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Annual Report of the

Statewide Substance Use Response Working Group (SURG)

2022

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For submission to the Governor, the Attorney General, the Advisory Commission on the Administration of Justice, any other entities deemed appropriate by the Attorney General and the Director of the Legislative Counsel Bureau for transmittal to: (1) During an even-numbered year, the Legislative Committee on Health Care and the Interim Finance Committee; or (2) During an odd-numbered year, the next regular session of the Legislature.

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Executive Summary

The Statewide Substance Use Response Working Group (SURG) was created in the Office of the Attorney General under Assembly Bill 374 to make recommendations to the Department of Health and Human Services (DHHS) on 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.

Subcommittees for Prevention, Treatment and Recovery, and Response were established to leverage the expertise of SURG members to study, assess, and evaluate input from other subject matter experts (SMEs), and to advance recommendations to the larger SURG for consideration to include in this report.

Based on input from subject matter experts, subcommittee members independently ranked dozens of recommendations, and then worked collaboratively through seventeen public meetings to combine and streamline their top priorities to be considered by the full SURG for the Annual Report.

Recommendations (Update with Final Recommendations)

Prevention

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

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

3. Support prevention and intervention in K-20 schools by investing in multi-tiered system of supports (MTSS) and provide a robust platform of services at schools to connect families to prosocial education, early intervention, counseling services, and other resources to help mitigate Adverse Childhood Experiences (ACES).

4. Provide age appropriate, innovative and/or evidence-based prevention education and programming that is based on best practices and invest in certified prevention specialists in schools.

5. Increase school-based mental health professionals through a multi-disciplinary, cross-department school-based behavioral health team.

6. Require the Department of Health and Human Services (DHHS) to allocate increased funding for the Prevention Coalitions to set aside funding for small grants to programs and grassroots efforts geared toward substance use prevention and education.

7. 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.

8. Support Harm Reduction through:

   a. 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.

b. 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.

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

Treatment and Recovery

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.

2. Engage individuals with lived experience in programming design considerations.

3. Implement follow ups and referrals to support and care; linkage of care for justice involved individuals, including individuals leaving the justice system, and pregnant or birthing persons with opioid use disorder.

4. Implement changes[1] 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 on June 22, 2022. 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.

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

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

[1] See Oct 3, 2022 meeting attachment with highlighted Commission on Behavioral Health Draft Letter to Governor June 23, 2022, for details on changes.

Response

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

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

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

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

Introduction and Background

Context for this Report

> *In November 2020, the National Drug Helpline placed Nevada as one of 28 states on red alert status for increased risk of death from overdoses from opioids and other drugs. The COVID-19 pandemic has amplified the existing opioid crisis. According to the Department of Health and Human Services, Nevada has seen a 50 percent increase in opioid- and fentanyl-related overdose deaths since the onset of the pandemic. The National Safety Council reports that overdoses kill more of us than breast cancer, guns, and car crashes combined.*[2]

This testimony supported the passage of Assembly Bill 374 from the 2021 state legislative session. Fatal overdose data for Nevada[3] in subsequent months, as seen below, show a peak in July 2021.

Fatal Overdose Data

Table 1. Drug-related overdose deaths of any intent in Nevada among residents by month, 2020-2021

Drug-Related Overdose

Month	2020	2021
January	50	79
February	51	74
March	47	68
April	77	68
May	88	67
June	62	91
July	78	109
August	89	71
September	46	57
October	73	61
November	65	65
December	79	73
Total	**805**	**883**

[2] Testimony to the Assembly Committee on Health and Human Services of the 81st Session of the Nevada State Legislature, Assemblywoman Jill Tolles, Assembly District No. 25, April 5, 2021.
[3] https://nvopioidresponse.org/wp-content/uploads/2022/11/Opioid-Surveillance-October-2022-Statewide_ADA.pdf

Table 2. Opioid-related overdose deaths of any intent in Nevada among residents by month, 2020-2021

Opioid-related Overdose

Month	2020	2021
January	35	53
February	35	52
March	28	46
April	55	50
May	59	44
June	38	49
July	51	56
August	55	41
September	31	35
October	51	43
November	47	45
December	56	45
Total	**541**	**559**

	2020 Rate	2021 Rate	% Change
Drug-Related deaths	25.9	28.4	+9.8%
Opioid-related deaths	17.2	17.8	+3.3%

Data are from the Nevada Electronic Death Registry System (ERDS) and include the following: accidental poisonings, intentional self-poisonings, assault by drug poisonings, and drug poisoning of undetermined intent for drug-related poisoning and any of the following opioid-related substances contributed to the cause of death: opium, heroin, natural and semi-synthetic opioids, methadone, synthetic opioids, and other/unspecified opioids. Rates and percent changes may differ from other reports using different criteria (i.e., intent, type of drug, inclusion/exclusion of non-residents). Rates are per 100,000 population.

The Statewide Substance Use Response Working Group (SURG) was created in the Office of the Attorney General, under AB374. Members were appointed in accordance with Section 12.5 of this bill. A list of members with their respective roles and terms is provided in the *Appendix* to this report.

Attorney General Aaron Ford and Assemblywoman Jill Tolles served as chair and vice chair, respectively.

Part of the legislative intent for AB374 was to support shared information between the SURG and the Advisory Committee for Resilient Nevada (ACRN). While the SURG has a broader purview to include all substance use, the ACRN is focused on providing recommendations to the Department of Health and Human Services (DHHS), specifically for fund allocation through the Fund for a Resilient Nevada (FRN). This includes updates on the Needs Assessment and the State Plan[4], and related recommendations that may affect policy, as well as funding.

Roles and Responsibilities of the SURG

The SURG Bylaws were created with the following purpose:

> *Consistent with its statutory duties, the Working Group will, in part, study, evaluate and make recommendations to DHHS concerning the use of the state and local money to address opioid substance misuse and opioid use disorder from the Resilient Fund of Nevada, (referred to throughout as the Fund for a Resilient Nevada or FRN) utilizing, in part, the State Needs Assessment and State Plan through an integrated approach. The Working Group will also make recommendations to DHHS concerning the use of state and local money to address substance use, misuse and substance use disorders.*

Responsibilities incorporated in the Bylaws were taken directly from the legislative requirements under AB374 Section 10, as referenced under the Methodology section. The full Bylaws are also included in the Appendix.

