Statewide Substance Use Response Working Group (SURG)

2023 DRAFT Recommendations

The Statewide Substance Use Response Working Group (SURG) was created in the Office of the Attorney General under Assembly Bill 374 in 2021. The SURG is required to make recommendations for the establishment, maintenance, expansion or improvement of programs, and the use of state and local funds to address substance misuse and substance use disorders in Nevada.

This document represents the draft recommendations established by each of the SURG subcommittees:

- Prevention Subcommittee: *Abbreviated to PS for Numbering of Recommendations*
  - Harm Reduction: *Abbreviated to HR for Numbering of Recommendations*
- Treatment & Recovery Subcommittee: *Abbreviated to TRS for Numbering of Recommendations*
- Response Subcommittee: *Abbreviated to RS for Numbering of Recommendations*

All recommendations from each subcommittee are presented first, followed by the detailed recommendations and supporting information grouped by subcommittee in the order listed above.

Summary of Draft Recommendations

Prevention Subcommittee

AS REVISED: PS 1. Recommend to DHHS/DPBH/the Bureau of Behavioral Health Wellness and Prevention to double the amount of investment in SAPTA primary prevention programming (i.e., increase from current $12 million to $24 million for this biennium) for ages 0-24 and review the funding allocations annually. This funding should not be at the expense of existing programming.

AS REVISED: PS 2. Create a bill draft request to amend the NRS for a 15 percent set aside of tobacco control and prevention funds from the Fund for a Healthy Nevada. This would be distributed using a local lead agencies model to reach $2 per capita, a recommended funding goal from the Nevada Tobacco Control & Smoke-free Coalition and subject matter experts.

PS 3. Recommendation to the DHHS (Office of Analytics/or the appropriate entity) to create a data dashboard or other type of regularly updated report on alcohol outlet, tobacco outlet, and cannabis outlets density.

PS 4. 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.

PS 5. 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.

PS 6. 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.

PS 7. Support Harm Reduction through: 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.

Harm Reduction

HR 1. Establish a statewide initiative for community drug checking that incorporates qualitative and quantitative drug checking and includes the following parameters:

- Work with harm reduction community to identify partners/ locations and provide guidance and training.
- Start all sites with mail-based testing while piloting on-site drug checking in a subset of early adopters to refine implementation needs.
- Standardize the data collection, entry, testing, mailing, analysis, reporting as a best practice. Make this as transparent of a process as possible.
- Articulate principles and plans for what will happen to the data.

AS REVISED: HR 2. Harm Reduction Shipping Supply: Provide for shipping costs for evidence-based harm reduction supplies (e.g., naloxone, sharps, fentanyl test strips, etc.) and for travel costs for the pickup of used sharps products to be returned for destruction. Increase advertising about shipping programs to rural Nevada. In collaboration with local agencies and through community conversations, establish local support for harm reduction efforts. Establish an alternative strategy for harm reduction supply delivery if people can't receive delivery of the supplies directly.

~~HR 3. Increase support for harm reduction based post-overdose outreach with public safety, including wrap-around services for surviving family members and/or postmortem services for families (for example, the services could be funeral related, housing needs, health care, counseling, or a warm handoff to treatment for substance use disorder).~~ *(Combined with RS 3).*

AS REVISED: HR 4. Create a bill draft request at the legislature to change the Nevada paraphernalia definition as it relates to smoking supplies. (See proposed draft language change to N.R.S. 453.554 in justification.)

AS REVISED: HR 5. Recommend a bill draft request to equalize PRSS so it is equal to or exceeds CHW reimbursement. Add an educational requirement around evidence-based harm reduction to both PRSS and CHW certification.

Treatment & Recovery Subcommittee

TRS 1. 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.

~~TRS 2. Implement follow ups and referrals and linkage of care for justice involved individuals, including individuals leaving the justice system.~~ *(Combined with RS 1).*

AS REVISED: TRS 3. Implement a specialized child welfare service delivery model with follow up and referral and linkage to care that improves outcomes for children and families affected by parental substance use and child maltreatment and pregnant or birthing persons with substance use disorder.

TRS 4. Establish priority funding areas to ensure entry into treatment and/or recovery, ensure that Black, Latinx/Hispanic, Indigenous, and people of color and LGBTQIA communities are receiving culturally and linguistically appropriate overdose prevention (naloxone, vending machines, media), drug checking supplies to reduce fatal overdoses among Black, Latinx/Hispanic, Indigenous individuals, and people of color in Nevada.

TRS 5. Significantly increase capacity; including access to treatment facilities and beds for intensive care coordination to facilitate transitions and to divert youth under the age of 18 at risk of higher level of care and/or system involvement.

TRS 6. Engage individuals with living and lived experience in programming design considerations and enhance Peer Support for underserved populations to be delivered through representatives of underserved communities by increasing reimbursement rates, implementing train the trainer models, and enacting policy changes to address limitations to the use of Peers in some settings through strategies including: 1) ensure adequate funding for these priorities, 2) target special populations, 3) increase reimbursement rates, and 4) offer standalone service provision opportunities.

Response Subcommittee

AS REVISED: RS 1. Evaluate current availability and readiness to provide comprehensive behavioral health services to include but not limited to screening, assessment, treatment, recovery support, and transitions for reentry in local and state carceral facilities (for example, implement follow up and linkage to care for individuals leaving the justice system).

Recommend the allocation of funding to support the development of a Medicaid Reentry Section 1115 Waiver to Increase Health Care For People Leaving Carceral Facilities and to support readiness of carceral facilities to implement the 1115 waiver.

Recommend legislation to require DHCFP to apply for and implement the 1115 Waiver to Increase Health Care For People Leaving Carceral Facilities and ensure there is an evaluation of readiness for planning and implementation.

AS REVISED: RS 2. Recommend the Nevada System of Higher Education (NSHE) conduct a feasibility study to understand the true cost of implementing wastewater-based epidemiology (WBE) in Nevada and its ability to support community response plans. Funding for this study may be available through the Fund for a Resilient Nevada.

AS REVISED RS 3. Leverage existing programs and funding to develop outreach response provider(s) and/or personnel that can respond to any suspected overdose or to those who are provided treatment for an overdose in a hospital/emergency room/EMS and offer follow-up support, referrals, and services to the individual and those impacted by the overdose (for example, other persons with a personal and/or emotional connection to the victim, surviving family members and/or postmortem services for families) 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. Ensure this recommendation is included as the build out of Nevada's Crisis Response System is occurring so that tailored intervention for individuals who have survived a non-fatal overdose is included.

~~RS 4. Review the operations and lessons learned from Clark County's Overdose Fatality Review Task Force when that body's report is released in December 2024 and take this into account when supporting legislation to establish regional Overdose Fatality Review (OFR) Committees allowing flexibility as to the makeup and practice and for the OFR to remain at the county or regional level, as needed, 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. (See also Overdose Fatality Review for additional resources.)~~. *Removed for further consideration in 2024.*

AS REVISED RS 5a. Recommend that a compliance study be completed on NRS 259.050 (number 3) and 259.053.

RS 5b. Provide adequate funding for medical examiner offices to include death scene investigations, forensic pathologists, forensic epidemiologists, and toxicology testing to determine specific cause of death.

Detailed Recommendations

Prevention Subcommittee

Prevention Recommendation #1 ***REVISED (Recommendation language & justification/background)***	***AS REVISED* PS 1. Recommend to DHHS/DPBH/the Bureau of Behavioral Health Wellness and Prevention to double the amount of investment in SAPTA primary prevention programming (i.e., increase from current $12 million to $24 million for this biennium) for ages 0-24 and review the funding allocations annually. This funding should not be at the expense of existing programming.**
Question	Response
Please describe your justification/background information for this recommendation.	While there are strong, evidence-based primary prevention programs that are in place in Nevada along with a robust coalition network, there is not enough financial support to reach all students with primary prevention programming. The most effective interventions target salient risk and protective factors at the individual, family, and/or community levels and are guided by

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	relevant psychosocial theories on substance use. This funding should be allocated on a per pupil basis to ensure maximum reach within the state. Nevada was not selected for the Strategic Prevention Framework – Partnership for Success funding from SAMHSA this year, which historically has provided funding for primary prevention (Nevada received an annual $2,260,000 award for the past five years). The 2022 National Drug Control Strategy report on cost effectiveness of prevention states that "Prevention is not only effective, it is also cost effective approach to prevent later SUD have been identified as an underutilized response to the opioid crisis. The 2016 Surgeon General's Report on Alcohol, Drugs, and Health also noted that prevention science demonstrates that effective prevention interventions exist, can markedly reduce substance use, and evidence-based programs and policies are underutilized. There are multiple examples of cost-effective prevention programs. For example, the average effective school-based prevention program is estimated to save $18 per dollar invested… There are also cost-benefit assessments of individual programs. Too Good for Drugs, a school-based prevention program for students in kindergarten through 12th grade, was designed to increase social competencies (e.g., develop protective factors) and diminish risk factors associated with alcohol, tobacco, and other drug use. It has a benefit-to-cost ratio of + $8.74 and it is estimated that there is a 94-percent chance that benefits will exceed costs. Other effective and cost-effective programs include Botvin Life Skills which has benefit-to-cost ratio of $13.49, and the Good Behavior Game with a benefit-to-cost ratio of $62.80."
Please include any associated research or links for your recommendation.	• SAPTA 9/26/2023 "Funding Update: SPF-PFS Grant for Nevada" email • Griffin, K. W., & Botvin, G. J. (2010). Evidence-based interventions for preventing substance use disorders in adolescents. Child and adolescent psychiatric clinics of North America, 19(3), 505–526. https://doi.org/10.1016/j.chc.2010.03.005

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Question	Response
	• American Medical Association (AMA) Substance Use and Pain Task Force (2023). *Overdose Epidemic Report 2023*. AMA Overdose Epidemic Report (ama-assn.org), p. 19.
Please select AB374 Section 10 Requirement(s) that have been assigned to the Prevention Subcommittee that aligns with your recommendation. Please select all that apply.	(g) Make recommendations to entities including, without limitation, the State Board of Pharmacy, professional licensing boards that license practitioners, other than veterinarians, the State Board of Health, the Division, the Governor and the Legislature, to ensure that controlled substances are appropriately prescribed in accordance with the provisions of NRS 639.2391 to 639.23916, inclusive. (j) Study the efficacy and expand the implementation of programs to: (1) Educate youth and families about the effects of substance use and substance use disorders.
Please select the AB374 Section 10 Requirement(s) that are cross-cutting elements assigned to all three subcommittees that aligns with your recommendation. Please select all that apply.	(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. (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.
If your recommendation focuses on a special population, please select all that apply. If your recommendation does not focus on a special population, please select that response.	a. Veterans, elderly persons and **youth** g. Other populations disproportionately impacted by substance use disorders

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Question	Response
Please describe the Action Step aligned with your recommendation.	• Expenditure of Opioid Settlement Funds • DHHS Policy • Other – Expenditure of other funds/reappropriation of general fund dollars
Is this a short-term or long-term recommendation?	Long-term recommendation
If your recommendation requires a fiscal note, please approximate the amount.	Unsure
On a scale of 1-3, please rate the urgency of your recommendation.	2
On a scale of 1-3, please rate the impact of your recommendation.	3
On a scale of 1-3, please rate the current capacity to implement your recommendation.	3
Please provide a description of the following regarding your recommendation (this will be discussed in more detail at the next subcommittee meeting): Impact, capacity & feasibility of implementation, urgency, and how the recommendation advances racial and health equity.	**Impact:** This long-term investment in Nevada's youth can reduce substance use and risk behavior in our state. **Capacity & feasibility of implementation:** We have a strong coalition infrastructure that is already engaging stakeholders and schools in primary prevention programming; additional resources are needed to reach saturation. **Urgency:** This is an emerging crisis and an ongoing need for youth. **Racial and health equity:** Equitable education to learn about substance use and health risk improves opportunities for healthy choices and reduces risk over time.

Prevention Recommendation #2 **REVISED (recommendation language and justification/ background)**	***AS REVISED:* PS 2. Create a bill draft request to amend the NRS for a 15 percent set aside of tobacco control and prevention funds from the Fund for a Healthy Nevada. This would be distributed using a local lead agencies model to reach $2 per capita, a recommended funding goal from the Nevada Tobacco Control & Smoke-free Coalition and subject matter experts.**
Question	Response
Please describe your justification/background information for this recommendation.	This funding recommendation was recommended and supported by the Nevada Tobacco Control & Smoke-free Coalition. With the $2 per capita support, this brings the total to $6.2 million for tobacco control and prevention statewide in Nevada. This would move Nevada's national ranking for tobacco control and prevention funding to 24th instead of its current position at 47th in the nation. The CDC recommendation for Nevada Tobacco Control and Prevention is $30 million to mitigate morbidity and mortality (Ahlo, M., (7/17/23). *Presentation to the SURG Prevention Subcommittee*). Fifteen percent set aside of the approximate $41 million received annually for the State of Nevada would be about $6.15 million, which gets close to the $2 per capita. The intent of this recommendation is that it should not be at the expense of current Prevention programming/funding or existing NRS set aside for the millennium scholarship. Other relevant background information - - 1 in 6 Nevada teens use electronic vapor products. - This is important because we know that tobacco use is the number 1 cause of preventable illness and death in the United States. - Tobacco kills more than 480,000 people annually. More than alcohol, car accidents, illegal drugs, murders, suicides and HIV/AIDS - COMBINED. - Use of electronic cigarettes often lead to co-use or commercial tobacco use. - Prevention is key. 90% of adult smokers started before the age 18. Nevada's Youth Vaping Prevalence Rate: - Current ever tried rate for high schoolers 36.7% (2021) - Current ever tried rate for middle schoolers 12.6% (2021) - Current past 30 days user high school 17.6% (2021) - Current past 30 day user middle school 13.4% (2021) (programs were implemented in high schools across Nevada for vaping prevention and demonstrated a reduction on the YRBS between 2019 -

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	2021 for all groups except middle school 30-day use (group that was not the focus of the intervention)). In 2023, Youth Vaping Prevention Funding was eliminated. Nevada Tobacco Revenue The overall total of $231+ Million from Cigarette Taxes, Other Tobacco Taxes and Settlement Funding is broken down below to demonstrate how much is allocated for tobacco control and prevention. - $145.2 million of Cigarette Taxes / $0 for tobacco control and prevention - $30.8 million of Other Tobacco Taxes / $0 for tobacco control and prevention - $14.6 million Juul Settlement / $0 for tobacco control and prevention - $41 million Master Settlement Funding / $950,000 for tobacco control and prevention This equals .004% allocated in Nevada to Tobacco Control and Prevention efforts. To reiterate: CDC Recommendation for Nevada Tobacco Control and Prevention is $30mil. This ranks Nevada currently as 47th in the country for Tobacco Control and Prevention funding. According to the CDC, 2.55 million U.S. middle and high school students reported current (past 30-day) e-cigarette use in 2022, which includes 14.1% of high school students and 3.3% of middle school students. Nearly 85% of those youth used flavored e-cigarettes, and more than half used disposable e-cigarettes. In Nevada, funds for youth vaping prevention have been reduced in 2023.

