



OFFICE OF THE ATTORNEY GENERAL

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Statewide Substance Use Response Working Group Meeting

June 7, 2022

1. Call to Order and Roll Call to Establish Quorum

Chair Ford

2. Public Comment

(Discussion Only.)

Public Comment

- Public comment shall be limited to three (3) minutes per person. We will begin with comments from Las Vegas and then invite comments from Carson City, followed by online participants.

In Person

- Please form a line.
- Before commenting, please state your full name for the record.

Public Comment

Attending Online

- Please use the “raise hand” feature to indicate you would like to provide public comment so the host can prompt you to unmute.
- If you are dialing in from a telephone and would like to provide public comment, please press *9 so the host can prompt you to unmute.
- Before commenting, please state your full name for the record.
- *Comments can also be emailed to lhale@socialent.com. These comments and questions will be recorded in meeting minutes.

3. Review and Approve Minutes for March 9, 2022 SURG Meeting

(For Possible Action.)

Chair Ford

4. Update on Opioid Litigation, Settlement Funds, and Distribution.

(Information Only.)

Second Assistant Attorney General Mark Krueger, Consumer Counsel for Board of Consumer Protection, Office of the Attorney General

OPIOID SETTLEMENTS UPDATE

PRESENTATION TO SURG
JUNE 7, 2022

Mark J. Krueger
Chief Deputy Attorney General
mkrueger@ag.nv.gov

OVERVIEW OF THIS UPDATE

Discussions Today:

- ▶ Status of Settlements and Anticipated Recoveries
- ▶ Status of Costs and Medicaid
- ▶ One Nevada Agreement on Opioid Recoveries
- ▶ Resilient Fund for Nevada
- ▶ SB390 State Needs Assessment and State Plan
- ▶ Local Governments Needs Assessments and Plans
- ▶ Calculation Chart and Allocation Amounts and Timeline
- ▶ Anticipated Allocation Disbursements

JOHNSON & JOHNSON AND THE DISTRIBUTORS SETTLEMENTS

J&J Settlement: **\$53,508,792.64**

The Distributor Settlement (McKesson, Cardinal Health and Amerisourcebergen):

\$231,679,409.03

▶ TOTAL OF BOTH SETTLEMENTS: **\$285,188,201.67**

CONFIDENTIAL & NOT FOR CIRCULATION

JOHNSON & JOHNSON

J&J Settlement: **\$53,508,792.64**

Payable in Two Payments

- ▶ Initial payment in APRIL 2022: **\$50,833,353.00**
- ▶ Final payment in APRIL 2025: **\$2,675,439.64**

DISTRIBUTORS SETTLEMENT

Distributors Settlement: **\$231,679,409.03**

Payable in EIGHTEEN Payments

- ▶ Payments are **NOT** in Equal Amounts
- ▶ First Payment due in approximately mid-June 2022
- ▶ Second Payment due approximately end of July 2022

First 2 Payments total: **\$20,298,596.69**

ONE NEVADA AGREEMENT ON ALLOCATION OF OPIOID RECOVERIES

Nevada is a signatory to the One Nevada Agreement on Opioid Recoveries

- ▶ This agreement fairly and equitably allocates recoveries from opioid settlements and bankruptcies between the State, all Nevada Counties, and all opioid litigating cities.
- ▶ Requires the use of the recoveries for abatement of the opioids epidemic through to fund evidenced based programs and services as described in SB390
 - ▶ The State and local governments may use up to 8% of the funds to manage the use of the money

Advantages to the One Nevada Agreement:

- ▶ Allows recoveries to be allocated when they come in so that the entire State can coordinate efforts to implement evidenced based abatement programs and services within the State.
- ▶ Allows counties and cities the opportunity to work together to develop evidenced based abatement programs and services that will work in each geographic area of the State.
- ▶ Ensures Nevada qualifies for all recoveries requiring the use of the money be used for abatement.

LOCAL GOVERNMENTS AND THE ONE NEVADA AGREEMENT

Local Governments:

- ▶ Pursuant to the terms of the settlements and the One Nevada Agreement, local governments must:
 - ▶ Use the money for abatement of the opioids epidemic through evidenced based programs and services in line with those provided for in SB390 and DHHS
 - ▶ Submit annual reports on the use of the funds to ensure compliance

LEAD LITIGATOR COSTS

Lead litigator costs deducted from the McKinsey settlement:

- ▶ \$16,538,249.51

Estimated lead litigator costs to be deducted from the first J&J settlement:

- ▶ Costs are estimated to be approximately \$10 million (by July 2022)

Estimated lead litigator costs to be deducted from the second J&J and all Distributors settlements:

- ▶ \$0.00

Note:

- ▶ CMS Medicaid costs if any, not deducted

RESILIENT FUND FOR NEVADA

The Resilient Fund for Nevada:

- ▶ Created by SB390.
- ▶ Is the fund where the State's portion of recoveries is deposited after payment of lead litigator costs and fees.
- ▶ Managed by DHHS to fund the State Plan.
- ▶ Must be used to abate the opioids epidemic through the Needs Assessment and State Plan requiring evidenced based abatement programs and services.

