



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 Response Group (SURG)

July 18, 2023

1:00 pm

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

Vice 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
Dr. Lesley Dickson	Healthcare Provider with SUD Expertise	Member
Lisa Lee	Urban Human Services (Washoe County)	Chair
Steve Shell	Hospital	Vice Chair
Jeffrey Iverson	Person in Recovery from an SUD	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.
- If you are dialing in from a telephone from the US:
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 - Then enter the Meeting Passcode: 765594
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**3. REVIEW AND APPROVE MINUTES
FROM JUNE 27, 2023 TREATMENT
AND RECOVERY SUBCOMMITTEE
MEETING**

(FOR POSSIBLE ACTION)

Vice Chair Shell

4. PRESENTATION ON TREATMENT AND RECOVERY FOR VETERANS

(FOR POSSIBLE ACTION)

Abigail Beagen
Addictive Disorders Treatment Program Supervisor
VA Sierra Nevada Healthcare System

Disclosures

- None

Introduction

Providing treatment to Veterans with Substance Use Disorders (SUD)

- Overview of VA SUD services
 - VA Sierra Nevada Health Care utilizes the American Society of Addiction Medicine (ASAM) levels of care
- Best way to improve outcomes is to start with a comprehensive assessment and clinically indicated recommendations
 - Use of ASAM criteria to complete assessment and make clinical recommendations
 - Identifying co-occurring disorders and providing concurrent treatment
- Connection, Belonging, and Purpose
 - Examples of VA programs that promote these critical dimensions of recovery
 - Community Partnerships

Special Populations

Veterans

The term "Veteran" means a person who served in the active military, naval, or air service, and who was discharged or released therefrom under conditions other than dishonorable.

A Reservist or member of the National Guard called to Federal active duty or disabled from a disease or injury incurred or aggravated in line of duty or while in training status also qualify as a veteran.

Gaps

Access to transitional living

- Barriers
 - Cost
 - Eligibility
- Benefits
 - Supportive environment
 - Focus on developing life skills
 - Opportunity to practice recovery skills
 - Establish recovery community

Recommendation(s)

- Promote the use of ASAM as a part of the clinical assessment and recommendations.
- Promote continuity of care to include transitional or supportive housing options.
- Develop opportunities for Veterans and/or Individuals diagnosed with Substance Use Disorders to develop meaningful connections, sense of belonging, and purpose.

References

- *American Society of Addiction Medicine:* <https://www.asam.org/>
- *US Department of Veterans Affairs:* <https://www.va.gov/OSDBU/docs/Determining-Veteran-Status.pdf>

Contact Information

Name	Abigail Beagen, LICSW, LCAS
Title	<i>Supervisor of Addictive Disorders Treatment Programs</i>
Phone	775-786-7200 ext. 6513
Email	abigail.beagen@va.gov

5. PRESENTATION ON PAIN MANAGEMENT

(FOR POSSIBLE ACTION)

Ali Nairizi M.D., M.S., 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

President and CEO at United Pain Urgent Care

Disclosures

- United Pain Urgent Care (UPUC) is the first urgent care in the country designed to treat pain and injury without the use of opioids, when possible. UPUC is owned and operated by Dr. Ali Nairizi. He identified a gap in our healthcare system and advanced his personal mission to fight the opioid crisis.
- In the treatment of pain and injury, there are many other ways to help the patient without the need to prescribe an opioid.
- The following is a detailed description of the future in pain management without the use of opioids.

Introduction

- Currently, Early Access to services does not exist in our healthcare system outside of emergency rooms.
- Need to intervene before the initial exposure to opioids leads to the desire to continue opioid consumption, and ultimately dependency.
- [Studies](#) (see the Addendum for a full list) have reported an increased risk of new persistent opioid use after prescription of opioids for acute pain in opioid naïve patients.
- Early Access has had tremendous success using interventional treatment options. Patients can be treated with methods not available in emergency rooms and reduces or eliminates the need to prescribe opioids.

