



# OFFICE OF THE ATTORNEY GENERAL

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## Statewide Substance Use Response Working Group Meeting

April 9, 2025

# 1. Call to Order and Roll Call to Establish Quorum

Vice Chair Shell

## 2. Public Comment

(Discussion Only)

# Public Comment

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

## In Person

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

# Public Comment

## Attending Virtually

If you are dialing in from a telephone:

- Dial 719-359-4580
- When prompted enter the Webinar ID: 841 1615 6896
- Then enter the Meeting Passcode: 676835
- Please press \*6 so the host can prompt you to unmute.

If you are joining virtually with computer audio, please use the “raise hand” feature to indicate you would like to provide public comment so the host can prompt you to unmute.

Before commenting, please state your full name for the record.

Members of the public are requested to refrain from commenting outside the designated public comment periods, unless specifically called upon by the Chair.

\*Comments can also be emailed to [lhale@socialent.com](mailto:lhale@socialent.com). These comments and questions will be recorded in meeting minutes.

# 3. Review and Approve Minutes for January 13, 2025, SURG Meeting

(For Possible Action)

Vice Chair Shell

# 4. Compassionate Overdose Response

(Information and Discussion)

Karla Wagner, Ph.D., University of Nevada, Reno School of Public Health

# COMPASSIONATE OVERDOSE RESPONSE

Presentation for the Substance Use Response Group (SURG)

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Karla D. Wagner, Ph.D.  
UNR Foundation Professor  
University of Nevada, Reno School of Public Health  
April 9, 2025



# Disclosures

- Dr. Wagner is funded by multiple research grants from the National Institutes of Health and Centers for Disease Control and Prevention to study opioid overdose substance use harm reduction. She is also funded by NVDBPH and Washoe County Department of Health and Human Services.
- In 2024 Dr. Wagner participated in the Compassionate Opioid Overdose Response Summit, hosted by Health Management Associates. She received no funding or support for that participation.
- Dr. Wagner is a former member of the Advisory Committee for a Resilient Nevada, the Multidisciplinary Prevention Advisory Committee, and the Governor's Substance Use Response workgroup; and has provided testimony as a subject matter expert for the Nevada Legislature.
- A version of this presentation was provided via Webinar presented by the Nevada Opioid Center of Excellence in July 2025. A recording is available here: <https://nvopioidcoe.org/video/community-response-and-best-practices-for-opioid-antagonists/>

# Presentation Overview

## **The issue:**

- Evolution of the opioid overdose death crisis in US and Nevada
- Fentanyl facts and myths

## **What's working:**

- Overdose response training
- Data on naloxone dosing

















## **Emerging issues:**

- Significance of opioid withdrawal
- New product options

## **Recommendations:**

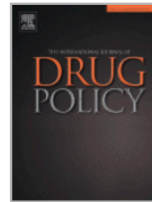
- Scientific and community consensus on overdose response best practices

# A call for compassionate opioid overdose response

Erin Russell <sup>a</sup>  , Mary Hawk <sup>b</sup> , Joanne Neale <sup>c</sup> , Alex S. Bennett <sup>d</sup> , Corey Davis <sup>e</sup> ,  
Lucas G. Hill <sup>f</sup> , Rachel Winograd <sup>g</sup> , Lauren Kestner <sup>h</sup> , Amy Lieberman <sup>e</sup> , Alice Bell <sup>i</sup> ,  
Tim Santamour <sup>j</sup> , Stephen Murray <sup>k</sup> , Kristin E. Schneider <sup>l</sup> , Alexander Y. Walley <sup>m</sup> ,  
T. Stephen Jones <sup>n</sup> 

International Journal of Drug Policy

Volume 133, November 2024, 104587



Open access (free) link:

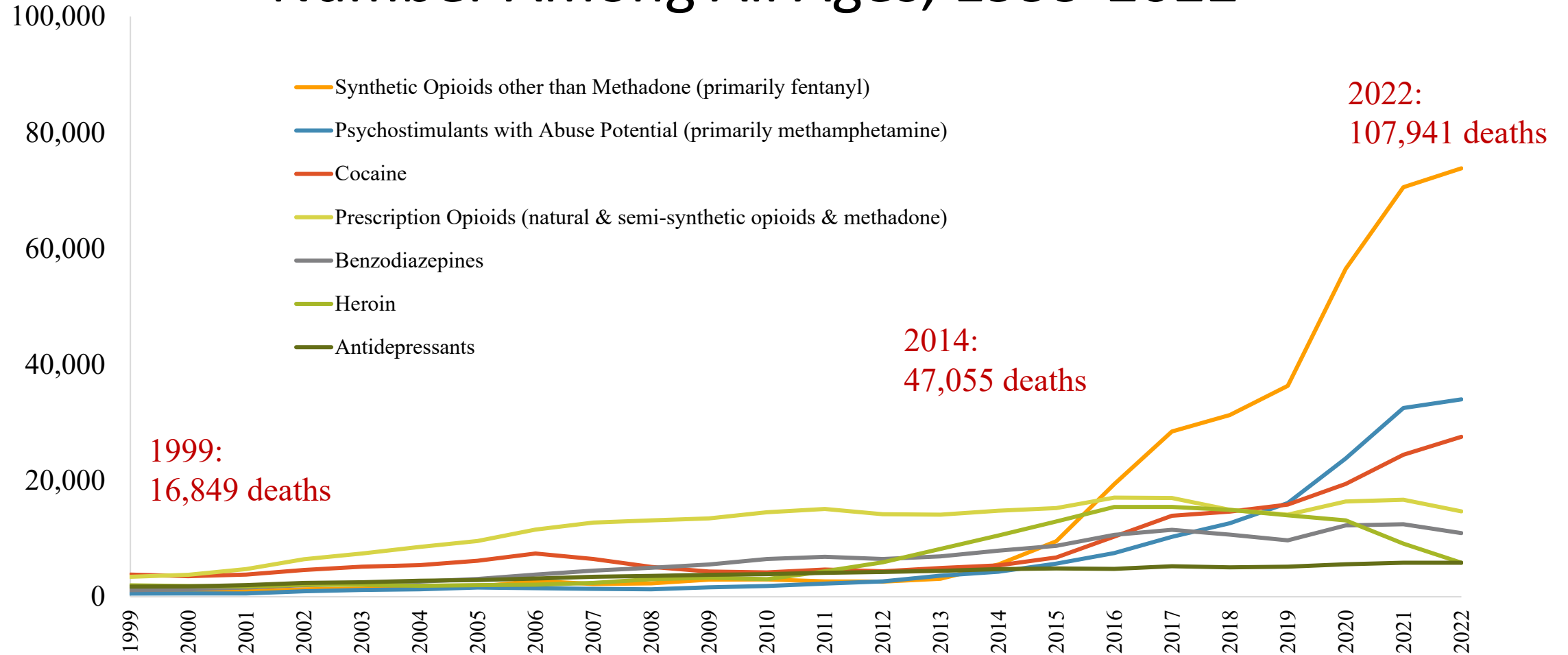
<https://www.sciencedirect.com/science/article/pii/S0955395924002718>

## Highlights

- Standard dose naloxone is 0.4 mg intramuscular (IM) or  $\leq 4$  mg intranasal (IN).
- high dose and long-acting opioid antagonists have no use in overdose response.
- people who use drugs should be involved in opioid antagonist development.
- harm reduction programs can teach rescue breathing to mitigate withdrawal risk.
- withdrawal should be carefully considered in opioid antagonist product selection.

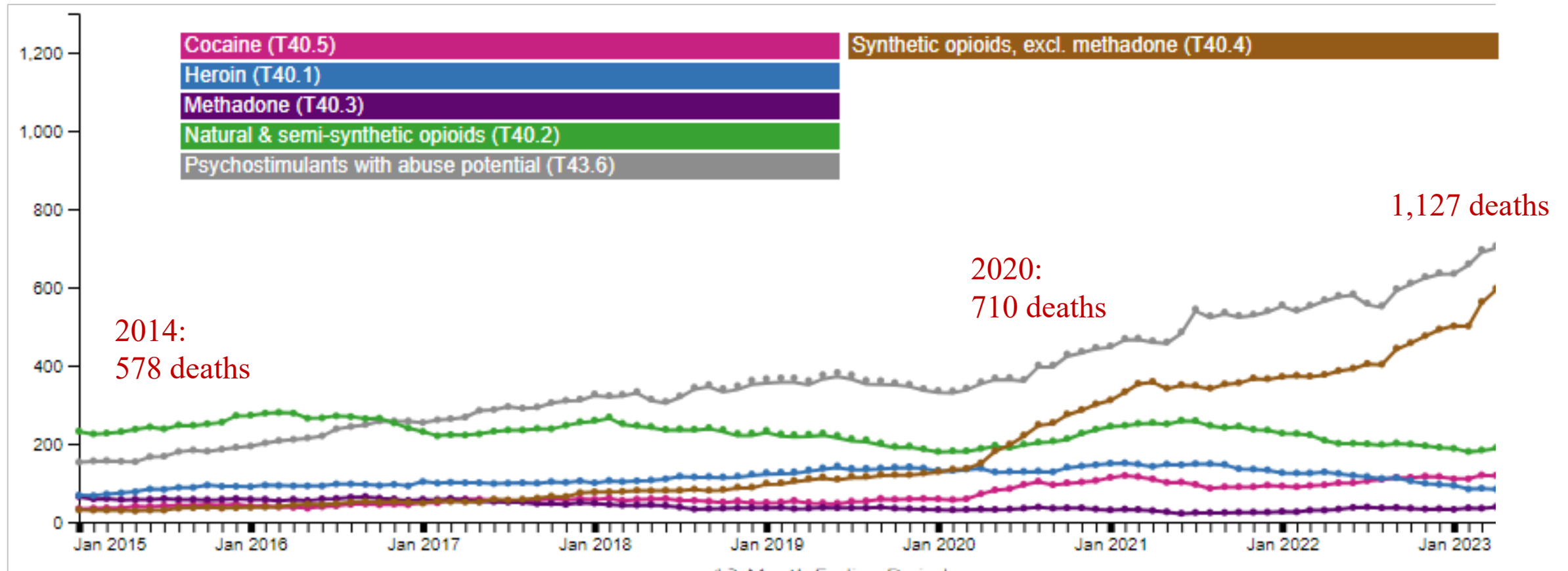
**The Issue:**  
Fentanyl made an already bad  
problem worse

# National Drug Overdose Deaths, Number Among All Ages, 1999-2022



Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2022  
on CDC WONDER Online Database, released 4/2024.

