

SURG Draft Recommendations Worksheet

The Recommendations advanced by SURG members include *Justifications, Action Steps* and *Research Links*. Some clear themes emerged that cut across the subcommittees, including: *Criminal Justice, Data Collection, Education, Finance Coordination, Legislative/Regulatory Coordination, Service Coordination, and Workforce Development*.

These themes are also aligned with requirements under AB374 Section 10, Subsection 1, paragraphs a - q, as referenced for each theme. Some recommendations may touch on multiple themes and multiple requirements under Section 10.

Additionally, the Response Subcommittee drafted a Guiding Principle: *Harmonize criminal justice and public health responses towards individuals with substance use order*.

Criminal Justice

This recommendation corresponds to AB374 Section 10, Subsection 1, Paragraph (o)

1. **Revise penalties based on the quantity of Fentanyl, analogs, or other synthetic drugs of high potency that are trafficked. (NRS 453.3385, NRS 453.336, 453.339, 453.3395).**
(Response #2)

- Justification:

- While the intent of criminal justice reform legislation passed in the 2019 session was to address Nevada’s growing prison population and the expense of that growth to Nevada taxpayers, it did not anticipate the public safety threat stemming from increased weights involving deadlier drugs like fentanyl being trafficked in the community and the impact to overdose victims and their families.
- The potential deaths when comparing 2 milligrams to grams of fentanyl for the current penalty structure is as follows:

Less than 14g: deferral (potential to kill 6,995 people)

Prior law: less than 4g – low level trafficking

Greater than 14g less than 28g: 1-4 years (potential to kill 13,995 people)

Prior law: 4g-28g – mid level trafficking

Greater than 28g less than 42g: - 1-10 years (potential to kill 20,995 people)

Prior law: 28g or more – high level trafficking

Greater than 42g but less than 100g: 2-15 years (potential to kill 49,995 people)

- Action Step:

- Bill Draft Request in process from Attorney General’s Office and Senator Seevers-Gansert

- Research/Links:

- [State Laws Are Treating Fentanyl Like the New Crack—And Making the Same Mistakes of the 80s and 90s \(yahoo.com\)](#)
- [Fentanyl Accountability And Prevention | Colorado General Assembly](#)

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- [Synopsis of "The Future of Fentanyl and other Synthetic Opioids," a Report by the RAND Corporation \(legislativeanalysis.org\)](#)

Data Collection

This recommendation corresponds to AB374 Section 10, Subsection 1, Paragraph (k)

2. ***Support a backbone agency that specializes in data collection, evaluation, analysis, and assessment, and provides consultation to entities across Nevada to help improve internal local data collection systems and create a comprehensive statewide data sharing system that includes all State dashboards and public data.*** (Prevention #2)

- Justification:

- All grant funding requires local level data to be deemed valid and fundable and there are often gaps in specific data and national data is used.
- On a local level, many county agencies and organizations lack the capacity to build and maintain comprehensive data collection systems including entities like law enforcement, EMS, hospitals, social services, coalitions, harm reduction agencies, and other essential agencies.
- On a state level, many data collection systems and dashboards exist that are not accessible to all entities and sectors. This makes it difficult to review the extensive level of data and analysis needed to appropriately assess current substance use, overdose, treatment, and recovery trends in each county.
- Current data systems are not utilized and analyzed in a meaningful, standardized way.
- It would benefit Nevada to support a backbone agency that specializes in data collection, evaluation, analysis, and assessment, and provide consultation to entities across Nevada to help build or improve internal data collection systems. The backbone agency would also create a comprehensive data sharing system that includes all State dashboards and public data and would be accessible to all entities. This will allow for a standardized data analysis system that will aid in identifying the causes of risk and harm in communities and ensure existing data is not duplicated. Each agency will be trained in how to maintain and utilize these systems. Doing so will create a sustainable hub to help inform public health strategies and compete for federal funding.

