



OFFICE OF THE ATTORNEY GENERAL

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TREATMENT AND RECOVERY SUBCOMMITTEE

Substance Use Response Group (SURG)

March 24, 2026

11:00 am

1. CALL TO ORDER AND ROLL CALL TO ESTABLISH QUORUM

Chair Shell

1. Call to Order and 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
Dave Briggs	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

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 under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action may be taken (per NRS 241.021).
- If you are dialing in from a telephone:
 - Dial (669) 900-6833
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**3. REVIEW AND APPROVE
MINUTES FROM FEBRUARY 24,
2026, TREATMENT AND RECOVERY
SUBCOMMITTEE MEETING**

Chair Shell

4. PRESENTATION ON CONTINGENCY MANAGEMENT

Michelle Berry, MBA, Executive Director, Center for the Application of Substance Abuse Technologies (CASAT), School of Public Health, University of Nevada, Reno

PRESENTATION TO THE SURG SUBCOMMITTEE

Substance Use Response Group (SURG)

Michelle Berry, MBA

Michele Solomon, M.A., LADC

CASAT, School of Public Health, University of Nevada, Reno

Contingency Management Needs Assessment

Key Findings from 22 Clark County Providers · 2025

22

Providers
Surveyed

64%

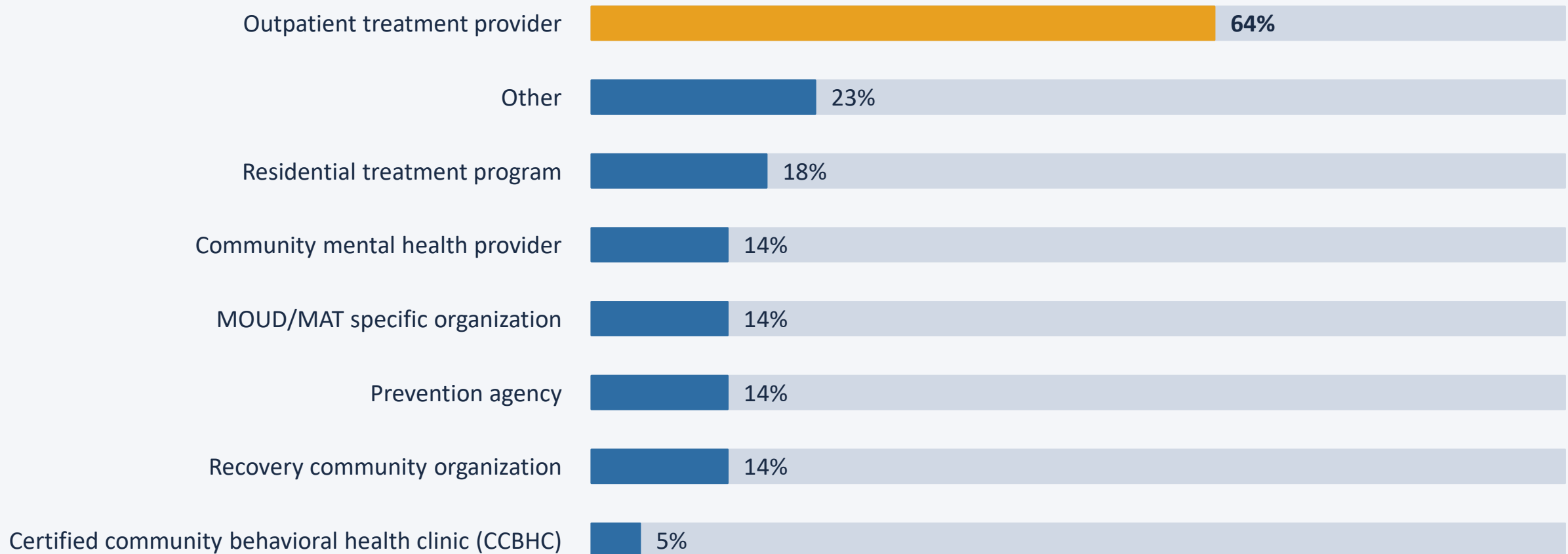
In Outpatient
Settings

64%

Serve 60+
Clients/Month

Who participated in the survey?