# Nevada Drug Overdose Deaths: Number among all ages, (2015-2022)




Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics Program, based on data available 6/2024.


# The Facts About Fentanyl

- Synthetic opioid that causes respiratory depression
- *Partly* responsible for the current opioid crisis in the US
- More potent than morphine or heroin (so you need less to have the same effect)
- Used routinely in clinical practice (e.g., to treat pain), in settings where respiration can be monitored and supported
- Fentanyl-induced respiratory depression can be reversed with naloxone

# Fentanyl Myths vs. Facts

 Myth: Touching, handling, or being in the same room as fentanyl can cause an overdose

 Myth: All unregulated drugs have fentanyl in them

 Myth: People are being 'tricked' into using fentanyl

 Myth: Fentanyl overdoses are "naloxone resistant"



Fact: Fentanyl powder's rate of absorption through the skin is miniscule and not a risk for overdose



Fact: Fentanyl has been found in many drugs, but studies show only about 20% of stimulant samples are positive for fentanyl



Fact: Some people use fentanyl deliberately, while others are accidentally exposed



Fact: Opioid antagonists like naloxone can reverse fentanyl overdose



# **What's working:**

Overdose response training  
Naloxone dosing data and best  
practices

# Opioid Overdose Prevention and Response:

## Prevent

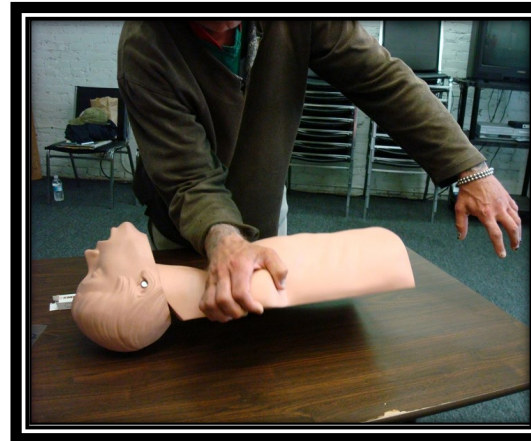
- Avoid mixing drug
- Use less after periods of abstinence

## Recognize

- Slow/stopped breathing
- Unresponsive
- Blue lips/nails

## Respond

- Call 911
- Give rescue breathing
- Give naloxone
- Support breathing until help arrives



# Rescue breathing is critical

## **Mechanism of opioid overdose death = respiratory depression**

- Opioids (no matter what kind) suppress the spontaneous drive to breathe

## **Therefore, opioid overdose response MUST support respiration**

- Administering an opioid antagonist is one way to restore respiration
- Rescue breathing or supportive oxygen is another
- Goal is to restore breathing, which may happen BEFORE the person “wakes up”



# Naloxone in its lowest dose is effective











"Standard" naloxone dose is:  
4mg/0.1ml Intranasal  
or  
0.4mg/1ml Injectable

The standard dose is effective in reversing opioid overdoses– **including fentanyl overdoses**



Type	Amount	Comparison to lower dose products
Narcan & generic nasal sprays	4mg (nasal)	Roughly equivalent to 1 dose of 0.4mg/mL injectable naloxone
Kloxxado nasal spray	8mg (nasal)	2x a standard 4mg nasal or 0.4mg injectable
Zimhi injectable	5mg (injected)	12.5 vials of 0.4mg injectable naloxone

# Currently Available Formulations

	Injectable				One-step Nasal					
	Generic		Branded	Over-the-Counter			Single step			
Brand name	Generic injectable	Generic luer-lock for injectable or nasal		Zimhi Injection	ReVive Nasal Spray	Narcan Nasal Spray	Amneal Nasal Spray	Generic nasal	Kloxxado Nasal Spray	Opvee Nasal Spray
Image										
Assembly required	X	X	X							
Can titrate dose	X	X	X							
Concentration	Naloxone 0.4 mg/mL	Naloxone 1 mg/mL	Naloxone 1 mg/mL	Naloxone 5 mg/0.5 mL	Naloxone 3mg/0.1 mL	Naloxone 4 mg/0.1 mL	Naloxone 4 mg/0.1 mL	Naloxone 4 mg/0.1 mL	Naloxone 8mg/0.1mL	Nalmefene 0.27mg/0.1mL
Cost/kit <sup>1</sup>	\$	\$\$	\$	\$\$\$	\$	\$		\$\$	\$\$\$	\$\$

Price as of February 2024:

\$ = \$0-\$50

\$\$ = \$50.01 - \$100

\$\$\$ = above \$100.01



## Morbidity and Mortality Weekly Report (*MMWR*)

### Comparison of Administration of 8-Milligram and 4-Milligram Intranasal Naloxone by Law Enforcement During Response to Suspected Opioid Overdose — New York, March 2022–August 2023

Emily R. Payne, MSPH<sup>1</sup>; Sharon Stancliff, MD<sup>1</sup>; Kirsten Rowe, MS<sup>1</sup>; Jason A. Christie<sup>2</sup>; Michael W. Dailey, MD<sup>3</sup>

- 101 people received 8mg naloxone
- 253 people received 4mg naloxone

**There were NO differences between those who got 4mg and 8mg in:**

- Survival (99% of people survived in both groups)
- Number of doses received (~2 doses in both groups)
- Combativeness (~10% in both groups)
- Hospital transport refusal (~75% in both groups)

**People who got 8mg had 2.5x higher risk of experiencing withdrawal symptoms including vomiting**

Implication: using the higher dose opioid antagonist did not provide additional benefit

## Amount of Naloxone Used to Reverse Opioid Overdoses outside of Medical Practice in a City with Increasing Illicitly Manufactured Fentanyl in Illicit Drug Supply

[Alice Bell, LCSW](#) ✉, [Alex S. Bennett, PhD](#), [...], and [Leslie D. Williams, PhD](#) (+2) [View all authors and affiliations](#)

[Volume 40, Issue 1](#) | <https://doi.org/10.1080/08897077.2018.1449053>

3% of deaths in the county involved fentanyl

- 89.3% of overdoses were reversed with 1-2 doses
- Average number of naloxone doses: **1.62** (i.e., between 1 and two doses of naloxone per person)

68% of deaths in the county involved fentanyl

- 92.6% of overdoses were reversed with 1-2 doses
- Average number of naloxone doses: **1.52** (i.e., between 1 and two doses of naloxone per person)

Implication: Most overdoses are reversed with 1-2 doses of naloxone, even when fentanyl is present

# Observational data from Southern Nevada Health District

3 data sources:

- 1) Surveys about naloxone administration by uniformed first responders and laypeople
- 2) Surveys about naloxone administration by people people who use drugs
- 3) Emergency Medical Services Data

*Data courtesy of Brandon Delise, Sr. Epidemiologist, Southern Nevada Health District  
Presented in 2024 via Webinar by the Nevada Opioid Center for Excellence*



## Survival rate by year and # of 4 mg IN naloxone doses

	1 Dose	2 Doses	3 Doses	4 Doses	5+ Doses	All Dose Survival Rate	Proportion 1-2 Doses 4Mg
	# survived	# survived	# survived	# survived	# survived	# survived	# survived
2021	15/15 (100%)	7/7 (100%)	0	0	0	100% (22/22)	100%
2022	22/23 (95.7%)	8/8 (100%)	3/3 (100%)	0	0	97.10% (33/34)	88.24%
2023	69/71 (97.1%)	41/43 (95.3%)	11/12 (91.7%)	4/4 (100%)	3/3 (100%)	96.20% (125/130)	84.62%
2024	29/29 (100%)	36/37 (97.3%)	11/12 (91.7%)	4/4 (100%)	1/1 (100%)	97.60% (80/82)	79.27%

**Data source 1:**  
reports from  
first responders  
and laypeople

*Data courtesy of Brandon Delise, Sr. Epidemiologist, Southern Nevada Health District  
Presented in 2024 via Webinar by the Nevada Opioid Center for Excellence*