- Action Step:

- Expenditure of settlement funds

- Research/Links:

- https://ori.hhs.gov/education/products/n_illinois_u/datamanagement/dctopic.html

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- [Who We Measure Matters: Connecting the Dots Among Comprehensive Data Collection, Civil Rights Enforcement, and Equality](#)
- [Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement](#)
- [Public Health Surveillance and Data Collection: General Principles and Impact on Hemophilia Care](#)

Education

These recommendations correspond to AB374 Section 10, Subsection 1, Paragraph (b), Subparagraph (a); and Paragraph (j), Subparagraphs (a) and (b)

3. ***Support prevention and intervention in K-20 schools by investing in multi-tiered system of supports (MTSS) and provide a robust platform of services at schools to connect families to prosocial education, early intervention, counseling services, and other resources to help mitigate Adverse Childhood Experiences (ACEs).*** (Prevention #3)
 - Justification:
 - Comprehensive prevention services are most effective when provided through a multi-tiered system of supports (MTSS).
 - Adverse Childhood Experiences are recognized by the CDC and throughout prevention as a fundamental risk factor for substance misuse, abuse, and overdose in our communities.
 - Action Step:
 - Expenditure of settlement funds to update curriculums and hire, train, and retain staff
 - Research/Links:
 - NDE 7/28/22 presentation to SURG Prevention subcommittee (posted on [SURG website](#))
 - [Preventing Adverse Childhood Experiences \(ACEs\)](#)
 - [2019 Nevada High School Youth Risk Behavior Survey \(YRBS\): Adverse Childhood Experiences \(ACEs\) Special Report](#)
 - [Adverse Childhood Experiences](#)
 - [Adverse Childhood Experiences Increase Risk for Prescription Opioid Misuse](#)
4. ***Provide age appropriate, innovative and/or evidence-based prevention education and programming that is based on best practices and invest in certified prevention specialists in schools.*** (Prevention #4)
 - Justification:
 - Youth organizations and school staff are inundated with requirements and should not be expected to implement prevention strategies without the assistance of a prevention professional.

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- Certified Prevention Specialists are credentialed through the IC&RC. This credential requires professionals to demonstrate competency through experience, education, supervision, and the passing of a rigorous exam.
- Certified Prevention Specialists will be placed in school districts and youth organizations via SAPTA Certified Prevention Coalitions, youth organizations, or school districts to provide a variety of services, including, but not limited to: evidence-based substance use prevention programming, data collection, SBIRT screenings, and other needs in continuum of prevention framework that is best for each organization and school.
- Certified Prevention Specialists can also work with school Multi-Tiered Support System (MTSS) teams and advise them on policy and the infrastructure of systems that address youth behavioral health and substance use priorities. CPS will identify and help implement best practices in reaching their target populations.
- Action Step:
 - Expenditure of settlement funds to update curriculums and hire, train, and retain staff
- Research/Links:
 - [Prevention Works](#)
 - [Handbook for Community Anti-Drug Coalitions](#)
 - [A Guide to SAMHSA's Strategic Prevention Framework](#)
 - [Community Coalitions for Prevention and Health Promotion: Factors Predicting Satisfaction, Participation, and Planning](#)
 - [Research Outcomes - Substance Use](#)
 - [Preventing Adolescent Substance Use Through an Evidence-Based Program: Effects of the Italian Adaptation of Life Skills Training](#)
 - [Prevention Specialist \(PS\)](#)

Finance Coordination

These recommendations correspond to AB374 Section 10, Subsection 1, Paragraph (q), Subparagraphs (a), (b), and (c)

5. ***Leverage existing programs and funding to develop outreach response provider(s) and/or personnel that can respond to any suspected overdose and offer follow-up support, referrals, and services to the individual (and loved ones) following an overdose. Provider(s) and/or personnel to be deployed to anyone being released from institutional and community settings (e.g., hospitals, carceral facilities, and other institutional settings) who is being discharged post overdose or suspected overdose.***
(Response #3)

- Justification:
 - Similar programs have been piloted in Arizona, Texas, and Missouri and research is available to support the model.

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- Action Step:
 - Expenditure of state and federal funding
- Research/Links:
 - [Moving Beyond Narcan: A Police, Social Service, and Researcher Collaborative Response to the Opioid Crisis](#)

6. ***Expand Medicaid billing opportunities for preventive services and allow blended and braided funding to facilitate services to expand access to care for youth and adults.*** (Prevention #7)

- Justification:
 - There is a body of research that indicates investing in Tier 1 and Tier 2 services saves money and provides better outcomes and prevents people from needing Tier 3.
- Action Step:
 - Support efforts to expand Provider Type 60 to include reimbursement for preventive services
 - Require DHHS to revise reimbursement rates and utilize expenditure funds to match the national average reimbursement rate for services
 - Require DHHS to identify any gaps in Medicaid reimbursement for the delivery of care to support prevention
- Research/Links:
 - None submitted