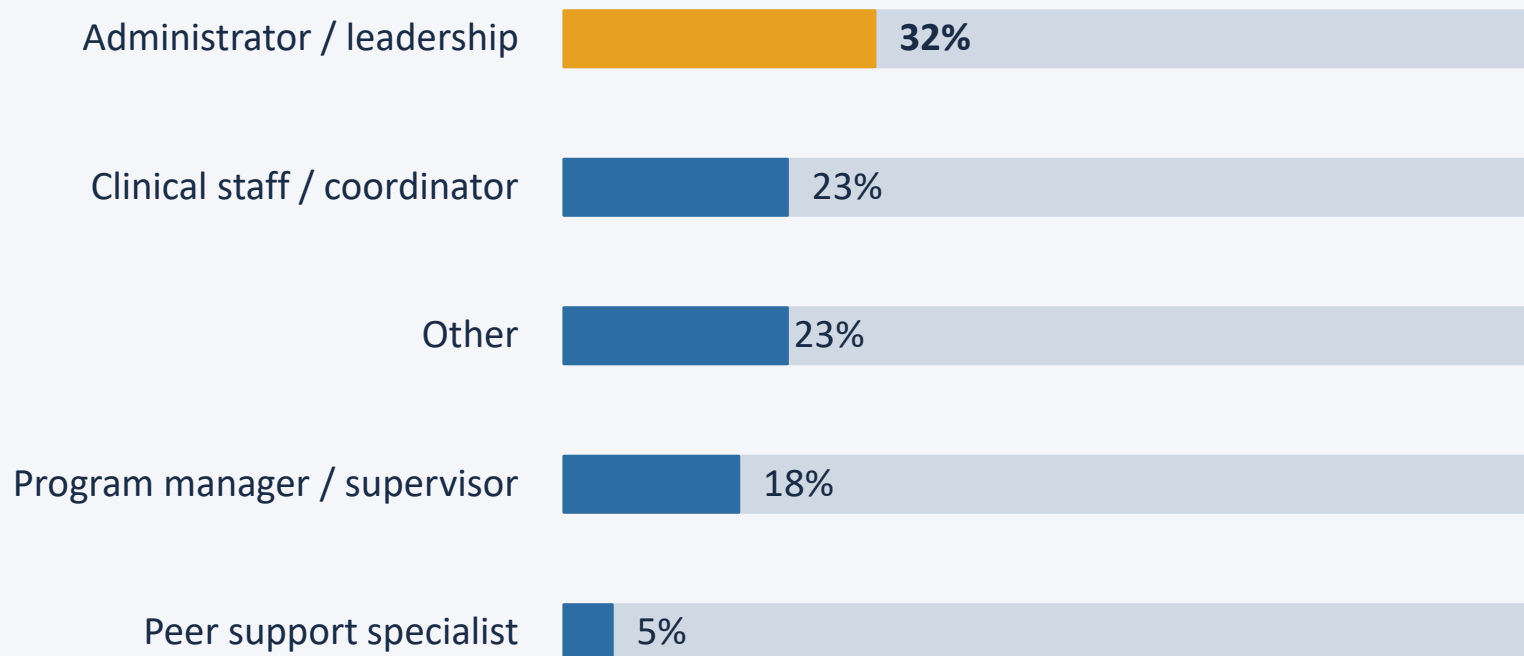
Participants could select more than one category — percentages may exceed 100%



64% of respondents work in outpatient treatment settings — the largest single group

What roles do respondents hold?