SB390 STATE NEEDS ASSESSMENT AND STATE PLAN

SB390 Requires DHHS to create a State Needs Assessment and State Plan to abate the opioids epidemic:

- ▶ Reason for the State Needs Assessment is for DHHS to identify what State evidenced based programs and services are needed in each geographic area of the State to effectively abate the epidemic
 - ▶ Must be updated every 3 years
- ▶ Reason for the State Plan is to determine what programs and services identified in the Needs Assessment should be prioritized for funding
 - ▶ Must be updated every 3 years

LOCAL GOVERNMENTS NEEDS ASSESSMENTS AND PLANS

Local Governments:

- ▶ Local governments do not have to create needs assessments or plans; however, local governments are encouraged to do so:
 - ▶ Helps to work together with the State and other local governments to prioritize funding and not duplicate efforts
 - ▶ Helps to maximize the use of the money for programs and services
 - ▶ Helps with long term planning for use of the money to abate the epidemic
- ▶ Counties may create County Needs Assessments and County Plans:
 - ▶ Counties are working together with DHHS through NACO
 - ▶ Counties that want to create a County Needs Assessment and County Plan can get assistance from DHHS to do so
 - ▶ Counties that create a County Needs Assessment and County Plan are eligible to apply and receive State funding to further collaborate on abatement programs and services

DEPOSITS TO THE RESILIENT FUND FOR NEVADA

Total Actual and Estimated Deposits into the Resilient Fund for Nevada from all settlements to date after lead litigator costs and fees:

- ▶ McKinsey (2021): **\$28,461,750.49**
 - ▶ Fees from McKinsey settlement of \$5,407,732.59 were deferred and will be deducted from the J&J first payment
- ▶ J&J (first payment 2022 with fees from McKinsey deducted): **\$9,098,969.40**
- ▶ Distributors:
 - ▶ (first payment 2022): **\$3,516,125.14**
 - ▶ (second payment 2022): **\$3,695,276.11**

Total Estimated Initial Deposits to Resilient Fund for Nevada: **\$44,772,121.14**

CALCULATION CHART AND ALLOCATION AMOUNTS

Chart Depicting Total J&J and Distributors Settlements:

- ▶ Calculations
 - ▶ Allocation amounts through the One Nevada Agreement
 - ▶ Timeline
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- A decorative graphic consisting of several parallel white lines of varying lengths, slanted upwards from left to right, located in the bottom right corner of the slide.

INITIAL J&J Payment*(assumes no default in payments)**(CMS Medicaid Costs, if any, not included)**(Costs for Initial J&J Payment is estimated)*

<u>Settlement Name</u>	<u>Estimated Payment Date</u>	<u>Estimated Payment Month</u>	<u>State and Signatories of One Nevada Agreement Share of Settlements</u>	<u>Estimated Costs</u>	<u>Estimated Total Amount to be Allocated</u>	<u>Attorney Fees</u>	<u>Estimated Total Allocation after Fees</u>	<u>Estimated Allocation Date</u>
J&J	2022	April	\$50,833,353.00	\$10,000,000.00	\$40,833,353.00	\$6,841,383.33	\$33,991,969.67	July 2022

Annual J&J and Distributor Payments*(assumes no default in payments)**(CMS Medicaid Costs, if any, not included)*

<u>Settlement Name</u>	<u>Estimated Payment Date</u>	<u>Estimated Payment Month</u>	<u>State and Signatories of One Nevada Agreement Share of Settlements</u>	<u>Estimated Costs</u>	<u>Estimated Total Amount to be Allocated</u>	<u>Attorney Fees</u>	<u>Estimated Total Allocation after Fees</u>	<u>Estimated Allocation Date</u>
Distributors	2022	May	\$9,897,161.96	\$0.00	\$9,897,161.96	\$1,658,210.12	\$8,238,951.84	July 2022
Distributors	2022	July	\$10,401,434.73	\$0.00	\$10,401,434.73	\$1,742,697.98	\$8,658,736.75	July 2022
Distributors	2023	July	\$10,401,434.73	\$0.00	\$10,401,434.73	\$1,742,697.98	\$8,658,736.75	July 2023
Distributors	2024	July	\$13,018,868.99	\$0.00	\$13,018,868.99	\$2,181,233.42	\$10,837,635.57	July 2024
J&J	2025	April	\$2,675,439.64	\$0.00	\$2,675,439.64	\$448,253.89	\$2,227,185.75	April 2025
Distributors	2025	July	\$13,018,868.99	\$0.00	\$13,018,868.99	\$2,181,233.42	\$10,837,635.57	July 2025
Distributors	2026	July	\$13,018,868.99	\$0.00	\$13,018,868.99	\$2,181,233.42	\$10,837,635.57	July 2026
Distributors	2027	July	\$13,018,868.99	\$0.00	\$13,018,868.99	\$2,181,233.42	\$10,837,635.57	July 2027
Distributors	2028	July	\$15,311,758.47	\$0.00	\$15,311,758.47	\$2,565,393.26	\$12,746,365.21	July 2028
Distributors	2029	July	\$15,311,758.47	\$0.00	\$15,311,758.47	\$2,565,393.26	\$12,746,365.21	July 2029
Distributors	2030	July	\$15,311,758.47	\$0.00	\$15,311,758.47	\$2,565,393.26	\$12,746,365.21	July 2030
Distributors	2031	July	\$12,871,078.28	\$0.00	\$12,871,078.28	\$2,156,471.93	\$10,714,606.35	July 2031
Distributors	2032	July	\$12,871,078.28	\$0.00	\$12,871,078.28	\$2,156,471.93	\$10,714,606.35	July 2032
Distributors	2033	July	\$12,871,078.28	\$0.00	\$12,871,078.28	\$2,156,471.93	\$10,714,606.35	July 2033
Distributors	2034	July	\$12,871,078.28	\$0.00	\$12,871,078.28	\$2,156,471.93	\$10,714,606.35	July 2034
Distributors	2035	July	\$12,871,078.28	\$0.00	\$12,871,078.28	\$2,156,471.93	\$10,714,606.35	July 2035
Distributors	2036	July	\$12,871,078.28	\$0.00	\$12,871,078.28	\$2,156,471.93	\$10,714,606.35	July 2036
Distributors	2037	July	\$12,871,078.28	\$0.00	\$12,871,078.28	\$2,156,471.93	\$10,714,606.35	July 2037
Distributors	2038	July	\$12,871,078.28	\$0.00	\$12,871,078.28	\$2,156,471.93	\$10,714,606.35	July 2038
Totals			\$285,188,201.67	\$10,000,000.00	\$275,188,201.67	\$46,106,132.20	\$229,082,069.47	