Issues

- Emergency rooms are not required to obtain prior authorization in order to treat patients. Urgent Care setting is limited in providing these services as most private payers require pre-authorization.
- Capacity planning in acute care hospitals is impacting the way patients are cared for - opioid prescriptions can be an easy and unfortunate way to expedite discharges for the hospital patient population as resources are stretched thin.

Issues - Continued

- The total duration of opioid prescription was the strongest predictor of misuse. Each prescription refill was associated with a **44 percent increase** in the rate of misuse, and each additional week of opioid use **increased the risk of misuse by 20 percent**
- E.R.A. = Education, Regulation, and Alternative Treatment Options
 - Education: There are many forms and access points to education with opioid addiction.
 - Regulation: AB 474 exists
 - Access: Challenges with insurance pre-authorizations
- The State of Nevada can significantly contribute to the Early Access point for patients while avoiding dependencies on opioid/narcotic prescriptions.

Special Populations

- Athletes (youth and adults)
- Veterans
- Cancer or Palliative Care Patients
- Workers Compensation Patients
- Seniors
- People in Recovery

What's Working Well / Evidence Based Practice

- Medicare/Medicaid do not require prior authorization for specialized procedures. This patient population has access to alternative treatment options
- Two private insurance carriers have agreed to the Early Access model and have waived prior authorization
 - Prominence Health study reduced cost by 546%
- Referrals from our local ER's as they are not equipped to do alternative pain treatments

Alternative Treatments

- Nerve Block
- Epidural Injections
- Neuro Modulation
- Botox Injections
- Radio Frequency Ablations
- Targeted Drug Deliveries (pain pumps)
- Other

Gaps

- Private insurance carriers requiring prior authorization for specialized procedures
 - If the pain or injury is extreme enough, patients will present to the ER if they cannot get the alternative treatment options they need day of presentation
- Education – Getting out the message that there is an alternative to opioids
- Expansion – Alleviating the requirement for authorization will help to expand this strategic initiative across the entire state of Nevada as well as other states in the future

Recommendations

- Provide Early Access to patients who would otherwise be prescribed opioids if treated in an emergency room setting
- Eliminate the need for prior authorization either through legislation or persuade insurance carriers to sanction opioid alternative treatments
- Expand this strategic initiative to other areas of the state who are faced with the same opioid addiction issues

Contact Information

Name	Dr. Ali Nairizi
Title	Medical Director/Owner – United Pain Urgent Care & Reno Tahoe Pain Associates
Phone	(775) 384-1127
Email	nairizi@rtpain.com

Addendum

Studies that have reported an increased risk of new persistent opioid use after prescription of opioids for acute pain in opioid naïve patients:

1. [Brummett CM, Waljee JF, Goesling J, et al. New Persistent Opioid Use After Minor and Major Surgical Procedures in US Adults. JAMA Surg 2017; 152:e170504.](#)
2. [Calcaterra SL, Yamashita TE, Min SJ, et al. Opioid Prescribing at Hospital Discharge Contributes to Chronic Opioid Use. J Gen Intern Med 2016; 31:478.](#)
3. [Alam A, Gomes T, Zheng H, et al. Long-term analgesic use after low-risk surgery: a retrospective cohort study. Arch Intern Med 2012; 172:425.](#)
4. [Sun EC, Darnall BD, Baker LC, Mackey S. Incidence of and Risk Factors for Chronic Opioid Use Among Opioid-Naïve Patients in the Postoperative Period. JAMA Intern Med 2016; 176:1286.](#)
5. [Bateman BT, Franklin JM, Bykov K, et al. Persistent opioid use following cesarean delivery: patterns and predictors among opioid-naïve women. Am J Obstet Gynecol 2016; 215:353.e1.](#)
6. [Johnson SP, Chung KC, Zhong L, et al. Risk of Prolonged Opioid Use Among Opioid-Naïve Patients Following Common Hand Surgery Procedures. J Hand Surg Am 2016; 41:947.](#)
7. [Schroeder AR, Dehghan M, Newman TB, et al. Association of Opioid Prescriptions From Dental Clinicians for US Adolescents and Young Adults With Subsequent Opioid Use and Abuse. JAMA Intern Med 2019; 179:145.](#)
8. [Stark N, Kerr S, Stevens J. Prevalence and predictors of persistent post-surgical opioid use: a prospective observational cohort study. Anaesth Intensive Care 2017; 45:700.](#)
9. [Quinn PD, Fine KL, Rickert ME, et al. Association of Opioid Prescription Initiation During Adolescence and Young Adulthood With Subsequent Substance-Related Morbidity. JAMA Pediatr 2020; 174:1048.](#)