Overview and Update on Nevada's Opioid Litigation

As one of the states *placed on red alert status for increased risk of death from overdoses from opioids and other drugs*, Nevadans have paid a heavy price and too many families have lost loved ones. While the litigation undertaken by the Nevada Attorney General's Office cannot compensate these families directly, it does address the extensive damages that the State has incurred for addressing substance use impact.

Deputy Attorney General, Mark Krueger, Chief of the Bureau of Consumer Protection, provides regular updates to the SURG regarding the opioid litigation settlement for equitable allocation among state, county, and local stakeholders.

State level settlement funds will go to the Fund for a Resilient Nevada (FRN) to support activities to be included in the State Plan, based on the statewide Needs Assessment. Individual counties and cities are working together, and some have created their own needs assessment. They are required to account for expenditures annually, with a report to the Attorney General's office, to ensure compliance with the State Plan and the settlement agreements.

The *One Nevada Agreement* generated a substantially higher settlement amount than the original allocation. For example, the initial proposed settlement from McKinsey, for $6.5 to $7 million,

[4] Both the Needs Assessment and the State Plan are available online at the ACRN site.

was rejected as insufficient, by the Attorney General's Office. Subsequently, the state settled for $45 million, with reimbursement of outside contractual counsel costs to be paid first.

Reporting to the SURG, Chief Krueger explained that the complexity of the case required dozens of outside contractors secured through an open process to review terabytes of information, at a cost of approximately $7 to $10 million. This litigation process is transparent through the documents linked below, with additional documents provided in response to public record requests.

- The **Declaration of Findings** was established by the Governor to require outside counsel as a large and complex complaint suing over 60 entities. The Bureau of Consumer Protection directed the process to publish a Request for Proposals for law firms, with responses across the state and the country. The selection committee was diverse with members across the state to review and score the law firms.
- The **Contingent Fee Contract** contains the terms of agreement to retain the law firm of Eglet Adams on a contingent fee basis for all available claims or causes of action related to the opioid epidemic in the State of Nevada.
- The **Second Amended Complaint** allows the Office of Attorney General to add defendants as the discovery process continues, collecting information from defendants and other stakeholders.
- The **One Nevada Agreement** allows the state to fairly and equitably allocate recovery from litigation between political subdivisions. Although the state's trial date is ahead of county trial dates, the Office of the Attorney General is approaching this as a statewide effort in concert with the counties. All 17 Nevada counties agreed to participate, even if the county does not have current litigation, as well as all cities that are in litigation. The SURG will then make recommendations to support the State Plan and Needs Assessment for how to best address the opioid epidemic in different parts of the state.

Placeholder for updates from Chief Krueger

Methodology

Social Entrepreneurs, Inc. (SEI), was contracted to provide administrative support and coordination with SMEs for all SURG meetings, ensuring compliance with open meeting laws, and completion of this report. Vice Chair Tolles, Dr. Stephanie Woodard, and Dr. Terry Kerns provided guidance to SEI throughout the year for meeting planning and preparation, including subcommittee structure and alignment with legislative requirements.

Following the inaugural meeting in November 2021, the full SURG met in January and March 2022, to review reporting requirements and initial findings of the statewide Needs Assessment, with members offering suggestions for inclusion.

Subcommittees for Prevention, Treatment and Recovery, and Response were established to leverage the expertise of SURG members to study, assess, and evaluate input from other SMEs. Quarterly meetings were proposed for the SURG, with monthly meetings for each of the three

subcommittees.[5] Each subcommittee was then scheduled to meet monthly between full SURG meetings.

Staff from SEI coordinated presentations from SMEs, based on member suggestions, throughout the year. Templates for recommendations were created for each subcommittee, based on alignment with the extensive legislative requirements under AB374 Section 10, Subsection 1, Paragraphs a – q (see table below). In addition to the legislative requirements, subcommittee templates included justifications, actions, impact, and comments, for each recommendation.

Subcommittee members were surveyed ahead of meetings to independently add their recommendations and related information, based on SME presentations to their subcommittee or to the Interim Committee on Health and Human Services (IHHS). Staff updated the templates ahead of each subcommittee meeting for distribution to members and online posting in accordance with the open meeting law. Staff also reviewed recommendations for overlapping themes across the different sources and subcommittees.

Subcommittee Alignment with AB374 Section 10, Subsection 1, Paragraphs a-q. [6]

• Prevention (primary, secondary and tertiary; including harm reduction):
  ○ (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.
  ○ (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**;

• Treatment and Recovery
  ○ (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.

[5] All SURG and subcommittee meetings were posted under the open meeting law with agendas and materials available online at https://notice.nv.gov/ and https://ag.nv.gov/About/Administration/Substance_Use_Response_Working_Group_(SURG)/.

[6] Guidance from Vice Chair Tolles, Dr. Woodard, and Dr. Kerns determined subcommittee alignment.

- (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
  - (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.
  - (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.
  - (l) **Evaluate current systems for sharing information between agencies regarding the trafficking and distribution of legal and illegal substances** which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants.
  - (m) **Study the effects of substance use disorders on the criminal justice system**, including, without limitation, law enforcement agencies and correctional institutions.
  - (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.
  - (o) **Study the effectiveness of criminal and civil penalties at preventing the misuse of substances and substance use disorders and the manufacture, trafficking and sale of substances** which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants.
  - (p) **Evaluate the effects of substance use disorders on the economy of this State**.

- The following items were considered cross-cutting:
  - (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;
  - (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.

A weighting process was implemented to help subcommittees identify top priorities among the dozens of recommendations being submitted. Members were asked to independently rank their top five priorities with 1 being the highest and 5 being the lowest. Priorities were weighted with a declining multiplier to score both individual priorities and aggregated priorities for each subcommittee.

In the example below, weight declines as rank declines to yield higher scores for higher ranks.

Rank	Weight	Score
1st	50	50
2nd	20	40
3rd	10	30
4th	5	20
5th	2	10

Aggregated scores were based on multiple members selecting the same **preliminary** recommendation, as in the example below with **preliminary** weights.

Example Recommendation 1: Expand access to MAT and recovery supports for OUD, limit barriers to individuals seeking treatment regardless of the ability to pay, and encourage the use of hub and spoke systems, as well as recovery support.

Preliminary Weights 1:

Name	Rank	Weight	Score	Cumulative Score
Member 1	1	50	50	50
Member 2	1	50	50	100
Member 3	1	50	50	150

Example Recommendation 2: Establish a bridge MAT program in emergency departments.