7. ***Support Harm Reduction through:***

- ***Make a recommendation to DHHS to utilize opioid settlement dollars to designate a baseline level of identification and overdose reversal medication for the next 10 years in Nevada (base this on the state naloxone saturation plan) to create a stable, sustainable source of overdose reversal medication throughout the state.***
(Prevention #8a)

- Justification:
 - There is an ongoing and realistic need to look at the sustainability of medication for opioid overdose reversal in Nevada beyond federal funding alone.
 - A plan such as this creates a stable source to address anticipated saturation needs of overdose reversal medication throughout the state. This would allow for groups that primarily purchase overdose reversal medication with funding to develop a tailored distribution plan for at-risk communities or utilize funding to address other needs throughout the state.
- Action Step:
 - Expenditure of settlement funds to support the distribution of overdose reversal medications at the community level, including in schools and other institutions

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- DHHS Recommendation
 - Require the Nevada Department of Education to collaborate with school districts on the distribution of overdose reversal medications and other services to support harm reduction
 - Research/Links:
 - Other states, such as Rhode Island have opted to utilize settlement funding to address the sustainable availability of naloxone: [Attorney General announces additional opioid settlements valued at more than \\$100 million against manufacturers Teva and Allergan](#)
8. ***Require the Department of Health and Human Services (DHHS) to allocate increased funding for the Prevention Coalitions to set aside funding for small grants to programs and grassroots efforts geared toward substance use prevention and education.*** (Prevention #6)
- Justification:
 - Grassroots movements in Nevada with people who have suffered a loss or are in recovery are knowledgeable and up to date on what is happening and what is working and not working.
 - Action Step:
 - Expenditure of settlement funds to increase funding for prevention coalitions to set aside funding for small grant programs
 - Research/Links:
 - None submitted

Legislative and Regulatory Coordination

These recommendations correspond to AB374 Section 10, Subsection 1, Paragraphs (g) and (i)

9. ***Support Harm Reduction through:***
Create a recommendation to the legislature modeled on Maryland's STOP Act which authorizes certain emergency medical services providers to dispense naloxone to individuals who received treatment for a nonfatal drug overdose or were evaluated by a crisis evaluation team, and requires certain community services programs, certain private and public entities, and hospitals to have a protocol to dispense naloxone to certain individuals free of charge under certain circumstances. (Prevention 8b)
- Justification:
 - One harm reduction tool to address the increase in fatal opioid overdoses is naloxone, a safe and highly effective Food and Drug Administration-approved medication that reverses opioid overdoses. In studies, naloxone efficacy has ranged between 75 and 100 percent. One study from Brigham and Women's hospital in Massachusetts concluded that of those individuals given naloxone, 93.5 percent survived opioid overdose.

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- In Maryland, the STOP Act legislation expanded access to naloxone in two ways. First, it authorized emergency medical services (EMS) personnel, including emergency medical technicians (EMTs) and paramedics, to dispense naloxone to an individual who experienced a nonfatal overdose or who was evaluated by a crisis response team for possible overdose symptoms. Second, the legislation established that within 2-years of passage, community services programs, including those specializing in homeless services, opioid treatment, and reentry, must develop protocols to dispense naloxone free of charge to individuals at risk of overdose. Both approaches help get naloxone into the hands of those who are most at risk. It is worth noting that Nevada leaders in the legislature and governor’s administration have already taken many steps to increase naloxone availability across the state, such as with the passage of The Good Samaritan Drug Overdose Act of 2015 (Senate Bill 459, Chapter 26, Statutes of Nevada 2015 NRS 453C.120). This Act allows greater access to naloxone, an opioid overdose reversal drug and has saved countless lives across Nevada since its passage. This proposed policy would expand these laws to allow health providers to dispense naloxone “leave-behind” or “take-home” kits so that people who use drugs have ready access to them if needed. Dispensing naloxone into the hands of people who use drugs has been found to be effective. One meta-analysis found that in the case of overdose, a take-home kit reduced fatality to one in 123 cases.
- Action Step:
 - Bill Draft Request
 - Expenditure of settlement funds to enact legislation
- Research/Links:
 - Link to a copy of the bill (HB0408):
 - <https://trackbill.com/bill/maryland-senate-bill-394-statewide-targeted-overdose-prevention-stop-act-of-2022/2205642/>
 - Copy of the [Fiscal and Policy Note](#)
 - [Naloxone dosage for opioid reversal: current evidence and clinical implications](#)
 - [Naloxone reverses 93% of overdoses, but many recipients don’t survive a year](#)
 - [Are take-home naloxone programmes effective? Systematic review utilizing application of the Bradford Hill criteria](#)

