



OFFICE OF THE ATTORNEY GENERAL

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TREATMENT AND RECOVERY SUBCOMMITTEE

Substance Use Treatment and Recovery Group
(SURG)

November 18, 2025

3:00 pm

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	Committee Role
Chelsi Cheatom	Harm Reduction Program	Member
Stephanie Cook	The Director of the Department of Health and Human Services, or his or her designee from within the Division	Member
Dr. Lesley Dickson	Healthcare Provider with SUD Expertise	Member
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
Giuseppe Mandel	Person in Recovery from an SUD	Member
Steve Shell	Advocate for persons who have SUDs and family members of such persons	Chair

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 241.021.
- If you are dialing in from a telephone:
 - Dial 253-205-0468
 - When prompted enter the Meeting ID: 894 8937 5298
 - Please press *6 so the host can prompt you to unmute.
- Members of the public are requested to refrain from commenting outside the designated public comment periods, unless specifically called upon by the Chair.

3. REVIEW AND APPROVE MINUTES FROM AUGUST 19, 2025, TREATMENT AND RECOVERY SUBCOMMITTEE MEETING

Chair Shell

4. INTRODUCTIONS OF NEW SUBCOMMITTEE MEMBERS

Chair Shell

5. FOLLOW-UP DISCUSSION RELATED TO PROPOSED RECOMMENDATION AND JULY PRESENTATION

Chair Shell

Discussion of Submitted Recommendations

2025 SURG Treatment and Recovery Subcommittee Preliminary Recommendation Submissions

Recommendation #1 Submitted by Chelsi Cheatom on 8/20/2025

Recommendation Description: *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.*

Additional Studies

New and Emerging Opioid Overdose Risk Factors, Ralph Foglia & Anna Kline & Nina A. Cooperman, Current Addiction Reports (2021) 8:319–329, <https://doi.org/10.1007/s40429-021-00368-6>

MOUD saves lives, especially after 60 days, and the longer the better, Arthur Robin Williams, Columbia University College of Physicians and Surgeons - Psychiatry, 1051 Riverside Dr. New York, New York 10032, United States, *Addiction*. 2022 December; 117(12): 3089–3090.

Association between mortality rates and medication and residential treatment after inpatient medically managed opioid withdrawal: A cohort analysis, Alexander Y. Walley, Sara Lodi, Yijing Li1, Dana Bernson, Hermik Babakhanlou-Chase, Thomas Land, PhD, Marc R. Larochelle, *Addiction*. 2020 August; 115(8): 1496–1508.

Recommendation #2 Submitted by Steve Shell on 6/17/2025

Hospital emergency rooms continue to struggle with a high volume of patients who present with substance misuse and often with co- occurring mental health conditions. A high percentage of these individuals have multiple visits to the ERs for various reasons that are associated with their substance misuse. The ER teams do their best to evaluate, treat and connect to community services, but many of their team members lack the expertise to effectively manage substance misuse and do not have lived experience like peer recovery support specialists. Evidence has shown that connecting individuals with substance misuse to a peer while in the ER leads to better outcomes as the peer can help navigate a transfer to treatment options in the community as well as maintain communication with the individual for a period of time to encourage recovery. Hospitals would be more motivated to establish peer support teams if financial assistance is provided on a long-term basis.

6. UPDATE ON AND DISCUSS PREVIOUS TREATMENT AND RECOVERY SUBCOMMITTEE RECOMMENDATIONS

Chair Shell
Madalyn Larsen

2024 Treatment and Recovery Recommendations (Part 1)

1. Legislation should be considered to amend the Nevada Revised Statutes pertaining to the Nevada Bureau of Health Care Quality and Compliance's employment guidelines for hospitals, including behavioral health hospitals, to hire certified peer recovery support specialists who have felony backgrounds and are within three years of their last felony conviction. It is recommended that individuals who were convicted of drug offenses or other offenses that do not involve violent acts or sexual exploitation be considered for employment as certified peer recovery support specialists in hospitals.
2. Support BDR 95 to ensure opioid antagonists must be available on all campuses under our Nevada System for Higher Education, including in Student unions, Health centers, all levels of the dormitories, Residential Advisor's domiciles, sports facilities, and libraries and include training of the administration of opioid antagonists which can take place during online Freshman orientations much like we already disseminate information about Title IX, during orientation week, training could be offered throughout the year by various clubs and programs within each institution's design.

2024 Treatment and Recovery Recommendations (Part 2)

3. Support access and linkage for treatment of trauma for people with substance use disorder (SUD) or those who have overdosed and for surviving family members after an overdose fatality. Support training for healthcare professionals to identify and address trauma.
4. Direct the Division of Public and Behavioral Health to identify a funding mechanism for hospitals and providers to enhance the “Bridge Program” for Emergency Departments by incorporating Peer Recovery Support Specialists into their treatment models. Support the use of Peer Support Navigators via telehealth to increase access to treatment and support for individuals identified in Emergency Departments.

7. DISCUSS PROPOSED 2025 TREATMENT AND RECOVERY SUBCOMMITTEE RECOMMENDATIONS

Chair Shell

8. DISCUSS UPCOMING PRESENTATIONS AND TOPICS

Chair Shell

9. DISCUSS REPORT OUT FOR JANUARY 14, 2026 SURG MEETING

Chair Shell

10. PUBLIC COMMENT

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11. ADJOURNMENT

ADDITIONAL INFORMATION, RESOURCES & UPDATES AVAILABLE AT:

[https://ag.nv.gov/About/Administration/Substance
Use Treatment and
Recovery Working Group \(SURG\)/](https://ag.nv.gov/About/Administration/Substance_Use_Treatment_and_Recovery_Working_Group_(SURG)/)



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