to organizations that are looking to place peers in hospitals and figure out the best way to do it. She confirmed that this program is currently grant-funded, and she agreed with Dr. Partida Corona that they need to figure out the best revenue source to maintain these services.

Chair Shell asked if he had any discussions with Medicaid or the Division of Public and Behavioral Health (DPBH) regarding the delineation of privileges. Dr. Partida Corona said he had not, but he would be happy to talk with them. Chair Shell also noted that UNR is launching their addiction medicine fellowship in July 2026.

John Firestone, Executive Director, The Life Change Center said he would love to have a presentation to the Nevada Opioid Treatment Association. Dr. Partida Corona shared his contact information in the Chat. Ms. Marschall also offered to connect them.

Chair Shell thanked Dr. Partida Corona for his great presentation and looks forward to continuing to work with him.

5. Presentation: CFR 42 Part 8 Final Rule: Patient-Care First

John Firestone, Executive Director, The Life Change Center appreciated the invitation to present to this subcommittee, and he also thanked Dr. Kerns for the work she has been doing and her positive impact. He has been working in the field of OUD for 25 years, 20 of them with The Life Change Center. He is also the President of the Nevada Opioid Treatment Association (NOTA) and noted he would be speaking from that perspective. He is also an accreditation surveyor for CARF International for outpatient facilities for opioid treatment programs (OTP) at nearly 200 facilities in 44 states.

Mr. Firestone provided his disclosure statement that NOTA encompasses 14 facilities, mostly funded by Medicaid or Medicare, and some with private insurance or grants. They have eight OTP providers serving the 14 facilities for about 4,500 people a day.

The OTPs include crisis stabilization, patient-centered recovery center, MOUD dispensing and prescribing, case management, community education and Narcan dissemination. Other services may include psychiatric and behavioral health, peer recovery support, harm reduction supplies, and family programs (pregnancy and neonatal, prevention for children being raised in home affected by OUD).

Special populations include people who inject drugs, pregnant women and the parents of dependent children, persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a SUD and other persons involved in the criminal justice or juvenile systems, Veterans, elderly persons and youth, and lesbian, gay, bisexual, transgender and questioning persons. It is less common that OTPs' clientele includes children who are involved with the child welfare system. People with co-occurring diagnoses are the most common.

Mr. Firestone noted that with Fentanyl being the drug of choice, people who inject drugs are becoming less common, because Fentanyl is primarily smoked. Needles are primarily used with stimulants such as methamphetamine.

Among the 4,500 people receiving services each day, a lot of them are already stable and may be on maintenance medication such as methadone or suboxone. They may be facing a number of problems such as low levels of protective services and a lot of risk factors, including homelessness. The majority of people who come to OTP for the first time are unemployed and have deferred health care, including physical, mental and dental health. Over 65% of the patients are on Medicaid or need to enroll. Patients are considered stable when they have been in treatment for 60 days.

For people who are not discharged within the first 60-day period, they are likely taking medication for more days than not and meeting with a counselor or other service provider, including peers, recovery support, or mental health support. About 70% or more have achieved their goals of sobriety, testing positive for no other substances than those prescribed. A lot of them have discontinued use of Fentanyl, with about 40% of them taking care of children under 18 years old, for whom family programs are developed. Those who begin OTPs are much less likely to die of an overdose, based on data from the Centers for Disease Control (CDC), which includes lower amounts of substance use than their OTP clientele who usually are moderate to severe users.

Before the final rule under CFR Part 8 intake would take 2-3 hours, filling out a lot of forms before meeting with a SUD counselor or other behavioral health professional to talk about Narcan, then they might meet with a nurse and then a doctor for a physical assessment before getting a prescription and starting a program. The final rule cut their intake time in half to focus primarily on the medication, with behavioral health support coming usually 14 days later to complete a large biopsychosocial assessment. Stabilizing the patient first improves their state of mind to complete complex interviews.

The final rule also allowed prescribing of higher doses of Methadone to effectively treat Fentanyl withdrawal. During Covid, rules for take-home medication were relaxed which demonstrated Methadone was not nearly as dangerous as previously believed, leading to more flexibility. Having less time at the clinic and more time at home has also been helpful for people starting on MOUD. People engage with the Life Change Center OTP and counseling services as needed, with expansion of virtual services, including for intake.