CALCULATION CHART AND ALLOCATION AMOUNTS

Chart Depicting Allocation Amounts to the State of Nevada from the Total J&J and Distributors Settlements:

- ▶ Calculations
 - ▶ Allocation amounts to the State of Nevada through the One Nevada Agreement
 - ▶ Timeline
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- A decorative graphic consisting of several parallel white lines of varying lengths, slanted upwards from left to right, located in the bottom right corner of the slide.

STATE OF NEVADA
(assumes no default in payments)
(CMS Medicaid Costs, if any, not included)

<u>Settlement Name</u>	<u>Estimated Payment Date</u>	<u>Estimated Payment Month</u>	<u>Gross Allocation</u>	<u>Fees at 19%</u>	<u>Net Allocation</u>
Initial J&J Payment	2022	April	\$17,909,508.63	\$3,402,806.64	\$14,506,701.99
Distributors	2022	June	\$4,340,895.24	\$824,770.10	\$3,516,125.14
Distributors	2022	July	\$4,562,069.27	\$866,793.16	\$3,695,276.11
Distributors	2023	July	\$4,562,069.27	\$866,793.16	\$3,695,276.11
Distributors	2024	July	\$5,710,075.94	\$1,084,914.43	\$4,625,161.51
J&J	2025	April	\$1,173,447.83	\$222,955.09	\$950,492.74
Distributors	2025	July	\$5,710,075.94	\$1,084,914.43	\$4,625,161.51
Distributors	2026	July	\$5,710,075.94	\$1,084,914.43	\$4,625,161.51
Distributors	2027	July	\$5,710,075.94	\$1,084,914.43	\$4,625,161.51
Distributors	2028	July	\$6,715,737.26	\$1,275,990.08	\$5,439,747.18
Distributors	2029	July	\$6,715,737.26	\$1,275,990.08	\$5,439,747.18
Distributors	2030	July	\$6,715,737.26	\$1,275,990.08	\$5,439,747.18
Distributors	2031	July	\$5,645,254.93	\$1,072,598.44	\$4,572,656.49
Distributors	2032	July	\$5,645,254.93	\$1,072,598.44	\$4,572,656.49
Distributors	2033	July	\$5,645,254.93	\$1,072,598.44	\$4,572,656.49
Distributors	2034	July	\$5,645,254.93	\$1,072,598.44	\$4,572,656.49
Distributors	2035	July	\$5,645,254.93	\$1,072,598.44	\$4,572,656.49
Distributors	2036	July	\$5,645,254.93	\$1,072,598.44	\$4,572,656.49
Distributors	2037	July	\$5,645,254.93	\$1,072,598.44	\$4,572,656.49
Distributors	2038	July	\$5,645,254.93	\$1,072,598.44	\$4,572,656.49
		TOTAL	\$120,697,545.22	\$22,932,533.63	\$97,765,011.59

ANTICIPATED ALLOCATION DISBURSEMENT

Anticipated Initial Allocation disbursement to
all signatories to the One Nevada Agreement:

- ▶ End of July 2022

CONFIDENTIAL & NOT FOR CIRCULATION

THANK YOU

▶ Questions?

CONFIDENTIAL & NOT FOR CIRCULATION

5. Review Timeline and Process for SURG Meetings and Recommendations

(Information Only.)