Preliminary Weights 2:

Name	Rank	Weight	Score	Cumulative Score
Member 1	2	20	40	40

Member 2	2	20	40	80
Member 3	3	10	30	110
Member 4	3	10	30	140

Example Recommendation 3: Use and promote telehealth for MAT, considering the modifications that have been made under the emergency policies.

Preliminary Weights 3:

Name	Rank	Weight	Score	Cumulative Score
Member 4	1	50	50	50
Member 5	1	50	50	100

As with the recommendations, the weighting process was also updated for meetings of the subcommittees. Through this iterative process, subcommittee members established priorities to advance to the full SURG to consider recommendations to include in this Annual Report.

Subcommittee chairs reported on work in progress at quarterly meetings in June and October. Vice Chair Tolles provided guidance on the timeline and process for moving toward the goal of not more than twenty recommendations for the full SURG, with a target of between five and ten recommendations for each subcommittee. Recommendations requiring bill draft requests (BDRs) were communicated to state administrators and legislators to help meet deadlines.

Updates on the Needs Assessment were also provided to the full SURG in January, March and June. Identified gaps were discussed for each section of this report including data, prevention, treatment, Nevada's 988 crisis system, discharge recovery support, and harm reduction. A scoring methodology for over 90 recommendations was based on impact, urgency, feasibility and three legislative goal areas (overdose prevention; access to care disparities; and substance use prevention among youth).

Recommendations were presented, reviewed, and considered. Discussion included how to consolidate recommendations across Subcommittees. Subcommittees then met and finalized the recommendations which were presented to the SURG in December.

The work of the SURG is ongoing and members have expressed a desire to have more robust discussion in the future, including on harm reduction, which overlaps all three subcommittees, although it was initially assigned to the Prevention Subcommittee.

In October 2022, Vice Chair Tolles advised members of the need to establish a joint Cross-Sector Task Force of the SURG and the ACRN to immediately address the Fentanyl crisis in Nevada. The Cross-Sector Task Force of the SURG and ACRN met in November and December to address issues holistically to avoid duplication, with mapping of resources and needs, including work under the State Plan and federal funding streams. These meetings will also be posted online in keeping with the open meeting law.

Recommendations

(Update SURG meeting results)

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

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

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

Criminal Justice

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

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

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

          Less than 14g: deferral (potential to kill 6,995 people)
          Prior law: less than 4g – low level trafficking
          Greater than 14g less than 28g: 1-4 years (potential to kill 13,995 people)
          Prior law: 4g-28g – mid level trafficking
          Greater than 28g less than 42g: - 1-10 years (potential to kill 20,995 people)
          Prior law: 28g or more – high level trafficking
          Greater than 42g but less than 100g: 2-15 years (potential to kill 49,995 people)
    - Action Step:
        - Bill Draft Request in process from Attorney General's Office and Senator Seevers-Gansert
    - Research/Links:

- State Laws Are Treating Fentanyl Like the New Crack—And Making the Same Mistakes of the 80s and 90s (yahoo.com)
- Fentanyl Accountability And Prevention | Colorado General Assembly
- Synopsis of "The Future of Fentanyl and other Synthetic Opioids," a Report by the RAND Corporation (legislativeanalysis.org)

Data Collection

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

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

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

- https://ori.hhs.gov/education/products/n_illinois_u/datamanagement/dctopic.html
- Who We Measure Matters: Connecting the Dots Among Comprehensive Data Collection, Civil Rights Enforcement, and Equality
- Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement
- Public Health Surveillance and Data Collection: General Principles and Impact on Hemophilia Care

Education

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

3. ***Support prevention and intervention in K-20 schools by investing in multi-tiered system of supports (MTSS) and provide a robust platform of services at schools to connect families to prosocial education, early intervention, counseling services, and other resources to help mitigate Adverse Childhood Experiences (ACES).*** (Prevention #3)

    - Justification:
        - Comprehensive prevention services are most effective when provided through a multi-tiered system of supports (MTSS).
        - Adverse Childhood Experiences are recognized by the CDC and throughout prevention as a fundamental risk factor for substance misuse, abuse, and overdose in our communities.
    - Action Step:
        - Expenditure of settlement funds to update curriculums and hire, train, and retain staff
    - Research/Links:
        - NDE 7/28/22 presentation to SURG Prevention subcommittee (posted on SURG website)
        - Preventing Adverse Childhood Experiences (ACEs)
        - 2019 Nevada High School Youth Risk Behavior Survey (YRBS): Adverse Childhood Experiences (ACEs) Special Report
        - Adverse Childhood Experiences
        - Adverse Childhood Experiences Increase Risk for Prescription Opioid Misuse

4. ***Provide age appropriate, innovative and/or evidence-based prevention education and programming that is based on best practices and invest in certified prevention specialists in schools.*** (Prevention #4)

    - Justification:

        - Youth organizations and school staff are inundated with requirements and should not be expected to implement prevention strategies without the assistance of a prevention professional.
        - Certified Prevention Specialists are credentialed through the IC&RC. This credential requires professionals to demonstrate competency through experience, education, supervision, and the passing of a rigorous exam.
        - Certified Prevention Specialists will be placed in school districts and youth organizations via SAPTA Certified Prevention Coalitions, youth organizations, or school districts to provide a variety of services, including, but not limited to: evidence-based substance use prevention programming, data collection, SBIRT screenings, and other needs in continuum of prevention framework that is best for each organization and school.
        - Certified Prevention Specialists can also work with school Multi-Tiered Support System (MTSS) teams and advise them on policy and the infrastructure of systems that address youth behavioral health and substance use priorities. CPS will identify and help implement best practices in reaching their target populations.
    - Action Step:
        - Expenditure of settlement funds to update curriculums and hire, train, and retain staff
    - Research/Links:
        - Prevention Works
        - Handbook for Community Anti-Drug Coalitions
        - A Guide to SAMHSA's Strategic Prevention Framework
        - Community Coalitions for Prevention and Health Promotion: Factors Predicting Satisfaction, Participation, and Planning
        - Research Outcomes - Substance Use
        - Preventing Adolescent Substance Use Through an Evidence-Based Program: Effects of the Italian Adaptation of Life Skills Training
        - Prevention Specialist (PS)

Finance Coordination

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

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

    - Justification:

        - Similar programs have been piloted in Arizona, Texas, and Missouri and research is available to support the model.
    - Action Step:
        - Expenditure of state and federal funding
    - Research/Links:
        - Moving Beyond Narcan: A Police, Social Service, and Researcher Collaborative Response to the Opioid Crisis

