2025 SURG Treatment and Recovery Subcommittee Preliminary Recommendation Submissions

Recommendation #1 Submitted by Chelsea 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.***
Please describe your justification/background information for this recommendation.	Previous studies (Strang J, McCambridge J, Best D, Beswick T, Bearn J, Rees S et al. Loss of tolerance and overdose mortality after inpatient opiate detoxification: follow up study https://doi.org/10.1136/bmj.326.7396.959 and) have shown that treatment reduces mortality but sometimes increases in mortality are seen when tolerance is reduced and people return to opiate misuse (relapse). This study, either prospective or retrospective, can be used to examine mortality and relapse after opioid detoxification to develop best practices for continued care after treatment within the state. Previous studies have found reduced mortality when individuals received MOUD and or residential treatment
Please include any associated research or links for your recommendation.	1) Strang J, McCambridge J, Best D, Beswick T, Bearn J, Rees S et al. Loss of tolerance and overdose mortality after inpatient opiate detoxification: follow up study BMJ 2003; 326 :959 doi:10.1136/bmj.326.7396.959 2) Walley, A. Y., Lodi, S., Li, Y., Bernson, D., Babakhanlou-Chase, H., Land, T., & Larochelle, M. R. (2020). Association between mortality rates and medication and residential treatment after in-patient medically managed opioid withdrawal: A cohort analysis. Addiction, 115(8), 1496-1508. doi: 10.1111/add.14964 which showed that Mortality risk was reduced in individuals who received medication treatment (0.81 all-cause deaths & 0.52 opioid-related deaths per 100 person years), residential treatment (1.27 all-cause & 1.06 opioid-related deaths per 100 person years), or a combination of the two (fewer than 1.23 all-cause and opioid-related deaths per 100 person years), relative to those who did not receive treatment (2.04 all-cause deaths & 1.42 opioid-related deaths per 100 person years) within the 12 months following detoxification. 3) Foglia, R., Kline, A., & Cooperman, N. A. (2021). New and Emerging Opioid Overdose Risk Factors. Current addiction reports, 8(2), 319–329. https://doi.org/10.1007/s40429-021-00368-6 4) Williams A. R. (2022). Commentary on Burns et al: MOUD saves lives, especially after 60 days, and the longer the better. Addiction (Abingdon, England), 117(12), 3089–3090. https://doi.org/10.1111/add.16043

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.***
Please select AB374 Section 10 Requirement(s) that have been assigned to the Response Subcommittee that aligns with your recommendation.	(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.
Please select the AB374 Section 10 Requirement(s) that are cross-cutting elements assigned to all three subcommittees that aligns with your recommendation.	(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; (3) Treat the medical consequences of a substance use disorder in a person and facilitate the treatment of the substance use disorder to minimize further harm; and (4) Reduce the harm caused by substance use, including, without limitation, by preventing overdoses. , (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. , (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. , (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.

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.***
If your recommendation focuses on a special population, please select all that apply.	g. Other populations disproportionately impacted by substance use disorders
Please describe the Action Step aligned with your recommendation.	DHHS Policy
Is this a short-term or long-term recommendation?	Short-term (Under 2 years)
If your recommendation requires a fiscal note, please approximate the amount.	Unsure
On a scale of 1-3, please rate the *impact* of your recommendation.	2
Please provide a description of the *impact* of this recommendation.	This recommendation could expand requirements for service referrals after a patient completes treatment
On a scale of 1-3, please rate the *urgency* of your recommendation.	1
Please provide a description of the *urgency* of the recommendation.	This is a study, so it is not urgent
On a scale of 1-3, please rate the *current capacity & feasibility* to implement your recommendation.	3
Please provide a description of the *capacity & feasibility* of implementing this recommendation.	Data is currently available that could be reviewed.
On a scale of 1-3, please rate how the recommendation *advances racial and health equity.*	3

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.***
Please provide a description of how the recommendation advances *racial and health equity*.	This recommendation could help with best practices for referring patients following detoxification.
Please list who you would like to present on this recommendation.	**Possibly: john.hamilton@liberationprograms.org Who presented on this at the RX Summit.**

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

Recommendation Description	***Hospital emergency rooms in Nevada continue to lack evidence-based peer support teams that can provide a vital service to their patients who present with substance misuse. Many of these patients have multiple visits to the ERs due to not being adequately connected to community services for treatment or not having ongoing support to maintain their recovery. Hospitals lack the financial resources necessary to cover the expenses for peer support teams whose services are not reimbursed by most insurance companies. It is recommended that hospitals be incentivized through an expenditure of opioid settlement funds to establish peer support teams in their ERs.***
Please describe your justification/background information for this recommendation.	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.
Please include any associated research or links for your recommendation.	

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Please select AB374 Section 10 Requirement(s) that have been assigned to the Response Subcommittee that aligns with your recommendation.	(f)Examine support systems and programs for persons who are in recovery from opioid use disorder and any co-occurring substance use disorder.
Please select the AB374 Section 10 Requirement(s) that are cross-cutting elements assigned to all three subcommittees that aligns with your recommendation.	(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; (3) Treat the medical consequences of a substance use disorder in a person and facilitate the treatment of the substance use disorder to minimize further harm; and (4) Reduce the harm caused by substance use, including, without limitation, by preventing overdoses. , (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. , (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.

Recommendation Description	***Hospital emergency rooms in Nevada continue to lack evidence-based peer support teams that can provide a vital service to their patients who present with substance misuse. Many of these patients have multiple visits to the ERs due to not being adequately connected to community services for treatment or not having ongoing support to maintain their recovery. Hospitals lack the financial resources necessary to cover the expenses for peer support teams whose services are not reimbursed by most insurance companies. It is recommended that hospitals be incentivized through an expenditure of opioid settlement funds to establish peer support teams in their ERs.***
If your recommendation focuses on a special population, please select all that apply.	My recommendation does not focus on a special population.
Please describe the Action Step aligned with your recommendation.	Expenditure of Opioid Settlement Funds
Is this a short-term or long-term recommendation?	Long-term (2+ years)
If your recommendation requires a fiscal note, please approximate the amount.	Unsure
On a scale of 1-3, please rate the *impact* of your recommendation.	3
Please provide a description of the *impact* of this recommendation.	Due to the high volume of patients with substance misuse in hospital emergency rooms around Nevada, establishing peer support teams is the most efficient way to address these individuals to get them connected to community resources as quickly as possible.
On a scale of 1-3, please rate the *urgency* of your recommendation.	3
Please provide a description of the *urgency* of the recommendation.	Due to the high volume of patients with substance misuse in hospital emergency rooms around Nevada, it is imperative that we act quickly to establish peer support teams that are extremely effective to connect individuals to treatment and guide them on their path to recovery.
On a scale of 1-3, please rate the *current capacity & feasibility* to implement your recommendation.	3
Please provide a description of the *capacity & feasibility* of implementing this recommendation.	Due to CASAT's phenomenal certification program for peer recovery support specialists, there are many peers around Nevada who can be hired by hospitals to work in emergency rooms.

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On a scale of 1-3, please rate how the recommendation *advances racial and health equity.*	2
Please provide a description of how the recommendation advances *racial and health equity*.	
Please list who you would like to present on this recommendation.	1. Sean Hampton with Foundation For Recovery 2. A representative from CASAT