10. ***Support legislation to establish a statewide and regional Overdose Fatality Review (OFR) committees and recommend an allocation of funding to support the OFR to effectively identify system gaps and innovative community-specific overdose prevention and intervention strategies in accordance with established best practices such as the Bureau of Justice Assistance’s Overdose Fatality Review: A Practitioner’s Guide to Implementation.*** (Response #1)

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- Justification:
 - Current systems limit data sharing and often first responders and public health don't fully understand the investigations, procedures, language, and sometimes conflicting priorities of the other discipline.
 - By conducting a series of OFRs, jurisdictions begin to see patterns of need and opportunity, not only within specific agencies, but across systems.
- Action Step:
 - Bill Draft Request
- Research/Links:
 - [Overdose Fatality Reviews Tools](#)
 - [LAPPA Model Overdose Fatality Review Teams Act \(legislativeanalysis.org\)](#)
 - [Overdose Fatality Review Fact Sheet \(legislativeanalysis.org\)](#)

Service Coordination

These recommendations correspond to AB374, Section 10, Subsection 1, Paragraphs (e) and (f)

11. ***Expand access to MAT and recovery support for SUD, limit barriers to individuals seeking treatment regardless of the ability to pay, and encourage the use of hub and spoke systems, as well as recovery support, including use and promotion of telehealth, considering the modifications that have been made under the emergency policies, and pursuing innovative programs such as establishing bridge MAT programs in emergency departments.*** (Treatment and Recovery #1)

- Justification:
 - "This treatment approach has been shown to:
 - Improve patient survival,
 - Increase retention in treatment,
 - Decrease illicit opiate use and other criminal activity among people with substance use disorders,
 - Increase patients' ability to gain and maintain employment,
 - Improve birth outcomes among women who have substance use disorders and are pregnant."
 - Source: <https://www.samhsa.gov/medication-assisted-treatment>
- Action Step: (for Subcommittee review based on Prevention Action Steps)
 - Policy changes so MAT can be delivered via telehealth (needs more investigation on public health emergency).
 - Expenditure of settlement funds to enact these recommendations.
 - Require DHHS to revise reimbursement rates and utilize expenditure funds to match the national average reimbursement rate for services.
- Research Links:
 - [Initiating Opioid Treatment in the Emergency Department \(ED\) Frequently Asked Questions](#)

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12. *Support Harm Reduction through: (Prevention #8c)*

*Promote telehealth for MAT, considering the modifications that have been made under the emergency policies. **Expand access to MAT and recovery support for SUD, limit barriers to individuals seeking treatment regardless of the ability to pay, and encourage the use of hub and spoke systems, as well as recovery support, including use and promotion of telehealth, considering the modifications that have been made under the emergency policies, and pursuing innovative programs such as establishing bridge MAT programs in emergency departments.*** (Prevention #8c)

- Justification:
 - None submitted
- Action Step:
 - Investigate whether MAT can be delivered via telehealth per the public health emergency
 - Enact policy changes so MAT can be delivered via telehealth, based on determination of the current rules as they relate to public health emergency
 - *Expenditure of settlement funds to enact these recommendations*
 - *Require DHHS to revise reimbursement rates and utilize expenditure funds to match the national average reimbursement rate for services*
- Research/Links:
 - None submitted

13. *Implement follow ups and referrals and linkage of care for justice involved individuals, including individuals leaving the justice system, and pregnant or birthing persons with opioid use disorder.* (Treatment and Recovery #3)

- Justification:
 - Improve survival outcomes, increase retention in treatment, decrease illicit opiate use, and other criminal activity among people with substance use disorders.
 - Improve birth outcomes among pregnant and birthing persons.
 - Increased engagement for justice involved individuals, including during incarceration and re-entry.
- Action Step:
 - Ensure local jails, Nevada Department of Corrections, and Specialty Courts are in communication to ensure continuity and accountability through implementation.
 - Require all jails and state prisons to take reasonable measures offering medication-assisted treatment for inmates diagnosed with opioid use disorder in the same manner and to the same extent as other forms of health care. Prohibit jails and prisons from discriminating against medication-assisted treatment in favor of other forms of treatment or abstinence without treatment. If a person is incarcerated in a jail or transferred from a jail to a prison and has already received medication-

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assisted treatment, the jail or prison must facilitate the continuation of this treatment. The jail or prison must also take reasonable measures to facilitate continuation of medication-assisted treatment upon release.
(BDR –332)