The Life Change Center has 3 clinics in Carson City, Reno, and Sparks. Most OTPs are underfunded with Medicaid reimbursement rates based on a weekly average. Arizona and Nevada have the lowest rates by far for medication administration. The Nevada rates have not changed since 1980, so all OTPs lose money on all Medicaid patients, who make up 65% of their patients. Consequently, staffing is their biggest challenge, and perhaps also for the safety of Nevada citizens. States that adopt rates for medication dispensing are on the higher end, but Nevada's rate is at $3.90.

Mr. Firestone recommends increasing the reimbursement rates for the administration of medications, noting there are no new OTPs in Nevada since The Life Change Center added two branches under their non-profit status. Until the rates are increased, there will be a service gap because they lose money. He is hopeful legislation will pass to increase rates to support the existing 14 clinics in Nevada as well as recruiting new services coming from other states.

Other recommendations included the following:

- Increase NOTA/OTP outreach to facilitate reduction in stigma
- Expand Medicaid and commercial insurance reimbursement for Peer Recovery Support Specialists
- Increase access to MOUD in rural communities

Mr. Firestone added that grants really help those who receive them, but he noted that not everybody does (receive them). He also thanked members for the 2024 SURG recommendation to change the hiring restriction related to PRSS (Medicaid Provider Type 93) with prior convictions. Provider Type 97 is being proposed with a similar model. Regarding MOUD, this is primarily buprenorphine based. They would like to start an OTP that can dispense Methadone, which is fairly costly and typically dispensed at brick-and-mortar facilities, although there are efforts to provide that through mobile treatment.

Dr. Strohm said she is excited to have current fellows in discussion with Westcare, who have received grant funding to get mobile vans out into rural areas to initiate and continue methadone treatment. She noted that rules have also expanded for take-homes, including buprenorphine.

Mr. Firestone referenced groups in Chicago and Seattle that might be helpful to talk with regarding these initiatives.

Dr. Partida Corona suggested a letter-writing campaign on Provider Type 97 and a bump in the reimbursement rate for Methadone as things that our communities need. Having a group of providers and advocates reach out simultaneously could emphasize the importance within our communities. Mr. Firestone thought that would be amazing and added that it would be beneficial for Dr. Partida Corona to come to one of their OTP meetings to start an in-depth dialog on how they can work together, with representatives from each of the 14 providers. Dr. Partida Corona said he would be glad to join.

Dr. Dickson said she sent an email to their lobbyist regarding a bill to increase Medicaid rates, but she said it was likely stuck in a finance committee. This bill supports a phased-in increase up to $15 by 2027, but it had not yet been voted on. Mr. Firestone said they have been working with Senators Dondero-Loop and Nguyen on a bill[1], but they must be careful because they're so busy.

Dr. Dickson is working with Dr. Kaiser to provide buprenorphine patients with refills so that they can go two months between appointments – instead of one month - to reduce their costs, as most of the patients are cash-pay because they don't have insurance. A waiver-change from a year or so ago resulted in lower enforcement of guidelines, reducing financial stress on the patients.

Chair Shell thanked Mr. Firestone for his presentation and welcomed him to stay for additional presentations.

6. Review Progress on Prior SURG Subcommittee Recommendations

Laura Hale, SEI, shared a draft spreadsheet showing updates for prior recommendations from the Treatment and Recovery Subcommittee, as part of a larger review that will be made available to all SURG members when it is finalized.

For recommendations that propose legislation or bill draft requests (BDRs), state agencies need up to two years' lead time to get all the internal approvals through their divisions and departments before going on to the budget administration and the governor. So, the 2024 recommendation to amend NRS on HCQC employment guidelines related to PRSS does not have any updates at this time.

For the recommendation to require availability of opioid antagonists on Nevada System for Higher Education (NSHE) campuses, AB394 was amended and passed through both the Assembly and Senate. The amendment was to support the "lowest dosage effective"; to restore breathing and multiple legislators joined as joint sponsors.

[1] Mr. Firestone subsequently reported that SB300 passed on 6/2/25. It shows as "In Senate" as of 6/3/25.