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

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

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

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

        - Expenditure of settlement funds to support the distribution of overdose reversal medications at the community level, including in schools and other institutions
        - DHHS Recommendation
        - Require the Nevada Department of Education to collaborate with school districts on the distribution of overdose reversal medications and other services to support harm reduction
    - Research/Links:
        - Other states, such as Rhode Island have opted to utilize settlement funding to address the sustainable availability of naloxone: Attorney General announces additional opioid settlements valued at more than $100 million against manufacturers Teva and Allergan

8. ***Require the Department of Health and Human Services (DHHS) to allocate increased funding for the Prevention Coalitions to set aside funding for small grants to programs and grassroots efforts geared toward substance use prevention and education.*** (Prevention #6)

    - Justification:
        - Grassroots movements in Nevada with people who have suffered a loss or are in recovery are knowledgeable and up to date on what is happening and what is working and not working.
    - Action Step:
        - Expenditure of settlement funds to increase funding for prevention coalitions to set aside funding for small grant programs
    - Research/Links:
        - None submitted

Legislative and Regulatory Coordination

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

9. ***Support Harm Reduction through:***

    Create a recommendation to the legislature modeled on Maryland's STOP Act which authorizes certain emergency medical services providers to dispense naloxone to individuals who received treatment for a nonfatal drug overdose or were evaluated by a crisis evaluation team, and requires certain community services programs, certain private and public entities, and hospitals to have a protocol to dispense naloxone to certain individuals free of charge under certain circumstances. (Prevention 8b)

    - Justification:
        - One harm reduction tool to address the increase in fatal opioid overdoses is naloxone, a safe and highly effective Food and Drug Administration-approved medication that reverses opioid overdoses. In studies, naloxone efficacy has ranged between 75 and 100 percent. One study from Brigham

and Women's hospital in Massachusetts concluded that of those individuals given naloxone, 93.5 percent survived opioid overdose.
        - In Maryland, the STOP Act legislation expanded access to naloxone in two ways. First, it authorized emergency medical services (EMS) personnel, including emergency medical technicians (EMTs) and paramedics, to dispense naloxone to an individual who experienced a nonfatal overdose or who was evaluated by a crisis response team for possible overdose symptoms. Second, the legislation established that within 2-years of passage, community services programs, including those specializing in homeless services, opioid treatment, and reentry, must develop protocols to dispense naloxone free of charge to individuals at risk of overdose. Both approaches help get naloxone into the hands of those who are most at risk. It is worth noting that Nevada leaders in the legislature and governor's administration have already taken many steps to increase naloxone availability across the state, such as with the passage of The Good Samaritan Drug Overdose Act of 2015 (Senate Bill 459, Chapter 26, Statutes of Nevada 2015 NRS 453C.120). This Act allows greater access to naloxone, an opioid overdose reversal drug and has saved countless lives across Nevada since its passage. This proposed policy would expand these laws to allow health providers to dispense naloxone "leave-behind" or "take-home" kits so that people who use drugs have ready access to them if needed. Dispensing naloxone into the hands of people who use drugs has been found to be effective. One meta-analysis found that in the case of overdose, a take-home kit reduced fatality to one in 123 cases.
    - Action Step:
        - Bill Draft Request
        - Expenditure of settlement funds to enact legislation
    - Research/Links:
        - Link to a copy of the bill (HB0408):
        - https://trackbill.com/bill/maryland-senate-bill-394-statewide-targeted-overdose-prevention-stop-act-of-2022/2205642/
        - Copy of the Fiscal and Policy Note
        - Naloxone dosage for opioid reversal: current evidence and clinical implications
        - Naloxone reverses 93% of overdoses, but many recipients don't survive a year
        - Are take-home naloxone programmes effective? Systematic review utilizing application of the Bradford Hill criteria

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

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

Service Coordination

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

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

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

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

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

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

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

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

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

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

    (Treatment and Recovery #5)

    - Justification:
      - Surveillance data in Nevada indicate racial disparities in overdose and drug poisoning fatalities across Nevada.
      - Fatality data and opiate related hospital data support that there are growing racial and ethnic disparities not being fully addressed in the state of Nevada.
    - Action Step:
      - Fund organizations that are already trusted entities within BIPOC communities to conduct Overdose Education and Naloxone Distribution (OEND) outreach.
      - Direct DPBH to create grant opportunities for organizations to provide overdose prevention, recognition, and reversal training and overdose prevention supplies to BIPOC communities.
      - Direct DPBH to allocate funding to projects that are specifically conducting outreach to BIPOC communities to ameliorate the harms of substance use disorder.

    - Research/Links:
      - Training Public Safety to Prevent Overdose in BIPOC Communities
      - Training and Educating Public Safety to Prevent Overdose Among Black, Indigenous, and People of Color Communities: An Environmental Scan
      - Notes from the field: Increase in drug overdose deaths among Hispanic or Latino persons-Nevada, 2019-2020.

- Nevada State Unintentional Drug Overdose Reporting System, Report of Deaths January to December, 2021 – Statewide.

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

(Treatment and Recovery #6)

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

Workforce Development

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

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

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

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

    - Justifications:
        - Efficient, effective, cost savings, quick to stand up eager workforce
        - Address ongoing shortage areas in Nevada and promote greater access to care.
    - Action Step:
        - Change in Medicaid Reimbursement to allow for reimbursement of CHWs and CPSs affiliated with BH/SUD.
        - Medicaid reimbursements for behavioral health, including paraprofessionals, must be evaluated and increased to recruit and retain qualified behavioral health professionals.
        - Funding: Expenditure of settlement funds through grant dollars.
        - Direct DHHS to create grant opportunities for organizations to employ CHWs and other behavioral health providers affiliated with BH/SUD and be reimbursed for services provided to underinsured and uninsured individuals.
    - Research/Links:
        - Nevada Community Health Worker Association PowerPoint
        - Medicaid Reimbursement Rates Are a Racial Justice Issue Nevada Community Health Worker Association 2022 Updates and Overview

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

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

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

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

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

    - Justifications:
        - Relevant and timely information about current substance use trends in communities, at the level where these trends occur.
        - Alignment of services to needs and preferences of the persons seeking or receiving services.