Leadership and clinical staff made up the majority of survey respondents



32%

in administrator
or leadership roles

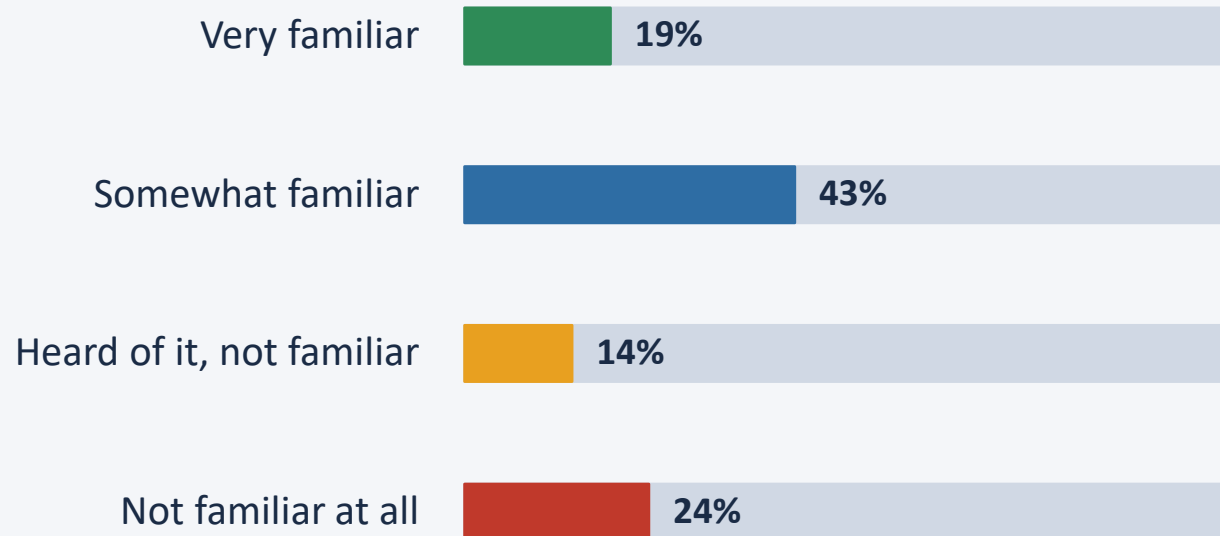
**Decision-makers
are well represented**

64% of respondents serve more than 60 clients per month — representing high-volume agencies