## Survival rate by year and # of doses of naloxone

	1 Dose	2 Dose	3 Dose	4 Dose	5+ Doses	All Dose Survival Rate	Proportion 1-2 Doses 4Mg
	# survived	# survived	# survived	# survived	# survived	# survived	# survived
<b>2023</b>	58/59 (98.3%)	84/86 (97.6%)	16/17 (94.1%)	8/8 (100%)	4/4 (100%)	97.65% (166/170)	83.53%
<b>2024</b>	95/96 (99.0%)	104/105 (99.0%)	16/16 (100%)	7/7 (100%)	2/2 (100%)	99.11% (222/224)	88.84%

**Data source 2:**  
reports from  
people who  
use drugs

*Data retrieved on 06/25/2024.  
Data source: L2A Naloxone Administration Log  
2024 data are preliminary and subject to change*

# Quantity of naloxone administered by year

Mg	2021	% of Total	2022	% of Total	2023	% of Total	2024	% of Total
0.1	5	0.12		0.00	2	0.02		0.00
0.2		0.00	6	0.10	30	0.37	1	0.03
0.25	12	0.28	7	0.12	7	0.09	18	0.61
0.3	1	0.02	5	0.09	2	0.02		0.00
0.4	44	1.02	41	0.71	78	0.95	34	1.14
0.5	427	9.87	539	9.34	811	9.90	365	12.28
0.6	2	0.05	4	0.07	9	0.11		0.00
0.75		0.00		0.00	1	0.01	1	0.03
0.8	2	0.05	2	0.03	6	0.07	3	0.10
1	1011	23.36	1144	19.83	1551	18.93	650	21.86
1.2	4	0.09	1	0.02	2	0.02		0.00
1.5	26	0.60	52	0.90	29	0.35	14	0.47
1.6	1	0.02	2	0.03	1	0.01		0.00
2	2404	55.56	3393	58.82	4932	60.18	1539	51.77
2.5	24	0.55	27	0.47	21	0.26	22	0.74
3	9	0.21	9	0.16	55	0.67	4	0.13
3.5		0.00		0.00	4	0.05		0.00
4	272	6.29	418	7.25	503	6.14	238	8.01
5	27	0.62	45	0.78	35	0.43	29	0.98
6	5	0.12	10	0.17	11	0.13	1	0.03
8	2	0.05	13	0.23	32	0.39	20	0.67
10	3	0.07	4	0.07	10	0.12		0.00
12		0.00	5	0.09	11	0.13	2	0.07
16		0.00	1	0.02	17	0.21	2	0.07
20	2	0.05	4	0.07	5	0.06	5	0.17
>20	44	1.02	36	0.62	30	0.37	25	0.84
Total	4327		5768		8195		2973	

**Data source 3:**  
reports from  
EMS

*Data retrieved on 06/25/2024.  
Data source: ESO*

# So why are people talking about more/higher doses?

## **Not waiting long enough between doses**

- One study showed that law enforcement officers waited only 53 seconds between doses (White 2022)



Wait 2-5 minutes between doses, keep giving rescue breathing



## **Xylazine complicates overdose response**

- If someone has taken xylazine, they might not “wake up” even though their breathing is restored



Ensure restored breathing, even if they don't wake up – keep giving rescue breathing and give more doses after 2-5 minutes



## **People think that giving more or higher doses will speed up the reversal process**

- Overmedication with naloxone may cause more serious and painful withdrawal



Give the lowest dose needed to restore breathing



**Emerging Issues:**  
Significance of opioid withdrawal  
New product options

# Opioid withdrawal is painful and can cause harm

Historically, we have minimized the risk – “you can’t give someone too much naloxone”

Experience now shows us that inducing severe and painful withdrawal symptoms by giving too much naloxone:

- May cause people to use alone (a risk factor for death) to avoid being overmedicated next time
- May cause people to avoid calling 911 and getting emergency medical help or refuse care
- Can cause people to use more opioids to alleviate the symptoms
- Makes people feel punished and stigmatized
- Can cause agitation directed towards the first responder

When he awoke, he began vomiting so much he reported he could not breathe and experienced extreme anxiety.

“I tried to re-dose with heroin every 15 minutes to feel anything other than this horrible feeling.

“For months after that bad overdose, I was super hesitant to use around others. I mostly wanted to use alone to avoid something like that from happening again which put me at great risk.”

# Stronger and longer-acting formulations:

- May cause more severe withdrawal symptoms that last longer
- Do not appear to increase survival

There are currently no data on how other products (e.g., nalmefene, which lasts 6-10 hours) work in community settings.



**Recommendations:**  
Scientific and community  
consensus on best practices

# Even with emergence of fentanyl and xylazine, the basics still apply:

- Give rescue breathing until spontaneous breathing is restored (1 breath ~ every 5 seconds)
- Give lowest effective doses of naloxone required to restore breathing
- Wait 2-5 minutes for naloxone to work, keep breathing for them and give additional doses as needed
- Overdoses may take longer to reverse, and people may not “wake up” – breathing is most important

Overmedication with too much opioid antagonist can cause harms – use lowest dose needed to restore breathing and avoid precipitating withdrawal symptoms

# Summary:

1.

Effective opioid  
overdose response  
must restore breathing

Precipitated opioid  
withdrawal from too  
much opioid antagonist  
is a serious concern  
and can cause harms

Best practice:  
administer lowest dose  
of naloxone needed to  
restore respiration and  
avoid withdrawal

Karla D. Wagner, Ph.D.  
UNR Foundation Professor  
karlawagner@unr.edu

# References

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# 5. Update on Opioid Litigation, Settlement Funds, and Distribution

(Information and Discussion)

Chief Deputy Attorney General Mark Krueger, Office of the Attorney General, or  
designee

# 6. Presentation of Fund for a Resilient Nevada 2024 Annual Report

(Information and Discussion)

Dawn Yohey, Nevada Department of Health and Human Services (DHHS),  
Director's Office, Fund for Resilient Nevada (FRN)

Joe Lombardo  
*Governor*



Richard Whitley  
*Director*

# Opioid Recoveries

Director's Office, Fund for a Resilient Nevada

Dawn Yohey, MFT, LCADC, CPP3

April 9, 2025



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Department of Health and Human Services

*Helping people. It's who we are and what we do.*





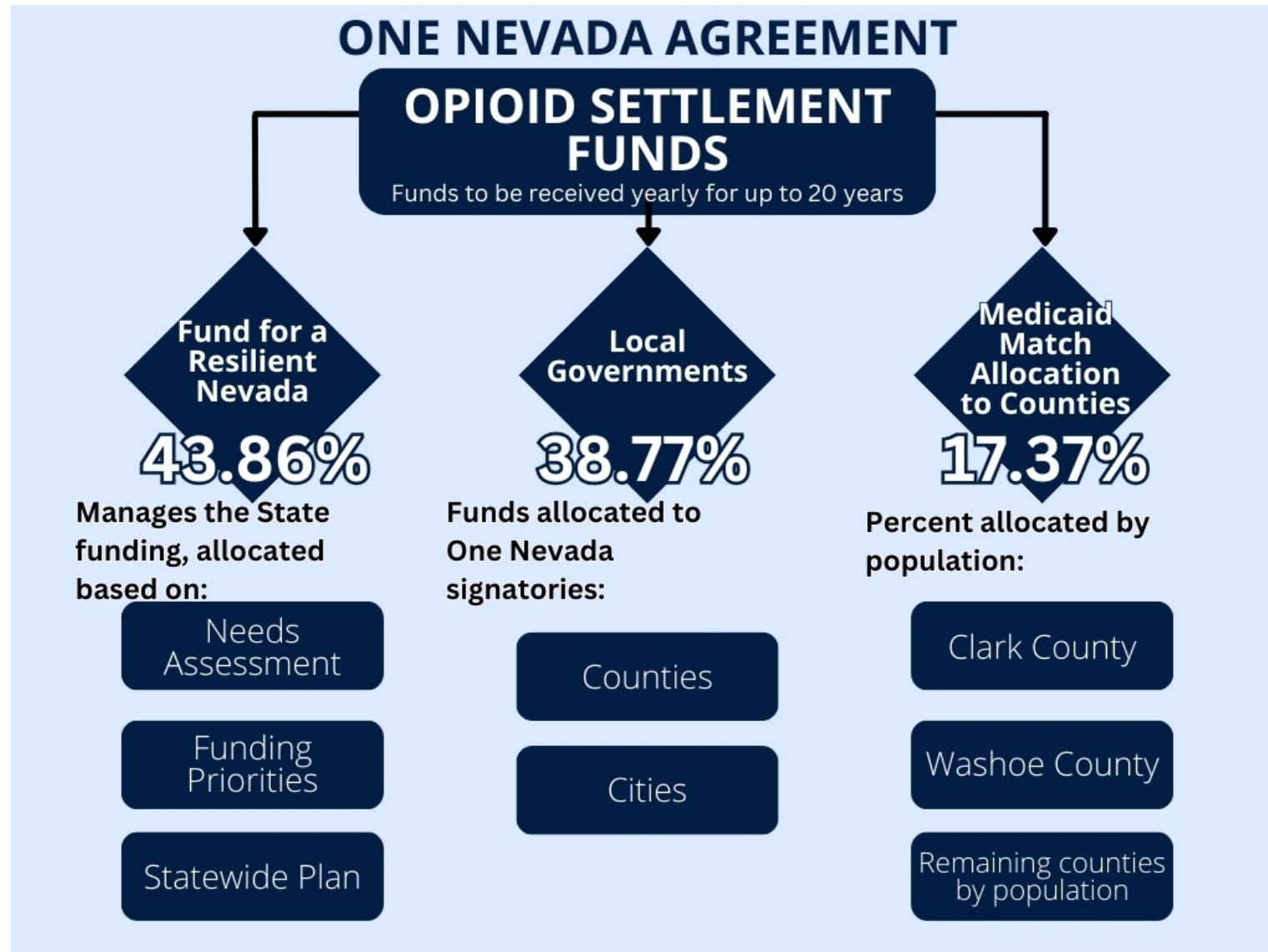
# Agenda

1. [FRN Dashboard](#)
2. [Fund for a Resilient Nevada NRS 433.734 Annual Report \(2025\)](#)
3. One Nevada Agreement, Signatory Projects and Spending
4. Questions