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Question	Response
Please include any associated research or links for your recommendation.	• Nevada YRBS Data https://www.unr.edu/public-health/research-activities/nevada-youth-risk-behavior-survey • CDC Tobacco Funding Recommendations https://www.cdc.gov/tobacco/stateandcommunity/tobacco-control/program-funding/index.htm • CDC Tobacco Control Best Practices https://www.cdc.gov/tobacco/stateandcommunity/guides/index.htm • Nevada Legislature 2023 Session • From earlier submission: https://www.cdc.gov/media/releases/2022/p1007-e-cigarette-use.html
Please select AB374 Section 10 Requirement(s) that have been assigned to the Prevention Subcommittee that aligns with your recommendation. Please select all that apply.	(a) Leverage and expand efforts by state and local governmental entities to reduce the use of substances which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants, and identify ways to enhance those efforts through coordination and collaboration. (j) Study the efficacy and expand the implementation of programs to: (1) Educate youth and families about the effects of substance use and substance use disorders.
Please select the AB374 Section 10 Requirement(s) that are cross-cutting elements assigned to all three subcommittees that aligns with your recommendation. Please select all that apply.	(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.

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Question	Response
If your recommendation focuses on a special population, please select all that apply. If your recommendation does not focus on a special population, please select that response.	a. Veterans, elderly persons, and youth d. Lesbian, gay, bisexual, transgender and questioning persons f. Children who are involved with the child welfare system g. Other populations disproportionately impacted by substance use disorders
Please describe the Action Step aligned with your recommendation.	Other (please specify): Identifying funding sources alternative to FRN that can support these statewide programs
Is this a short-term or long-term recommendation?	Unsure
If your recommendation requires a fiscal note, please approximate the amount.	Estimated fiscal note amount: 6.2 million
On a scale of 1-3, please rate the urgency of your recommendation.	3
On a scale of 1-3, please rate the impact of your recommendation.	3
On a scale of 1-3, please rate the current capacity to implement your recommendation.	3
Please list who you would like to present on this recommendation.	Updated information is from presentation received on 7/17

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Question	Response
Please provide a description of the following regarding your recommendation (this will be discussed in more detail at the next subcommittee meeting): Impact, capacity & feasibility of implementation, urgency, and how the recommendation advances racial and health equity.	**Impact:** Vaping prevention efforts focus on youth, which is a population of focus for the SURG, and is relevant to the impact of this recommendation. **Capacity & Feasibility of implementation:** There is capacity and feasibility to implement this. **Urgency:** This should be considered urgent, given the statistics shared by Malcolm Ahlo, Tobacco Control Coordinator at SNHD: • Tobacco kills at a higher rate than alcohol, car accidents, illegal drugs, murders, suicides, and AIDS combined. • Tobacco use remains the leading cause of preventable death, even though traditional tobacco or commercial use has declined. • Cannabis/marijuana/tobacco and other mechanisms such as vaping. **Racial and health equity:** Many tobacco companies target communities of color.

Prevention Recommendation #3	**PS 3. Recommendation to the DHHS (Office of Analytics/or the appropriate entity) to create a data dashboard or other type of regularly updated report on alcohol outlet, tobacco outlet, and cannabis outlets density.**
Question	Response
Please describe your justification/background information for this recommendation.	Overall, there is evidence from U.S. studies to suggest that higher outlet density is associated with alcohol-related harm. Greater alcohol outlet density is associated with higher rates of intimate partner violence and child abuse and neglect. There is strong scientific evidence that regulating alcohol outlet density is an effective intervention for reducing excessive alcohol consumption and related harms.

Prevention Recommendation #3	**PS 3. Recommendation to the DHHS (Office of Analytics/or the appropriate entity) to create a data dashboard or other type of regularly updated report on alcohol outlet, tobacco outlet, and cannabis outlets density.**
Question	Response
Please include any associated research or links for your recommendation.	• Sacks, J. J., Brewer, R. D., Mesnick, J., Holt, J. B., Zhang, X., Kanny, D., Elder, R., & Gruenewald, P. J. (2020). Measuring Alcohol Outlet Density: An Overview of Strategies for Public Health Practitioners. Journal of public health management and practice: JPHMP, 26(5), 481–488. https://doi.org/10.1097/PHH.0000000000001023 • County Health Rankings: https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/alcohol-outlet-density-restrictions
Please select AB374 Section 10 Requirement(s) that have been assigned to the Prevention Subcommittee that aligns with your recommendation. Please select all that apply.	(g) Make recommendations to entities including, without limitation, the State Board of Pharmacy, professional licensing boards that license practitioners, other than veterinarians, the State Board of Health, the Division, the Governor and the Legislature, to ensure that controlled substances are appropriately prescribed in accordance with the provisions of NRS 639.2391 to 639.23916, inclusive.
Please select the AB374 Section 10 Requirement(s) that are cross-cutting elements assigned to all three subcommittees that aligns with your recommendation. Please select all that apply.	(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.
If your recommendation focuses on a special population, please select all that apply. If your recommendation does not focus on a special population, please select that response.	g. Other populations disproportionately impacted by substance use disorders
Please describe the Action Step aligned with your recommendation.	Other (please specify): DHHS data recommendation

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Question	Response
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.	No fiscal note
On a scale of 1-3, please rate the urgency of your recommendation.	2
On a scale of 1-3, please rate the impact of your recommendation.	2
On a scale of 1-3, please rate the current capacity to implement your recommendation.	3
Please provide a description of the following regarding your recommendation (this will be discussed in more detail at the next subcommittee meeting): Impact, capacity & feasibility of implementation, urgency, and how the recommendation advances racial and health equity.	**Impact:** This would provide a baseline of information needed to complement information at the state level to inform better decisions about interventions. This would have a notable impact and is a first step in identifying opportunities for communities to identify additional policies or program/interventions around outlets and how they correlate with other health outcomes. **Capacity & feasibility of implementation:** There is high capacity and feasibility for implementation. **Urgency:** This is urgent. **Racial and health equity:** There is currently no coordinated effort to collect this information on a regular basis and cross-mapping where people live will help to identify if, and to what degree, there are higher alcohol, tobacco, and cannabis density in communities of color relative to other communities. This can help to advance racial and health equity.

Prevention Recommendation #4 *2022 Recommendation #6 resubmitted*	**PS 4. 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.**
Question	Response
Please describe your justification/background information for this recommendation.	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.
Please include any associated research or links for your recommendation.	American Medical Association (AMA) Substance Use and Pain Task Force (2023). *Overdose Epidemic Report 2023*. AMA Overdose Epidemic Report (ama-assn.org), p. 19.
Please select AB374 Section 10 Requirement(s) that have been assigned to the Prevention Subcommittee that aligns with your recommendation. Please select all that apply.	(a) Leverage and expand efforts by state and local governmental entities to reduce the use of substances which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants, and identify ways to enhance those efforts through coordination and collaboration.
Please select the AB374 Section 10 Requirement(s) that are cross-cutting elements assigned to all three subcommittees that aligns with your recommendation. Please select all that apply.	(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.
If your recommendation focuses on a special population, please select all that apply. If your recommendation does not focus on a special population, please select that response.	a. Veterans, elderly persons and youth g. Other populations disproportionately impacted by substance use disorders

Prevention Recommendation #4 *2022 Recommendation #6 resubmitted*	**PS 4. 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.**
Question	Response
Please describe the Action Step aligned with your recommendation.	i. Support efforts to expand Provider Type 60 to include reimbursement for preventive services ii. Require DHHS to revise reimbursement rates and utilize expenditure funds to match the national average reimbursement rate for services iii. Require DHHS to identify any gaps in Medicaid reimbursement for the delivery of care to support prevention
Is this a short-term or long-term recommendation?	Long-term recommendation
If your recommendation requires a fiscal note, please approximate the amount.	Unsure
On a scale of 1-3, please rate the urgency of your recommendation.	2
On a scale of 1-3, please rate the impact of your recommendation.	3
On a scale of 1-3, please rate the current capacity to implement your recommendation.	2
Please provide a description of the following regarding your recommendation (this will be discussed in more detail at the next subcommittee meeting): Impact, capacity & feasibility of implementation, urgency, and how the recommendation advances racial and health equity.	**Impact:** This would help nudge Medicaid to a cautious embrace of health and wellness alongside the medical model which would give us tools to get ahead of these important issues. We need to have an ability to be proactive. This will have a profound impact in the long term. **Capacity & Feasibility:** Will need to look at different CPT codes/billing options for facilities to exist. Will need to identify where the gaps are, and opportunities will be. There is quite a bit of infrastructure building that will need to take place. **Urgency:** There is a need to continue to work on this, but it will take some time. It is vital to work on this now. **Racial and Health Equity:** Addressing gaps in provider services can help improve health outcomes.

Prevention Recommendation #5 *2022 Recommendation #7 resubmitted*	**PS 5. 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.**
Question	Response
Please describe your justification/background information for this recommendation.	While the Bureau has made strides to utilize grant funding to identify naloxone, fentanyl test strips, and xylazine test strips, it remains imperative that a baseline level of access to overdose reversal medication (such as naloxone) exists in order to meet on-going needs of community members. Reliance on grant funding alone can leave gaps in access to overdose reversal medications and increases risk for fatal overdose. Other states have utilized past distribution efforts, modeling, and other statistical formulas to project estimated number of naloxone doses needed for sustainable overdose reversal planning and engagement.
Please include any associated research or links for your recommendation.	• This article summarizes the process for establishing naloxone saturation. Likely underestimates true need as it does not include non-fatal overdoses and drug checking data: https://www.thelancet.com/article/S2468-2667(21)00304-2/fulltext • This article summarizes the net benefit of naloxone access over the counter, and highlights the continued barrier of affordability for people at risk of opioid overdose: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7894851/ • Summary from national experts on overdose education and naloxone distribution (OEND) programs on best practices for community based naloxone distribution: https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-022-00639-z
Please select AB374 Section 10 Requirement(s) that have been assigned to the Prevention Subcommittee that aligns with your recommendation. Please select all that apply.	(g) Make recommendations to entities including, without limitation, the State Board of Pharmacy, professional licensing boards that license practitioners, other than veterinarians, the State Board of Health, the Division, the Governor, and the Legislature, to ensure that controlled substances are appropriately prescribed in accordance with the provisions of NRS 639.2391 to 639.23916, inclusive.

Prevention Recommendation #5 *2022 Recommendation #7 resubmitted*	**PS 5. 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.**
Question	Response
Please select the AB374 Section 10 Requirement(s) that are cross-cutting elements assigned to all three subcommittees that aligns with your recommendation. Please select all that apply.	(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.
If your recommendation focuses on a special population, please select all that apply. If your recommendation does not focus on a special population, please select that response.	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 e. People who inject drugs; (as revised) g. Other populations disproportionately impacted by substance use disorders
Please describe the Action Step aligned with your recommendation.	Expenditure of Opioid Settlement Funds
Is this a short-term or long-term recommendation?	Unsure
If your recommendation requires a fiscal note, please approximate the amount.	Unsure
On a scale of 1-3, please rate the urgency of your recommendation.	3
On a scale of 1-3, please rate the impact of your recommendation.	3

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Question	Response
On a scale of 1-3, please rate the current capacity to implement your recommendation.	3
Please provide a description of the following regarding your recommendation (this will be discussed in more detail at the next subcommittee meeting): Impact, capacity & feasibility of implementation, urgency, and how the recommendation advances racial and health equity.	**Impact:** Access to opioid overdose reversal medication during time of overdose (like naloxone) is an evidence-based best practice that is associated with saving lives. **Capacity & Feasibility:** This initiative aligns directly with legislation on opioid litigation funds; expertise on overdose reversal medication, purchase, and distribution already exists within DHHS and affiliates; a naloxone saturation plan has been developed for the state. **Urgency:** Moderate urgency - current naloxone access in the state relies solely on grant funding (e.g., SAMHSA State Opioid Response), which creates vulnerability for long-term sustainable access **Racial and Health Equity:** Multiple publications have outlined the current system (nationally) inequitably distributing naloxone across populations at risk, however, research on addressing the gaps is limited. One study on the cascade of care for naloxone engagement (and re-engagement) among people who use drugs found disparities in the re-engagement continuum such that White persons who inject drugs (PWID) were most likely to have ever and recently received naloxone, while Latino/a/x and Black PWID were least likely (https://www.sciencedirect.com/science/article/pii/S0376871621002544). Identifying opportunities to engage and re-engage PWID and PWUD in naloxone access with an eye toward reducing disparities, such as using peer networks to distribute naloxone and equitable access across neighborhoods.