        - To include diverse perspectives, to ensure culturally and linguistically relevant service delivery to people with substance use disorders.
    - Action Step:
        - Policy Change: Include people with lived experience in committee membership.
        - Funding: Provide compensation for committee members who are not otherwise compensated for their time.
    - Research/Links:
        - Participation Guidelines for Individuals with Lived Experience and Family
        - Lived Experience in New Models of Care for Substance Use Disorder: A Systematic Review of Peer Recovery Support Services and Recovery Coaching
        - Nonclinical addiction recovery support services: History, rationale, models, potentials, and pitfalls.

For Future Consideration

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

- Resolve the conflict between the Good Samaritan Drug Overdose Act and Drug Induced Homicide Law; immediate actions may include recommending community-level education using best practice guidelines, as well as education for law enforcement personnel.
    - Research Links:
        - GAO-21-248, DRUG MISUSE: Many States Have Good Samaritan Laws and Research Indicates They May Have Positive Effects (legislativeanalysis.org)
        - GSFOP Fact Sheet (legislativeanalysis.org)

- Policy change to cover non-pharmacological or complementary treatments for pain, also to increase coverage of preventive and non-pharm/CAM modalities.

Conclusion

The opioid epidemic and broader substance use prevalence in Nevada, coupled with the global pandemic, have strained existing health care and criminal justice systems beyond capacity. The framework established under AB374 provides the mandate and the tools to help expand system capacity.

The members of the SURG contribute a broad range of expertise with state, regional and local representation to leverage the substantial settlement funds that will come to Nevada over many

years. The level of funding has been greatly expanded through the initiative and ongoing commitment of the Attorney General's Office to secure these funds for Nevada.

Strong leadership and commitment helped to establish a good foundation for the SURG to build on in future years. Member commitments are essential to focus human and material resources on the priorities that fall within the purview of the SURG. The priority recommendations put forward in this first year are a clear reflection of the hearts and minds of the members, while moderating their personal passions toward collective goals.

These substantive priority recommendations approved by the SURG will require ongoing commitment from state agencies to support implementation that is consistent with legislative intent. Ongoing coordination with the ACRN will be critical to avoid duplication and ensure timely response to these priority issues.

Appendix

SURG Members by Appointments

Name	Title and Affiliation	Appointment
Chelsi Cheatom	Program Manager, Trac-B Exchange	One representative of a program to reduce the harm caused by substance misuse
Angela Nickels	Principal, Mission High School, Clark County School District	One representative of a school district
Lesley Dickson	M.D., Medical Director, Center for Behavioral Health	One provider of health care with expertise in medicine for the treatment of substance use disorders
Fabian Doñate	State Senator, District 10	Senate Majority Leader appointee – Senator Fabian Donate
Aaron Ford *Chair*	Attorney General, State of Nevada	The Attorney General or his or her designee;
Shayla Holmes	Director, Lyon County Human Services	One representative of a local governmental entity that provides or oversees the provision of human services in a county whose population is less than 100,000
Jeffrey Iverson	Director, Shine A Light Foundation	One person who is in recovery from a substance use disorder
Jessica Johnson	Senior Health Educator, Southern Nevada Health District (SNHD)	One representative of a local governmental entity that provides or oversees the provision of human services in a county whose population is 700,000 or more
Lisa Lee	Human Services Program Specialist, Washoe County Human Services Agency	One representative of a local governmental entity that provides or oversees the provision of human services in a county whose population is 100,000 or more but less than 700,000
Debi Nadler	Co-founder, Moms Against Drugs	One advocate for persons who have substance use disorders and family members of such persons
Christine Payson	Representative, Nevada Sheriffs' and Chiefs' Association	One representative of the Nevada Sheriffs' and Chiefs' Association, or its successor organization
Erik Schoen	Executive Director, Community Chest, Inc.	One representative of a substance use disorder prevention coalition
Heidi Seevers-Gansert	State Senator, District 15	NV Senate Minority Leader appointee
Steve Shell	Vice President, Behavioral Health, Renown Health	One representative of a hospital
Claire Thomas	State Assemblywoman, District 17	NV Assembly Speaker appointee – Assemblywoman Claire Thomas

Gina Flores O'Toole	Executive Director, Ridge House	One person who provides services relating to the treatment of substance use disorders
Jill Tolles *Vice Chair*	State Assemblywoman, District 25	NV Assembly Minority Leader appointee – Assemblywoman Jill Tolles
Stephanie Woodard	PsyD, Senior Advisor for Behavioral Health, DHHS	DHHS Director appointee

Non-Member Roles

Name	Affiliation
Terry Kerns	Office of the Attorney General. Substance Abuse[7]/Law Enforcement Coordinator
Mark Krueger	Office of the Attorney General, Consumer Counsel, Bureau of Consumer Protection
Ashley Tackett	Office of the Attorney General, Administrative Assistant, ODMAP Grant

Administrative Support Provided by SEI: Margaret Del Giudice, Crystal Duarte, Laura Hale, Madalyn Larson, Kelly Marschall, Sarah Marschall and Emma Rodriguez

Bylaws

(Pending approval of SURG)

STATEWIDE SUBSTANCE USE RESPONSE WORKING GROUP
BYLAWS DRAFT
ARTICLE 1 – NAME

Section 1. Name
The Statewide Substance Use Response Working Group, hereinafter referred to as the SURG.

ARTICLE 2 – CREATION AND PURPOSE

Section 1. Creation
The SURG was established in compliance with the passage of Assembly Bill (AB) 374 by the 2021 State Legislature 81st session to comprehensively review various aspects of substance misuse and substance use disorders and programs and activities to combat substance misuse and substance use disorders in the State of Nevada. The Nevada Department of Health and Human Services (DHHS) is required to annually report to the SURG concerning the use of state and local money to address substance misuse and substance use disorders. The goal of the SURG is to make recommendations to effectively address risks, impacts, and harms of substance abuses, including the effects of the opioid epidemic, in the State.

Section 2. Purpose
Consistent with its statutory duties, the SURG will, in part, study, evaluate and make recommendations to DHHS concerning the use of the state and local money to address opioid

[7] Updates have been made throughout this report to reflect non-stigmatizing language of "use" and "misuse" rather than "abuse," except in the case of formal names or titles.

substance misuse and opioid use disorder from the Fund for a Resilient Nevada utilizing, in part, the State needs assessment and State plan through an integrated approach. The SURG will also make recommendations to DHHS concerning the use of state and local money to address substance use misuse and substance use disorders.

ARTICLE 3 – ROLES AND RESPONSIBILITIES

Section 1. Responsibilities

AB 374 includes the SURG's responsibilities which shall include:

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.