# FRN Annual Report





# FRN Annual Report

**Goal 1:** Ensure Local Programs Have the Capacity to Implement Recommendations Effectively and Sustainably

**Goal 2:** Prevent the Misuse of Opioids

**Goal 3:** Reduce Harm Related to Opioid Use

**Goal 4:** Provide Behavioral Health Treatment

**Goal 5:** Implement Recovery Communities across Nevada

**Goal 6:** Provide Opioid Prevention and Treatment Consistently across the Criminal Justice and Public Safety Systems

**Goal 7:** Provide High Quality and Robust Data and Accessible, Timely Reporting



# Studies

## Health Outcomes of Infants with Gestational Exposure to Substances in Nevada (2018-2020)

- This study examines infants born between Jan. 1, 2018, and Dec. 31, 2020, to Nevada women. Infants were separated into a prenatal substance-exposed cohort and non-prenatal substance-exposed cohort, and outcomes were analyzed.
- This study explores missed opportunities for intervention before and at birth for the prenatal substance-exposed cohort. The frequency with which required interventions for substance-affected infants are captured for this substance-exposed cohort are presented along with an analysis of outcomes broken down by interventions received (the distinction between substance-affected and substance-exposed is articulated in the background section of this report).

Two interventions in place for substance-affected infants are the creation of a Comprehensive Addiction and Recovery Act (CARA) Plan of Safe Care and a mandatory Child Protective Services (CPS) referral. Outcomes for children who were gestationally exposed to substances and received neither a CARA plan or a CPS referral, a CARA plan only, a CPS referral only, and both interventions were compared. CPS referrals are restricted to those made within six months of birth.

- The study looked at outcomes in six-month intervals from birth to age 2. It compares substance-exposed infants with non-exposed counterparts in terms of hospital admissions and emergency room diagnoses, subsequent CPS involvement, and mortality. This report provided a clearer picture of the impact of gestational exposure to substances, identifying gaps in current interventions, and highlighting areas for critical improvement in support and care strategies for affected infants and their families.



# Studies

## Substance Use and Criminality in Nevada: A 2016-2023 Analysis

- This study confirmed a significant link between substance use and criminal activities. Nevada-specific data indicate an upward trend in the percentage of drug-related arrests leading to convictions: a low of 12% in 2017 to more than 19% in 2023. Even more noteworthy is the percentage of felony convictions that are drug related, at greater than 41% in 2023. This is an increase of 139% since 2016 and underscores an urgent need for targeted interventions within correctional facilities.
- More than 45% of Nevada's forensic patients self-reported drug use — 816 out of 1,798 individuals between 2021 and 2023 — while approximately 34% of forensic clients were found to have been arrested for drug-related charges, which surpasses the rate of drug arrests in Nevada's general arrested and convicted population.

Note: This study was constrained by the limitations of available data.



# Funded Projects Calendar Year 2024



# Goal 1: Building Capacity

- Opioid Training and Technical Assistance Center- Nevada Opioid Center of Excellence (NOCE)
- Nevada Indian Commission Program Position
- Nevada Public Health Foundation (NPHF) Supporting Nevada's Children Training and Coordination



## Goal 2: Prevention

- Multi-Tiered Systems of Support (MTSS)
- Nye County Communities Coalition Youth in Transition
- Boys and Girls Club SMART Moves Statewide Opioid Initiative



## Goal 3: Harm Reduction

- Trac-B Exchange aka Impact Exchange Access to Needles (sharps and sharps containers in vending machines)
- Overdose Reversal Medication and Testing Strips (allocation)
- Dignity Health Chronic Pain Self Management Program (CPSMP) for seniors





## Goal 4: Treatment

- Mobile Recovery Units
- EMPOWERED Pregnant and Postpartum Opioid Support
- Living Free Health and Fitness Transitional Living
- Carson City Community Counseling Center Residential Program
- Alternative Sentencing Treatment Program- Support in Treatment Accountability and Recovery (STAR)
- Northern Nevada HOPES Perinatal Care Program
- Quest Counseling and Consulting Youth and Transitional Age Youth
- Lyon County Resilient Families Program



# Goal 5: Social Determinants of Health (SDOH)

- Raise the Future Foster Navigation



## Goal 6: Opioid Prevention and Treatment across Criminal Justice and Public Safety Systems

- Division of Health Care Financing and Policy (DHCFP) 90-day pre-release waiver for jails and prisons
- Nevada Rural Jail Opioid Disorder Research and Implementation Project
- Holistic Defense Resource Center



# Goal 7: Provide High Quality and Robust Data

- Handheld Mass Spectrometer Project
- All Payer Claims Database
- Overdose Detection Mapping Application Program (ODMAP API)
- Poison Control Hotline



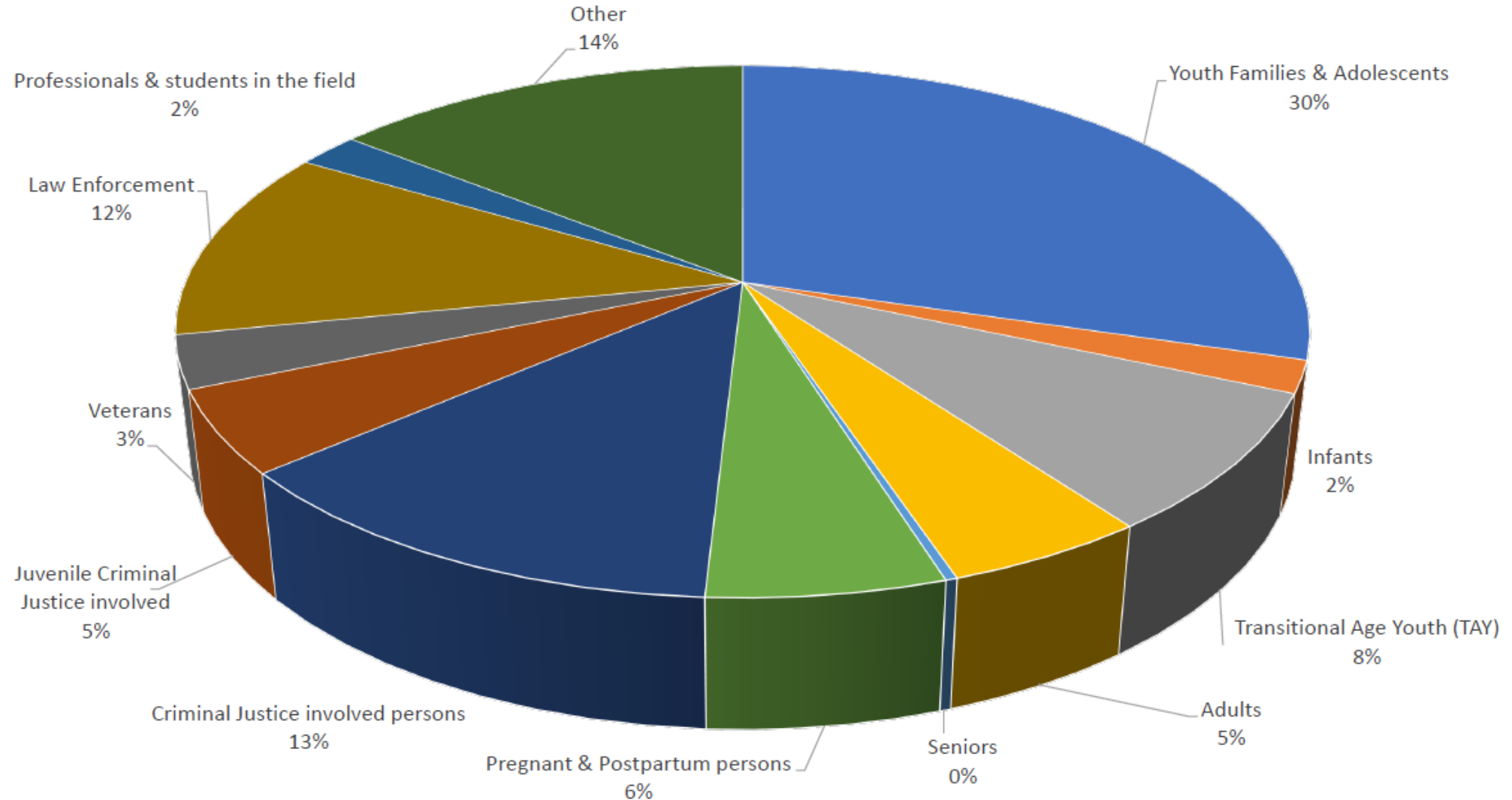
# Additional Projects

- Projects mentioned above are just projects that were funded in calendar year 2024.
- Calendar year 2025 and the FY26/FY27 biennium funded projects will be included next year.