Prevention Recommendation #6 *2022 Recommendation #9 resubmitted*	**PS 6. 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.**
Question	Response
Please describe your justification/background information for this recommendation.	While the Bureau has made considerable strides to develop MOST/FAST teams and crisis stabilization centers, there is still considerable work to ensure naloxone is provided to individuals when they are vulnerable to overdose (e.g., when being released from incarceration, being released from the hospital, etc.) Maryland's legislation requires evaluation of individuals experiencing non-fatal overdose at these key junctures and requires dispensation of naloxone to these individuals. Further, exploring how to give medication free of charge (and in-hand from hospital discharge) is imperative to ensure access to people at risk of overdose. From the 2022 Annual Report: 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. 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

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Question	Response
	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.
Please include any associated research or links for your recommendation.	Link to a copy of the bill (HB0408): https://mgaleg.maryland.gov/mgawebsite/Legislation/Details/hb0408 Copy of the fiscal and policy note: https://mgaleg.maryland.gov/2022RS/fnotes/bil_0008/hb0408.pdf Citations from the "justification" column: [1] Rachael Rzasa Lynn and JL Galinkin, "Naloxone dosage for opioid reversal: current evidence and clinical implications," Therapeutic Advances in Drug Safety, 9:1 (Dec. 13, 2017), pp. 63-88. https://journals.sagepub.com/doi/10.1177/2042098617744161 [2] Nadia Kounang, "Naloxone reverses 93% of overdoses, but many recipients don't survive a year," CNN Health, Oct. 30, 2017. https://www.cnn.com/2017/10/30/health/naloxone-reversal-successstudy/index.html [3] Rebecca McDonald and John Strang, "Are take-home naloxone programmes effective? Systematic review utilizing application of the Bradford Hill criteria," Addiction, 111:7 (July 2016), pp. 1177-87. https://onlinelibrary.wiley.com/doi/10.1111/add.13326 American Medical Association (AMA) Substance Use and Pain Task Force (2023). *Overdose Epidemic Report 2023.* AMA Overdose Epidemic Report (ama-assn.org), pp. 5, 12.
Please select AB374 Section 10 Requirement(s) that have been assigned to the Prevention Subcommittee that aligns with your recommendation. Please select all that apply.	(g) Make recommendations to entities including, without limitation, the State Board of Pharmacy, professional licensing boards that license practitioners, other than veterinarians, the State Board of Health, the Division, the Governor and the Legislature, to ensure that controlled substances are appropriately prescribed in accordance with the provisions of NRS 639.2391 to 639.23916, inclusive.

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Question	Response
Please select the AB374 Section 10 Requirement(s) that are cross-cutting elements assigned to all three subcommittees that aligns with your recommendation. Please select all that apply.	(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.
If your recommendation focuses on a special population, please select all that apply. If your recommendation does not focus on a special population, please select that response.	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 e. People who inject drugs; (as revised) g. Other populations disproportionately impacted by substance use disorders
Please describe the Action Step aligned with your recommendation.	Bill Draft Request (BDR)
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 urgency of your recommendation.	2
On a scale of 1-3, please rate the impact of your recommendation.	3

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Question	Response
On a scale of 1-3, please rate the current capacity to implement your recommendation.	3
Please provide a description of the following regarding your recommendation (this will be discussed in more detail at the next subcommittee meeting): Impact, capacity & feasibility of implementation, urgency, and how the recommendation advances racial and health equity.	**Impact:** Access to opioid overdose reversal medication during time of overdose (like naloxone) is an evidence-based best practice that is associated with saving lives. **Capacity & Feasibility:** This initiative aligns directly with legislation on opioid litigation funds; expertise on overdose reversal medication, purchase, and distribution already exists within DHHS and affiliates; DHHS has expanded capacity in 2022/2023 with MOST/FAST and crisis stabilization, these entities can be the first groups to engage in provision of naloxone for non-fatal overdoses. **Urgency:** Opioid overdose reversal medication during time of overdose (like naloxone) is an evidence-based best practice that is associated with saving lives. **Racial and Health Equity:** Research on addressing gaps in naloxone access is limited. One study on the cascade of care for naloxone engagement (and re-engagement) among people who inject drugs (PWID) found disparities in the re-engagement continuum such that White PWID were most likely to have ever and recently received naloxone, while Latino/a/x and Black PWID were least likely (https://www.sciencedirect.com/science/article/pii/S0376871621002544). Identifying opportunities to engage and re-engage PWID and PWUD in naloxone access with an eye toward reducing disparities, such as using peer networks to distribute naloxone and equitable access across neighborhoods is imperative to save lives. The impact of this recommendation will be dependent on the extent to which these crisis stabilization services have been impactful at addressing racial disparities in their services and programs.

Prevention Recommendation #7 *2022 Recommendation #15 resubmitted*	**PS 7. Support Harm Reduction through: 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.**
Question	Response
Please describe your justification/background information for this recommendation.	As detailed in the August, 2023 meeting of the SURG Prevention Subcommittee, there has been tremendous movement and momentum for recognizing the important contributions of CHWs by ensuring that the funds (i.e., Medicaid reimbursements) are at a high enough level to provide competitive and livable wages. Those working as Peer Recovery Specialists and Certified Prevention Specialists deserve similar compensation levels for their unique and important contributions to supporting our fellow Nevadans.
Please include any associated research or links for your recommendation.	Where to begin? The value of Peer Recovery Specialists is widely acknowledged for the "lived experience" that informs the interactions of each and every Peer Recovery Specialist. According to SAMHSA's "National Model Standards for Peer Support Certification" page on their website, a primary goal of President Biden's 2022 Presidential Unity Agenda (which indicates strategies for addressing the nation's mental health crisis), "A primary goal outlined within this strategy is accelerating the universal adoption, recognition, and integration of the peer mental health workforce across all elements of the healthcare system." Peer support offers a level of acceptance, understanding, and validation not found in many other professional relationships (Mead & McNeil, 2006). By sharing their own lived experience and practical guidance, peer support workers help people to develop their own goals, create strategies for self---empowerment, and take concrete steps towards building fulfilling, self---determined lives for themselves. (From "Value of Peers", 2017, SAHMSA) According to SAHMSA ("Value of Peers," 2017), the Peers appear to provide the following benefits to clients: • Increased confidence and self-esteem • Increased sense of control and ability to bring about changes in their lives • Raised empowerment scores • Increased sense that treatment is response and inclusive of needs • Increased sense of hope and inspiration • Increased empathy and acceptance (camaraderie) • Increased engagement in self care and wellness • Increased social support and social functioning

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Question	Response
	• Decreased psychotic symptoms • Reduced hospital admission rates and longer community tenure • Decreased substance use and depression As for Certified Prevention Specialists, these are folks with specialized training in providing evidence-based curricula and programs for the purposes of dissuading the substance use or abuse. As we move towards acknowledging the importance of offering comprehensive school-based programs that can help to address all factors including those that contribute to elevated ACE scores, it is important that we have a trained workforce able to do this very important work. Per the IC&RC's website, "Today's communities face a myriad of challenges – violence, drug abuse, crime, illness – but those problems, and the long-term damage they can cause, can be prevented, with appropriate education and intervention. Prevention-based programs are taking that message to schools, workplaces, faith-based organizations, and community centers in the U.S. and 22 countries around the world. The success of these programs relies on a competent, well-trained, ethical and professional workforce of Prevention Specialists. "The Affordable Health Care for America Act of 2010, Substance Abuse and Mental Health Services Administration's (SAMHSA) "8 Strategic Initiatives," and the 2011 National Drug Control Strategy have placed prevention in the forefront of health care reform efforts across the country. Local, state, and national organizations are struggling to keep up with the tremendous demand for new prevention professionals. "Credentialed prevention staff ensure that programs and their funders are delivering on their mission of ensuring public safety and well-being. A thorough understanding of prevention and the latest evidence-based practices for treatment is the hallmark of a qualified professional. The Prevention Specialist credential requires professionals to demonstrate competency through experience, education, supervision, and the passing of a rigorous examination. "Adopted in 1994, the Prevention Specialist (PS) is one of the fastest growing credentials in the field of addiction-related behavioral health care. There are now more than 50 U.S. states, territories, and countries that offer a reciprocal PS credential."

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Question	Response
Please select AB374 Section 10 Requirement(s) that have been assigned to the Prevention Subcommittee that aligns with your recommendation. Please select all that apply.	(a) Leverage and expand efforts by state and local governmental entities to reduce the use of substances which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants, and identify ways to enhance those efforts through coordination and collaboration. (j) Study the efficacy and expand the implementation of programs to: (1) Educate youth and families about the effects of substance use and substance use disorders.
Please select the AB374 Section 10 Requirement(s) that are cross-cutting elements assigned to all three subcommittees that aligns with your recommendation. Please select all that apply.	(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.
If your recommendation focuses on a special population, please select all that apply. If your recommendation does not focus on a special population, please select that response.	My recommendation does not focus on a special population.
Please describe the Action Step aligned with your recommendation.	Bill Draft Request (BDR) Other (please specify): I am thinking that there may be pathway for PRSS's and Prevention Specialists in the "slipstream" of the momentum and pathway carved by CHWs in the 2023 legislative session. Perhaps leverage this for the 2025 session?

Prevention Recommendation #7 *2022 Recommendation #15 resubmitted*	**PS 7. Support Harm Reduction through: 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.**
Question	Response
Is this a short-term or long-term recommendation?	Long-term (2+ years)
If your recommendation requires a fiscal note, please approximate the amount.	Estimated fiscal note amount: Unsure -- conceivably these two professions could ostensibly HELP the State save money by reducing harm and utilization of higher cost services.
On a scale of 1-3, please rate the urgency of your recommendation.	3
On a scale of 1-3, please rate the impact of your recommendation.	3
On a scale of 1-3, please rate the current capacity to implement your recommendation.	3
Please provide a description of the following regarding your recommendation (this will be discussed in more detail at the next subcommittee meeting): Impact, capacity & feasibility of implementation, urgency, and how the recommendation advances racial and health equity.	**Impact** -- HIGH -- If successful in having PRSSs and Prevention Specialists at parity with CHWs, we would have onboard all of the Big Three paraprofessional professions that are key to building strong, effective, and sustainable strategies for mitigating harm from substance abuse. **Capacity and Feasibility of Implementation** -- Because of the trailblazing done by CHW advocates, there is already demonstrated capacity and feasibility for implementation of incorporating PRSSs and Prevention Specialists. **Urgency** -- HIGH -- It is vitally important that we get ALL of the needed workforce pieces in place so that we don't unintentionally handicap our efforts going forward. **Racial and health equity** --It is my understanding that is just these sorts of services that most advance racial and health equity. This is done in two ways. On the workforce development side, these are considered "attainable" professions for folks who might otherwise want to work in healthcare but feel that the barrier of entry is too high for more traditional points of entry (i.e., nurses, doctors). Indeed, data from the NV Community Health Worker Association demonstrates that their most recent training cohort are primarily people of color.

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Question	Response
	Secondly, because paraprofessionals are not as expensive as more traditional supports (i.e., masters-level mental health counselors, psychologists), they are more often utilized and deployed to provide services to people of color where funds are not widely available.

Harm Reduction

Harm Reduction Recommendation #1	**HR 1. Establish a statewide initiative for community drug checking that incorporates qualitative and quantitative drug checking and includes the following parameters:** • **Work with harm reduction community to identify partners/ locations and provide guidance and training.** • **Start all sites with mail-based testing while piloting on-site drug checking in a subset of early adopters to refine implementation needs.** • **Standardize the data collection, entry, testing, mailing, analysis, reporting as a best practice. Make this as transparent of a process as possible.** • **Articulate principles and plans for what will happen to the data.**
Question	Response
Please describe your justification/background information for this recommendation.	This recommendation was workshopped by the Prevention subcommittee from recommendation submissions by Prevention Vice Chair Schoen, Chair Jessica Johnson, and SURG committee member Lisa Lee. (See *SURG Prevention and Harm Reduction Recommendations August 2023* for earlier submissions).
Please provide a description of the following regarding your recommendation: Impact, capacity & feasibility of implementation, urgency, and how the recommendation advances racial and health equity.	Prevention subcommittee members requested that SURG subcommittee members provide input on the qualitative elements, to be discussed at the October 11 SURG meeting. Since this recommendation was workshopped from several survey submissions, the survey questions will also need to be reviewed and condensed to align with the updated recommendation (see *SURG Prevention and Harm Reduction Recommendations August 2023* for earlier submissions pages 21-25).