For the recommendation to enhance the Bridge Program by incorporating PRSS into treatment models, there has not been a specific response from the Division of Public and Behavioral Health (DPBH). Dr. Morgan, who presented to this subcommittee last year, also presented to the Prevention Subcommittee earlier this month together with a PA from California where they can provide harm reduction and naloxone distribution in the emergency department.

The 2023 recommendation to expand access to MAT has many updates provided by Breanne Van Dyne from DPBH, Bureau of Behavioral Health Wellness and Prevention. There are multiple grants under the State Opioid Response funding that help support this effort. Also, AB380 from the 2025 legislative session revises the composition of mobile crisis teams including behavioral health professionals.

Ms. Hale noted that there is a lot more activity related to Treatment and Recovery compared to Prevention or Response because these grant funds are specifically targeted for treatment, whereas requests for changes through legislation, budget, or state plan amendments for Medicaid can take a long time.

Several other recommendations from 2023 showed multiple grants and follow-up responses from DPBH, Medicaid, and other programs. The next section of the spreadsheet included recommendations that cut across two or more SURG subcommittees that similarly show related activities through grants and/or legislation. Once the document is finalized with all subcommittees, SEI will make it available to all SURG members and the public.

Ms. Hale referenced a draft bill-tracker posted on the SURG website that will be updated after the legislative session. Chair Shell requested a review of the updated bill tracker at the next subcommittee meeting in June, and thanked Ms. Hale for pulling all this information together.

7. **Review 2025 Treatment and Recovery Subcommittee Meeting Topics**

Chair Shell reviewed the three topics from the slide:

- Current Trends in Substance Misuse Treatment, Dr. Farzad Kamyar, Roseman University
    - Ms. Marshall noted that Dr. Kamyar was originally scheduled to co-present today, but when this meeting was rescheduled, he had a conflict. He is available for the June 17th meeting.
- Proposed Recommendation on a retrospective assessment or/and prospective study to assess the outcomes of patients following discharge from detoxification and examine mortality and overdose. (Recommendation from Ms. Cheatom)
- Proposed Presenter: john.hamilton@liberationprograms.org – presented on this at the Rx Summit

Chair Shell asked if there were any members present at this meeting who could not attend the June 17th meeting. None of the members present were unable to attend the June meeting.

Chair Shell asked if members had any other recommendations for presentations at upcoming meetings. None were offered at this time. Chair Shell noted that the survey link for recommendations has been posted, and he will be adding his recommendations, and he encouraged members to also add at least one recommendation.

Ms. Marshall suggested members might review Ms. Hale's presentation on updates to previous recommendations for possible refinement and resubmission. Members should also review the new recommendations provided by today's presenters, which are also included on the slides posted on the SURG website.

Dr. Dickson asked about a presentation from HIDTA. Ms. Marshall said this presentation is being scheduled for the full SURG in July.

8. **Discuss 2025 Treatment and Recovery Subcommittee Recommendations Process and Any Proposed Recommendations**
   Chair Shell appreciated Ms. Cheatom's submission of the first recommendation, which will be reviewed at the June 17th meeting, as Ms. Cheatom had to leave this meeting earlier.

9. **Public Comment**
   Dr. Kerns said the Southern Nevada Substance Misuse and Overdose Prevention Summit will be taking place on Thursday, August 14th from 8 a.m. to 5 p.m. in Las Vegas, at the UNLV Strip pavilion. The registration fee is $25 per person, but there are scholarships available, and the registration is currently open. There is also a call for workshops with a submission due by June 1st, for prevention, treatment, recovery and rescue. Dr. Kerns provided a registration link in the chat.

10. **Adjournment**
    Chair Shell adjourned the meeting at 4:55 p.m.

Chat File

00:16:08 Maureen Strohm: Southern Hills ADM Consult currently supported through its GME; no outside grants
00:26:05 John: DR Cooper is starting an addictionology program at UNR
00:26:35 Laura Hale: PLEASE DO Not use chat
00:33:48 Jose Partida Corona: Jmpcorona@partidacorona.com
01:26:27 Terry Kerns: https://bit.ly/SNSMOPS2025