# Populations Served

Current Funding by Populations based off of \$21,915,999.60 allocated in FY24/FY25





# One Nevada Agreement

## Signatory Reporting

## Calendar Year 2024



# Northern Region





# Carson City

Project name: Increase the capacity for prevention education for youth and families by hiring Juvenile Services Outreach Specialist.

- Category: Prevention
- Target population: Parents of dependent children and youth
- Total expenditures \$203,532.27

Project name: Provide case management services to the Public Defenders Office for their indigent clients.

- Category: Treatment adult and youth
- Target population: Homeless, parents of dependent children and youth
- Total expenditures \$36,141.19

Project name: Alt sentencing part-time technician and full-time drug tech to provide those enrolled in court-ordered programs with supervision the resources necessary to ensure they succeed and meet court ordered programs.

- Category: Criminal justice adult and youth
- Target population: Individuals at risk for being involved with the justice system.
- Total expenditures \$33,964.70

Project Name: Provide necessary training for current and future Carson City Staff engaged in prevention and treatment efforts to ensure the application of best practices and prevention strategies.

- Category: Training
- Target population: Carson City residents and employees
- Total expenditures \$37,011.50



# Central Lyon County Fire Protection District

Central Lyon Fire opioid first response

- First responders/harm reduction
- Rural/frontier communities
- Expenditures \$3,500
- Administrative expenses \$0



# Churchill County

Project name: Churchill County Opioid Response Plan

- Category: Research
- Target population: Rural communities
- Total expenditures: \$25,450
- Administrative expenses (no more than 5%): \$0

Project name: Churchill County Social Services Resource Liaison Outreach

- Category: Prevention and Criminal Justice
- Target population: Individuals involved or at-risk for being involved with the criminal justice or juvenile justice system
- Total expenditures: \$25,450
- Administrative expenses (no more than 5%): \$0



# Douglas County

Project name: Partnership Douglas County  
Empowering Youth

- Category: Prevention
- Target population: youth
- Total expenditures: \$3329.01
- Administrative expenses (no more than 5%): \$0

Project name: Partnership Douglas County  
Steered Straight

- Category: Prevention
- Target population: Youth and parents
- Total expenditures: \$13,707.09
- Administrative expenses (no more than 5%): \$0

Project name: Carson Valley Health Two Substance Abuse  
Groups

- Category: Treatment (adult)
- Target population: Individuals in recovery
- Total expenditures: \$8,980
- Administrative expenses (no more than 5%): \$0

Project name: Carson Valley Health Youth Groups

- Category: Mental health (youth)
- Target population: Teens
- Total expenditures: \$1,440
- Administrative expenses (no more than 5%): \$0
- Total expenditure for supplies for both groups: \$14,040

Project name: Program Manager

- Category: Building capacity
- Total expenditures: \$108,000.85 (February 2024-  
December 2024)



# City of Fernley

Project name: Healthy Communities Coalition

- Category: Prevention
- Target population: Youth in Fernley, Nevada
- Total expenditures: \$7,527.64
- Administrative expenses: \$0



# Lyon County

- Category: Capacity Building
- Project Name: Behavioral Health Division Expansion and Medicaid Billing for sustainable services
- Target Population: Rural/Frontier Communities
- Total expenditures: \$124,620.61
- Administrative Expenses: \$1,802.61

- Category: Data
- Project Name: Universal Screening and connection to services
- Target Population: Rural Frontier Communities
- Total Expenditures: \$30,146.16

- Category: Prevention Secondary
- Project Name: Universal Screening and service connection
- Target population: Rural/Frontier communities
- Total expenditures: \$98,825.36
- Administrative Expenses: \$600.92

- Category: Prevention Secondary and Tertiary
- Project Name: Lyon County Resilient Families
- Target Population: Parents of Dependent children, youth, persons and families involved with criminal justice, and transitional aged youth
- Total expenditures: \$124,703.21
- Administrative Expenses: \$4,940.68



# Storey County

- Capacity Building/ Prevention
- Case Management/ Wraparound Services
- Rural, Veterans, At-Risk
- Total expenditures \$40,859.57
- Admin expenses \$2,150.50



# Rural Regions





# Elko

Project Name: Elko County Drug Testing Laboratory

- Category: Criminal Justice (Adult), Criminal Justice (Juvenile), Treatment (Adult), Treatment (juvenile)
- Total Expenditures \$218,074.61



# City of Ely

White Pine Youth Center

Expenditures: \$3,265.20



# Eureka County

- No reported projects or expenditures in 2024



# Humboldt County

Project Name: The Hope Project

- Category: Treatment Adult
- Target Population: All marked

Project Name: The Hope Project

- Category: Treatment Youth
- Target Population: All marked
- Expenditures: \$147,526
- Administrative Expenditures: \$6,574.50



# Lander County

Category: Training

- Project Name: Opioid Needs Assessment Flyers
- Target Population: Rural Communities
- Total Expenditure: \$1,095.58



# Lincoln County

- No reported projects or expenditures in 2024



# Pershing County

- No reported projects or expenditures in 2024



# City of West Wendover

Project: Wendover Prevention Group.

- Expecting expenditures in 2025 once contractual agreement is executed between the City of West Wendover and the Wendover Prevention Group.





# White Pine County

## Project: Furniture/Drug Court Supplies

- Category - Person & Families
- Rural Communities
- Total Expense - \$2,699.95

## Project: Training

- Category - Person & Families
- Rural Communities
- Total Expense - \$7,257.02

## Project: Steered Straight Education

- Category - Person & Families
- Rural Communities
- Total Expense - \$5,000



# Clark Region



# Boulder City

Project Name: Drug Court Program

- Category: Training
- Target Population: Parents of dependent children, Youth, Individuals involved or at-risk for being involved with the criminal justice or juvenile justice system
- Total Expenditures \$1,095
- Administrative Expenses \$0

Project Name: Drug Court Program

- Category: Prevention (Primary)
- Target Population: Parents of dependent children, Youth, Individuals involved or at-risk for being involved with the criminal justice or juvenile justice system
- Total Expenditures \$1,670
- Administrative Expenses \$0



# Clark County

Project Name: Medication-Assisted Treatment (MAT) Program

- Category: Criminal Justice (Adult)
- Target Population: Persons and families involved in the criminal justice system, juvenile justice system, and child welfare system; Individuals involved or at-risk for being involved with the criminal justice or juvenile justice system
- Total expenditures: \$1,318,251.68
- Administrative expenses (no more than 5%): \$0

Project name: Community Opioid Treatment Center Las Vegas Blvd & Sloan RP.B0123067

- Category: Capital Projects
- Target Population: Anyone, 18 years of age or older, in need of immediate or long-term addiction recovery, this includes many of the populations listed in Question 11.
- Total expenditures: \$166,111.68
- Administrative expenses (no more than 5%): \$0

Project name: Community Opioid Treatment Center Buffalo RP.C0924114

- Category: Capacity Building; Infrastructure Development; Treatment (Adult)
- Target Population: Parents of dependent children; Persons and families involved in the criminal justice system, juvenile justice system, and child welfare system; Transitional aged youth populations (TAY); Individuals involved or at-risk for being involved with the criminal justice or juvenile justice system; Individuals who are homeless
- Total expenditures: \$13,891,600.73
- Administrative expenses (no more than 5%): \$0



# City of Henderson

Project Name: Fentanyl Awareness  
Social Media Advertising

- Category: Campaign
- Target Population: Youth
- Total Expenditures: \$91,389.04

Project Name: Fentanyl Awareness  
Campaign Outreach

- Category: Campaign
- Target Population: Youth
- Total Expenditures: \$73,728.00



# City of Las Vegas

Project name: City of Las Vegas Municipal Court: Specialty Court Program

- Category: Harm Reduction; Criminal Justice (Adult)
- Target population: Persons and families involved in the criminal justice system, juvenile justice system, and child welfare system; Individuals involved or at-risk for being involved with the criminal justice or juvenile justice system or Individuals who are homeless
- Total expenditures: \$1,253.50
- Administrative Expenses (no more than 5%): \$0

Project name: City of Las Vegas Courtyard Homeless Resource Center – Psychiatric Health and Wellness Clinic

- Category: Harm reduction; Treatment (adult)
- Target Population: Individuals who are homeless
- Total expenditures: \$0
- Administrative Expenses (no more than 5%): \$0

Project name: Catholic Charities of Southern Nevada: Renewing Hope Program

- Category: Harm reduction; Treatment (adult); Recovery Communities (SDOH)
- Target population: Individuals who are homeless
- Total expenditures: \$0
- Administrative Expenses (no more than 5%): \$0



# City of North Las Vegas

- No reported projects or expenditures in 2024



# City of Mesquite

Project Name: LEADS

- Category : Prevention
- Target Population: Youth
- Total Expenditures: \$6,290.42
- Administrative Expenses: \$0

Project Name: Counseling of Drug Court Families

- Category: Treatment
- Target population: Families involved in Drug Court/Criminal Justice
- Total Expenditures: \$6,020.00
- Admin Expense \$0