Harm Reduction Recommendation #2 **REVISED (recommendation language, justification/ background, qualitative elements)**	***AS REVISED:* HR 2. Harm Reduction Shipping Supply: Provide for shipping costs for evidence-based harm reduction supplies (e.g., naloxone, sharps, fentanyl test strips, etc.) and for travel costs for the pickup of used sharps products to be returned for destruction. Increase advertising about shipping programs to rural Nevada. In collaboration with local agencies and through community conversations, establish local support for harm reduction efforts. Establish an alternative strategy for harm reduction supply delivery if people can't receive delivery of the supplies directly.**
Question	Response
This recommendation was informed by the following Harm Reduction recommendation submission (by SURG Committee Member Chelsi Cheatom) from March 2023:	*Provide for the expansion of Harm Reduction services in every county including supporting shipping from urban Harm Reduction programs to rural/ frontier areas.*
Please describe your justification/background information for this recommendation.	Syringe exchanges and harm reduction programs are not available throughout most of the state and distance should not be a barrier for people to receive harm reduction services and products. Trac-B Exchange has served 13 counties with naloxone shipping and 16 counties with harm reduction supply shipping. They have had 24 reported reversals with shipped naloxone, and over 1100 requests for harm reduction supplies. These efforts could be scaled up to serve more people in all counties.
Please include any associated research or links for your recommendation.	Nextdistro is a national Harm Reduction Program that partners with local programs to ship overdose prevention supplies to individuals that need it. Trac-B/Impact Exchange in Las Vegas is a partner. Www.nextdistro.org American Medical Association (AMA) Substance Use and Pain Task Force (2023). *Overdose Epidemic Report 2023*.. AMA Overdose Epidemic Report (ama-assn.org), pp. 15, 16, 20.

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Question	Response
Please select the AB374 Section 10 Requirement(s) that align with your Harm Reduction recommendation. Please select all that apply.	(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. (j) Study the efficacy and expand the implementation of programs to: (1) Educate youth and families about the effects of substance use and substance use disorders; and (2) Reduce the harms associated with substance use and substance use disorders while referring persons with substance use disorders to evidence-based treatment.
If your recommendation focuses on a special population, please select all that apply. If your recommendation does not focus on a special population, please select that response.	e. People who inject drugs; (as revised) g. Other populations disproportionately impacted by substance use disorders
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

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Question	Response
On a scale of 1-3, please rate the urgency of your recommendation.	1
On a scale of 1-3, please rate the impact of your recommendation.	3
On a scale of 1-3, please rate the current capacity to implement your recommendation.	3
Please provide a description of the following regarding your recommendation (this will be discussed in more detail at the next subcommittee meeting): Impact, capacity & feasibility of implementation, urgency, and how the recommendation advances racial and health equity.	**Impact:** Harm reduction shipping will allow people that do not have easy access to life-saving supplies such as fentanyl test strips, naloxone and sterile harm reduction supplies to have them mailed directly to them. Supporting the collection of used sharps focuses on supporting safe disposal and protects individuals and communities. This recommendation supports the scale up of an existing program with an incorporation of working with communities/community coalitions to develop additional strategies for disposal and delivery to people in need of naloxone and other harm reduction items. **Capacity and Feasibility:** Currently, Trac-B Exchange in Las Vegas works with NextDistro and ships supplies, but their efforts could be supported to allow for growth across the state. Shipping from one location costs less than opening a "brick-and-mortar" storefront but allows for clients to receive many of the same services. Because these services exist already in the state, it is possible to expand quickly. Trac-B Exchange has been shipping since February 2019. This would be a scale up of existing operations, funding an unfunded program, and supporting additional syringe disposal. **Urgency:** Getting supplies to people who are currently using substances saves lives. People who use substances are dying of overdose in our communities and naloxone availability would save lives. Syringe disposal would allow people to prevent improperly disposing of sharps. **Racial and Health Equity:** Shipping is for everyone and would serve populations without the ability to travel to or purchase supplies or get to a public health vending machine, storefront or van syringe exchange or

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Question	Response
	pharmacy. Shipping allows for all people to receive products that can save their life, regardless of location or access to services. With the addition of alternative strategies if people can't receive delivery of supplies, this would expand harm reduction equity statewide. Incorporating community conversations allows for communities to participate.

HR #3 has been combined with RS #3.

Harm Reduction Recommendation #4 **REVISED (Recommendation language and justification/ background)**	***AS REVISED:* HR 4. Create a bill draft request at the legislature to change the Nevada paraphernalia definition as it relates to smoking supplies. (See proposed draft language change to N.R.S. 453.554 in justification.)**
Question	Response
Please describe your justification/background information for this recommendation.	Fentanyl has rapidly become a primary opioid in the illicit drug supply. Fentanyl, especially in its pill form, is most often smoked rather than injected, both by individuals who are new to opioid use and by those experienced in injecting black tar heroin. Along with a parallel increase in the use of methamphetamine, which is also commonly smoked, the prevalence of opioid and stimulant smoking is quickly overtaking injection as a primary and frequent route of administration. This strategy is a significantly less risky mode of administration for people who are unwilling or unable to stop using drugs. A person's overall drug-related risk is lowered every time they choose to smoke instead of inject. Studies have found that participants who inject drugs are often willing to switch to smoking or other modes of administration when feasible, and that non-injection routes of administration may pose less risk of overdose. Many of the harms of injection drug use, such as endocarditis, skin infections, and vein damage, are injection-specific. In addition to being harmful to individual health, endocarditis, HIV, and HCV are expensive to treat, and place a considerable economic burden on the public health system. Expansion of access to these supplies for public health purposes are additionally important for reducing risk for exposure to tuberculosis outbreaks and COVID-19. Harm reduction services for people who use drugs are almost entirely focused on injection. Access to safer smoking supplies create safer-use options for people who don't inject, or who prefer stimulants as a primary drug. This broadens the reach of harm reduction services and offers an additional pathway into care and recovery. Proposed draft language to change NRS 453.554: *N.R.S. 453.554* *453.554. "Drug paraphernalia" defined* *1. Except as otherwise provided in subsection 2, as used in NRS 453.554 to 453.566, inclusive, unless the context otherwise requires, "drug paraphernalia" means all equipment, products and materials of any kind which are used, intended for use, or designed for use in planting, propagating, cultivating, growing, harvesting, manufacturing, compounding, converting, producing,*

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Question	Response
	preparing, testing, analyzing, packaging, repackaging, storing, containing, concealing or ingesting, a controlled substance in violation of this chapter. The term includes, but is not limited to: *(a) Kits used, intended for use, or designed for use in planting, propagating, cultivating, growing or harvesting of any species of plant which is a controlled substance or from which a controlled substance can be derived;* *(b) Kits used, intended for use, or designed for use in manufacturing, compounding, converting, producing or preparing controlled substances;* *(c) Isomerization devices used, intended for use, or designed for use in increasing the potency of any species of plant which is a controlled substance;* *(d) Testing equipment, other than testing products, used, intended for use, or designed for use in identifying, or in analyzing the strength, effectiveness or purity of controlled substances;* *(e) Scales and balances used, intended for use, or designed for use in weighing or measuring controlled substances;* *(f) Diluents and adulterants, such as quinine hydrochloride, mannitol, mannite, dextrose and lactose, used, intended for use, or designed for use in cutting controlled substances;* *(g) Separation gins and sifters used, intended for use, or designed for use in removing twigs and seeds from, or in otherwise cleaning or refining marijuana;* *(h) Blenders, bowls, containers, spoons and mixing devices used, intended for use, or designed for use in compounding controlled substances;* *(i) Capsules, balloons, envelopes and other containers used, intended for use, or designed for use in packaging small quantities of controlled substances; and* *(j) Containers and other objects used, intended for use, or designed for use in storing or concealing controlled substances.*

Harm Reduction Recommendation #4 **REVISED (Recommendation language and justification/ background)**	***AS REVISED:* HR 4. Create a bill draft request at the legislature to change the Nevada paraphernalia definition as it relates to smoking supplies. (See proposed draft language change to N.R.S. 453.554 in justification.)**
Question	Response
	2. The term does not include: *(a) Any type of hypodermic syringe, needle, instrument, device or implement intended or capable of being adapted for the purpose of administering drugs by subcutaneous, intramuscular or intravenous injection; or* *(b) Testing products.* *3. As used in this section:* *(a) "Fentanyl test strip" means a strip used to rapidly test for the presence of fentanyl or other synthetic opiates.* *(b) "Testing product" means a product, including, without limitation, a fentanyl test strip, that analyzes a controlled substance for the presence of adulterants.* Note that the proposed suggested changes to NRS are based on the changes the Maine legislature made in 2021 to remove many items from the drug paraphernalia law, including smoking equipment.
Please include any associated research or links for your recommendation.	• Example briefing from Washington State: https://adai.uw.edu/wordpress/wp-content/uploads/SaferSmokingBrief_2022.pdf • CDC: Issue Brief: Smoking Supplies for Harm Reduction. • Maine legislation: https://www.mainelegislature.org/legis/bills/getPDF.asp?paper=HP0732&item=1&snum=130
Please select the AB374 Section 10 Requirement(s) that aligns with your Harm	(j) Study the efficacy and expand the implementation of programs to: (1) Educate youth and families about the effects of substance use and substance use disorders; and (2) Reduce the harms associated with substance use and substance use disorders while referring persons with substance use disorders to evidence-based treatment.

Harm Reduction Recommendation #4 **REVISED (Recommendation language and justification/ background)**	***AS REVISED:* HR 4. Create a bill draft request at the legislature to change the Nevada paraphernalia definition as it relates to smoking supplies. (See proposed draft language change to N.R.S. 453.554 in justification.)**
Question	Response
Reduction recommendation. Please select all that apply.	
If your recommendation focuses on a special population, please select all that apply. If your recommendation does not focus on a special population, please select that response.	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 e. People who inject drugs; (as revised) g. Other populations disproportionately impacted by substance use disorders
Please describe the Action Step aligned with your recommendation.	Bill Draft Request (BDR)
Is this a short-term or long-term recommendation?	Long-term (2+ years)
If your recommendation requires a fiscal note, please approximate the amount.	No Fiscal Note

Harm Reduction Recommendation #4 **REVISED (Recommendation language and justification/ background)**	***AS REVISED:* HR 4. Create a bill draft request at the legislature to change the Nevada paraphernalia definition as it relates to smoking supplies. (See proposed draft language change to N.R.S. 453.554 in justification.)**
Question	Response
On a scale of 1-3, please rate the urgency of your recommendation.	3
On a scale of 1-3, please rate the impact of your recommendation.	3
On a scale of 1-3, please rate the current capacity to implement your recommendation.	3
Please provide a description of the following regarding your recommendation (this will be discussed in more detail at the next subcommittee meeting): Impact, capacity & feasibility of implementation, urgency, and how the recommendation advances racial and health equity.	**Impact**: Studies have found that participants who inject drugs are often willing to switch to smoking or other modes of administration when feasible, and that non-injection routes of administration may pose less risk of overdose. Many of the harms of injection drug use, such as endocarditis, skin infections, and vein damage, are injection specific. In addition to being harmful to individual health, endocarditis, HIV, and HCV are expensive to treat, and place a considerable economic burden on the public health system. Expansion of access to these supplies for public health purposes are additionally important for reducing risk for exposure to tuberculosis outbreaks and COVID-19. **Capacity & feasibility of implementation**: Nevada already has multiple laws and policies supporting access to harm reduction services, such as syringe services/harm reduction programs and reduced drug-paraphernalia for drug checking equipment for personal overdose prevention (e.g., fentanyl test strips). Making safer smoking equipment more widely available in partnership with harm reduction programs can provide more opportunities for effective health communication. This can reduce health care barriers and improve health outcomes.

Harm Reduction Recommendation #4 **REVISED (Recommendation language and justification/ background)**	***AS REVISED:* HR 4. Create a bill draft request at the legislature to change the Nevada paraphernalia definition as it relates to smoking supplies. (See proposed draft language change to N.R.S. 453.554 in justification.)**
Question	Response
	Urgency: Fentanyl has rapidly become a primary opioid in the illicit drug supply. Fentanyl, especially in its pill form, is most often smoked rather than injected, both by individuals who are new to opioid use and by those experienced in injecting black tar heroin. Along with a parallel increase in the use of methamphetamine, which is also commonly smoked, the prevalence of opioid and stimulant smoking is quickly overtaking injection as a primary and frequent route of administration. This strategy is a significantly less risky mode of administration for people who are unwilling or unable to stop using drugs. **Racial and health equity**: Harm reduction services for people who use drugs are almost entirely focused on injection. Access to safer smoking supplies create safer-use options for people who don't inject, or who prefer stimulants as a primary drug. This broadens the reach of harm reduction services and offers an additional pathway into care and recovery. Harm reduction programs can connect people who smoke drugs (PWSD) to a wider array of harm reduction education, materials, and linkage with health care and substance use treatment. In addition, engaging PWSD, especially with younger adults, may slow the development or escalation of substance use disorder and/or transition into injection.

Harm Reduction Recommendation #5 **REVISED (recommendation language, justification/ background, and qualitative elements)**	**AS REVISED: HR 5. Recommend a bill draft request to equalize PRSS so it is equal to or exceeds CHW reimbursement. Add an educational requirement around evidence-based harm reduction to both PRSS and CHW certification.**
Question	Response
Recommendation submitted by SURG committee member Erik Schoen.	Provide support to community coalitions to support community health workers to expand Harm Reduction throughout the state of Nevada.
Please describe your justification/background information for this recommendation.	Nevada has a robust peer recovery specialist credentialing program and the community prevention coalitions utilize both peers and community health workers on staff that provide support to their communities in various ways which could include harm reduction efforts that are for the communities they serve. Peers are every bit as effective as community health workers in providing therapeutic social support(s); as such, it is important for them to reimbursed through Medicaid at a similar, if not higher, level.
Please include any associated research or links for your recommendation.	No Survey Response
Please select the AB374 Section 10 Requirement(s) that align with your Harm Reduction recommendation. Please select all that apply.	(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. (j) Study the efficacy and expand the implementation of programs to: (1) Educate youth and families about the effects of substance use and substance use disorders; and (2) Reduce the harms associated with substance use and substance use disorders while referring persons with substance use disorders to evidence-based treatment.