Vice Chair Jill Tolles

Timeline for SURG Meetings and Recommendations

March

SURG Meeting

- Update on Needs Assessment
- Establishment of subcommittee structure and membership

April & May

Subcommittee Meetings

- Presentations from subject matter experts
- Collection of recommendations from members and subject matter experts

June

SURG Meeting

- Update on Opioid Litigation, Settlement Funds, and Distribution
- Update on Needs Assessment
- Progress report from subcommittees on SME presentations and recommendations

July/August

Subcommittee Meetings

- Presentations from subject matter experts
- Finalize and prioritize top five subcommittee recommendations to submit to SURG

Timeline for SURG Meetings and Recommendations

September

SURG Meeting

- Discussion and possible action on subcommittee recommendations
- Subcommittee meetings may be scheduled as needed

October/November

Subcommittee Meetings

- Refine recommendations based on feedback from the SURG
- Identify policy recommendations for bill draft requests

December

SURG Meeting

- Finalize recommendations to be included in the SURG Annual Report
- Finalize recommendations for bill draft requests
- Review outline of SURG Annual Report
- Presentation of DHHS Annual Report

January

SURG Meeting

- Approval of final Annual Report

6. Update from SURG Subcommittees: 1) Prevention; 2) Treatment and Recovery; and 3) Response.

(For Possible Action.)

Senator Fabian Doñate, Assemblywoman Claire Thomas, and Vice Chair Jill Tolles

PREVENTION SUBCOMMITTEE

Chair Doñate

Members

Name	SURG ROLE	Committee Role
Senator Fabian Doñate	Senate Majority Appointee	Chair
Debi Nadler	Advocate/Family Member	Member
Erik Schoen	SUD Prevention Coalition	Member
Jessica Johnson	Urban Human Services (Clark County)	Member
Senator Heidi Seevers-Gansert	Senate Minority Appointee	Member

Presentations Provided

April 25, 2022

- *Overview of Substance Use Treatment and Recovery Programs,*
 - Dr. Stephanie Woodard, DHHS

May 23, 2022

- *Presentation on Preventing and understanding Risk Factors,*
 - Dr. Timothy Grigsby,
Department of Social and Behavioral Health (UNLV)
- *Nevada Prevention Coalition Update,*
 - Linda Lang and Jamie Ross

Pending Future Presentations

July, August and September (TBD)

- **Primary Prevention**
 - Health education reform
 - Grant funds and infrastructure investment
- **Secondary Prevention**
 - YRBS and other data collection mechanisms
 - Screening and integration of behavioral health
 - Payment management
- **Tertiary Prevention**
 - Harm Reduction (overlap)
 - Southern Nevada Health District
 - Law Enforcement and Naloxone Distribution (overlap)

Recommendations Under Review from Presentations/Members

- Continue to invest in standing-up Community Health Workers and Peer Recovery Specialists (Lang/Ross/Schoen)
- Co-certification of CHWs and PRSs (Lang/Ross/Schoen)
- Early screening for substance misuse, mental health and suicide in schools and community-based agencies (Lang/Ross/Schoen)
- Motivational interviewing to enhance readiness for change, brief interventions to reduce risky or problematic substance use (Lang/Ross/Schoen)
- Drug testing in schools (Lang/Ross/Schoen)
- Expansion of Project Aware (evidence-based model) statewide (Lang/Ross/Schoen)

Recommendations Under Review from Presentations/Members (Continued)

- Evidence-based intervention programming, i.e., offer SEL curriculums in schools where students receive credit and intervention programs for youth before they enter the Juvenile Justice system. (Lang/Ross/Schoen)
- Address workforce development for youth/young adults through scholarships, work study opportunities and training. (Lang/Ross/Schoen)
- Increase options for supervision of internships by supporting clinical supervisors such as LCSW (Lang/Ross/Schoen)
- ACEs mitigation including SEL, Safe Dating/Violence Prevention, Early Childhood Development, Parenting Programs, Trauma informed care, and Mentorship programs for children, youth, and young adults. (Lang/Ross/Schoen)

Recommendations Under Review from Presentations/Members (Continued)

- Build and strengthen comprehensive FASTT and MOST teams statewide to provide intensive supports to incarcerated individuals both in the jails and upon release and provide a safety net for individuals presenting a mental health need in the community using EBP model. (Lang/Ross/Schoen)
- Support training of key stakeholders statewide in the Collective Impact approach to affecting community change. This will establish an operating standard for community engagement and systems changes in Nevada's communities. DPBH leadership has indicated this is the approach/model they are now supporting. (Lang/Ross/Schoen)
- Training should be statewide, cross sector, and cross discipline so all are on same page. Training should be state level down to coalition/community level (multi-layered) (Lang/Ross/Schoen)

Recommendations Under Review from Presentations/Members (Continued)

- Provide Certified Prevention Specialists in Nevada schools, before and after school programs, and other youth serving organizations to provide appropriate prevention education and programming. (Lang/Ross/Schoen)
- To establish and expand a formal youth mentor program offered in every community in Nevada. Each community is given authority to determine the mentoring program(s) utilized in their communities, e.g., Big Brothers Big Sisters (Lang/Ross/Schoen)
- Contract a company that specializes in data collection, evaluation, analysis, and assessment, and provide 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. (Lang/Ross/Schoen)

Additional Recommendations from Presentations

- Encourage greater implementation of screening, brief intervention, and referral to treatment (SBIRT) across primary care settings (Woodard)
- Ensure the use of housing first initiatives (Woodard)
- Engage people who use drugs as subject matter experts (Woodard)
- Establish overdose prevention sites in Nevada (Wagner)
- Funding for early intervention SUD and substance specific funding (Monroy/Ross)

Recommendations Under Review from Presentations (Continued)

