

2024 SURG Treatment and Recovery Subcommittee Preliminary Recommendation Submissions

Recommendation #1 Submitted by Dorothy Edwards on April 23, 2024

Recommendation Description	<p><i>Based on presentation to the WRBHPB: A bill that would ensure Narcan be wherever an AED machine is located, and on all campuses under our Nevada System for Higher Education.</i></p> <ul style="list-style-type: none"> ■ Student unions ■ Health centers ■ All levels of the dormitories <p><i>Within Residential Advisor’s domiciles A bill that would advocate for the training of the administration of Narcan which can take place:</i></p> <ul style="list-style-type: none"> ■ 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.
Please describe your justification/background information for this recommendation.	<p>In 2022, the Nevada State Unintentional Drug Overdose Reporting System reported 47.6% of people who died by unintentional drug overdoses in Washoe County were between the ages of 18 and 44 (NSOR, 2022). Also, The efficacy of Narcan as an opioid overdose reversal drug is very well documented. When Narcan is administered by a layperson, its positive overdose reversal rate can be as high as 75-100% (Clark, 2014). Prefrontal cortex does not fully mature until the age of 24 or 25. This is the area of the brain which controls higher brain functions such as complex prioritizing, decision making skills, and social control of behaviors. Narcan, the opioid overdose reversal drug, is only available legitimately within the Student Health Center on the campus of UNR. A goal would be for it to be available ubiquitously throughout the campus. This life saving drug should be treated like first aid. Wherever band-aids are located, so should a box of Narcan be. Also recommended that Resident Advisors in dorms throughout this state be able to assist and provide this lifesaving care for someone in the throes of an overdose. In other states this has been made possible through legislation. Propose a similar bill that would require our Nevada System of Higher Education (NSHE) to make this happen.</p>
Please include any associated research or links for your recommendation.	<ol style="list-style-type: none"> 1. CA SB367 (The Campus Opioid Safety Act) 2. NY S3448A (The Hinchey Bill) 3. MD HB 1268 4. MO HB 1997
Please select AB374 Section 10 Requirement(s) that have been assigned to the Treatment and Recovery Subcommittee that aligns with your recommendation.	<p>(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.</p>

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<p>Please select the AB374 Section 10 Requirement(s) that are cross-cutting elements assigned to all three subcommittees that aligns with your recommendation.</p>	<p>(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.</p>
<p>If your recommendation focuses on a special population, please select all that apply.</p>	<p>g. Other populations disproportionately impacted by substance use disorders</p>
<p>Please describe the Action Step aligned with your recommendation.</p>	<p>Bill Draft Request (BDR)</p>
<p>Is this a short-term or long-term recommendation?</p>	<p>Long-term (2+ years)</p>
<p>If your recommendation requires a fiscal note, please approximate the amount.</p>	<p>Unsure</p>
<p>On a scale of 1-3, please rate the <i>impact</i> of your recommendation.</p>	<p>2</p>
<p>Please provide a description of the <i>impact</i> of this recommendation.</p>	<p>Life saving</p>

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<p>On a scale of 1-3, please rate the <i>urgency</i> of your recommendation.</p>	<p>2</p>
<p>Please provide a description of the <i>urgency</i> of the recommendation.</p>	<p>N/A</p>
<p>On a scale of 1-3, please rate the <i>current capacity & feasibility</i> to implement your recommendation.</p>	<p>2</p>
<p>Please provide a description of the <i>capacity & feasibility</i> of implementing this recommendation.</p>	<p>N/A</p>
<p>On a scale of 1-3, please rate how the recommendation <i>advances racial and health equity</i>.</p>	<p>2</p>
<p>Please provide a description of how the recommendation <i>advances racial and health equity</i>.</p>	<p>N/A</p>
<p>Do you have a suggestion for a presenter/subject matter expert who can provide further details on your recommendation? If so, please share any contact information that you may have.</p>	<p>This was a presentation by an individual from UNR. I can provide contact info upon request and discussion.</p>

Recommendation #2 Submitted by Chelsi Cheatom on May 2, 2024.

<p>Recommendation Description</p>	<p><i>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.</i></p>
<p>Please describe your justification/background information for this recommendation.</p>	<p>Treating trauma is an important step in supporting people with SUD and mental health. Trauma -informed treatment would include looking at the effects of violence, adverse childhood experiences (ACES) , sexual assault, incarceration, overdose, etc. as well as supporting trauma related care for surviving family members after an overdose or overdose fatality.</p> <p>According to SAMHSA, The impact of child traumatic stress can last well beyond childhood. In fact, research shows that child trauma survivors are more likely to have:</p> <ul style="list-style-type: none"> • Learning problems, including lower grades and more suspensions and expulsions • Increased use of health services, including mental health services • Increased involvement with the child welfare and juvenile justice systems • Long term health problems, such as diabetes and heart disease • Trauma is a risk factor for nearly all behavioral health and substance use disorders (https://www.samhsa.gov/child-trauma/recognizing-and-treating-child-traumatic-stress#impact).
<p>Please include any associated research or links for your recommendation.</p>	<p>https://www.chcs.org/project/advancing-trauma-informed-care/</p> <p>https://www.pacesconnection.com/blog/bad-news-good-news-each-additional-ace-increases-opioid-relapse-rate-by-17-each-ace-informed-treatment-visit-reduces-it-by-2</p> <p>https://www.chcs.org/at-the-front-lines-in-tennessee-rural-clinic-offers-trauma-informed-treatment-for-substance-use-disorder/</p>
<p>Please select AB374 Section 10 Requirement(s) that have been assigned to the Treatment and Recovery Subcommittee that aligns with your recommendation.</p>	<p>(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.</p> <p>(f) Examine support systems and programs for persons who are in recovery from opioid use disorder and any co-occurring substance use disorder.</p>