Harm Reduction Recommendation #5 **REVISED (recommendation language, justification/ background, and qualitative elements)**	**AS REVISED: HR 5. Recommend a bill draft request to equalize PRSS so it is equal to or exceeds CHW reimbursement. Add an educational requirement around evidence-based harm reduction to both PRSS and CHW certification.**
Question	Response
If your recommendation focuses on a special population, please select all that apply. If your recommendation does not focus on a special population, please select that response.	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 g. Other populations disproportionately impacted by substance use disorders
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 urgency of your recommendation.	1
On a scale of 1-3, please rate the impact of your recommendation.	2
On a scale of 1-3, please rate the current capacity to implement your recommendation.	3
Please provide a description of the following regarding your recommendation (this will be discussed in more detail at the next subcommittee meeting):	**Impact**: HIGH - If there were a contender for "most impactful strategy" with respect to workforce development, the widespread utilization of CHWs (and Peers and Prevention Specialists) would be at the top of the list. From recruitment to sustainability, these paraprofessionals are the most widely accessible and easily deployable -- not to mention the most eager -- members of the workforce to utilize and mobilize in providing

Harm Reduction Recommendation #5 **REVISED (recommendation language, justification/ background, and qualitative elements)**	**AS REVISED: HR 5. Recommend a bill draft request to equalize PRSS so it is equal to or exceeds CHW reimbursement. Add an educational requirement around evidence-based harm reduction to both PRSS and CHW certification.**
Question	Response
Impact, capacity & feasibility of implementation, urgency, and how the recommendation advances racial and health equity.	Nevadans with the supports they need to mitigate any harm from possible substance use or abuse, including harm reduction efforts. **Capacity & feasibility of implementation**: The good news is that many of the community coalitions throughout Nevada are already utilizing CHWs and Peers in harm reduction efforts like Naloxone training and distribution, and other strategies. These coalitions have also done the hard work of helping the communities they serve be more receptive to the importance of considering and utilizing harm reduction strategies. **Urgency**: HIGH - Time is of the essence -- the longer we delay in standing up this very important strategy, the slower we will be to bring the full benefits to Nevada residents. **Racial and health equity**: The use of paraprofessionals helps to promote diversity within the workforce (according to the NCHWA, the most recent cohort of CHW trainees is more than 50% people of color). As well, they are uniquely positioned to be able to have an outsize positive influence relative to more traditional professions (i.e., masters-level therapists, psychiatrists, etc.).

Treatment & Recovery Subcommittee

Treatment & Recovery Recommendation #1 *REVISED (research links)*	**TRS 1. 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 Cross Cutting)** **Sponsor: Dr. Dickson**
Question	Response
Recommendation submitted by Treatment and Recovery Subcommittee member Dr. Lesley Dickson.	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 and Prevention #8c) Treatment and Cross Cutting
Please describe your justification/background information for this recommendation.	This recommendation needs to stay and at the top of the list. We have a long way to go in terms of getting folks with OUD's into treatment. One of the problems is the cost of treatment, particularly since so many of the folks in need are now being dropped from Medicaid roles. Facilities and prescribers may need financial augmentation to care for these individuals.
Please include any associated research or links for your recommendation.	Frequent media reports of overdose data. Media reports from Nevada Medicaid regarding the culling of Medicaid recipients. • https://www.nevadacurrent.com/2023/03/20/as-opioids-overdose-deaths-keep-rising-report-urges-lawmakers-to-develop-new-approaches/ • https://thenevadaindependent.com/article/reno-has-drug-overdose-problem • https://www.nevadacurrent.com/2023/03/03/200000-nevadans-will-need-to-re-qualify-for-medicaid-as-pandemic-provision-winds-down/ • https://nvopioidresponse.org/wp-content/uploads/2023/05/OD-Surveillance-May-2023-Statewide_ADA.pdf https://nida.nih.gov/news-events/news-releases/2023/03/Buprenorphine-initiation-in-ER-found-safe-and-effective-for-individuals-with-OUD-using-fentanyl • https://www.nevadacurrent.com/2023/03/03/200000-nevadans-will-need-to-re-qualify-for-medicaid-as-pandemic-provision-winds-down/ • http://hdl.handle.net/11714/8472 • https://academyhealth.confex.com/academyhealth/2022di/mediafile/Handout/Paper55430/Implementing%20ED%20Initiated%20Buprenorp

Treatment & Recovery Recommendation #1 ***REVISED (research links)***	**TRS 1. 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 Cross Cutting)** **Sponsor: Dr. Dickson**
Question	Response
	hine%20Treatment%20for%20Opioid%20Use%20Disorder%20in%20Nevada.pdf • https://nida.nih.gov/nidamed-medical-health-professionals/discipline-specific-resources/emergency-physicians-first-responders/initiating-buprenorphine-treatment-in-emergency-department • https://store.samhsa.gov/sites/default/files/pep21-pl-guide-5.pdf • https://ag.nv.gov/uploadedFiles/agnvgov/Content/About/Administration/Model-Substance-Use-Disorder-Treatment-in-Emergency-Settings-Act-2.pdf • https://www.leg.state.nv.us/App/NELIS/REL/81st2021/Bill/8095/Text# • https://www.leg.state.nv.us/App/NELIS/REL/81st2021/Bill/8095/Text#
Please select AB374 Section 10 Requirement(s) that have been assigned to the Treatment and Recovery Subcommittee that aligns with your recommendation. Please select all that apply.	(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. (j) Study the efficacy and expand the implementation of programs to: (2) Reduce the harms associated with substance use and substance use disorders while referring persons with substance use disorders to evidence-based treatment.

Treatment & Recovery Recommendation #1 ***REVISED (research links)***	**TRS 1. 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 Cross Cutting)** **Sponsor: Dr. Dickson**
Question	Response
Please select the AB374 Section 10 Requirement(s) that are cross-cutting elements assigned to all three subcommittees that aligns with your recommendation. Please select all that apply.	(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.

Treatment & Recovery Recommendation #1 ***REVISED (research links)***	**TRS 1. 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 Cross Cutting)** **Sponsor: Dr. Dickson**
Question	Response
If your recommendation focuses on a special population, please select all that apply. If your recommendation does not focus on a special population, please select that response.	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) g. Other populations disproportionately impacted by substance use disorders
Please describe the Action Step aligned with your recommendation.	Expenditure of Opioid Settlement Funds DHHS Policy
Is this a short-term or long-term recommendation?	Long-term (2+ years)
If your recommendation requires a fiscal note, please approximate the amount.	Estimated fiscal note amount: $5,000,000
On a scale of 1-3, please rate the urgency of your recommendation.	3
On a scale of 1-3, please rate the impact of your recommendation.	3
On a scale of 1-3, please rate the current capacity to implement your recommendation.	2
Please provide a description of the	**Urgency**: The problem is getting worse, hasn't gone away.

Treatment & Recovery Recommendation #1 ***REVISED (research links)***	**TRS 1. 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 Cross Cutting)** **Sponsor: Dr. Dickson**
Question	Response
following regarding your recommendation: Impact, capacity & feasibility of implementation, urgency, how the recommendation advances racial and health equity.	**Impact**: High impact as the opportunity to save lives for people who are increasingly using heroin and fentanyl. **Capacity and Feasibility**: There are not enough prescribers and agencies providing MAT. We need people trained and comfortable prescribing MAT. Also need to be comfortable working with persons with OUD. Crossroads of So. NV has a 75 bed detox facility and beds are full every day, increased from 55 beds and they don't seem enough. Need to engage clients in a continuum for a chance at long term success. Also, WestCare just closed their detox unit. There is also a lack of access for providers of psychiatry and there are health professional shortage areas across the state. **Advances Racial and Health Equity**: There is very little outreach to the population regarding the efficacy of MAT and where to get it. Some populations are being overlooked entirely.

TRS#2 has been combined with RS #1.

Treatment & Recovery Recommendation #3 ***REVISED (recommendation language, research link added)***	***AS REVISED:* TRS 3. Implement a specialized child welfare service delivery model with follow up and referral and linkage to care that improves outcomes for children and families affected by parental substance use and child maltreatment and pregnant or birthing persons with substance use disorder. (Treatment and Recovery Supports)** **Sponsor: Lisa Lee**
Survey Question	Survey Response
Recommendation submitted by Treatment and Recovery Subcommittee Chair Lisa Lee.	Implement a specialized child welfare service delivery model with follow up and referral and linkage to care that improves outcomes for children and families affected by parental substance use and child maltreatment and pregnant or birthing persons with opioid use disorder. (Combined SR 12 and 14 from 2022.)

Treatment & Recovery Recommendation #3 ***REVISED (recommendation language, research link added)***	***AS REVISED:* TRS 3. Implement a specialized child welfare service delivery model with follow up and referral and linkage to care that improves outcomes for children and families affected by parental substance use and child maltreatment and pregnant or birthing persons with substance use disorder. (Treatment and Recovery Supports)** **Sponsor: Lisa Lee**
Survey Question	Survey Response
Please describe your justification/background information for this recommendation.	- Improve birth outcomes among pregnant and birthing persons. - Parental substance use increases the risk for child maltreatment and child welfare involvement, which increases risk of intergenerational substance use. - Treatment of SUD in parents decreases exposure to adverse childhood experiences.
Please include any associated research or links for your recommendation.	• https://www.samhsa.gov/data/sites/default/files/report_3223/ShortReport-3223.html • https://ncsacw.acf.hhs.gov/files/toolkitpackage/topic-prenatal/topic-prenatal-slides-508.pdf • https://ncsacw.acf.hhs.gov/files/statistics-2020.pdf • https://www.sciencedirect.com/science/article/abs/pii/S0190740921003327?via%3Dihub • https://www.journalofsubstanceabusetreatment.com/article/S0740-5472(21)00289-0/fulltext • https://www.sciencedirect.com/science/article/abs/pii/S0145213421003331?via%3Dihub • https://content.govdelivery.com/accounts/USNIHNIDA/bulletins/37c5a41
Please select AB374 Section 10 Requirement(s) that have been assigned to the Treatment and Recovery Subcommittee that aligns with your recommendation. Please select all that apply.	(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. (j) Study the efficacy and expand the implementation of programs to: (2) Reduce the harms associated with substance use and substance use disorders while referring persons with substance use disorders to evidence-based treatment.

Treatment & Recovery Recommendation #3 ***REVISED (recommendation language, research link added)***	***AS REVISED:* TRS 3. Implement a specialized child welfare service delivery model with follow up and referral and linkage to care that improves outcomes for children and families affected by parental substance use and child maltreatment and pregnant or birthing persons with substance use disorder. (Treatment and Recovery Supports)** **Sponsor: Lisa Lee**
Survey Question	Survey Response
Please select the AB374 Section 10 Requirement(s) that are cross-cutting elements assigned to all three subcommittees that aligns with your recommendation. Please select all that apply.	(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.

Treatment & Recovery Recommendation #3 ***REVISED (recommendation language, research link added)***	***AS REVISED:* TRS 3. Implement a specialized child welfare service delivery model with follow up and referral and linkage to care that improves outcomes for children and families affected by parental substance use and child maltreatment and pregnant or birthing persons with substance use disorder. (Treatment and Recovery Supports)** **Sponsor: Lisa Lee**
Survey Question	Survey Response
If your recommendation focuses on a special population, please select all that apply. If your recommendation does not focus on a special population, please select that response.	c. Pregnant women and the parents of dependent children f. Children who are involved with the child welfare system
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.	No fiscal note
On a scale of 1-3, please rate the urgency of your recommendation.	2
On a scale of 1-3, please rate the impact of your recommendation.	3
On a scale of 1-3, please rate the current capacity to implement your recommendation.	2

Treatment & Recovery Recommendation #3 ***REVISED (recommendation language, research link added)***	***AS REVISED:* TRS 3. Implement a specialized child welfare service delivery model with follow up and referral and linkage to care that improves outcomes for children and families affected by parental substance use and child maltreatment and pregnant or birthing persons with substance use disorder. (Treatment and Recovery Supports)** **Sponsor: Lisa Lee**
Survey Question	Survey Response
Please provide a description of the following regarding your recommendation (this will be discussed in more detail at the next subcommittee meeting): Impact, capacity & feasibility of implementation, urgency, how the recommendation advances racial and health equity.	**Urgency**: In Nevada, 25.8% of children were removed from their families in 2022 with parental substance use as a factor for maltreatment and 2.5% due to prenatal substance exposure. Rated 2 for urgency due to only affecting pregnant and parenting with SUD. **Impact**: When pregnant and parenting people address their problematic/chaotic drug use, it positively impacts their children, the schools, and society as intergenerational cycles are broken. Rated 3 due to the intergenerational breadth of the impact, as well as the impact on child welfare, schools, and juvenile and adult justice and treatment systems. When families recover, communities recover. **Capacity to implement**: Child welfare is notoriously a difficult environment to retain staff, much of the state is a treatment desert, and we are hemorrhaging foster beds. Rated 2 due to these barriers. **Advances racial and health equity**: Racial disparities in child welfare have been widely noted in the literature and by organizations like the Annie E. Casey Foundation. The Sobriety Treatment and Recovery Team model has promising evidence that it promotes racial equity in the child welfare system. Interrupting intergenerational cycles advances health equity. There was no rating system for this above. (Would rate as a 3 for high ability to advance racial and health equity)

Treatment & Recovery Recommendation #4	**TRS 4. Establish priority funding areas to ensure entry into treatment and/or recovery, ensure that Black, Latinx/Hispanic, Indigenous, and people of color and LGBTQIA communities are receiving culturally and linguistically appropriate overdose prevention (naloxone, vending machines, media), drug checking supplies to reduce fatal overdoses among Black, Latinx/Hispanic, Indigenous individuals, and people of color in Nevada. (Harm Reduction)** **Sponsor: Chelsi Cheatom**
Survey Question	Survey Response
Recommendation submitted by Treatment and Recovery Subcommittee member Chelsi Cheatom.	Establish priority funding areas to ensure entry into treatment and/or recovery, and that Black, Latinx/Hispanic, Indigenous, and people of color and LGBTQIA communities are receiving culturally and linguistically appropriate overdose prevention (naloxone, vending machines, media), drug checking supplies to reduce fatal overdoses among Black, Latinx/Hispanic, Indigenous individuals, and people of color (BIPOC) in Nevada. This could include: • Prioritizing programming and funding specific to organizations reaching BIPOC community members • Promoting diversion and deflection programs for historically marginalized people and facilitating access to treatment for this population • Engage BIPOC people and organizations in campaigns, billboards, and messaging related to substance use • Support and implement the Trac B harm reduction model with funding for staff and infrastructure to stand up newsstands/vending machines for harm reduction to BIPOC populations • Stand up PRSS independently of treatment, with targeted funding (Let people who are directly impacted have resources to do work in communities, creating a more diverse workforce.) • Support PRSS training events including train-the-trainer programs with technical support for other trainers. -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.

