



TREATMENT AND RECOVERY SUBCOMMITTEE

SUBSTANCE USE RESPONSE WORKING GROUP (SURG)

SEPTEMBER 22, 2026 | 11:00 AM



1. CALL TO ORDER AND ROLL CALL TO ESTABLISH QUORUM

Steve Shell, Treatment and Recovery Subcommittee Chair



ROLL CALL TO ESTABLISH QUORUM CONT.

MEMBER	SURG ROLE	SUBCOMMITTEE ROLE
Steve Shell	Advocate for persons who have SUDs and family members of such persons	Chair
Guiseppe Mandell	Person in recovery from a substance use disorder	Vice Chair
Assemblymember Rebecca Edgeworth	One member of the Assembly who is appointed by the Assembly Minority Leader	Member
Assemblymember Heather Goulding	One member of the Assembly who is appointed by the Speaker of the Assembly	Member
John Firestone	One person who provides services relating to the treatment of substance use disorders	Member
Dr. Jose Maria Partida Corona	One provider of health care with expertise in medicine for the treatment of substance use disorders	Member
Stephanie Cook	The Director of the Department of Health and Human Services, or his or her designee from within the Division	Member



2. PUBLIC COMMENT

(Information Only)



PUBLIC COMMENT

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3. REVIEW AND APPROVE MINUTES FOR MAY 26, 2026 TREATMENT AND RECOVERY SUBCOMMITTEE MEETING

(For Possible Action)

Chair Shell



4. SUBCOMMITTEE REORIENTATION

(Information Only)

Chair Shell



ATTENDANCE

- Attendance is tracked and any member who goes below a 75 percent attendance rate for subcommittee or SURG meetings will be asked if they wish to continue serving.
- If you cannot attend a meeting, please email SEI staff at least four business days in advance to ensure a quorum or rescheduling of the meeting if necessary.



RECOMMENDATIONS PROCESS

- Complete survey in SurveyMonkey to submit recommendations for consideration.
- The earlier recommendations are submitted, the more time we have to schedule presentations and to refine the recommendation. **Please submit your ideas as early as possible!**
- All subcommittee members are encouraged to submit at least one recommendation.
- Questions?



6. REVIEW AB374 SECTION 10 REQUIREMENTS AND SUBPOPULATIONS ADDRESSED IN PRIOR RECOMMENDATIONS

(For Discussion Only)

Chair Shell



LEGISLATIVE LANGUAGE AND TREATMENT AND RECOVERY SUBCOMMITTEE ASSIGNMENTS OVERVIEW

- AB374 (2021 Session) Sec. 10, Subsection 1 is comprised of components A-Q. In 2021, guidance from Vice Chair Tolles, Dr. Woodard and Dr. Kerns determined subcommittee alignment.
- Please reference pages 5-7 and Appendix C in the 2025-26 Annual Report for more information.



LEGISLATIVE LANGUAGE AND TREATMENT AND RECOVERY SUBCOMMITTEE ASSIGNMENTS OVERVIEW

- (c) **Assess and evaluate existing pathways to treatment and recovery** for persons with substance use disorders, including, without limitation, such persons who are members of special populations.
- (e) Evaluate ways to improve and expand evidence-based or evidence-informed programs, procedures, and strategies to **treat and support recovery from opioid use disorder and any co-occurring substance use disorder**, including, without limitation, among members of special populations.
- (f) **Examine support systems and programs for persons who are in recovery** from opioid use disorder and any co-occurring substance use disorder.



CROSS-CUTTING ASSIGNMENTS (PART 1)

(q) **Study, evaluate and make recommendations to the Department of Health and Human Services concerning the use of the money described in section 10.5 of this act to address substance use disorders**, with a focus on: (1) The use of the money described in subsections 1, 2 and 3 of section 10.5 of this act to supplement rather than supplant existing state or local spending; (2) The use of the money described in section 10.5 of this act to support programs that use evidence-based interventions; (3) The use of the money described in section 10.5 of this act to support programs for the prevention of substance use disorders in youth; (4) The use of the money described in section 10.5 of this act to improve racial equity; and (5) Reporting by state and local agencies to the public concerning the funding of programs to address substance misuse and substance use disorders.