B. Assess evidence-based strategies for preventing substance use and intervening to stop substance use, including, without limitation, the use or heroin, other synthetic and non-synthetic opioids and stimulants. Such strategies must include, without limitation, strategies to:

a. Help persons at risk of a substance use disorder avoid developing a substance use disorder;

b. Discover potentially problematic substance use in a person and intervene before the person develops a substance use disorder;

c. 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

d. 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. Special populations includes, without limitation;

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;

f. Children who are involved with the child welfare system, and

g. Other populations disproportionately impacted by substance use disorders.

D. Work to understand how residents of the State of Nevada 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.

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 of Public and Behavioral Health, the Governor and the Legislature, to ensure that controlled substances are appropriately prescribed in accordance with provisions of NRS 639.2391 to 639.23916, inclusive.

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.

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:

a. Educate youth and families about the effects of substance use and substance use disorders; and

b. Reduce the harms associated with substance use and substance use disorders while referring persons with substance use disorders to evidence-based treatment.

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.

L. Evaluate current systems for sharing information between agencies regarding trafficking and distribution of legal and illegal substances which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants.

M. Study the effects of substance use disorders on the criminal justice system, including, without limitation, law enforcement agencies and correctional institutions.

N. Study the source 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.

O. Study the effectiveness of criminal and civil penalties at preventing the misuse of substances and substance use disorders and the manufacture, trafficking and sale of substances which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants.

P. Evaluate the effects of substance use disorders on the economy of the State of Nevada.

Q. Study, evaluate and make recommendations to the DHHS concerning the use of the money as described below to address substance use disorders, with a focus on the use of all money received by the State of Nevada pursuant to any settlement entered into by the State of Nevada concerning the manufacture, distribution, dispensing, sale and marketing of opioids, all money recovered by the State of Nevada from a judgment in a civil action by the State of Nevada concerning the manufacture,

distribution, dispensing, sale, and marketing of opioids, or any gifts, grants, or donations received by the State of Nevada and each political subdivision of the State of Nevada for purposes:

a. relating to substance use disorders to supplement rather than supplant existing state and local spending;

b. relating to substance use disorders, and all other money spent by the State of Nevada and each political subdivision of the State of Nevada for purposes relating to substance misuse and substance use disorders to support evidence based interventions;

c. relating to substance use disorders, and all other money spend by the State of Nevada and each political subdivision of the State of Nevada for purposes relating to substance misuse and substance use disorders to support programs for the prevention of substance use disorders in youth,

d. relating to substance misuse and substance use disorders to improve racial equity, and

e. Reporting by state and local agencies to the public concerning the funding of programs to address substance misuse and substance use disorders.

Section 2. SURG Support

The SURG is authorized to collaborate with and request the assistance of providers of services or any person or entity with expertise in issues related to substance use or the impacts of substance use, including, without limitation, employees of federal, state and local agencies and advocacy groups for those with substance use disorders, to assist the SURG in carrying out its duties.

Section 3. Public Collaboration

Legislation requires state and local agencies to collaborate with and provide information to the SURG, upon request by the SURG, to such extent it is consistent with their lawful duties.

Section 4. Responsibilities for Reporting

On or before January 31 of each year, the SURG shall transmit a report which includes, without limitation, recommendations for the establishment, maintenance, expansions, or improvement of programs to address substance misuse and substance use disorders based on evaluations to:

A. The Governor,

B. The Attorney General,

C. The Advisory Commission on the Administration of Justice,

D. Any other entities deemed appropriate by the Attorney General and the Director of the Legislative Counsel Bureau for transmittal to:

a. During an even-numbered year, the Legislative Committee on Health Care and the Interim Finance Committee; or

b. During an odd-numbered year, the next regular session of the Legislature.

ARTICLE 4 – MEMBERSHIP AND TERMS

Section 1 – Members.

As established in AB 374, the SURG consists of eighteen, membership shall include

Member	Term Expiration

Attorney General or his/her designee	January 1, 2025
Director of the Department of Health and Human Services or his/her designee	January 1, 2025
One member of the Senate who is appointed by the Senate Majority Leader	January 1, 2025
One member of the Senate who is appointed by the Senate Minority Leader	January 1, 2025
One member of the Assembly who is appointed by the Speaker of the Assembly	January 1, 2025
One member of the Assembly who is appointed by the Assembly Minority Leader	January 1, 2025

Attorney General Appointments	Term Expiration
One representative of a local governmental entity that provides or oversees the provision of human services in a county whose population is 700,000 or more	January 1, 2025
One representative of a local governmental entity that provides or oversees the provision of human services in a county whose population is 100,000 or more but less than 700,000	January 1, 2025
One representative of a local governmental entity that provides or oversees the provision of human services in a county whose population is less than 100,000	January 1, 2025
One provider of health care with expertise in medicine for the treatment of substance use disorders	January 1, 2025
One representative of the Nevada Sheriffs' and Chiefs' Association, or its successor organization.	January 1, 2024
One Advocate for persons who have substance use disorders and family members of such persons	January 1, 2024
One person who is in recovery from a substance use disorder	January 1, 2024
One person who provides services relating to the treatment of substance use disorders	January 1, 2024
One representative of a substance use disorder prevention coalition	January 1, 2024
One representative of a program to reduce the harm caused by substance misuse	January 1, 2024
One representative of a hospital	January 1, 2024
One representative of a school district	January 1, 2024

Section 2. Terms

Pursuant to AB374 section 12.5 subsection 1 the SURG members initial terms are mandated as follows below. After the initial term expiration dates, the SURG team member's terms will be for 2 years. Members may be reappointed for additional terms of 2 years.

1) The Senate Majority Leader, Senate Minority Leader, Speaker of the Assembly and Assembly Minority Leader shall appoint to the SURG the members described in paragraphs (c), (d), (e) and (f), respectively, of subsection 2 of section 6 of this act to initial terms that expire on January 1, 2023.

2) The Attorney General shall appoint to the SURG:

(a) The members described in section 6, subsections (2)(g)(1)-(4), of AB374 to initial terms that expire on January 1, 2023; and

(1) One representative of a local governmental entity that provides or oversees the provision of human services in a county whose population is 700,000 or more;
(2) One representative of a local governmental entity that provides or oversees the provision of human services in a county whose population is 100,000 or more but less than 700,000;
(3) One representative of a local governmental entity that provides or oversees the provision of human services in a county whose population is less than 100,000;
(4) One provider of health care with expertise in medicine for the treatment of substance use disorders; inclusive,

(b) The members described in section 6, subsections (2)(g)(5)-(12), of AB374 to initial terms that expire on January 1, 2024.