# Washoe Region



# Washoe County

*Project Name:* Washoe Opioid Abatement and Recovery Fund

*Total expenditures:* \$ 87,461.03

Total Allocations Approved:  
\$4,110,100

Organization Name	Project Name	Categories
Northern Nevada Harm Reduction Alliance	Building Communities of Support (BCOS)	Harm Reduction
		<b>Treat Opioid Use Disorder (OUD)</b> <b>And Support People in Treatme</b> Address the Needs of Pregnant or Pa Families Prevent Misuse of Opioids
HSA Adult Services	CrossRoads Families	Medical Detox
Bristlecone Family Resources	Medical Detox Building	
Join Together Northern Nevada	Partnership for Prevention	Harm Reduction
Ridge House LLC	OUD Outpatient Services	<b>Treat Opioid Use Disorder (OUD)</b> Address the Needs of Criminal Justice
		<b>Treat Opioid Use Disorder (OUD)</b>
Northern Nevada HOPES	Opioid Treatment Expansion Project	



# City of Reno

Project Name: Reducing Opioid Use Disorder Pilot

- Category: Prevention
- Target Population: Individuals who are homeless
- Total Expenditures: \$32,179.13
- Administrative expenses (no more than 5%): \$0.00



# City of Sparks

Project Name: Mental Health Program For Sparks Police and Fire through Embgro consulting

- Category: Harm Reduction & First Responders
- Target Population: Statewide
- Total expenditures: \$ 176,268.77
- Administrative expenses (no more than 5%): \$0

Project Name: 2024 Northern Nevada Opioid Youth Summit

- Category: Training
- Target Population: Youth
- Total expenditures: \$ 2,500
- Administrative expenses (no more than 5%): \$0

Project Name: The Life Changes Center

- Category: Treatment (Adult & Youth)
- Target Population: Statewide
- Total expenditures: \$ 25,000
- Administrative expenses (no more than 5%): \$0



# Southern Region



# Mineral County

- Project Name: Project Magic
  - Category: Criminal Justice, Treatment (Youth)
  - Target Population: Youth
  - Total Expenditures: \$7,000
  - Administrative expenses (no more than 5%): \$0
  - No NOAT Funds
- 
- Project Name: Harm Reduction Vending Machine
  - Category: Harm Reduction
  - Target Population: Individuals involved or at-risk for being involved with the criminal justice or juvenile justice system
  - Total Expenditures: \$198.66
  - Administrative expenses (no more than 5%): \$0



# Nye County

High level identified needs:

Capacity -

- Increase workforce - CHW, PRSS, etc.
- County employee specialized in substance misuse.
- Coordinate community - level data collection and understanding of opioid misuse.
- Increase education of front-line professionals about substance misuse - screening and intervention side. Identification and referral.
- Encourage RX providers to train on misuse.
- Increase access to Medically Assisted Treatment (MAT).
- Rehab access.

Prevention -

- Community and/or school-based education.
- Public awareness of resources/problem.
- Home healthcare caregiver support/disposal.
- Bathroom stalls for awareness (flyers) - where are the kids?
- Youth - alternative activities (support/sponsorship?) - mentor program (i.e., Big Brothers, Big Sisters) - peer support, mental and behavioral - community drug free events/teen hangouts (transportation).

Identification and Referral -

- Screening for pregnant people/parenting.
- What happens with overdose? (Dr. does follow up calls with patients, can we do that with overdoses?).
- Resource guide and screening tools at vending machines.
- Increase awareness and availability of MAT to reduce withdrawal issues.

Treatment -

- Access to detox (transportation) - pathway and connections - rural only held beds in Vegas facilities. Fund and hold them for us.
- Meeting support - transportation and ride share.

Recovery Maintenance -

- Where are the meetings? Awareness.
- Other recovery support - research based on religion.
- Criminology/social determinants - holistic recover.

Capacity - Grant Analyst -

- Expenditures Total: \$19,920.60



# Pershing County

- No reported projects or expenditures in 2024





# Questions?



# Contact Information

Dawn Yohey, LMFT, LCADC  
Clinical Program Planner 3  
[d.yohey@dhhs.nv.gov](mailto:d.yohey@dhhs.nv.gov)

<https://dhhs.nv.gov/Programs/FRN/Home/>



# “Acronyms”

- CARA- Comprehensive Addiction and Recovery Act Plan of Safe Care
- CASAT- Center for the Application of Substance Abuse Treatment
- CHW- Community Health Worker
- CPS- Child Protective Services
- DAS- Department of Alternative Sentencing
- DHHS- Department of Health and Human Services
- FRN- Fund for a Resilient Nevada
- MAT- Medication Assisted Treatment
- MOUD- Medication for Opioid Use Disorder
- PRSS- Peer Recovery Support Specialist
- SDOH- Social Determinants of Health
- STAR- Support in Treatment Accountability and Recovery
- TAY- Transitional Aged Youth

# 7. Presentation on Legislative Bills from Behavioral Health Policy Boards

(Information and Discussion)

Dorothy Edwards, Washoe Regional Behavioral Health Policy Coordinator

Valerie Haskin, Rural Regional Behavioral Health Policy Coordinator

Mark Funkhouser, Southern Regional Behavioral Health Policy Coordinator

Cherylyn Rahr-Wood, Northern Regional Behavioral Health Policy Coordinator

**PRESENTATION TO:  
SUBSTANCE USE RESPONSE  
GROUP (SURG)**

---

*Presented by:*

*Dorothy Edwards*

*Washoe Regional Behavioral Health  
Coordinator*

# **SB47: Study on Behavioral Health Insurance Parity in Nevada**

**Addressing Gaps in Behavioral Health  
Coverage**

# Purpose of SB47

- Why Parity
- Assess Whether Behavioral Health Coverage Is On Par With Other Medical Services
- Identify Barriers To Equitable Coverage And Workforce Challenges
- Inform Policy Changes To Improve Mental Health Access

# Why Does It Matter?

- Federal MHPAEA requires parity, but gaps remain
- Disparities in reimbursement denial rates, authorization requirements and provider networks
- Economic burden of untreated behavioral health conditions
- Impact on Workforce Development
  - ✓ Salaries; Recruitment; Retention; Insurance and Self Pay Issues



# **Key Components of the Study**

- **Data Collection:** Insurers must submit data; confidentiality ensured
- **Comparative Analysis:** How Nevada measures up to other states
- **Workforce & Economic Impact:** Provider shortages, financial costs.

# Implementation

- Insurance Commissioner secures funding (with partner!) – Contracts with expert researchers
- Report progress annually – Final recommendations for policy changes

# Expected Outcomes

- Identify workforce and economic impacts
- Identify insurance gaps and enforcement challenges
- Recommendations for legislative and regulatory improvements
- Strategies to enhance access and affordability of behavioral health services/care

# Conclusion and Next Steps

- SB47 sets the foundation for improved behavioral health parity in Nevada
- Legislative action may follow based on study findings
- Call to action: Support data driven solutions for better mental health coverage

*Current Status:*

*Thank you!!*

*Dorothy Edwards*

*daedwards@washoecounty.gov*

# ***Nonemergency Secure Behavioral Health Transportation (NESBHT) - AB31***

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Substance Use Response Group (SURG)  
Subcommittee Presentation

*Mark Funkhouser - Coordinator*

*Southern Regional Behavioral Health Policy Board*

# Disclosures

- *Employer, Nevada Rural Hospital Partners*
- *Funding: Mental Health Block Grant and OD2A*
- *Affiliations: Nevada Certification Board, Vice-Chair*
- *Facilitation of Southern Regional BH Policy Board*

## **Nonemergency Secure Behavioral Health Transportation (NESBHT) - AB31**

- *Increased incentive – paying providers both ways by adding “empty transport” Medicaid reimbursements.*
- *Percentage increase overall for rural, frontier, and statewide services.*

“Director to apply for any federal authority necessary to increase by:  
(1) at least 15 % the rate of reimbursement for rural/frontier counties;  
(2) at least 10 % for all other BH transport (Medicaid) services.”

*\* Different than Emergency Medical Services (EMS), and Non-Emergency Medical Transportation (NEMT). According to DHCFP, the NEMT broker is the only provider of NESBHT services currently (Fiscal Note).*



# Key Factors

1. Existing statutes not utilized fully due to low incentives, inadequate reimbursement, and restrictions on vehicles.
2. Law enforcement and EMS are the doorway to behavioral health care in Nevada (NHA, Nov. 2023).
3. Serious gaps and barriers exist in rural and tribal regions due to limited transportation, long distances, and a lack of available services in Nevada (SAMHSA National BH Snapshot, p. 53).
4. Rural hospitals and jails are not equipped (space, staffing, training) and struggle with long waits for patient/inmate transfers.

# Additional Factors

1. Behavioral health transport costs burden local government, law enforcement, and EMS.
2. Takes local law enforcement and EMS out-of-service and region with increased overtime budgets and staffing needs.
3. Increased stressors, burnout, and turnover for overworked and underpaid professionals.
4. Increased risk for all individuals needing services in the rural, frontier, and tribal areas.

# *Proposed Outcomes*

1. AB31 fills critical gaps by reimbursing both ways by adding payment for “empty transport.”
2. Percentage increase in statewide reimbursement and extra incentive for rural areas.
3. Investment in adequate, equitable funding in Nevada by improving access to care and services.