**6. OVERVIEW OF
RECOMMENDATIONS RECEIVED
AND NEXT STEPS**
(FOR POSSIBLE ACTION)

Vice Chair Shell

Treatment and Recovery Subcommittee Meetings & Presentations

- March 21, 2023: Review subcommittee charge and areas of focus
- May 16, 2023: Presentations Provided, Meeting rescheduled for June
 - *Treatment and Recovery for Indigenous African Americans* presented by Donald Griffin, Co-Founder/Director, Black Wall Street Reno
 - *Role and Importance of Peers and Persons with Lived Experience* presented by Sean O'Donnell, Executive Director, Foundation for Recovery
- June 27, 2023: Summary and Discussion of Presentation Videos Recommendations

Recommendations Received

- Recommendation (submitted by from 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)

Recommendations From Presentation

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 news stands/vending machines for Indigenous African Americans
- Address the school to prison pipeline (new Jim Crow laws) through policy and legislation

**language provided by presenter*

Recommendations from Presentation Discussion and Summary

- Sean O'Donnell:
 - Stand up PRS 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.

Treatment & Recovery Subcommittee Recommendations To Workshop

1. Prevention and overdose prevention outreach to underserved communities, including BIPOC communities.
2. July 18, 2023: Workshop Recommendations related to:
 - Outreach to Underserved Communities including BIPOC, LGBTQIA+, and other populations as noted in AB374 via vending machines, billboards, and other effective outreach approaches and,
 - Enhance Peer Support for underserved populations through increased reimbursement rates, train the trainer models, and policy changes to address limitations to the use of Peers in some settings through strategies including:
 - ensure adequate funding for these priorities,
 - target special populations,
 - increase reimbursement rates, and
 - offer standalone service provision opportunities.

Recommendations Cont.

Alternative Pain Treatment:

- 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:
 - I would include training on opioid stewardship, provider training on alternatives to opioids, patient education materials on tapering and options for pain management.

Statewide Substance Use Response Working Group 2022 Recommendations for Potential Resubmission (part 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. (Treatment and Recovery #1 and Prevention #8c)
- Implement follow ups and referrals and 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)

Statewide Substance Use Response Working Group 2022 Recommendations for Potential Resubmission (part 2)

- 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)

Statewide Substance Use Response Working Group 2022 Recommendations for Potential Resubmission (part 3)

- 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 of June 22nd. 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 and Prevention #1)
- Engage individuals with lived experience in programming design considerations. (Treatment and Recovery #2)

7. PRESENTATION UPDATES

(FOR POSSIBLE ACTION)

Vice Chair Shell

Potential and Pending Presentations

- Marissa Brown, Hospital Association to present on the Bridge program
Confirmed for September 19
- Katro Henderson, CADC, The Adelson Clinic (confirmed interest, to be scheduled)
- Kailin See, Washington Heights Corner Project, Safe Consumption Sites (confirmed interest, to be scheduled)
- Kat Reich, Administrative Manager, Trac-B Exchange
 - Lavatta Palm, Senior Grant Manager, Trac-B Exchange

8. RECOMMENDATIONS SCORING PROCESS AND TIMING

(FOR POSSIBLE ACTION)

Vice Chair Shell

Timeline for SURG Meetings and Recommendations

July/September

Subcommittee Meetings

- Refine recommendations based on feedback from the SURG
- Weight and rank recommendations

October

SURG Meeting

- Discussion and possible action on subcommittee recommendations

December

SURG Meeting

- Finalize recommendations to be included in the SURG Annual Report
- Review outline of SURG Annual Report
- Presentation of DHHS Annual Report

January

SURG Meeting

- Approval of final Annual Report

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10. ADJOURNMENT

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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