(5) One representative of the Nevada Sheriffs' and Chiefs' Association, or its successor organization;
(6) One advocate for persons who have substance use disorders and family members of such persons;
(7) One person who is in recovery from a substance use disorder;
(8) One person who provides services relating to the treatment of substance use disorders;
(9) One representative of a substance use disorder prevention coalition;
(10) One representative of a program to reduce the harm caused by substance misuse;
(11) One representative of a hospital; and
(12) One representative of a school district.

Section 3. Compensation.

Members of the SURG serve without compensation and are not entitled to receive the per diem allowance and travel expenses provided for state officers and employees generally. A member of

the SURG who is an officer or employee of this State or a political subdivision of this State must be relieved from his or her duties without loss of regular compensation to prepare for and attend meetings of the SURG and perform any work necessary to carry out the duties of the SURG in the most timely manner practicable. A state agency or political subdivision of this State shall not require an officer or employee who is a member of the SURG to:

(a) Make up the time he or she is absent from work to carry out his or her duties as a member of the SURG; or

(b) Take annual leave or compensatory time for the absence.

Section 4. Vacancies.
Vacancies among the SURG must be filled in the same manner as the original. The initial term shall be for the remaining length of the vacated term and the appointment made by the appointing authority.

Section 5. Resignation.
A member who resigns from the SURG must provide written notification to the Chair of the SURG and to the head of the agency or organization he or she was representing.

Section 6. Removal.
The Chair shall forward recommendations for a SURG member's removal to the Attorney General based on inactivity, defined as missing three or more meetings in a calendar year, or a conflict of interest.

Section 7. Administrative Support.
The Attorney General's Office shall provide such administrative support to the SURG as is necessary to carry out the duties of the SURG.

ARTICLE 5 – MEETINGS

Section 1. Meeting Conduct
All meetings will be run according to Roberts Rules of Order.

Section 2. Open Meeting Law.
All proceedings and actions shall be conducted in accordance with the Nevada Open Meeting law (N.R.S. 241.010 through 241.040, inclusive).

Section 3. Quorum.
A simple majority, ten SURG members, shall constitute a quorum for the transaction of business.

Section 4. Regular Meetings.
The regular meetings of the SURG shall be not less than twice annually, and as called by the Chair.

Section 5. Officers.

The officers of the SURG shall be a SURG Chair and SURG Vice Chair. These officers shall perform the duties prescribed by these bylaws and by the parliamentary authority adopted by the SURG.

A. SURG Chair. The Advisory Committee shall elect from its member the SURG Chair at the first meeting of each calendar year. The SURG Chair

1. Shall develop the agenda, with input from the SURG membership and Grant Management Unit;
2. Shall conduct the SURG meetings in accordance with state laws;
3. Shall oversee public hearings and ensure public comment;
4. Shall convene special meetings, as necessary; and
5. Shall prepare reports as required.

B. SURG Co-Chair. Serves in the absence of the Chair and monitors SURG record keeping.

C. SURG members. May nominate themselves or others for Vice Chair. At the first meeting of each calendar year the SURG will elect these officers from its members.

D. Notification. Officer election(s) shall be posted as a business item on the agenda of a regularly scheduled meeting.

Section 6. SURG Participation.

A. Notification. SURG members shall, to the extent practicable: Inform administrative support staff at least forty-eight (48) hours in advance of an anticipated excused absence.

B. Participation. SURG members must participate in at least 75 percent of meetings. Any absence without sufficient or overriding reason will be considered unexcused absences and may constitute grounds for the SURG recommending the member's removal from the SURG to the respective Department or agency.

1. At each regularly scheduled meeting, absences will be noted and indications of excused or unexcused will be noted. The Chair will determine if the absences are excused or unexcused at the time of the next scheduled meeting. An excused absence includes, but is not limited to, an unexpected occurrence or emergency with health, family, or employment that would prevent the member from attending the meeting. An unexcused absence includes, but is not limited to, lack of communication (no contact) with the Chair, Co-Chair, or Administrative Staff. When a member has not participated in at least 75 percent of meetings within any twelve-month period, the Chair will send a notification letter to the member that the SURG intends to take action at the next scheduled meeting. At that meeting, the member will have an opportunity to refute the action or the SURG will proceed with the removal process. A member may designate a proxy from the same membership category for any meeting. A designated proxy will not count toward the calculation of a quorum for the meeting and the proxy may not vote on behalf of the member they represent. Advance notice must be given in writing to the Co-Chairs and/or administrative staff for the Committee. Electronic mail is acceptable. Proxies may not represent Committee members for more than 50% of meetings held within a calendar year.

Section 7. Subcommittees.
The SURG shall have the ability to create up to three subcommittees.

A. Each subcommittee must include a minimum of two voting member(s) of the SURG.
B. Each subcommittee shall have one (1) Chair who is a voting member of the SURG.
C. The SURG Chair shall appoint the subcommittee chairs and members from the SURG.
D. Each subcommittee, through the subcommittee Chair, may request presentations from subject matter experts (SME), as needed based on area of expertise and/or specific projects.
E. The subcommittee members will serve for one year on the subcommittee. After one year, the SURG chair will determine if the subcommittee needs to continue for another year. If the committee is needed for another year, the SURG Chair will appoint the subcommittee chair and members from the SURG.
F. The subcommittee chair will report back to the SURG on the activity of the subcommittee and recommendations from the subcommittee.
G. The number of SURG members serving on a single subcommittee cannot be equal to or greater than a quorum of the SURG and the SURG members are limited to serving on one of the three subcommittees.

Section 8. Special Meetings.
Special meetings may be called by the Chair. A request for special meeting can also be made by other SURG members through a written request submitted to the Chair for approval..

Section 9. Voting.
Members participating in a meeting of the SURG by means of a conference call, video conference, or other such means that allow for each participant to hear and be heard by each participant at the same time, shall be deemed to be present at such meeting.

A. Voting on all matters shall be by voice vote and shall be entered in the minutes of the meeting.
B. Each SURG member shall have one vote.
C. The SURG Chair will have a vote on any measure before the SURG.
D. Proxies may not vote on behalf of the Committee member they represent.
E. A vote shall pass if a majority of those present vote in the affirmative.

Section 10. Record Keeping.
The conduct of all meetings and public access thereto, and the maintaining of all records of the SURG shall be governed by Nevada's Open Meeting Law.