- Research/Links:
 - [Follow-Up After High-Intensity Care for Substance Use Disorder \(FUI\)](#)
 - [Improving Access to Evidence-Based Medical Treatment for Opioid Use Disorder: Strategies to Address Key Barriers Within the Treatment System](#)
 - [MEDICATION-ASSISTED TREATMENT \(MAT\) IN THE CRIMINAL JUSTICE SYSTEM](#)
 - [Model Withdrawal Management Protocol in Correctional Settings Act \(legislativeanalysis.org\)](#)
 - [Model Access to Medication for Addiction Treatment in Correctional Settings Act • LAPP \(legislativeanalysis.org\)](#)
 - [Medication for Addiction Treatment in Correctional Settings Fact Sheet \(legislativeanalysis.org\)](#)

14. To facilitate opportunities for entry into treatment and/or recovery, ensure that Black, Latinx/Hispanic, Indigenous, and people of color communities are receiving overdose prevention, recognition, and reversal training, and overdose prevention supplies such as fentanyl test strips and naloxone to reduce fatal overdoses among Black, Latinx/Hispanic, Indigenous individuals, and people of color in Nevada.

(Treatment and Recovery #5)

- Justification:
 - Surveillance data in Nevada indicate racial disparities in overdose and drug poisoning fatalities across Nevada.
 - Fatality data and opiate related hospital data support that there are growing racial and ethnic disparities not being fully addressed in the state of Nevada.
- Action Step:
 - Fund organizations that are already trusted entities within BIPOC communities to conduct Overdose Education and Naloxone Distribution (OEND) outreach.
 - Direct DPBH to create grant opportunities for organizations to provide overdose prevention, recognition, and reversal training and overdose prevention supplies to BIPOC communities.
 - Direct DPBH to allocate funding to projects that are specifically conducting outreach to BIPOC communities to ameliorate the harms of substance use disorder.
- Research/Links:
 - [Training Public Safety to Prevent Overdose in BIPOC Communities](#)
 - [Training and Educating Public Safety to Prevent Overdose Among Black, Indigenous, and People of Color Communities: An Environmental Scan](#)

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- [Notes from the field: Increase in drug overdose deaths among Hispanic or Latino persons-Nevada, 2019-2020.](#)
- [Nevada State Unintentional Drug Overdose Reporting System, Report of Deaths January to December, 2021 – Statewide.](#)

15. ***Significantly increase capacity; including access to treatment facilities and beds for intensive care coordination to facilitate transitions and to divert youth at risk of higher level of care and/or system involvement. Implement a specialized child welfare service delivery model that improves outcomes for children and families affected by parental substance use and child maltreatment.***

(Treatment and Recovery #6)

- Justification:
 - Consider and adopt accordingly the recommendations for remediation from report of the Investigation of Nevada’s Use of Institutions to Serve Children with Behavioral Health Disabilities issued by the United States DOJ Civil Rights Division on Oct. 4, 2022.
 - Parental substance use increases the risk for child maltreatment and child welfare involvement, which increases risk of intergenerational substance use.
- Action Step:
 - Direct DHHS to create grant opportunities and pursue public and private partnerships, including capital and operational costs, to open or expand bed capacity.
 - Implement specialized child welfare programs that are not reimbursed by other payer sources.
 - Ensure child welfare agencies and medical providers are in communication to ensure continuity and accountability through implementation.
- Research/Links:
 - [Children Living with Parents who have Substance Use Disorder](#)
 - [Intensive Care Coordination for Children and Youth with Complex Mental and Substance Use Disorders](#)
 - [Comparative outcomes for Black children served by the Sobriety Treatment and Recovery Teams program for families with parental substance abuse and child maltreatment](#)
 - [Sobriety treatment and recovery teams for families with co-occurring substance use and child maltreatment: A propensity score-matched evaluation](#)
 - [The Sobriety Treatment and Recovery Teams program for families with parental substance use: Comparison of child welfare outcomes through 12 months post-intervention](#)
 - [Children Living with Parents who have a Substance Use Disorder](#)

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Workforce Development

These recommendations correspond to AB374, Section 10, Subsection 1, Paragraph (q)

16. *Continue to sustain and expand investment in Community Health Workers, Peer Recovery Specialists, and Certified Prevention Specialists throughout Nevada.*
(Prevention #1)