<p>Recommendation Description</p>	<p><i>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.</i></p>
<p>Please select the AB374 Section 10 Requirement(s) that are cross-cutting elements assigned to all three subcommittees that aligns with your recommendation.</p>	<p>(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.</p> <p>(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.</p>
<p>If your recommendation focuses on a special population, please select all that apply.</p>	<ul style="list-style-type: none"> a. Veterans, elderly persons and youth b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems c. Pregnant women and the parents of dependent children d. Lesbian, gay, bisexual, transgender and questioning persons e. People who inject drugs; (as revised) f. Children who are involved with the child welfare system g. Other populations disproportionately impacted by substance use disorders
<p>Please describe the Action Step aligned with your recommendation.</p>	<p>Expenditure of Opioid Settlement Funds</p> <p>DHHS Policy</p> <p>Regulatory or Licensing Board</p>
<p>Is this a short-term or long-term recommendation?</p>	<p>Long-term (2+ years)</p>
<p>If your recommendation requires a fiscal note, please approximate the amount.</p>	<p>Unsure</p>
<p>On a scale of 1-3, please rate the <i>impact</i> of your recommendation.</p>	<p>3</p>

<p>Recommendation Description</p>	<p><i>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.</i></p>
<p>Please provide a description of the <i>impact</i> of this recommendation.</p>	<p>This recommendation will impact SUD prevention, treatment and recovery and because trauma-informed treatment/ therapy can be incorporated into every part of substance use work.</p>
<p>On a scale of 1-3, please rate the <i>urgency</i> of your recommendation.</p>	<p>2</p>
<p>Please provide a description of the <i>urgency</i> of the recommendation.</p>	<p>This would be a moderately urgent recommendation.</p>
<p>On a scale of 1-3, please rate the <i>current capacity & feasibility</i> to implement your recommendation.</p>	<p>2</p>
<p>Please provide a description of the <i>capacity & feasibility</i> of implementing this recommendation.</p>	<p>I am unsure about capacity and I look forward to discussion on capacity.</p>
<p>On a scale of 1-3, please rate how the recommendation <i>advances racial and health equity</i>.</p>	<p>3</p>
<p>Please provide a description of how the recommendation <i>advances racial and health equity</i>.</p>	<p>Children of different races and ethnicities do not experience ACEs equally. Nationally, 61 percent of black non-Hispanic children and 51 percent of Hispanic children have experienced at least one ACE, compared with 40 percent of white non-Hispanic children and only 23 percent of Asian non-Hispanic children. In every region, the prevalence of ACEs is lowest among Asian non-Hispanic children and, in most regions, is highest among black non-Hispanic children (https://www.childtrends.org/publications/prevalence-adverse-childhood-experiences-nationally-state-race-ethnicity).</p>
<p>Do you have a suggestion for a presenter/subject matter expert who can provide further details on your recommendation? If so, please share any contact information that you may have.</p>	<p>I would recommend an Adverse Childhood Experiences trainer such as Becky Haas or a trauma informed care expert like Dr. Dan Sumrok.</p>

Recommendation #3 Submitted by Steve Shell on May 4, 2024.

<p>Recommendation Description</p>	<p><i>The Nevada Bureau of Health Care Quality and Compliance should reevaluate the employment guidelines for hospitals, including behavioral health hospitals, to hire certified peer recovery support specialists who have felony backgrounds and are within five years of their last felony conviction. I recommend 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.</i></p>
<p>Please describe your justification/background information for this recommendation.</p>	<p>Individuals who have felony backgrounds have limited opportunities to work as certified peer recovery support specialists in hospitals, including behavioral health hospitals, due to requirements that are set by the Nevada Bureau of Health Care Quality and Compliance. Current requirements do not allow a hospital to hire a peer specialist who has had a felony in the last five years. As a result, this has excluded some peers who are stable and in recovery but are still within the five-year period from their felony conviction. I believe individuals who were convicted of drug offenses or other offenses that do not involve violent acts or sexual exploitation should be considered. In a hospital setting peers would only work under the supervision of a physician, nurse or a therapist and would not be working independently with patients.</p>
<p>Please include any associated research or links for your recommendation.</p>	<p>N/A</p>
<p>Please select AB374 Section 10 Requirement(s) that have been assigned to the Treatment and Recovery Subcommittee that aligns with your recommendation.</p>	<p>(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.</p> <p>(f) Examine support systems and programs for persons who are in recovery from opioid use disorder and any co-occurring substance use disorder.</p>
<p>Please select the AB374 Section 10 Requirement(s) that are cross-cutting elements assigned to all three subcommittees that aligns with your recommendation.</p>	<p>(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.</p>
<p>If your recommendation focuses on a special population, please select all that apply.</p>	<p>My recommendation does not focus on a special population.</p>