NUMBER OF TIMES TREATMENT AND RECOVERY RECOMMENDATIONS ALIGNED WITH ASSIGNED AB374 COMPONENTS

Number of Times Component Aligned with 2022-2026 Recommendations	AB374 Sec 10, Subsection Component
10	(c) Assess and evaluate existing pathways to treatment and recovery for persons with substance use disorders, including, without limitation, such persons who are members of special populations.
15	(e) Evaluate ways to improve and expand evidence-based or evidence-informed programs, procedures, and strategies to treat and support recovery from opioid use disorder and any co-occurring substance use disorder , including, without limitation, among members of special populations.
9	(f) Examine support systems and programs for persons who are in recovery from opioid use disorder and any co-occurring substance use disorder.



NUMBER OF TIMES TREATMENT AND RECOVERY RECOMMENDATIONS ALIGNED WITH ASSIGNED AB374 COMPONENTS

Number of Times Component Aligned with 2022- 2026 SURG Recommendations (Out of 69)	AB374 Sec 10, Subsection Component
36	(b) Assess evidence-based strategies for preventing substance use and intervening to stop substance use , including, without limitation, the use of heroin, other synthetic and non-synthetic opioids and stimulants. Such strategies must include, without limitation, strategies to: (1) Help persons at risk of a substance use disorder avoid developing a substance use disorder; (2) Discover potentially problematic substance use in a person and intervene before the person develops a substance use disorder;
11	(h) Examine qualitative and quantitative data to understand the risk factors that contribute to substance use and the rates of substance use, and substance use disorders, focusing on special populations.
25	(q) Study, evaluate and make recommendations to the Department of Health and Human Services concerning the use of the money described in section 10.5 of this act to address substance use disorders , with a focus on: (1) The use of the money described in subsections 1, 2 and 3 of section 10.5 of this act to supplement rather than supplant existing state or local spending; (2) The use of the money described in section 10.5 of this act to support programs that use evidence-based interventions; (3) The use of the money described in section 10.5 of this act to support programs for the prevention of substance use disorders in youth; (4) The use of the money described in section 10.5 of this act to improve racial equity; and (5) Reporting by state and local agencies to the public concerning the funding of programs to address substance misuse and substance use disorders.



SURG TREATMENT AND RECOVERY SUBCOMMITTEE

NUMBER OF TIMES SPECIAL POPULATIONS IMPACTED BY RECOMMENDATIONS ACROSS 2024 AND 2025-26

Subcommittee	Veterans, Elderly Populations, & Youth	Persons who are involved in the criminal justice/juvenile systems	Pregnant women and the parents of dependent children	Lesbian, gay, bisexual, transgender and questioning persons	People who inject drugs; (as revised)	Children who are involved with the child welfare system	Other populations overly impacted by substance use disorders
2024	6	7	3	5	6	5	11
<i>Prevention & Harm Reduction</i>	3	2	0	2	2	2	6
<i>Response</i>	2	4	2	2	3	2	3
<i>Treatment & Recovery</i>	1	1	1	1	1	1	2
2025-2026	5	5	2	1	4	5	4
<i>Prevention</i>	2	1	2	1	1	2	2
<i>Response</i>	3	4	0	0	3	3	1
<i>Treatment & Recovery</i>	0	0	0	0	0	0	1
Total	11	12	5	6	10	10	15
<i>Total Treatment and Recovery</i>	1	1	1	1	1	1	3



6. REVIEW OF THE CARRY FORWARD TREATMENT AND RECOVERY RECOMMENDATIONS

(For Discussion or Possible Action)

Chair Shell



CARRY FORWARD RECOMMENDATION #6

When medication assisted treatment is initiated in detox, we should recommend continuance of medication assisted treatment for the duration of detox, inpatient treatment, IOP and for one year from time of initiation.

Although it is common practice for patients to be taken off medication assisted treatment straight from detox, there is plenty of evidence showing patients fare better when medication assisted treatment is continued, particularly when treated for one year or longer. Of note, it is common practice in lower acuity care, such as ASAM criteria level one care, to treat patients with medication assisted treatment for months, if not years with said medications. It does not make clinical sense then, to taper patients off medication assisted treatment straight from detox, resulting in much more relapse and repeat admission to inpatient care.

Submitted by Jose Maria Partida Corona, MD, FASAM on 3/23/2026



CARRY FORWARD RECOMMENDATION #7

Nevada prescription monitoring program should include methadone dosing from any substance use treatment facility, including methadone clinics. Or, Nevada needs to adopt a methadone central registry.