- Provide educational opportunities to increase competency of clinicians providing adolescent care (Disselkoen)
- Enable educators to build capacity to address psychological first aid for students (Lowden)
- Co-locate integrated supports with mental health and SUD professionals working side-by-side in schools. (overlap) (Lowden)
- Expand Medicaid billing opportunities and allow blended and braided funding to facilitate services for system involved and at-risk youth (overlap) (Freeman)

Recommendations Under Review from Presentations (Continued)

- Support evaluation of ongoing services and efforts in our communities to make sure that what we are doing at present is working, and identify where the gaps are (Grigsby)
- Do more work around polysubstance use. The data are clear that it's not a single drug issue, as we've seen with the opioid epidemic. (Grigsby)

TREATMENT AND RECOVERY SUBCOMMITTEE

Chair Thomas

Members

Name	SURG ROLE	Committee Role
Chelsi Cheatom	Harm Reduction Program	Member
Dr. Lesley Dickson	Healthcare Provider with SUD Expertise	Member
Jeffrey Iverson	Person in Recovery from an SUD	Member
Lisa Lee	Urban Human Services (Washoe County)	Member
Steve Shell	Hospital	Member
Claire Thomas	Assembly Majority Appointee	Chair

Presentations Provided

April 25, 2022

- *Overview of Substance Use Treatment and Recovery Programs*, Dr. Stephanie Woodard, DPBH
- *Recommendations for Presentation from Subject Matter Experts*, Terry Kerns, PhD, Substance Use Law Enforcement Coordinator

May 16, 2022

Presentation on Medication Assisted Treatment and Bridge Program:

- Dr. Lesley Dickson, Las Vegas Medical Director for the Center for Behavioral Health

Pending Future Presentations

- July and August
- Kailin See, Washington Heights Corner Project, Safe Consumption Sites
- Tina Willauer, Children and Family Futures, Embedding Case Workers and Peer Recovery Support Specialists within Child Welfare
- Adelson Clinic, Child and Adolescent Treatment
- Foundation for Recovery

Weighted Recommendations Under Review from Presentations

- Expand access to MAT and recovery supports for OUD, 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 (Dr. Woodard) (Weighted score=150)
- Establish a bridge MAT program in emergency departments (Dr. Woodard) (Weighted score=140)
- Use and promote telehealth for MAT, considering the modifications that have been made under the emergency policies (Dr. Woodard and Dr. Capurro) (Weighted score=100)
- Engage individuals with lived experience in programming design considerations (Dr. Woodard) (Weighted Score=80)
- Implement follow ups and referrals to support and care; linkage of care for incarcerated court involved individuals and pregnant women with OUD (Dr. Woodard) (Weighted score=70)

Weighted Recommendations Under Review from Presentations (Continued)

- Invest in behavioral health workforce mitigating stress and burn out covid-19 has caused (Dr. Freeman, DCFS) (weighted score=40)
- Consider the parity in coverage and participation in a statewide hub and spoke model across all payers with limitations on fail-first treatment options, prior authorization, and coverage limits (Dr. Woodard and Dr. Capurro) (weighted score=30)
- Provide educational opportunities to increase competency of clinicians providing adolescent care (overlap) (Mark Disselkoen, CASAT) (weighted score=20)
- Proactively develop and implement a state plan/infrastructure for pediatric disaster behavioral health response and recovery as well as general hospital consultation-liaison services and more effort in youth substance use disorder services (Dr. Freeman, DCFS) (weighted score =20)

Weighted Recommendations Under Review from Presentations (Continued)

- Significantly increased capacity is needed for intensive care coordination to facilitate transitions and to divert youth at risk of higher level of care and/or system involvement. Support the mental health needs of youth in the child welfare system. Fully support alternative funding and service delivery models for intensive care coordination (Dr. Freeman, DCFS) (weighted score=10)
- Consider radical changes to recruitment, retention, and compensation of state frontline health care workers (Dr. Freeman, DCFS) (weighted score=10)

Weighted Recommendations Under Review from Members

- Ensure that BIPOC 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 and Latinx/Hispanic individuals in Nevada (Lisa Lee) (Weighted Score=50)
- Fiscal support the Nevada Certification Board to expand PRSS, CHW, PS, and doula certification in Nevada to expand our workforce and ameliorate drug related harms in Nevada (Lisa Lee) (Weighted Score=30)

Additional Recommendations from Presentations

- Provide incentives for waived prescribers, and support MAT decision making between individual and provider (Dr. Woodard and Dr. Capurro)
- Support psychological first aid for students, and co-locate integrated supports with mental health and SUD professionals working side by side in schools (Catherine Lowden)
- Increase number of beds for youth with developmental disabilities, with 24-hour placements, and provide more intensive in-home services, foster care and service coordination (Dr. Elaine Brown and Jessica Adams)
- Residential intervention with oversight and attention to best practices, connecting to communities, families and aftercare (Elizabeth Manley)

Additional Recommendations from Presentations

Many recommendations were made by Dr. Megan Freeman and Dr. Andrew Freeman, DCFS, including the following:

- Mobile Crisis Team safety checks;
- Co-response models with true para-response professionals;
- Intensive in-home services, peer operated respite care, and short-term residential facilities;
- Expand clinical quality oversight of residential care systems, and support facilities remediation;
- Develop and implement state plan/infrastructure for pediatric disaster behavioral health response and recovery, as well as hospital consultation-liaison services for youth SUD;
- Increase timely data collection and research to identify and respond to youth mental health needs with resiliency-based solutions;
- Consider ways to get all payers in the system to reimburse for crisis services and include federal funding for access to services; and
- Invest in and expand masters level clinicians' programs.