Treatment & Recovery Recommendation #4	**TRS 4. Establish priority funding areas to ensure entry into treatment and/or recovery, ensure that Black, Latinx/Hispanic, Indigenous, and people of color and LGBTQIA communities are receiving culturally and linguistically appropriate overdose prevention (naloxone, vending machines, media), drug checking supplies to reduce fatal overdoses among Black, Latinx/Hispanic, Indigenous individuals, and people of color in Nevada. (Harm Reduction)** **Sponsor: Chelsi Cheatom**
Survey Question	Survey Response
Please describe your justification/background information for this recommendation.	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. Local outreach efforts in Nevada that have been successful include Black Wall Street.
Please include any associated research or links for your recommendation.	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9098250/ https://nvopioidresponse.org/wp-content/uploads/2022/10/SUDORS-Report-2021-All-Statewide.pdf https://legislativeanalysis.org/wp-content/uploads/2022/02/Model-Syringe-Services-Program-Act.pdf
Please select AB374 Section 10 Requirement(s) that have been assigned to the Treatment and Recovery Subcommittee that aligns with your recommendation. Please select all that apply.	(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. (j) Study the efficacy and expand the implementation of programs to: (2) Reduce the harms associated with substance use and substance use disorders while referring persons with substance use disorders to evidence-based treatment.
Please select the AB374 Section 10 Requirement(s) that are cross-cutting elements assigned to all three subcommittees that aligns with your recommendation. Please select all that apply.	(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.

Treatment & Recovery Recommendation #4	**TRS 4. Establish priority funding areas to ensure entry into treatment and/or recovery, ensure that Black, Latinx/Hispanic, Indigenous, and people of color and LGBTQIA communities are receiving culturally and linguistically appropriate overdose prevention (naloxone, vending machines, media), drug checking supplies to reduce fatal overdoses among Black, Latinx/Hispanic, Indigenous individuals, and people of color in Nevada. (Harm Reduction)** **Sponsor: Chelsi Cheatom**
Survey Question	Survey Response
If your recommendation focuses on a special population, please select all that apply. If your recommendation does not focus on a special population, please select that response.	a. Veterans, elderly persons and youth c. Pregnant women and the parents of dependent children d. Lesbian, gay, bisexual, transgender and questioning persons e. People who inject drugs; (as revised) g. Other populations disproportionately impacted by substance use disorders
Please describe the Action Step aligned with your recommendation.	Expenditure of Opioid Settlement Funds
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 urgency of your recommendation.	3
On a scale of 1-3, please rate the impact of your recommendation.	3
On a scale of 1-3, please rate the current capacity to implement your recommendation.	3

Treatment & Recovery Recommendation #4	**TRS 4. Establish priority funding areas to ensure entry into treatment and/or recovery, ensure that Black, Latinx/Hispanic, Indigenous, and people of color and LGBTQIA communities are receiving culturally and linguistically appropriate overdose prevention (naloxone, vending machines, media), drug checking supplies to reduce fatal overdoses among Black, Latinx/Hispanic, Indigenous individuals, and people of color in Nevada. (Harm Reduction)** **Sponsor: Chelsi Cheatom**
Survey Question	Survey Response
Please provide a description of the following regarding your recommendation (this will be discussed in more detail at the next subcommittee meeting): Impact, capacity & feasibility of implementation, urgency, how the recommendation advances racial and health equity.	**Urgency**: Nevada's BIPOC population has been disproportionately affected by the opioid epidemic. **Impact**: Special focus on providing this population with harm reduction programs and supplies and entry into treatment will hopefully help to alleviate the racial/ethnic inequity. **Capacity**: Providers in the state are already doing this work and it is a low cost and effective strategy. Working with Prevention coalitions and harm reduction organizations as well as treatment agencies, Nevada has the capacity to focus efforts on specific highly impacted populations such as LGBTQIA+ and BIPOC. **Urgency**: high given state overdose data. **Advances racial and health equity**: This recommendation is based on racial disproportionality in our state's overdose fatality data. Harm Reduction programs have been implemented in several counties Nevada as well as other states and can easily be implemented in communities and areas of need.

Treatment & Recovery Recommendation #5	**TRS 5. Significantly increase capacity; including access to treatment facilities and beds for intensive care coordination to facilitate transitions and to divert youth under the age of 18 at risk of higher level of care and/or system involvement. (Treatment)** **Sponsor: Steve Shell**
Survey Question	Survey Response
Recommendation submitted by Treatment and Recovery Subcommittee member Steve Shell.	Significantly increase capacity; including access to treatment facilities and beds for intensive care coordination to facilitate transitions and to divert youth under the age of 18 at risk of higher level of care and/or system involvement.
Please describe your justification/background information for this recommendation.	i. 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.

Treatment & Recovery Recommendation #5	**TRS 5. Significantly increase capacity; including access to treatment facilities and beds for intensive care coordination to facilitate transitions and to divert youth under the age of 18 at risk of higher level of care and/or system involvement. (Treatment) Sponsor: Steve Shell**
Survey Question	Survey Response
	ii. Parental substance use increases the risk for child maltreatment and child welfare involvement, which increases risk of intergenerational substance use.
Please include any associated research or links for your recommendation.	Intensive Care Coordination for Children and Youth with Complex Mental and Substance Use Disorders https://www.justice.gov/d9/press-releases/attachments/2022/10/04/2022.10.04_report_of_nevada_investigation_0.pdf https://thenevadaindependent.com/article/hospitals-adopt-expanded-provider-tax-to-help-fund-behavioral-health-services
Please select AB374 Section 10 Requirement(s) that have been assigned to the Treatment and Recovery Subcommittee that aligns with your recommendation. Please select all that apply.	(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.
Please select the AB374 Section 10 Requirement(s) that are cross-cutting elements assigned to all three subcommittees that aligns with your recommendation. Please select all that apply.	(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.
If your recommendation focuses on a special population, please select all that apply. If your recommendation does not focus on a special population, please select that response.	a. Veterans, elderly persons, and youth f. Children who are involved with the child welfare system

Treatment & Recovery Recommendation #5	**TRS 5. Significantly increase capacity; including access to treatment facilities and beds for intensive care coordination to facilitate transitions and to divert youth under the age of 18 at risk of higher level of care and/or system involvement. (Treatment) Sponsor: Steve Shell**
Survey Question	Survey Response
Please describe the Action Step aligned with your recommendation.	Other (please specify): Direct DHHS to create grant opportunities and pursue public and private partnerships, including capital and operational costs, to open or expand bed capacity.
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.	Refer to DHHS for fiscal note for this recommendation.
On a scale of 1-3, please rate the urgency of your recommendation.	3
On a scale of 1-3, please rate the impact of your recommendation.	3
On a scale of 1-3, please rate the current capacity to implement your recommendation.	2
Please provide a description of the following regarding your recommendation (this will be discussed in more detail at the next subcommittee meeting): Impact, capacity & feasibility of implementation, urgency, how the recommendation advances racial and health equity.	**Urgency**: Increased access to treatment facilities is extremely urgent and will have a significant and immediate impact on getting youth the help they need in a more timely manner. Many youth are being transported to facilities in other cities and states due to limited bed availability or programs in Nevada. **Impact**: This recommendation would save lives. **Capacity**: Need more treatment beds and programs. Some facilities that are already operational have the capacity to expand with adequate financial assistance to support the implementation. **Racial and Health Equity**: The increased access also ensures racial and health equity and eliminates existing barriers to treatment.

Treatment & Recovery Recommendation #6	**TRS 6. Engage individuals with living and lived experience in programming design considerations and enhance Peer Support for underserved populations to be delivered through representatives of underserved communities by increasing reimbursement rates, implementing train the trainer models, and enacting policy changes to address limitations to the use of Peers in some settings through strategies including:** • **ensure adequate funding for these priorities,** • **target special populations,** • **increase reimbursement rates, and** • **offer standalone service provision opportunities.** **(Recovery Supports and Harm Reduction)** **Sponsor: Lisa Lee**
Survey Question	Survey Response
Please describe your justification/background information for this recommendation.	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. Stand up PRS independently of treatment, with targeted funding. (Let people who are directly impacted have resources to do work in communities. Think outside the box working with those who have historically been left out, creating a more diverse workforce.) Support PRSS training events including train-the-trainer programs with technical support for other trainers. This would support a more diverse PRSS workforce within underrepresented communities.
Please include any associated research or links for your recommendation.	• https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-019-0306-6 • https://substanceabusepolicy.biomedcentral.com/articles/10.1186/s13011-021-00406-6 • https://www.samhsa.gov/grants/applying/guidelines-lived-experience • https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6585590/ • https://psycnet.apa.org/record/2010-14450-003

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Survey Question	Survey Response
Please select AB374 Section 10 Requirement(s) that have been assigned to the Treatment and Recovery Subcommittee that aligns with your recommendation. Please select all that apply.	(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. Please select all that apply.	(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.

Treatment & Recovery Recommendation #6	**TRS 6. Engage individuals with living and lived experience in programming design considerations and enhance Peer Support for underserved populations to be delivered through representatives of underserved communities by increasing reimbursement rates, implementing train the trainer models, and enacting policy changes to address limitations to the use of Peers in some settings through strategies including:** • **ensure adequate funding for these priorities,** • **target special populations,** • **increase reimbursement rates, and** • **offer standalone service provision opportunities.** **(Recovery Supports and Harm Reduction)** **Sponsor: Lisa Lee**
Survey Question	Survey Response
If your recommendation focuses on a special population, please select all that apply. If your recommendation does not focus on a special population, please select that response.	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) g. Other populations disproportionately impacted by substance use disorders
Please describe the Action Step aligned with your recommendation.	Expenditure of Opioid Settlement Funds DHHS Policy
Is this a short-term or long-term recommendation?	Long-term (2+ years)
If your recommendation requires a fiscal note, please approximate the amount.	Request DHHS fiscal note for this recommendation
On a scale of 1-3, please rate the urgency of your recommendation.	3
On a scale of 1-3, please rate the impact of your recommendation.	2
On a scale of 1-3, please rate the current capacity to implement your recommendation.	2

Treatment & Recovery Recommendation #6	**TRS 6. Engage individuals with living and lived experience in programming design considerations and enhance Peer Support for underserved populations to be delivered through representatives of underserved communities by increasing reimbursement rates, implementing train the trainer models, and enacting policy changes to address limitations to the use of Peers in some settings through strategies including:** • **ensure adequate funding for these priorities,** • **target special populations,** • **increase reimbursement rates, and** • **offer standalone service provision opportunities.** **(Recovery Supports and Harm Reduction)** **Sponsor: Lisa Lee**
Survey Question	Survey Response
Please provide a description of the following regarding your recommendation (this will be discussed in more detail at the next subcommittee meeting): Impact, capacity & feasibility of implementation, urgency, how the recommendation advances racial and health equity.	**Urgency**: People continue to die as policymakers (who are removed from the boots on the ground struggles) play catch up with old data and try to guess what people need. People with living and lived experience have experiential knowledge to guide them. The people closest to the problem are always the ones closest to the solution. Rated 3 due to the urgency (life/death). **Impact**: Including a diversity of perspectives of people with living/lived experience will have a positive impact on policy, funding, and programmatic decisions. Rated as a 2 due to bureaucratic red tape and competing funding priorities (treatment industry). **Capacity to implement**: Given funding, there would be capacity to pay people with living/lived experience as subject matter experts, pay PRSSs a living wage (increase reimbursement rates), and expand PRSS train the trainer offerings across the state (especially to underrepresented communities). Rated 2, as funding would be needed to increase capacity to implement. **Advancing racial & health equity**: Including perspectives of impacted persons would advance racial and health equity as this would create sensible and pragmatic solutions.