- Justification:
 - Efficient, effective, cost savings, quick to stand up eager workforce
- Action Step:
 - The SURG recommended to support the Joint Interim Standing Committee on Health and Human Services BDR #333 which revises provisions relating to community health workers.
 - Expenditure of settlement funds through grant dollars
 - Change in Medicaid reimbursement to allow for reimbursement of CHWs affiliated with BH/SUD agencies
- Research/Links:
 - [Nevada Community Health Worker Association PowerPoint](#)

17. *Implement changes to recruitment, retention, and compensation of health and behavioral health care workers and enhance compensation in alignment with the Commission on Behavioral Health Board's letter to the Governor of June 22nd. Additionally, continue to sustain and expand investment in Community Health Workers, Peer Recovery Specialists, and Certified Prevention Specialists by implementing changes to recruitment, retention, and compensation.* (Treatment and Recovery #4)

- Justifications:
 - Efficient, effective, cost savings, quick to stand up eager workforce
 - Address ongoing shortage areas in Nevada and promote greater access to care.
- Action Step:
 - Change in Medicaid Reimbursement to allow for reimbursement of CHWs and CPSs affiliated with BH/SUD.
 - Medicaid reimbursements for behavioral health, including paraprofessionals, must be evaluated and increased to recruit and retain qualified behavioral health professionals.
 - Funding: Expenditure of settlement funds through grant dollars.
 - Direct DHHS to create grant opportunities for organizations to employ CHWs and other behavioral health providers affiliated with BH/SUD and be reimbursed for services provided to underinsured and uninsured individuals.
- Research/Links:

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- [Nevada Community Health Worker Association PowerPoint](#)
- [Medicaid Reimbursement Rates Are a Racial Justice Issue Nevada Community Health Worker Association 2022 Updates and Overview](#)

18. ***Increase school-based mental health professionals through a multi-disciplinary, cross-department school-based behavioral health team.*** (Prevention #5)

- Justification:
 - School staff are feeling overwhelmed by students needing individual intensive services—systems need to refocus on prevention to reduce the tier 3 demands.
 - Current Nevada school support personnel such as school psychologists, school counselors, nurses, school social workers do not meet national ratio standards.
- Action Step:
 - Expenditure of settlement funds to increase the hiring of mental health professionals and create scholarship opportunities for students in higher education programs
 - Expenditure of settlement funds geared toward workforce development programs
- Research/Links:
 - NDE 7/28/22 presentation to SURG Prevention subcommittee (posted on SURG website)

19. ***Fund personnel and resources for independent medical examiner(s) for investigations and reports to specify the cause of death in overdose cases.*** (Response #4)

- Justification:
 - By arresting the source of supply dealers and traffickers who bring this into our communities are removed from the streets.
 - District Attorneys want causation experts to provide the reports before they will go forward with prosecution, particularly in cases where there are poly-drugs in the victim's system.
- Action Step:
 - Expenditure of settlement funds to update curriculums and hire, train, and retain staff
- Research/Links:
 - [Enhanced State Opioid Overdose Surveillance](#)

20. ***Engage individuals with lived experience in programming design considerations.*** (Treatment and Recovery #2)

- Justifications:

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- Relevant and timely information about current substance use trends in communities, at the level where these trends occur.
- Alignment of services to needs and preferences of the persons seeking or receiving services.
- To include diverse perspectives, to ensure culturally and linguistically relevant service delivery to people with substance use disorders.
- Action Step:
 - Policy Change: Include people with lived experience in committee membership.
 - Funding: Provide compensation for committee members who are not otherwise compensated for their time.
- Research/Links:
 - [Participation Guidelines for Individuals with Lived Experience and Family](#)
 - [Lived Experience in New Models of Care for Substance Use Disorder: A Systematic Review of Peer Recovery Support Services and Recovery Coaching](#)
 - [Nonclinical addiction recovery support services: History, rationale, models, potentials, and pitfalls.](#)

For Future Consideration

The SURG identified the following issues to be resolved through the continued work of the Working Group:

- Resolve the conflict between the Good Samaritan Drug Overdose Act and Drug Induced Homicide Law; immediate actions may include recommending community-level education using best practice guidelines, as well as education for law enforcement personnel.
 - Research Links:
 - [GAO-21-248, DRUG MISUSE: Many States Have Good Samaritan Laws and Research Indicates They May Have Positive Effects \(legislativeanalysis.org\)](#)
 - [GSFOP Fact Sheet \(legislativeanalysis.org\)](#)
- Policy change to cover non-pharmacological or complementary treatments for pain, also to increase coverage of preventive and non-pharm/CAM modalities.