RESPONSE SUBCOMMITTEE

Vice Chair Tolles

Members

Name	SURG ROLE	Committee Role
Gina Flores-O'Toole	SUD Treatment Provider	Member
Shayla Holmes	Rural Human Services (Lyon County)	Member
Christine Payson	Sheriffs' & Chiefs' Assoc.	Member
Dr. Terry Kerns	Attorney General Appointee	Member
Jill Tolles	Assembly Minority Appointee	Chair
Dr. Stephanie Woodard	DHHS Director Appointee	Member

Presentations Provided

April 11, 2022

- *Overview of Substance Use Treatment and Recovery Programs*, Dr. Stephanie Woodard, DPBH
- *Nevada Department of Sentencing Policy*, Victoria Gonzalez, Executive Director

May 9, 2022

Presentations from Law Enforcement Agencies:

- Christine Payson, Nevada High Intensity Drug Trafficking Areas (HIDTA) Drug Intelligence Officer, Nevada Sheriffs' and Chiefs' Association
- Sergeant Lars Christensen, Deputy Mark Kester, Deputy Ray Kester, Sergeant Jason Walker, Washoe County Sheriff's Office

Presentations Planned

July 2022 (date TBD)

- City and county responses to substance use
 - Innovative programs
 - Economic impacts
 - Public health

August 2022 (date TBD)

- *Families involved in or at risk for involvement in the child welfare system*
- *Conflict between Good Samaritan and Drug Induced Homicide Laws, Lisa Lee, Washoe County Human Services Agency and Dr. Karla Wagner, University of Nevada, Reno*
- *Finalize recommendations for September SURG meeting*

Recommendations Under Review from Presentations

- Recommendations made to the Joint Interim Standing Committee on Health and Human Services in February and March (24 recommendations)
- Nevada Department of Sentencing Policy presentation to Subcommittee
- Nevada High Intensity Drug Trafficking Areas (HIDTA) presentation to Subcommittee, by member Christine Payson

Recommendations Under Review from Members

- Fund an independent medical examiner to verify specific cause of death in overdose cases to support prosecution (Christine Payson)
- Fund an API for the ODMAP system (Christine Payson)
- Fund additional police Overdose Response Teams (Christine Payson)
- Adjust penalties for trafficking weights of fentanyl (Christine Payson)

Recommendations Under Review from Members

- Create an expungement program to facilitate community re-entry from criminal justice (Shayla Holmes)
- Develop crisis outreach response teams to respond to suspected overdoses and offer follow-up support for up to 45 days after the overdose (Shayla Holmes)
- Mandate access and availability of Naloxone at public locations (Naloxboxes) (Shayla Holmes)
- Mandate naloxone distribution with every opioid prescription (Shayla Holmes)

Recommendations Under Review from Members

- Create community-higher education partnerships to support inter-professional continuing medical education sessions (Shayla Holmes)
- Cover non-pharmacological or complementary treatments for pain, increase coverage of preventive and non-pharmacological/CAM modalities (Shayla Holmes)
- Provide pain education and awareness at the community level for all age groups (Shayla Holmes)
- Increase SBIRT (screening, brief intervention, and referral to treatment) to all social services (Shayla Holmes)
- Increase chemical-free leisure activities in rural areas (Shayla Holmes)

7. Review Statewide Needs Assessment for the Advisory Committee for Resilient Nevada.

(For Possible Action.)