A significant knowledge gap exists around CM

Providers have heard of it — but most can't explain or apply it

Familiarity with CM



56%

are not confident at all
explaining CM to colleagues
or clients

Only 25% are very confident

Organizations are supportive and ready to adopt CM

Leadership is on board — funding and staff time are the limiting factors

70%

Very supportive of evidence-based behavioral incentives

57%

Very interested in participating in CM trainings

58%

Have formal systems that could be adapted for CM

TOP IMPLEMENTATION BARRIERS

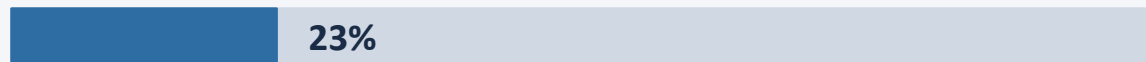
Lack of funding for incentives



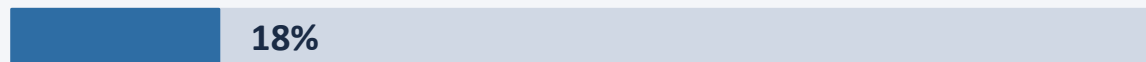
Limited staff time



Data tracking limitations



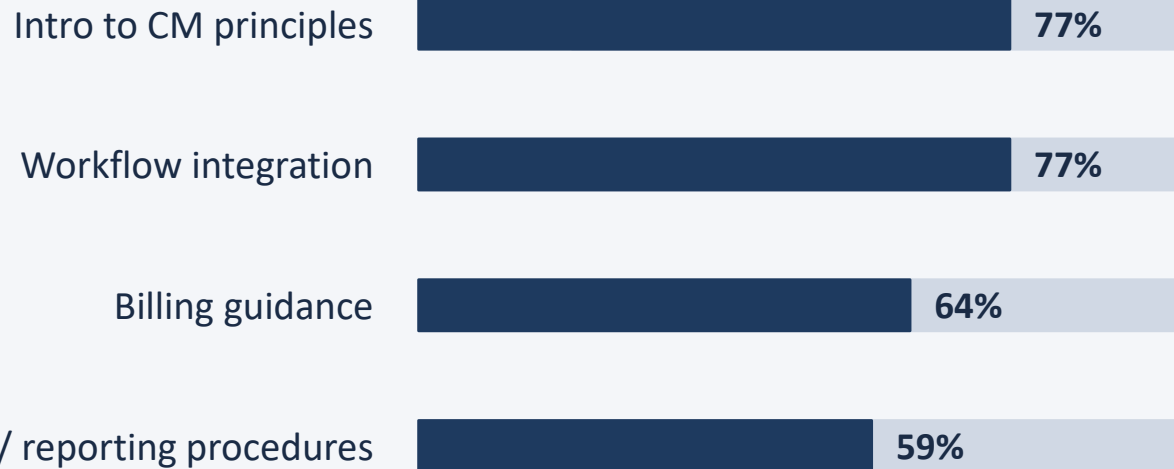
Lack of training or expertise



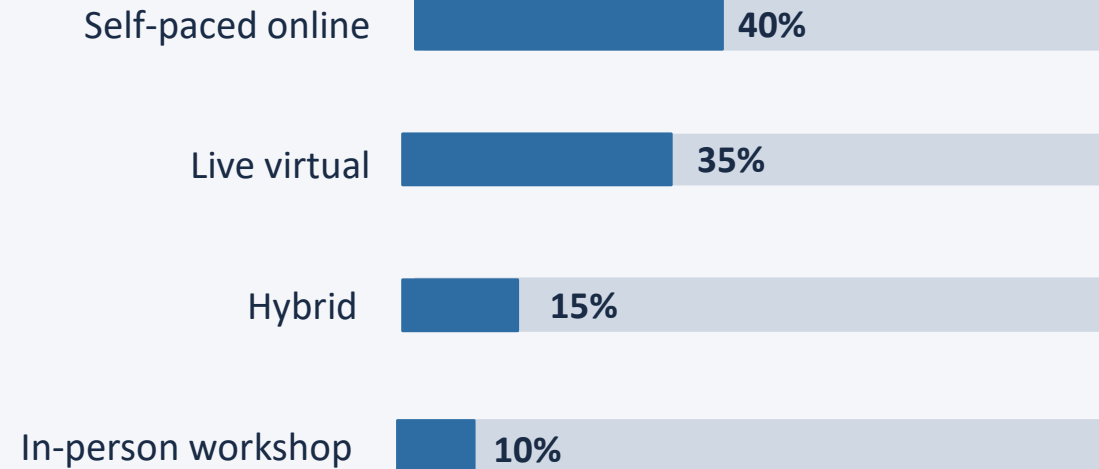
Providers want practical, flexible training

Online delivery, introductory content, and workflow integration are top priorities

MOST NEEDED CONTENT



PREFERRED FORMAT



Best timing: Tuesday or Wednesday · Early afternoon (1–3pm) · PowerPoint slides as take-home material (45%)

Three priorities for moving forward

1

Start with an introductory overview

56% cannot explain CM at all. Begin training with foundational CM principles and vocabulary before moving to implementation steps.

2

Deliver online and at accessible times

75% prefer self-paced online or live virtual formats. Schedule sessions Tuesday–Wednesday, 1–3pm, and provide PowerPoint slides as take-home material.

3

Address funding and time constraints directly

Lack of incentive funding and limited staff time are the top barriers (55% each). Training should include billing guidance and low-cost implementation strategies.

CM Overview Training Series

Three free live virtual sessions — pick the date that works for your team

March 31

Tuesday · 1:00 – 3:00 PM PDT

Hosted by Kaitlyn

April 14

Monday · 9:00 – 11:00 AM PDT

Hosted by Kaitlyn

April 28

Monday · 1:00 – 3:00 PM PDT

Hosted by Sophia

WHAT YOU'LL LEARN

- Scope of stimulant use in Southern Nevada
- Effects of stimulants on the brain & behavior
- Psychological & behavioral principles of CM
- Four essential ingredients of a CM program
- Research support for CM
- Strategies for financing & implementing CM

YOUR TRAINERS

Thomas E. Freese, PhD

Director, UCLA Integrated Substance Use
& Addiction Programs (ISAP)