<p>Recommendation Description</p>	<p><i>The Nevada Bureau of Health Care Quality and Compliance should reevaluate the employment guidelines for hospitals, including behavioral health hospitals, to hire certified peer recovery support specialists who have felony backgrounds and are within five years of their last felony conviction. I recommend 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.</i></p>
<p>Please describe the Action Step aligned with your recommendation.</p>	<p>Regulatory or Licensing Board</p>
<p>Is this a short-term or long-term recommendation?</p>	<p>Short-term (Under 2 years)</p>
<p>If your recommendation requires a fiscal note, please approximate the amount.</p>	<p>No fiscal note</p>
<p>On a scale of 1-3, please rate the <i>impact</i> of your recommendation.</p>	<p>3</p>
<p>Please provide a description of the <i>impact</i> of this recommendation.</p>	<p>This will open up opportunities for more individuals to become certified peer recovery support specialists and allow hospitals to have more choices when hiring for these positions. Some very strong peers are currently excluded from job opportunities in healthcare due to their felony convictions.</p>
<p>On a scale of 1-3, please rate the <i>urgency</i> of your recommendation.</p>	<p>3</p>
<p>Please provide a description of the <i>urgency</i> of the recommendation.</p>	<p>This will open up opportunities for more individuals to become certified peer recovery support specialists and allow hospitals to have more choices when hiring for these positions. Some very strong peers are currently excluded from job opportunities in healthcare due to their felony convictions.</p>
<p>On a scale of 1-3, please rate the <i>current capacity & feasibility</i> to implement your recommendation.</p>	<p>2</p>
<p>Please provide a description of the <i>capacity & feasibility</i> of implementing this recommendation.</p>	<p>This will depend on the reception from the Nevada Bureau of Health Care Quality and Compliance and/or Division of Public and Behavioral Health to consider the change.</p>
<p>On a scale of 1-3, please rate how the recommendation <i>advances racial and health equity</i>.</p>	<p>2</p>

<p>Recommendation Description</p>	<p><i>The Nevada Bureau of Health Care Quality and Compliance should reevaluate the employment guidelines for hospitals, including behavioral health hospitals, to hire certified peer recovery support specialists who have felony backgrounds and are within five years of their last felony conviction. I recommend 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.</i></p>
<p>Please provide a description of how the recommendation advances racial and health equity.</p>	<p>N/A</p>
<p>Do you have a suggestion for a presenter/subject matter expert who can provide further details on your recommendation? If so, please share any contact information that you may have.</p>	<p>A representative from the Nevada Bureau of Health Care Quality and Compliance or Division of Public and Behavioral Health.</p>

Recommendation #4 Submitted by XXX on XXX, 2024.

Recommendation Description	
<p>Please describe your justification/background information for this recommendation.</p>	<ul style="list-style-type: none"> •
<p>Please include any associated research or links for your recommendation.</p>	
<p>Please select AB374 Section 10 Requirement(s) that have been assigned to the Treatment and Recovery Subcommittee that aligns with your recommendation.</p>	
<p>Please select the AB374 Section 10 Requirement(s) that are cross-cutting elements assigned to all three subcommittees that aligns with your recommendation.</p>	

Recommendation Description	
<p>If your recommendation focuses on a special population, please select all that apply.</p>	
<p>Please describe the Action Step aligned with your recommendation.</p>	
<p>Is this a short-term or long-term recommendation?</p>	
<p>If your recommendation requires a fiscal note, please approximate the amount.</p>	
<p>On a scale of 1-3, please rate the <i>impact</i> of your recommendation.</p>	
<p>Please provide a description of the <i>impact</i> of this recommendation.</p>	
<p>On a scale of 1-3, please rate the <i>urgency</i> of your recommendation.</p>	
<p>Please provide a description of the <i>urgency</i> of the recommendation.</p>	
<p>On a scale of 1-3, please rate the <i>current capacity & feasibility</i> to implement your recommendation.</p>	

<p>Recommendation Description</p>	
<p>Please provide a description of the <i>capacity & feasibility</i> of implementing this recommendation.</p>	
<p>On a scale of 1-3, please rate how the recommendation <i>advances racial and health equity</i>.</p>	
<p>Please provide a description of how the recommendation <i>advances racial and health equity</i>.</p>	
<p>Do you have a suggestion for a presenter/subject matter expert who can provide further details on your recommendation? If so, please share any contact information that you may have.</p>	