Response Subcommittee

Response Recommendation #1 ***REVISED (Recommendation language & justification/background)***	**RS 1.** Evaluate current availability and readiness to provide comprehensive behavioral health services to include but not limited to screening, assessment, treatment, recovery support, and transitions for reentry in local and state carceral facilities (for example implement follow up and linkage to care for individuals leaving the justice system). Recommend the allocation of funding to support the development of a Medicaid Reentry Section 1115 Waiver to Increase Health Care For People Leaving Carceral Facilities and to support readiness of carceral facilities to implement the 1115 waiver. Recommend legislation to require DHCFP to apply for and implement the 1115 Waiver to Increase Health Care For People Leaving Carceral Facilities and ensure there is an evaluation of readiness for planning and implementation.
Question	Response
Please describe your justification/background information for this recommendation.	The Federal government is encouraging states to apply for the new 1115 waiver. Readiness of the state jails and prisons to implement EHR's, billing systems, services and supports need to be assessed. States must ensure systems are ready to bill for 1115 services. A needs assessment is currently being done to understand the availability and capacity to provide and bill for services. Many individuals with SUD's end up in jail and prison which rarely provide effective treatment of their addiction. AB156 of the 2023 legislative session attempted to mandate treatment but the bill was changed instead to requiring studies and reports of all justice system entities regarding their data and treatment efforts, due June of 2024. Therefore, these reports should be used to design a new bill to again address this problem. Individuals should be inducted and treated in the jail and prison systems with continuity of care prior to and upon release.
Please include any associated research or links for your recommendation.	• https://www.medicaid.gov/federal-policy-guidance/downloads/smd23003.pdf • https://www.kff.org/medicaid/issue-brief/state-policies-connecting-justice-involved-populations-to-medicaid-coverage-and-care/ • https://www.dhcs.ca.gov/CalAIM/Documents/CalAIM-JI-a11y.pdf • The Common Wealth Fund: State Pushes for Innovative Ways to Improve Health Outcomes for Justice-Involved Individuals • https://legiscan.com/NV/text/AB156/2023

Response Recommendation #1 ***REVISED (Recommendation language & justification/background)***	**RS 1.** Evaluate current availability and readiness to provide comprehensive behavioral health services to include but not limited to screening, assessment, treatment, recovery support, and transitions for reentry in local and state carceral facilities (for example implement follow up and linkage to care for individuals leaving the justice system). Recommend the allocation of funding to support the development of a Medicaid Reentry Section 1115 Waiver to Increase Health Care For People Leaving Carceral Facilities and to support readiness of carceral facilities to implement the 1115 waiver. Recommend legislation to require DHCFP to apply for and implement the 1115 Waiver to Increase Health Care For People Leaving Carceral Facilities and ensure there is an evaluation of readiness for planning and implementation.
Question	Response
	• https://dhhs.nv.gov/uploadedFiles/dhhsnvgov/content/Programs/FRN/R_Updated%20Nevada%20Opioids%20Needs%20Assessment%20and%20Statewide%20Plan%202022(1).pdf • American Medical Association (AMA) Substance Use and Pain Task Force (2023). *Overdose Epidemic Report 2023*. AMA Overdose Epidemic Report (ama-assn.org), pp 16, 20.
Please select AB374 Section 10 Requirement(s) that have been assigned to the Response and Treatment & Recovery Subcommittees that align 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. (d) Work to understand how residents of this State who are involved in the criminal justice system access supports for treatment of and recovery from substance use disorders at various points, including, without limitation, by reviewing existing diversion, deflection and reentry programs for such persons. (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. (i) Develop strategies for local, state and federal law enforcement and public health agencies to respond to and prevent overdoses and plans for implementing those strategies. (j) Study the efficacy and expand the implementation of programs to: (2) Reduce the harms associated with substance use and substance use disorders while referring persons with substance use disorders to evidence-based treatment.

Response Recommendation #1 ***REVISED (Recommendation language & justification/background)***	**RS 1.** Evaluate current availability and readiness to provide comprehensive behavioral health services to include but not limited to screening, assessment, treatment, recovery support, and transitions for reentry in local and state carceral facilities (for example implement follow up and linkage to care for individuals leaving the justice system). Recommend the allocation of funding to support the development of a Medicaid Reentry Section 1115 Waiver to Increase Health Care For People Leaving Carceral Facilities and to support readiness of carceral facilities to implement the 1115 waiver. Recommend legislation to require DHCFP to apply for and implement the 1115 Waiver to Increase Health Care For People Leaving Carceral Facilities and ensure there is an evaluation of readiness for planning and implementation.
Question	Response
	(m) Study the effects of substance use disorders on the criminal justice system, including, without limitation, law enforcement agencies and correctional institutions. (p) Evaluate the effects of substance use disorders on the economy of this State.
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… (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

Response Recommendation #1 ***REVISED (Recommendation language & justification/background)***	**RS 1.** Evaluate current availability and readiness to provide comprehensive behavioral health services to include but not limited to screening, assessment, treatment, recovery support, and transitions for reentry in local and state carceral facilities (for example implement follow up and linkage to care for individuals leaving the justice system). Recommend the allocation of funding to support the development of a Medicaid Reentry Section 1115 Waiver to Increase Health Care For People Leaving Carceral Facilities and to support readiness of carceral facilities to implement the 1115 waiver. Recommend legislation to require DHCFP to apply for and implement the 1115 Waiver to Increase Health Care For People Leaving Carceral Facilities and ensure there is an evaluation of readiness for planning and implementation.
Question	Response
If your recommendation focuses on a special population, please select all that apply. If your recommendation does not focus on a special population, please select that response.	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 e. People who inject drugs; (as revised) g. Other populations disproportionately impacted by substance use disorders
Please describe the Action Step aligned with your recommendation.	Bill Draft Request (BDR) Expenditure of Opioid Settlement Funds Other (please specify): Budget request for next biennium
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 urgency of your recommendation.	2
On a scale of 1-3, please rate the impact of your recommendation.	3
On a scale of 1-3, please rate the current capacity to implement your recommendation.	2

Response Recommendation #1 ***REVISED (Recommendation language & justification/background)***	**RS 1.** Evaluate current availability and readiness to provide comprehensive behavioral health services to include but not limited to screening, assessment, treatment, recovery support, and transitions for reentry in local and state carceral facilities (for example implement follow up and linkage to care for individuals leaving the justice system). Recommend the allocation of funding to support the development of a Medicaid Reentry Section 1115 Waiver to Increase Health Care For People Leaving Carceral Facilities and to support readiness of carceral facilities to implement the 1115 waiver. Recommend legislation to require DHCFP to apply for and implement the 1115 Waiver to Increase Health Care For People Leaving Carceral Facilities and ensure there is an evaluation of readiness for planning and implementation.
Question	Response
Please provide a description of the following regarding your recommendation (this will be discussed in more detail at the next subcommittee meeting): Impact, capacity & feasibility of implementation, urgency, and how the recommendation advances racial and health equity.	**From Treatment & Recovery:** **Impact:** It would be very impactful if individuals in the criminal justice system with SUD's were treated for their Substance use problem in the facility and referred to treatment on discharge. This would decrease significantly their risk of relapse, overdose and return to criminal activity. **Capacity and Feasibility:** While feasible as every county has a jail, and some programs have been implemented in Washoe and Clark counties, the capacity to implement in the jails statewide is low and dependent on acceptability and implementation in the jail or prison systems. Caseloads in the jail and prisons is high which is a barrier to moving individuals toward coping skills and recovery in these systems. Urgency: An enormous number of people's introduction to treatment happens in the jail. **Advances racial and health equity:** See disproportionate representative of racial subpopulations in jails and prisons and the impact of incarceration on health equity.

Response Recommendation #2 ***REVISED (Recommendation language)***	**RS 2. Recommend the Nevada System of Higher Education (NSHE) conduct a feasibility study to** understand the true cost of implementing wastewater-based epidemiology (WBE) in Nevada and its ability to support community response plans. **Funding for this study may be available through the Fund for a Resilient Nevada.**
Question	Response
Please describe your justification/background information for this recommendation.	This has been utilized at UNR for COVID on an opt in voluntary basis. This similar technology is being used for tracking substance use at a community/neighborhood level. "wastewater-based epidemiology (WBE) has emerged as a powerful tool for monitoring public health trends by analysis of biomarkers including drugs, chemicals, and pathogens. Wastewater surveillance downstream at wastewater treatment plants provides large-scale population and regional-scale aggregation while upstream surveillance monitors locations at the neighborhood level with more precise geographic analysis. WBE can provide insights into dynamic drug consumption trends as well as environmental and toxicological contaminants. Applications of WBE include monitoring policy changes with cannabinoid legalization, tracking emerging illicit drugs, and early warning systems for potent fentanyl analogues along with the resurging wave of stimulants (e.g., methamphetamine, cocaine)"
Please include any associated research or links for your recommendation.	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8366482/pdf/13181_2021_Article_853.pdf
Please select AB374 Section 10 Requirement(s) that have been assigned to the Response Subcommittee that aligns with your recommendation. Please select all that apply.	(i) Develop strategies for local, state, and federal law enforcement and public health agencies to respond to and prevent overdoses and plans for implementing those strategies. (k) Recommend strategies to improve coordination between local, state, and federal law enforcement and public health agencies to enhance the communication of timely and relevant information relating to substance use and reduce duplicative data collection and research.

Response Recommendation #2 ***REVISED (Recommendation language)***	**RS 2. Recommend the Nevada System of Higher Education (NSHE) conduct a feasibility study to** understand the true cost of implementing wastewater-based epidemiology (WBE) in Nevada and its ability to support community response plans. **Funding for this study may be available through the Fund for a Resilient Nevada.**
Question	Response
	(n) Study the sources and manufacturers of substances which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants, and methods and resources for preventing the manufacture, trafficking, and sale of such substances. (p) Evaluate the effects of substance use disorders on the economy of this State.
Please select the AB374 Section 10 Requirement(s) that are cross-cutting elements assigned to all three subcommittees that aligns with your recommendation. Please select all that apply.	(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.
If your recommendation focuses on a special population, please select all that apply. If your recommendation does not focus on a special population, please select that response.	This recommendation does not focus on a special population.
Please describe the Action Step aligned with your recommendation.	Expenditure of Opioid Settlement Funds

Response Recommendation #2 ***REVISED (Recommendation language)***	**RS 2. Recommend the Nevada System of Higher Education (NSHE) conduct a feasibility study to** understand the true cost of implementing wastewater-based epidemiology (WBE) in Nevada and its ability to support community response plans. **Funding for this study may be available through the Fund for a Resilient Nevada.**
Question	Response
Is this a short-term or long-term recommendation?	Long-term (2+ years)
If your recommendation requires a fiscal note, please approximate the amount.	Estimated fiscal note amount: Unknown
On a scale of 1-3, please rate the urgency of your recommendation.	1
On a scale of 1-3, please rate the impact of your recommendation.	3
On a scale of 1-3, please rate the current capacity to implement your recommendation.	3
Please provide a description of the following regarding your recommendation (this will be discussed in more detail at the next subcommittee meeting): Impact, capacity & feasibility of implementation, urgency, and how the recommendation advances racial and health equity.	This recommendation is not immediately urgent, but would improve longer term goals of understanding population-level characteristics. This recommendation was rated lower for impact and capacity due to the potential positive impact but the true outcomes and capacity are unknown which is why the recommendation is to fund a feasibility study. The state may obtain additional data from areas that are currently lacking, such as rural areas, that can serve to understand the impacts of substance use on different communities. There are also recent efforts that could be leveraged.

Response Recommendation #3 ***REVISED (Recommendation language & justification/background)***	**RS 3.** Leverage existing programs and funding to develop outreach response provider(s) and/or personnel that can respond to any suspected overdose or to those who are provided treatment for an overdose in a hospital/emergency room/EMS and offer follow-up support, referrals, and services to the individual and those impacted by the overdose (for example, other persons with a personal and/or emotional connection to the victim, surviving family members and/or postmortem services for families) 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. Ensure this recommendation is included as the build out of Nevada's Crisis Response System is occurring so that tailored intervention for individuals who have survived a non-fatal overdose is included.
Question	Response
Please describe your justification/background information for this recommendation.	Those released from facilities are at high risk of overdose. It is an evidence-based practice to provide harm reduction supplies to those who have experienced an overdose. The 2018 Overdose Response Strategy Cornerstone Project details Public Safety-Led Linkage to Care Programs in 23 States. Methods and strategies in this project can serve as guidance in how linkage to care can be provided starting at an overdose scene.