Beth A. Rutkowski, MPH

Director of Training, UCLA ISAP
Pacific Southwest ATTC

5. DISCUSS AND DRAFT PROPOSED TREATMENT AND RECOVERY SUBCOMMITTEE RECOMMENDATIONS

Chair Shell

Treatment and Recovery Subcommittee 2026 Meeting Timeline

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

2025-2026 Report Cycle

- February 24th
- March 24th
- May 26th
- June 23rd

2026-2027 Report Cycle

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

Subcommittee Meeting Topics and Timeline

February 2026

- Discuss Preliminary Recommendations

March 2026

- Discuss Preliminary Recommendations
- Subject Matter Expert Presentations as Requested

May 2026

- Finalize and Rank Preliminary Recommendations for Presentation at June SURG Meeting
- Subject Matter Expert Presentations as Requested

June 2026

- Finalize Recommendations Based on Feedback from SURG, if Needed

September, November, December 2026 (start of new report cycle)

- Subject matter expert presentations and development of recommendations

Please email Subcommittee staff with any speaker recommendations.

Full SURG Meeting and Revised Reporting Timeline and Topics

January 2026 (FFY26 Quarter Two)

- Approve Final Progress Report

April 2026 (FFY26 Quarter Three)

- Presentations on Peer Certification and State Budget Process and an Update from the Fund for Resilient Nevada
- Review Preliminary Recommendations from Subcommittees

June 2026 (Additional Meeting)

- Review Final, Ranked Recommendations
- Approve 2025-26 Annual Report Template

July 2026 (FFY26 Quarter Four)

- Approve 2025-26 Annual Report

October 2026 (FFY27 Quarter One)

- Presentations from Subject Matter Experts

Recommendations Submission Process

- Recommendations can be submitted by members using a survey link provided by SEI
- Please complete each section of the survey to the best of your ability
- Be prepared to present the recommendation to members at the next regularly scheduled subcommittee meeting
- To support the development of your recommendation, SEI can assist members with gathering information or connecting with subject matter experts
- Note that information provided in the survey is included in the final annual report

Proposed Recommendations Submitted

Original recommendation presented at meeting:

A retrospective assessment or/ and prospective study would be conducted to assess the outcomes of patients following discharge from detoxification and examine mortality and overdose. *This study should ideally cover a five-year period and include both people with private insurance and those who utilize Medicaid.*

Submitted by prior Subcommittee member Chelsi Cheatom on 8/20/2025; co-sponsored by Subcommittee member Stephanie Cook on 11/18/25. *Italics* represent edits proposed during the February 2026 Treatment and Recovery meeting.

Proposed Recommendations Submitted

Recommendation following revision during meeting:

A retrospective assessment or/ and prospective study would be conducted to assess the outcomes of all patients following discharge from certified withdrawal management facilities within five years of discharge, including trends in the patterns of step down and use of MOUD, to examine potential contributors to overdose and develop best practices for continued care after treatment.

Submitted by prior Subcommittee member Chelsi Cheatom on 8/20/2025; co-sponsored by Subcommittee member Stephanie Cook on 11/18/25.

Proposed Recommendations Submitted

Original recommendation presented at meeting:

Recommend to Nevada Department of Human Services that they financially support the implementation of *embedded* hospital emergency room-based peer recovery support teams. This could be via dedicated general funds made available to hospitals, or by encouraging applications for use of Fund for Resilient Nevada monies.

Submitted by Steve Shell on 6/17/2025, and updated for Subcommittee member review prior to the February 2026 meeting. *Italics* represent edits proposed during the February 2026 Treatment and Recovery meeting.

Proposed Recommendations Submitted

Recommendation following revision during meeting:

Recommend to the Nevada Department of Human Services that they incentivize the implementation of cohesive addiction consult services.

Hospitals would receive Department funds to hire peer recovery specialists, if they meet the following specific criteria: adoption of delineation of privileges for addiction medicine as a medical specialty, as well as established protocols for the inclusion of midlevel providers and peer recovery navigators.

Submitted by Steve Shell on 6/17/2025, and updated for Subcommittee member review prior to the February 2026 meeting.

Proposed Recommendations Submitted

Original recommendation presented at meeting:

Contingency Management can be used to support people in recovery through rewards for reaching their recovery goals. Increasing funding to support contingency management could help more providers offer this important support program to patients.