Courtney Cantrell, PsyD, Mercer

Fund for a Resilient Nevada

Needs Assessment Gaps and Scoring Methodology

June 6, 2022

Courtney Cantrell, Senior Government Consultant

01

Needs Assessment Report Overview

02

Summary of Identified Gaps

03

Recommendation Scoring Methodology



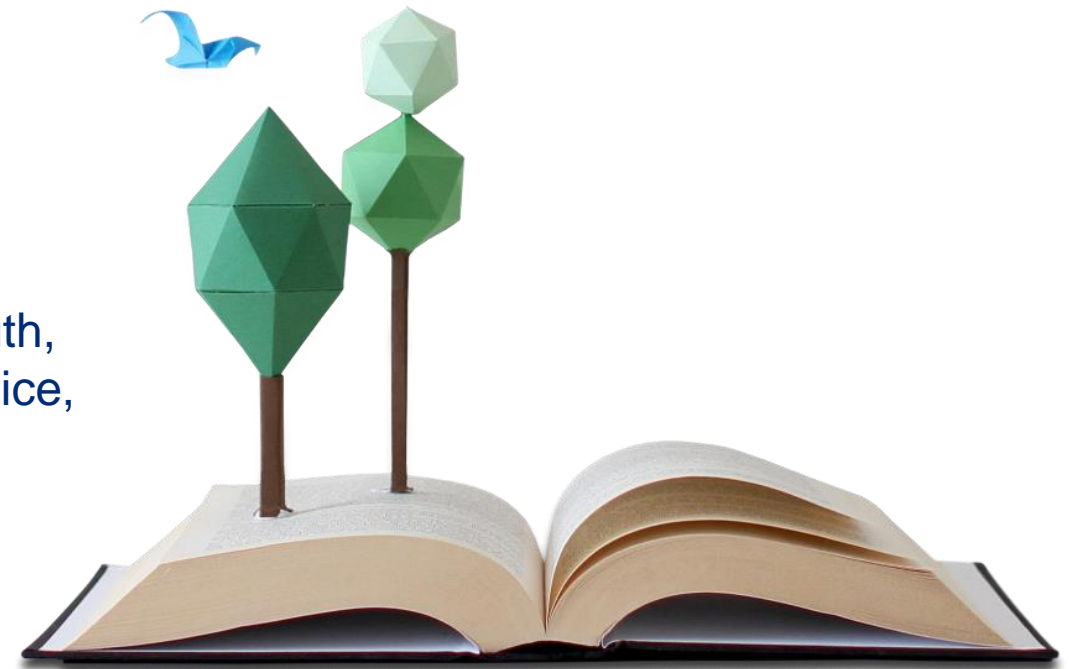
Agenda

Needs Assessment

Report Breakdown

- Section 1 – Background
- Section 2 – Methodology
- Section 3 – Opioid Impact in Nevada
- Section 4 – Current System Addressing Opioids
- Section 5 – Recommendations

All sections will include information addressing disparities, inequities, and access (geographic regions, special populations [veterans, pregnant women, parents of dependent children, youth, LGBTQ, incarcerated individuals and their families, juvenile justice, and children in welfare system], race, ethnicity, SES)



Data Gaps

Lack of standardized approaches to data collection and analysis across data sets, resulting in difficulty comparing data sets and drawing firm conclusions

Limited or Lacking Data

- Drugs co-prescribed with opioids
- Demographic information in prescription monitoring system
- Pregnant women and opioid use
- Children and parents in welfare system
- Health outcomes for those in SUD services
- Availability of evidence-based practices, especially for polysubstance use and co-occurring disorders
- Specific substances involved in suicides
- Physical and mental health diagnoses for those using opioids

Detailed breakdowns in data reports that address the following

- Race/ethnicity
- Housing status
- Veteran/military status
- Pregnant women
- LGBTQ+ status
- Immigration status or other details for people not connected to treatment systems

Prevention Gaps

Public Education and Stigma

- Community-based prevention programs across all counties
- Partial implementation of the Zero Suicide initiative
- School-based prevention programs
- Prescription drug disposal (Southern and Rural regions)
- Education for school systems, parents, law enforcement
- Lack of education on addictive potential of opioids and alternative therapies for chronic pain and chronic illness, especially reported in rural areas
- Education on treatment options, especially for those without housing
- Education for family members of those in treatment
- Lack of education among high school students around SUDs, awareness of the opioid epidemic and naloxone use, and attitudes about discussing these topics with health care providers
- Stigma reported by people with lived experience through difficulty obtaining and keeping housing and employment and anxiety over seeking help, especially among veterans and tribal members

Prevention Gaps

Provider and Prescriber Education

- Education of patients by prescribers on pain management expectations and the risks of opioids
- Utilization of/referral to other pain management options
- Negative attitudes from health care providers
- Pre-treatment screening and care plans that include alternative pain management
- Education and more monitoring around opioid prescribing and dispensing — Nevada rates are higher than the national average, and double that in Carson City
- Participation in Project Extension for Community Health Outcomes



Treatment Gaps

General/Outpatient

General Treatment Gaps

Treatment availability was the most significant and immediate need, as well as:

- Insufficient health care workforce
- Insufficient treatment in rural areas
- National data suggests significant disparities for ethnic/minority youth
- Nevada Medicaid and overdose data suggest disparities in populations between those in treatment versus fatal overdose rates
- Peer support throughout treatment
- Community-based accessible resources after release from the justice system
- Treatment access for pregnant women
- Drug courts, other treatment, and housing services are not available Statewide
- National studies identified a gap for youth in the juvenile justice system
- Few providers certified for treating co-occurring disorders, especially for youth
- Mental health treatment
- Screening, identification, and referral to treatment

Outpatient Treatment Gaps

- Psychiatrists and psychologists specializing in SUD psychotherapy
- OTPs in rural areas
- OBOT in certain areas
- Outpatient detoxification and licensed drug and alcohol counselors, in rural areas
- MAT in rural areas and on reservations
- MH treatment during and after MAT
- MAT and other treatment interventions in justice facilities is lacking in many areas
- Critical need for outpatient treatment for youth with co-occurring disorders
- Limited evidence-based treatment for those using multiple substances and for those with co-occurring mental health and physical health disorders
- Mental health treatment (for those with and without SUD)
- Formal collaborative care for individuals at risk for suicide