Response Recommendation #3 ***REVISED (Recommendation language & justification/background)***	**RS 3.** Leverage existing programs and funding to develop outreach response provider(s) and/or personnel that can respond to any suspected overdose or to those who are provided treatment for an overdose in a hospital/emergency room/EMS and offer follow-up support, referrals, and services to the individual and those impacted by the overdose (for example, other persons with a personal and/or emotional connection to the victim, surviving family members and/or postmortem services for families) 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. Ensure this recommendation is included as the build out of Nevada's Crisis Response System is occurring so that tailored intervention for individuals who have survived a non-fatal overdose is included.
Question	Response
Please include any associated research or links for your recommendation.	• Post-overdose Response Team (PORT) Toolkit - PHAST • Community Paramedicine and Post Overdose Response Teams- Julota • Post-Overdose Response Teams (naco.org) • Innovations in Overdose Response: Strategies Implemented by Emergency Medical Services Providers (astho.org) • Post-Overdose Response Team (PORT) Toolkit | RCORPTA (rcorp-ta.org) • Public Health and Public Safety Resources | Drug Overdose | CDC Injury Center • Model Substance Use Disorder Treatment in Emergency Settings Act | LAPPA (legislativeanalysis.org) • Peer Support and Recovery Services | LAPPA (legislativeanalysis.org) • Mobile Outreach Vans | LAPPA (legislativeanalysis.org) • Connecting Communities to Substance Use Services: Practical Approaches for First Responders (samhsa.gov) • TIP 64: Incorporating Peer Support Into Substance Use Disorder Treatment Services | SAMHSA • Advisory: Peer Support Services in Crisis Care | SAMHSA • Use of Medication-Assisted Treatment in Emergency Departments | SAMHSA • What Are Peer Recovery Support Services? | SAMHSA • Innovations in Overdose Response: Strategies Implemented by Emergency Medical Services Providers (astho.org) • https://www.hidtaprogram.org/pdf/cornerstone_2018.pdf

Response Recommendation #3 ***REVISED (Recommendation language & justification/background)***	**RS 3.** Leverage existing programs and funding to develop outreach response provider(s) and/or personnel that can respond to any suspected overdose or to those who are provided treatment for an overdose in a hospital/emergency room/EMS and offer follow-up support, referrals, and services to the individual and those impacted by the overdose (for example, other persons with a personal and/or emotional connection to the victim, surviving family members and/or postmortem services for families) 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. Ensure this recommendation is included as the build out of Nevada's Crisis Response System is occurring so that tailored intervention for individuals who have survived a non-fatal overdose is included.
Question	Response
Please select AB374 Section 10 Requirement(s) that have been assigned to the Response and Prevention Subcommittees that align with your recommendation.	(a) Leverage and expand efforts by state and local governmental entities to reduce the use of substances which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants, and identify ways to enhance those efforts through coordination and collaboration. (i) Develop strategies for local, state and federal law enforcement and public health agencies to respond to and prevent overdoses and plans for implementing those strategies. (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. (d) Work to understand how residents of this State who are involved in the criminal justice system access supports for treatment of and recovery from substance use disorders at various points, including, without limitation, by reviewing existing diversion, deflection and reentry programs for such persons. (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. (i) Develop strategies for local, state and federal law enforcement and public health agencies to respond to and prevent overdoses and plans for implementing those strategies. (k) Recommend strategies to improve coordination between local, state and federal law enforcement and public health agencies to enhance the communication of timely and relevant information

Response Recommendation #3 ***REVISED (Recommendation language & justification/background)***	**RS 3.** Leverage existing programs and funding to develop outreach response provider(s) and/or personnel that can respond to any suspected overdose or to those who are provided treatment for an overdose in a hospital/emergency room/EMS and offer follow-up support, referrals, and services to the individual and those impacted by the overdose (for example, other persons with a personal and/or emotional connection to the victim, surviving family members and/or postmortem services for families) 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. Ensure this recommendation is included as the build out of Nevada's Crisis Response System is occurring so that tailored intervention for individuals who have survived a non-fatal overdose is included.
Question	Response
	relating to substance use and reduce duplicative data collection and research.
Please select the AB374 Section 10 Requirement(s) that are cross-cutting elements assigned to all three subcommittees that aligns with your recommendation. Please select all that apply.	(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. (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.

Response Recommendation #3 ***REVISED (Recommendation language & justification/background)***	**RS 3.** Leverage existing programs and funding to develop outreach response provider(s) and/or personnel that can respond to any suspected overdose or to those who are provided treatment for an overdose in a hospital/emergency room/EMS and offer follow-up support, referrals, and services to the individual and those impacted by the overdose (for example, other persons with a personal and/or emotional connection to the victim, surviving family members and/or postmortem services for families) 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. Ensure this recommendation is included as the build out of Nevada's Crisis Response System is occurring so that tailored intervention for individuals who have survived a non-fatal overdose is included.
Question	Response
If your recommendation focuses on a special population, please select all that apply. If your recommendation does not focus on a special population, please select that response.	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) g. Other populations disproportionately impacted by substance use disorders
Please describe the Action Step aligned with your recommendation.	Expenditure of Opioid Settlement Funds Collaboration with existing programs such as crisis response DHHS Policy
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 urgency of your recommendation.	Many people who leave institutions do not receive support. There are scattered programs throughout the state such as peers in emergency settings to provide this type of assistance. Additionally, the subcommittee chair has been told by a few MOST team members they are not provided information concerning people who experienced an overdose due to HIPAA issues.
On a scale of 1-3, please rate the impact of your recommendation.	The impact of this recommendation would be to provide support, wraparound services, and continuity of care for those who experience an overdose and have contact with Nevada institutions.
On a scale of 1-3, please rate the current capacity to	Not all places throughout the state have the capacity to implement these services while some areas currently do provide these services.

Response Recommendation #3 ***REVISED (Recommendation language & justification/background)***	**RS 3.** Leverage existing programs and funding to develop outreach response provider(s) and/or personnel that can respond to any suspected overdose or to those who are provided treatment for an overdose in a hospital/emergency room/EMS and offer follow-up support, referrals, and services to the individual and those impacted by the overdose (for example, other persons with a personal and/or emotional connection to the victim, surviving family members and/or postmortem services for families) 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. Ensure this recommendation is included as the build out of Nevada's Crisis Response System is occurring so that tailored intervention for individuals who have survived a non-fatal overdose is included.
Question	Response
implement your recommendation.	A suggestion was made to ensure this is included in the crisis response plan.
How the recommendation advances racial and health equity.	This would address people who use drugs as well as other populations that disproportionately experience overdose. Additionally, people who use drugs that are released from institutions such as jails/prisons have a higher incidence of overdose death due to decreased tolerance.
Please provide a description of the following regarding your recommendation (this will be discussed in more detail at the next subcommittee meeting): Impact, capacity & feasibility of implementation, urgency, and how the recommendation advances racial and health equity.	From the Prevention Subcommittee: **Urgency:** Post-overdose response teams respond timely to people and we are in the midst of an overdose crisis and need more of these expedited services to people. **Impact:** From a family member perspective, there are a lot of impacts, including: • Ongoing grief counseling/mental health services for all members of the family to deal with the grief and trauma. • Grief alone is complicated enough, but there is a lot of trauma associated with this kind of death. Family members often were the ones to find their loved one deceased, and the trauma of seeing them that way runs very deep. There is always ongoing, reoccurring guilt and questions of what one could have done to prevent this from happening. • There is ongoing grief and pain with every holiday, significant date such as the deceased loved one's birthday or the date of their passing. It never ends –any family gathering, event or holiday is a constant reminder that one's own family is no longer complete. There is a deep void that can never be filled. • Family members should be provided with Narcan kits if they have a family member with a substance use disorder.

Response Recommendation #3 ***REVISED (Recommendation language & justification/background)***	**RS 3.** Leverage existing programs and funding to develop outreach response provider(s) and/or personnel that can respond to any suspected overdose or to those who are provided treatment for an overdose in a hospital/emergency room/EMS and offer follow-up support, referrals, and services to the individual and those impacted by the overdose (for example, other persons with a personal and/or emotional connection to the victim, surviving family members and/or postmortem services for families) 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. Ensure this recommendation is included as the build out of Nevada's Crisis Response System is occurring so that tailored intervention for individuals who have survived a non-fatal overdose is included.
Question	Response
	• Some family members have been known to turn to drugs or alcohol themselves as a means of coping (escaping their pain), or some may already suffer with substance use disorders. They need access to mental health services and treatment services, so they do not relapse, and kind find healthy ways of living with the pain. • The incidence of suicide with grief is heightened, and many with substance use disorders have been known to commit suicide. There needs to be preventative mental health services to assist with this. • Family members need ongoing support to honor and remember their loved ones, which is one method of helping to cope with such loss. There needs to be funding to add such things as memorial plaques in the park, and reservations for parks for various memorial events. • There needs to be funding for billboards and other campaigns to raise awareness and address the drug crisis both as a preventative measure to hopefully save lives, but also as a means of healing for the family members so they don't feel their loved one died in vain. • Family members need to be included on committees and panels designed to develop programs and preventative measures. They have lived with addiction firsthand usually for years, so they know the tiny little details of what occurs and the kind of help that is needed. **Capacity and feasibility of implementation:** Multiple areas of the state have already demonstrated how these types of interventions can help connect people to care. **Racial and health equity:** Public safety led outreach programs have been shown to reduce overdose risk for participants through their engagement with health care providers. There is an opportunity to better evaluate how these programs reduce health disparities and improve racial and health equity.

RS 4 has been removed for further consideration in 2024.

Response Recommendation #5 ***REVISED (Recommendation language & justification/background)***	RS 5a. Recommend that a compliance study be completed on NRS 259.050 (number 3) and 259.053. RS 5b. Provide adequate funding for medical examiner offices to include death scene investigations, forensic pathologists, forensic epidemiologists, and toxicology testing to determine specific cause of death.
Question	Response
Please describe your justification/background information for this recommendation.	District Attorneys want these causation experts to provide reports before they will go forward with prosecution, particularly in cases where there are poly-drugs in the victim's system. With input from the Washoe County Medical Examiner, the recommendation was revised to include funding for positions key to determining the cause of death. This information can be used for both public health and law enforcement purposes. Funding for these positions will improve real-time reporting capabilities. Given differences in resources and approaches across the state, the recommendation was made to study the compliance with specific NRS sections intended to provide more consistency in death investigations.
Please include any associated research or links for your recommendation.	CDC's State Unintentional Drug Overdose Reporting System (SUDORS) | Drug Overdose | CDC Injury Center Forensic Pathologists Shortage is Worsening Across the U.S. (forensicmag.com) Drugs, Death, and Data | CDC Death certificates and death investigations in the United States - UpToDate A Reference guide for completing the death certificate for drug toxicity deaths (cdc.gov) Intentional vs. Unintentional Overdose Deaths | National Institute on Drug Abuse (NIDA) (nih.gov)

Response Recommendation #5 ***REVISED (Recommendation language & justification/background)***	RS 5a. Recommend that a compliance study be completed on NRS 259.050 (number 3) and 259.053. RS 5b. Provide adequate funding for medical examiner offices to include death scene investigations, forensic pathologists, forensic epidemiologists, and toxicology testing to determine specific cause of death.
Question	Response
	Prosecuting Drug Overdose Cases: A Paradigm Shift - National Association of Attorneys General (naag.org) 20210202-Quick-Guide-Opioid-Death-Investigations.pdf (pceinc.org)
Please select AB374 Section 10 Requirement(s) that have been assigned to the Response Subcommittee that aligns with your recommendation. Please select all that apply.	D. Criminal Justice System Support I. Develop LE/PH prevention strategies M. Study SUD effect on CJ/LE/Corrections N. Study source and Mfg of substances O. Study preventive effectiveness of criminal and civil penalties
Please select the AB374 Section 10 Requirement(s) that are cross-cutting elements assigned to all three subcommittees that aligns with your recommendation. Please select all that apply.	C. Assess and evaluate existing pathways to treatment and recovery, including special populations Q. Recommend evidence-based funding across geographic and socio-economic sectors
If your recommendation focuses on a special population, please select all that apply. If your recommendation does not focus on a special population, please select that response.	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; e. People who inject drugs; (as revised) g. Other populations disproportionately impacted by substance use disorders.
Please describe the Action Step aligned with your recommendation.	Bill Draft Request Expenditure of Settlement Funds
Is this a short-term or long-term recommendation?	Long term

Response Recommendation #5 ***REVISED (Recommendation language & justification/background)***	RS 5a. Recommend that a compliance study be completed on NRS 259.050 (number 3) and 259.053. RS 5b. Provide adequate funding for medical examiner offices to include death scene investigations, forensic pathologists, forensic epidemiologists, and toxicology testing to determine specific cause of death.
Question	Response
If your recommendation requires a fiscal note, please approximate the amount.	Yes, costs and possible funding source for position to be identified, positions such as forensic pathologist, forensic epidemiologists, and death scene investigators. Dr. Knight noted her office, Washoe County Medical Examiner bears this cost and they are on track to spend over $300,000 this year on testing (toxicology) due to the large number of overdoses. A small portion of the budget for testing comes from grants (e.g., OD2A ~ $40K), but the majority comes from taxpayer dollars. This amount is only for half the state, do not have numbers from Clark County Coroner's Office
On a scale of 1-3, please rate the urgency of your recommendation.	2
On a scale of 1-3, please rate the impact of your recommendation.	2
On a scale of 1-3, please rate the current capacity to implement your recommendation.	1
Please provide a description of the following regarding your recommendation : Impact, capacity & feasibility of implementation, urgency, and how the recommendation advances racial and health equity.	This recommendation would improve current capacity, which was rated low. The urgency and impact were both rated midlevel. The impact on racial and health equity could be significant on a number of fronts. For example, more timely reporting would be the biggest impact. As outlined by Dr. Knight, the role of the coroner/medical examiner is to find the correct cause of death, regardless how that information is used. If used in the criminal justice system, it could provide for quicker turn around so those in the criminal justice system would not be experience delays due to slower cause of death and toxicology results. The reporting of cause of death also feeds the public health reporting. So, again, more timely reporting would provide for more timely public health reporting/actions. Also, it should not be lost that family/persons of concern may receive death certificates in a timelier manner so this may assist with death benefits/life insurance/referral for services. So, this recommendation would help an array of persons.

The following recommendations have been provided to the Joint Advisory Task Force:

- Request the recommendation to "Resolve the conflict between the Good Samaritan Law and the Drug Induced Homicide Law" be considered by the Joint Advisory Task Force to look at public health messaging best practices to educate the public on the Good Samaritan Law and create targeted messaging for people who use drugs; this should also include education and training for Law Enforcement.
- Recommend the Joint Advisory Task Force optimize available data to inform actions and update community response plans. *Should the Task Force not take this recommendation up, the Response Subcommittee will move this recommendation forward.*

The following recommendation should be considered for further review by the Response Subcommittee:

- The Response Subcommittee will investigate where inadequacies exist in the Good Samaritan Law.
- Review the operations and lessons learned from Clark County's Overdose Fatality Review Task Force when that body's report is released in December 2024 and take this into account when supporting legislation to establish regional Overdose Fatality Review (OFR) Committees allowing flexibility as to the makeup and practice and for the OFR to remain at the county or regional level, as needed, 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 (see also Overdose Fatality Review for additional resources).