ARTICLE 6 - FISCAL SUPPORT

Section 1. Grants and Gifts.
The SURG may accept gifts, grants and donations from any source for the support of the SURG in carrying out the provisions of duties. Any fiscal administration shall be overseen by the Nevada Office of the Attorney General's Chief Financial Officer or his or her designee.

ARTICLE 7 - CONFLICT OF INTEREST

Section 1. Survey.
The Attorney General's Office will survey the SURG members annually to collect information regarding their affiliations outside the Department. Each member is responsible for fully disclosing all current affiliations.

A. Conflicts of interest must be declared by members prior to discussion of any matter that would provide direct financial benefit for that member, or otherwise have the appearance of a conflict of interest. When funding or other decisions are made regarding an organization with which the member has an affiliation, the member shall state his intention to abstain from making specific motions or casing a vote, before participating in related discussions.

B. Members are required to disclose and abstain in accordance with the provisions of NRS 281A.420.

Section 2. Declaration of Conflict.
The Chair or a majority of the SURG may also declare a conflict of interest exists for a member and ask that the member abstain from the voting process.

ARTICLE 8 - STATEMENT OF NON-DISCRIMINATION

The SURG is an equal opportunity/ affirmative action entity. Qualified persons are considered for appointment without regard to race, sex, sexual orientation, gender identity or expression, religion, color, national origin, age, genetic information or disability, as outlined the state affirmative action plan.

ARTICLE 9 - REVISION OF BYLAWS

Section 1. Bylaw Review.
These bylaws will be reviewed at least every four (4) years or sooner as deemed necessary by the SURG. Proposed amendments will be distributed to the SURG members in accordance with the open meeting law. These bylaws may be altered, amended or repealed by a majority of the SURG members at any regularly scheduled or special meeting in compliance with Nevada's Open Meeting Law and must be in compliance with the AB 374 legislation.

Section 2. Bylaw Approval.
These bylaws were approved and adopted at a regularly scheduled meeting of the SURG on November 16, 2021, and most recently amended on December 14, 2022.

_____ _____
Chair, Substance Use Response Working Group Date

Nevada Substance Use Response Settlements

(Pending updates from Chief Krueger)

McKinsey Settlement

The following list is the breakdown of the McKinsey settlement and the recovery of $45,000,000 (received in two amounts in 2021 of $23,000,000 and $22,000,000) and was subject to deductions for:

- Costs for outside contingency fee counsel pursuant to the State Contingency Fee Contract (Please note this does not include the contingency fee);
- Costs incurred for all opioids related matters for the BCP/AG (Please note this does not include salaries);
- The calculation only (not deduction) of the contingency fee (for this recovery was 19%) pursuant to the Contingency Fee Contract because the contingency fee counsel (Eglet Adams law firm) agreed (in writing) to defer taking this fee until the next recovery.

The remainder was then transferred to the Fund for a Resilient Nevada (SB390).

The corresponding amounts from the McKinsey settlement are as follows:

- $45,000,000.00 Total opioid recovery (McKinsey by settlement);
- $16,287,778.49 Paid to the Eglet Adams law firm as costs pursuant to the Contingency Fee Contract (does not include the contingency fee);
- $250,471.02 Paid to BCP/AG as costs (does not include salaries);
- $28,461,750.49* Remainder transferred to the Fund for a Resilient Nevada (SB390);

The amount for fees on the Remainder of this settlement pursuant to the Contingency Fee Contract is 19%.

- $5,407,732.59 Fees at 19% due to the Eglet Adams law firm from a future opioid settlement.

*(The Eglet Adams law firm agreed to defer taking their fee until the next opioid recovery.)

AmerisourceBergen, Cardinal Health, and McKesson (Distributors) Settlement

The following list is the breakdown of the Distributors' settlement and the estimated recovery of:

$231,679,409.03 (of which $14,221,097.85 is estimated to be received in April 2022, $14,221,097.85 is estimated to be received in July 2022, and the remainder is estimated to be made in varying amounts in annual payments occurring each July, from July 2023 until July 2038).

Please note the total dollar recovery is based upon full participation of signatories to the One Nevada Agreement on Allocation of Opioid Recoveries as well as other settlement conditions, and all recoveries received will be subject to deductions for:

- Costs for the Federal share of Medicaid (FMAP Costs) (Please note FMAP Costs cannot be determined or calculated at this time and there is a chance that there may be no FMAP costs deducted.);

- Lead Litigator Costs for outside contingency fee counsel pursuant to the State Contingency Fee Contract and the One Nevada Agreement on Allocation of Opioid Recoveries (Please note these costs have not been calculated at this time.);
- Costs incurred for all opioids related matters for the BCP/AG (Please note this does not include salaries.);
- Allocation pursuant to the One Nevada Agreement on Allocation of Opioid Recoveries (the State of Nevada's allocated percentage is 43.86%.);
- The contingency fee for contingency fee counsel pursuant to the Contingency Fee Agreement (for this recovery it is 19%).

In addition, the first payment of this recovery will be subject to a deduction following each of the above deductions for:

- The deferred contingency fee for the McKinsey recovery of $5,407,732.59.

The remainder would then be transferred to the Fund for a Resilient Nevada (SB390).

Janssen/Johnson & Johnson (J&J) Settlement

The following list is the breakdown of the J&J settlement and the estimated recovery of $53,508,792.63 (of which $50,833,353.00 is estimated to be received in April 2022, and the remainder of $2,675,439.63 is estimated to be received in April 2025).

Please note the total dollar recovery is based upon full participation of signatories to the One Nevada Agreement on Allocation of Opioid Recoveries as well as other settlement conditions, and all recoveries received will be subject to deductions for:

- Costs for the Federal share of Medicaid (FMAP Costs) - (Please note FMAP Costs cannot be determined or calculated at this time and there is a chance that there may be no FMAP costs deducted.);
- Lead Litigator Costs for outside contingency fee counsel pursuant to the State Contingency Fee Contract and the One Nevada Agreement on Allocation of Opioid Recoveries - (Please note these costs have not been calculated at this time;
- Costs incurred for all opioids related matters for the BCP/AG (Please note this does not include salaries.);
- Allocation pursuant to the One Nevada Agreement on Allocation of Opioid Recoveries (the State of Nevada's allocated percentage is 43.86%.);

The contingency fee for contingency fee counsel pursuant to the Contingency Fee Agreement (for this recovery it is 19%.).