Submitted by prior Subcommittee member Chelsi Cheatom in 2025.

Proposed Recommendations Submitted

Recommendation following revision during meeting:

Recommend that state funding be increased for Contingency Management, to be used to support people in recovery through rewards for reaching their recovery goals.

Submitted by prior Subcommittee member Chelsi Cheatom in 2025. Guiseppe Mandell appointed as lead for this recommendation on March 24, 2026, meeting.

Proposed Recommendations Submitted

Original recommendation presented at meeting:

Elimination of prior authorizations needed for starting medication assisted therapy with buprenorphine and buprenorphine products of all types for opioid use disorder.

Submitted by Jose Maria Partida Corona, MD, FASAM on March 23, 2026.

Proposed Recommendations Submitted

Recommendation following revision during meeting:

Elimination of prior authorizations needed for starting medication assisted therapy with buprenorphine and buprenorphine products of all types for opioid use disorder. This would apply to all payors including Medicaid MCOs.

Submitted by Jose Maria Partida Corona, MD, FASAM on March 23, 2026.

Proposed Recommendations Submitted

Justification/background: Prior authorizations present an unnecessary delay in initiation of treatment for opioid use disorder. In the era of fentanyl, this can be a particularly dangerous delay of care, as it can often result in a patient relapsing and dying of an unintended overdose while waiting for the medication to be approved. All of which can be avoided by eliminating the barrier that is prior authorization. The best way is to mandate coverage for any and all buprenorphine products when being used to initiate treatment for opioid use disorder by any insurance, but specifically Nevada Medicaid and all Medicaid products including MCOs, as well as Medicare. As it is, no prior authorization is required to initiate Sublocade or Brixadi, which are injectable versions of buprenorphine and which are the most costly options for treatment, so this change will, in fact, generate savings for Medicaid, as less expensive, but equally effective options may be exercised readily.

Associated Research:

Ferries E, Racsa P, Bizzell B, Rhodes C, Suehs B. Removal of prior authorization for medication-assisted treatment: impact on opioid use and policy implications in a Medicare Advantage population. *J Manag Care Spec Pharm.* 2021 May;27(5):596-606. doi: 10.18553/jmcp.2021.27.5.596. PMID: 33908274; PMCID: PMC10390915.

Proposed Recommendations Submitted

Original recommendation presented at meeting:

Elimination of dosage limitations from Medicaid for buprenorphine when used for medication assisted treatment.

Submitted by Jose Maria Partida Corona, MD, FASAM on March 23, 2026.

Proposed Recommendations Submitted

Recommendation following revision during meeting:

Recommend that insurers and payors not impose dosage limitations for buprenorphine when used for MOUD.

Submitted by Jose Maria Partida Corona, MD, FASAM on March 23, 2026.

Proposed Recommendations Submitted

Justification/background: Placement of limitations on buprenorphine dosages is actually counterproductive in several ways. First, by placing restrictions on dosing, it engenders in the minds of physicians a mindset that buprenorphine is a dangerous medication that could easily lead to overdose. This could not be further from the truth. It actually serves to protect from overdose. Second, it stigmatizes patients that are trying to stay in compliance and treatment for their opioid use disorder. Third, it creates a barrier to trust between physician and patient, by introducing limitations from a third party, which is highly problematic when treating a stigmatized population. Fourth, it interjects a limitation to treatment that is not based on best practices, but that is, in fact, rooted in institutional stigmatization of a patient population.

Associated Research:

NIDA. 2023, September 18. Higher buprenorphine doses associated with improved retention in treatment for opioid use disorder. Retrieved from <https://nida.nih.gov/news-events/news-releases/2023/09/higher-buprenorphine-doses-associated-with-improved-retention-in-treatment-for-opioid-use-disorder> on 2026, March 18

NNT Group. (n.d.). *Buprenorphine maintenance vs. placebo for opioid dependence*. The NNT. Retrieved March 22, 2026, from <https://thennt.com/nnt/buprenorphine-maintenance-vs-placebo-opioid-dependence/>

6. REVIEW AND CONSIDER ITEMS FOR NEXT MEETING

Chair Shell

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8. 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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