Many patients receiving methadone treatment can become hospitalized or incarcerated. During these hospitalizations and incarcerations, there is often great difficulty in obtaining accurate information regarding a patient's true, current, methadone dose. If these were reported into Nevada Prescription Monitoring Program, it would prevent underdosing or overdosing patients on medication assisted treatment and make for much easier calculations for pain management, should the need arise.

Submitted by Jose Maria Partida Corona, MD, FASAM on 3/23/2026



CARRY FORWARD RECOMMENDATION #8

Hospital ERs should have a daily call schedule for outpatient follow up regarding substance use disorders, just like what currently exists for primary care. This list can be derived from NVSAM, SNAAP and SAMSHA collaboration which will produce a master list to the hospitals throughout the state. It will not be the hospital's responsibility to create the list, only to dispense it to the appropriate patients.

The establishment of a list with robust information, such as insurances taken, medications provided, services provided, etc, would provide a greater likelihood of patients seeking treatment for their substance use disorders in the ER actually getting long term care for said affliction.

Submitted by Jose Maria Partida Corona, MD, FASAM on 3/23/2026



CARRY FORWARD RECOMMENDATION #9

A research study should be funded and conducted to investigate the cost savings associated with early intervention for care via street medicine for the unhoused. The goal of such a study is to elucidate the viability of shared savings payment models to facility third party payer support for such street medicine teams, rather than support through grant funding, which is inherently unstable.

Street medicine is the most effective means to address medical issues among the unhoused prior to these medical issues requiring costly hospitalization. By providing proof of savings generated by this approach, third party payers are much more likely to adopt funding of street medicine, making this approach much more nascent.

Submitted by Jose Maria Partida Corona, MD, FASAM on 3/23/2026



CARRY FORWARD RECOMMENDATION #10

Funding should be made available for addiction specialists to advertise outpatient ASAM criteria level one services in state, particularly if those addiction specialists are board certified, trained in Nevada or both.

Although many patients cannot enter inpatient rehab because of insurance or work/family commitment limitations, these patients often still do well with treatment at a lower level of care, which is much less expensive. However, because many inpatient services also have IOP services and generate income in the tens of thousands per patient treated, they raise the average cost of advertising for all those providing addiction services. If we provide a stipend for advertising to addiction specialists committing to a certain length of stay in our community providing level one care, we can effectively build a deeper bench of addiction specialists, particularly those that are familiar with the resources that already exist in our community if they were trained in Nevada.

Submitted by Jose Maria Partida Corona, MD, FASAM on 3/23/2026



7. REVIEW 2026 TREATMENT AND RECOVERY SUBCOMMITTEE AND SURG MEETING TOPICS AND TIMELINE

(For Discussion or Possible Action)

Chair Shell



2026 TREATMENT AND RECOVERY SUBCOMMITTEE MEETING TIMELINE

11:00 am – 12:30 pm on the following fourth Tuesdays
of the month:

2026-2027 Report Cycle

- September 22nd
- November 24th
- December 22nd



SUBCOMMITTEE MEETING TOPICS AND TIMELINE

November 24, 2026

- Topics TBD

December 22, 2026

- Topics TBD



FULL SURG MEETING TOPICS AND TIMELINE

October 2026

- Overview of Open Meeting Law (pending)
- Morbidity and Mortality Rates
- Fund for Resilient Nevada (FRN) Assessment Prioritization

January 2027

- Crisis Response System (pending)
- Final FRN Assessment (pending)
- Elect Officers (Vice Chair)



8. PRESENTATION ON DATA HIGHLIGHTS AND METHODS FOR SCORING AND RANKING FUND FOR RESILIENT NEVADA RECOMMENDATIONS

(For Discussion or Possible Action)

Heather Kerwin, MPH, CPH, Opioid & Infectious Disease
Epidemiologist, Office of State Epidemiology, DPBH

Presentation available by viewing recording for this meeting



9. PUBLIC COMMENT

(Information Only)



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10. ADJOURNMENT

Chair Shell

ADDITIONAL INFORMATION, RESOURCES & UPDATES AVAILABLE AT:
https://ag.nv.gov/About/Administration/SURG_Info_Page/



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