Treatment Gaps

General/Outpatient

Withdrawal Management, Inpatient, and Residential

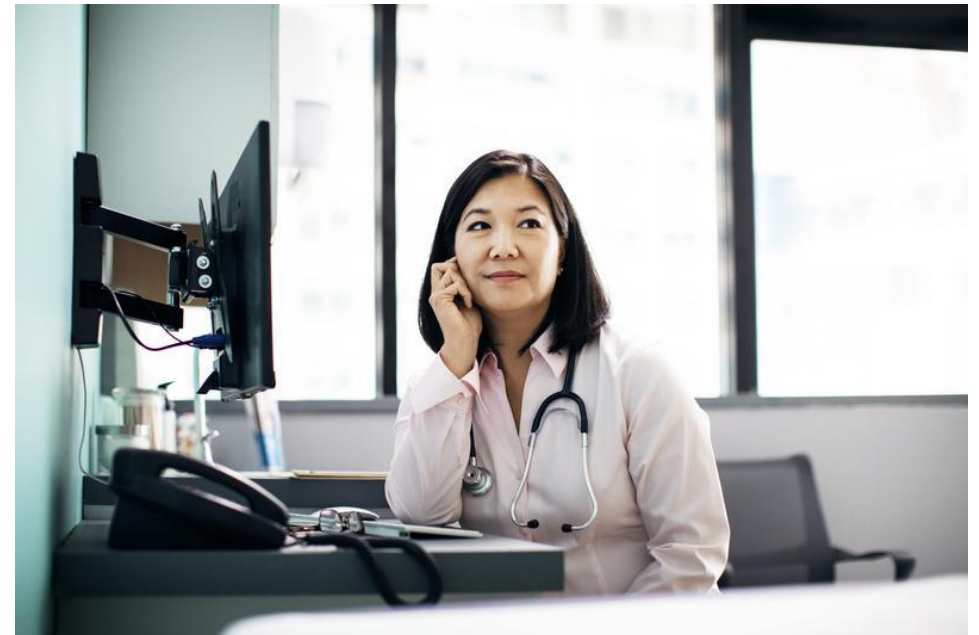
- Community support during detox
- Facility services are offered mostly in urban areas, lacking in rural, causing transportation issues
- Short-term Rehabilitation (< 30 days) and long-term rehabilitation (30+ days)
- Withdrawal Management and Residential Services are not be eligible for Medicaid services for ages 18 years–64 years without the proposed 1115 SUD Demonstration waiver

Crisis System

- Nevada lacks a Statewide, consistent, comprehensive 24/7/365 crisis system encompassing mobile crisis and crisis stabilization
- Mobile crisis, especially outside of central Las Vegas
- Crisis stabilization units
- Follow-up after crisis to ensure stability and address barriers to care

Discharge and Recovery Support Gaps

- Funding/insurance for long-term care for recovery and residential programs
- Limited duration of treatment by insurance
- Inadequate discharge planning, coordination, and communication between levels of care
- Programs for the individuals released from the justice system
- Religious or spiritual advisors/faith-based organizations and 12-step groups in rural areas
- Educational support
- Parenting education
- Support in obtaining health insurance, including Medicaid
- Education on maintaining recovery
- Recovery centers



Harm Reduction and Social Determinants of Health Gaps

Harm Reduction Gaps

- Needle exchanges
- Limited hours of availability of harm reduction programs
- Education on harm reduction resources and methods, including Naloxone use
- Safe places to use
- Harm reduction in rural areas without other community members knowing about the individual's use

Social Determinants of Health Gaps

- Income is lower and unemployment and poverty higher for those living in tribal lands
- Housing vouchers and affordable housing
- Transportation, not only to treatment, but to access other Social Determinants of Health and employment
- Employment for those receiving treatment and in recovery
- Volunteer and vocational opportunities
- Internet access
- Food access
- Financial resources and stability for those in recovery

Recommendation Scoring Methodology

Recommendations rated based on:

Impact (1–5)

- Number of lives affected
- Magnitude of impact on individuals
- Impact to health equity

Urgency (1–5)

- Availability of alternatives
- Consequences of delay in implementation

Feasibility (1–5)

- Current infrastructure availability
- Ease of implementation (effort)
- Availability of resources for implementation (staff, community, and financial)

Legislative Target (0 or 3)

- Overdose prevention
- Addressing disparities in access to healthcare
- Prevention of substance use among youth

Recommendations can be sorted by impact, urgency, feasibility, and scores, as well as filtered by legislative target.

Total priority scores calculated across impact, urgency, and feasibility, taking into account whether the recommendation is a legislative target.

Recommendations categorized by allowable expenditure categories in legislation.



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8. Review and Consider Items for September 22, 2022 SURG Meeting

(For Possible Action.)

Vice Chair Tolles

9. Public Comment.

(Discussion Only.)

Public Comment

- Public comment shall be limited to three (3) minutes per person. Members of the public may comment on any matter that is not specifically included on the agenda at this time. However, 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 pursuant to subparagraph (2) of NRS 241.010.

In Person

- Please form a line.
- Before commenting, please state your full name for the record.

Public Comment

Attending Online

- Please use the “raise hand” feature to indicate you would like to provide public comment so the host can prompt you to unmute.
- If you are dialing in from a telephone and would like to provide public comment, please press *9 so the host can prompt you to unmute.
- Before commenting, please state your full name for the record.

Public Comment

Comments can also be
emailed to
lhale@socialent.com.
These comments and
questions will be
recorded in meeting
minutes.

10. 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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