# ***Further Rationale toward Solutions***

1. Enhanced workforce with improved services for lifesaving, critical access, and support.
2. Reduces local government burden; alleviates stressors on staff and scarce resources.
3. Enhances providers and crisis care while improving services for youth, children, and families by providing greater access to in-state, community-based services.

# Summary

***“What does real care and support in transport  
with the right resources look like?”***

(States) move to more trauma-informed and responsive approach to mental health patient transport: State and National Initiatives.

*Nevada citizens deserve adequate behavioral health transportation and services statewide. AB31 adds positive, necessary effects for communities and local government and increases incentives for providers to utilize existing statutes for behavioral health transport services.*

*Analysis, Research and Supporting Information on BH Transportation*

# References

- *Overview-FAQs*
- *AB31 Testimony: <https://nvbh.org/pdf-preview?id=5457>*
- *HHS Hearing Presentations: <https://nvbh.org/pdf-preview?id=5456>*
- *Data, Analysis, and Supporting Information (Addendum): <https://nvbh.org/pdf-preview?id=5435>*

# Contacts and More Information

- Board Chair: Dr. Kevin Osten-Garner, [KOG@c2rpsychsolutions.com](mailto:KOG@c2rpsychsolutions.com)
- Mark Funkhouser, Coordinator, [mark@nrhp.org](mailto:mark@nrhp.org) / Mobile: (812) 449-4343
- *More Information at* <https://nvbh.org/southern-behavioral-health-region/>

# Overview of Senate Bill 68

Valerie Haskin, MA, MPH

Rural Regional Behavioral Health Coordinator

April 9, 2025

Presentation to the Substance Use Response working Group (SURG) at  
the Office of the Nevada Attorney General



# Bill Components

Enters the Nevada Board of Examiners for Social Workers into the Social Work Compact

Augments requirements for BH licensing boards' annual data reports

# Social Work Licensure Compact

## **What does it do?**

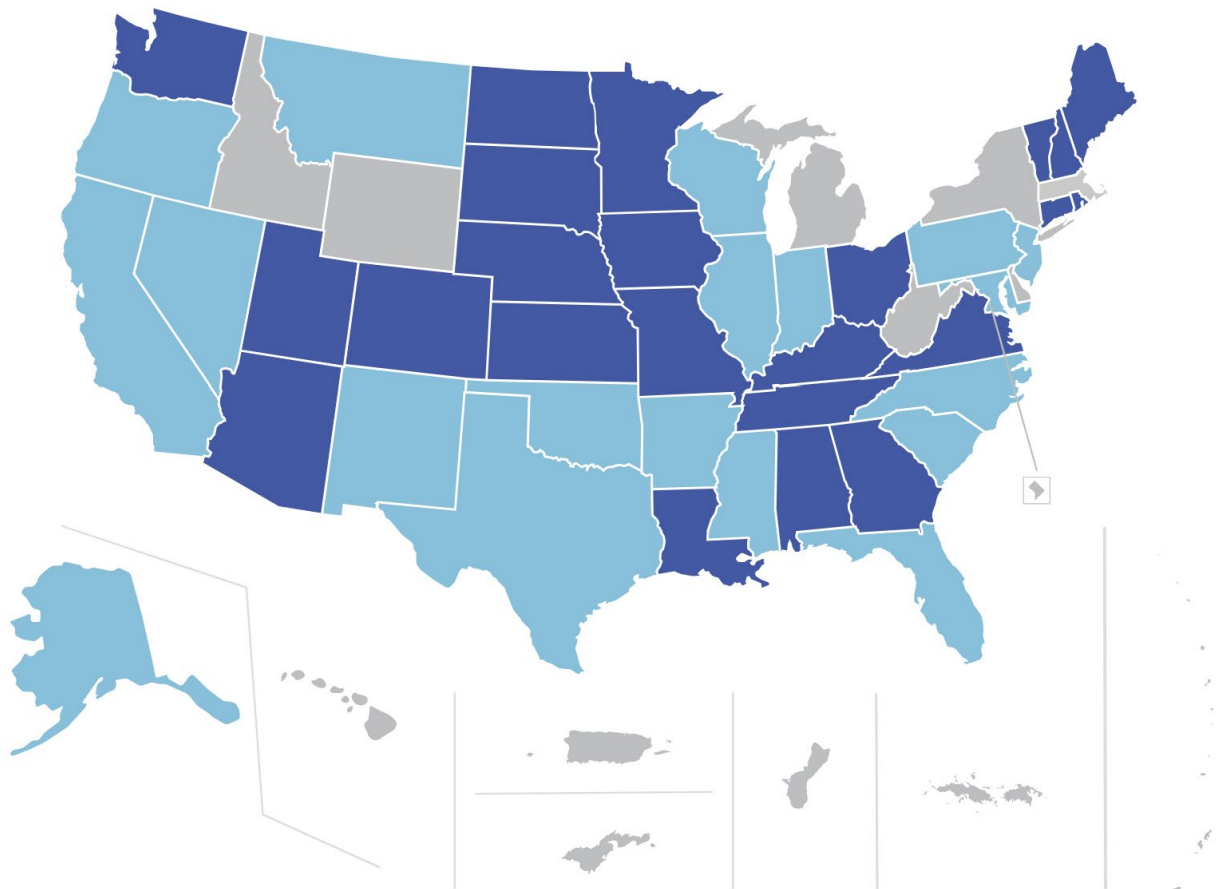
- Enable licensed professionals in good standing within member states to apply for multi-state licensure
- Once granted, the licensee is able to practice in any member state

## **How does it address Nevada's provider shortage?**

- Expedites licensure processes for providers moving to Nevada from member states
- Increases number of providers available to Nevadans, both in person and via telehealth

# Social Work Licensure Compact

● No Active Legislation    ● Legislation Pending    ● Legislation Enacted




The map to the left-hand side of the slide depicts the states and territories across the U.S. who either have passed or have active legislation pending to enter into the Social Work Compact, as of 3/31/25.

Please note: the Rural RBHC has received written permission from the Council of State Governments to use this information for educational purposes. Screenshot was taken on 3/31/25 from <https://swcompact.org/compact-map/>

# Behavioral Health Licensing Data

Current statute mandates annual reporting of data from four licensing boards to Joint Interim Standing Committee on Health and Human Services and to the Chair of each regional behavioral health policy board.



## Boards affected include:

Board of Psychological  
Examiners (NRS  
641.145),

Board of Examiners for  
Marriage and Family  
Therapists and Clinical  
Professional Counselors  
(641A.183),

Board of Examiners for  
Social Workers  
(641B.165),

And the Board of  
Examiners for Alcohol,  
Drug and Gambling  
Counselors (641C.230)

# Behavioral Health Licensing Data

## Current requirements include the following:

- The number of complaints received, investigations completed, cases dismissed, cases settled and cases for which hearings were held within the immediately preceding calendar year;
- The number of applications for new or renewed licenses, the number of those applications that required additional review by the respective licensing board, the number of those applications that were denied, and the reasons for denial.

## SB 68 will additionally require a narrative description of:

- The processes which the Board uses to collect the data reported
- The reasons for the denials of applications for the issuance or renewal of licenses and registrations during the immediately preceding calendar year;
- The known reasons for any increase or decrease in the number of applications for the issuance or renewal of a license or registration, categorized by type of license or registration, during the immediately preceding calendar year; and
- If known, the location in this State in which each applicant for licensure or registration during the immediately preceding calendar year intends to practice.

# Behavioral Health Licensing Data

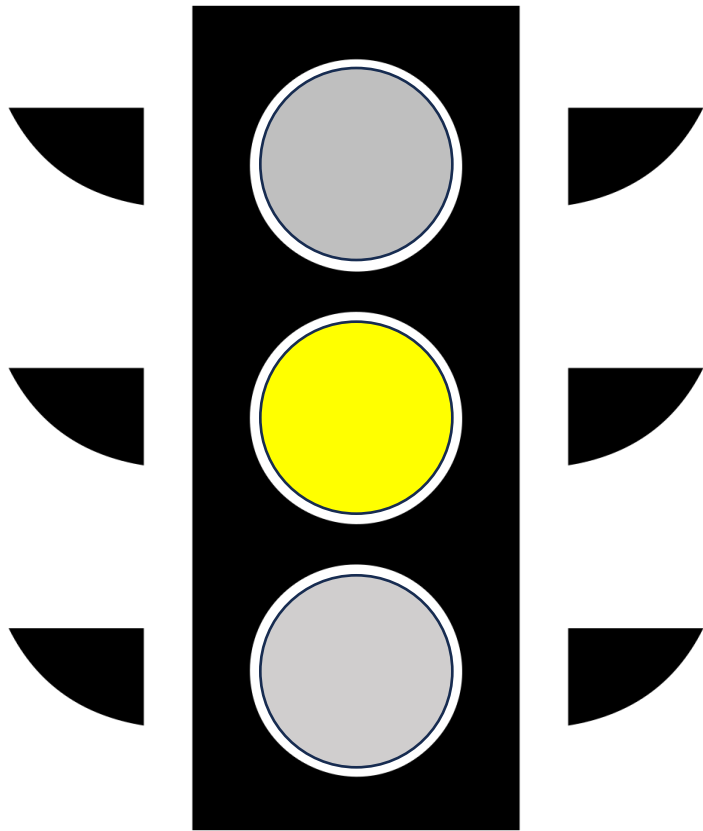
## Reasons for proposed changes:

Improved  
Communication

Improved  
Consistency  
of Reports

Improved  
Understanding of  
System Changes

# Mid-Session Status



- Fiscal note: only revenue - up to \$561k per biennia
- (as of 3/31/25) not being heard in Senate Commerce & Labor
- Would need to pass out of first house committee on 4/11/25

# Contact Information

**Valerie Haskin**

***Rural Regional Behavioral Health  
Coordinator***

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**Fergus Laughridge**

***Chair, Rural Regional Behavioral  
Health Policy Board***

[Fergus.laughridge@fmcdwc.org](mailto:Fergus.laughridge@fmcdwc.org)



# PRESENTATION TO THE SURG SUBCOMMITTEE

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Substance Use Response Group (SURG)

*Cherylyn Rahr-Wood MSW*

*Regional Behavioral Health Coordinator - Northern*

*(Carson City, Churchill, Douglas, Lyon, and Storey)*

*Nevada Rural Hospital Partners*

# Disclosures

The content presented here is for informational and educational purposes only. It is not the intention of the Northern Regional Behavioral Health Coordinator, their home agency, funders, nor respective Regional Behavioral Health Policy Boards to persuade participants to take action or position on any bill I am speaking to in this presentation..

# Certified Prevention Specialist within Nevada's Coalitions or WHY AB60...

- Procure Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) funding.
- Ensures standardized qualifications are consistent and high quality.
- Establishes Certified Prevention Specialist (C-PS) as an official profession within state law.
- Creates a framework for accountability in prevention practices.
- Encourages the growth of a well-trained prevention workforce.
- Aligns these professionals with broader public health objectives such as reducing substance misuse, promoting mental health, harm reduction, and preventing violence.
- Ensures prevention efforts are grounded in law and regulations, giving them greater legitimacy and enforceability.
- Return on Investment or ROI.

# Introduction.. AB60

REQUIRES TWO-THIRDS MAJORITY VOTE  
(§§ 9-11)

**A.B. 60**

ASSEMBLY BILL NO. 60—COMMITTEE ON  
HEALTH AND HUMAN SERVICES

(ON BEHALF OF THE NORTHERN REGIONAL  
BEHAVIORAL HEALTH POLICY BOARD)

PREFILED NOVEMBER 20, 2024

Referred to Committee on Health and Human Services

SUMMARY—Revises provisions relating to certain behavioral health services. (BDR 39-434)

FISCAL NOTE: Effect on Local Government: No.  
Effect on the State: Yes.

~

EXPLANATION – Matter in *bolded italics* is new; matter between brackets [omitted material] is material to be omitted.

AN ACT relating to behavioral health; requiring the certification of a natural person who holds himself or herself out as a certified prevention specialist; prohibiting a minor from providing or supervising the provision of peer recovery support services in most circumstances; authorizing certain minors to serve as peer recovery support specialist interns; authorizing the imposition of civil penalties for certain violations; prohibiting the employment or retention as an independent contractor of a natural person to serve as a certified prevention specialist in a position where the natural person has regular and substantial

AN ACT relating to behavioral health; requiring the certification of a natural person who holds himself or herself out as a certified prevention specialist; prohibiting a minor from providing or supervising the provision of peer recovery support services in most circumstances; authorizing certain minors to serve as peer recovery support specialist interns; authorizing the imposition of civil penalties for certain violations; prohibiting the employment or retention as an independent contractor of a natural person to serve as a certified prevention specialist in a position where the natural person has regular and substantial contact with minors if the natural person has been found to have engaged in certain conduct; requiring a certified prevention specialist to report certain information; requiring a substance use disorder prevention coalition to employ or enter into contracts with certified prevention specialists for certain purposes; and providing other matters properly relating thereto.

# Changes to NRS433

- Codifying CPS into statute align with NRS
- Has the authority to supervise, review, and/or implement evidence-based programs, policies, practices, and other culturally relevant interventions in schools or communities
  - Prevent substance use, substance use disorder, and other behavioral health disorders
  - Prevent early onset substance use and reduce the harms caused by substance misuse, substance use disorder and other behavioral health disorders
  - Address systemic barriers to wellness for the purpose of improving public health and reducing the frequency of substance misuse, substance use disorder, and other behavioral health disorders

# Secondary Purpose for AB60

- Coalition work is driven by evidence-based programs and initiatives, ensuring they align with the best practices or evidence-based.
- Regular review and consistency in prevention efforts help maintain the effectiveness of evidence-based projects and programs.
- The prevention board develops regulations and policies that align with the Three P's of prevention –
  - Evidence-based Practices
  - Programs
  - Policies - to enhance community impact.
- Coalitions collaborate on writing Regulations and Code
- IC&RC, et al. (Substance Use Prevention Workforce Committee) – “purpose changes to the broad group of Miscellaneous Community and Social Service Specialists (21-1090) through the addition of a new detailed occupation classified as Substance Use Prevention Specialists to the five currently listed detailed occupations.”
- Current federal proposal for US Department of Labor Code for Substance Use Prevention Specialists

# Nevada Revised Statutes

- *NRS388*
  - *.221 peer mentoring*
  - *.256 prevention (suicide)*
- *NRS458*
  - *.025 operation of the state plan Coalition*
  - *.033 SUD prevention coalitions*



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<b>Name</b>	<b>Cherylyn Rahr-Wood MSW</b>
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Title	Regional Behavioral Health Coordinator
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Phone	(775) 745-3652
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Email	Cherylyn@nrhp.org
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<h1><b><u>CONTACT INFORMATION</u></b></h1>
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# 8. Assembly Bill 19 on SURG Membership

(Possible Action)

Terry Kerns, Ph.D., Office of the Attorney General

# 9. Legislative Update

(Information and Discussion)

Terry Kerns, Ph.D. and Laura Hale, Social Entrepreneurs, Inc.

# 10. Results of Annual SURG Member Survey

(Information and Discussion)

Crystal Duarte, Social Entrepreneurs, Inc.

# Annual Quality Improvement Survey

- The purpose of this survey is to support continuous quality improvement of SURG meetings and development of the Annual Report.
- Respondents were asked to consider the period February 2024 through January 2025; this is the timeframe in which the *2024 Annual Report* and recommendations were developed and approved.

# Annual Quality Improvement Survey

- The survey link was distributed to SURG members on February 12, 2025, with reminders sent to members who had not completed the survey.
- The survey closed on March 12, 2025.
- Ten responses were received from SURG members, out of a possible 18.
- Complete responses are provided on the following slides by question and theme.

# Q1. What worked well over the last year (February 2024 to January 2025) that should be retained?

## **General**

- "Seems to be flowing correctly."
- "Everything worked well and I believe that the same system should be used this year."
- "...the overall engagement of the full SURG was impressive and stronger than prior years."

## **Meeting Preparation and Organization**

- "The frequency and length of the meetings is working well."
- "Meetings scheduled out for the year helps out a lot. :-)"
- "Pre-meetings with the chairs were helpful to determine and finalize the agenda for subcommittees. SEI staff also helpfully recruited SMEs to present at the next meetings to ensure member priorities were fulfilled."
- "The agenda set forth for committee meetings having been a key part of the SURG meetings [and] has been a key component to recommendations that I experienced."

# Q1. What worked well over the last year (February 2024 to January 2025) that should be retained?

## **The Recommendation Process**

- "The process used this past year for the formulation of the recommendations worked very well. I suggest keeping this process in place."
- "I was most impressed with the process of having the subcommittees submit recommendations that were then reviewed by the full SURG. That allowed for more time for each subcommittee to carefully consider ideas and make recommendations for their respective focus areas."
- "Scoring, priority recommendations was easy to follow and complete."

## **Presentations**

- "Some good outside presenters."

## Q2. Are there any processes that could be improved?

### **Specific Suggestions for Improvement**

- “The process is too organized preventing some open discussion among the committee members on specific, pre-chosen topics.”



# Q3. Do you have suggestions for where the 2024 Annual Report should be distributed or have you shared the report with any groups?

## **Suggestions for Sharing**

- “NV State Legislators during Session and during Interim Sessions a written formal report should be prepared for the Legislature and Governor.”
- Legislative committees
- Behavioral Health Association of Nevada

## **Where the Report Has Been Shared**

- Nevada Sheriffs' and Chiefs' Association

Note that these are in addition to the suggestions discussed at the January 13, 2025, SURG meeting:

- Regional Behavioral Health Policy Boards
- Prevention Coalitions
- All funded cities/counties in the One Nevada agreement
- Clark County Opioid Task Force
- Southern Nevada Opioid Advisory Council (SNOAC)
- Press conference
- Nevada Psychiatric Association
- Hospital Association
- Nursing Association
- Social Work Association
- School Boards

## Q4. Additional comments/feedback or questions

- “A money chart showing a breakdown of exactly where the money has been distributed to and what the recipient has used the money for. In other words. We should have a yearly report on how the money was spent and results have they seen also a follow up what bills have passed during legislative sessions relating the drug epidemic. Regardless of whether SURG made the recommendations”
- “Nice job everyone!”

# 11. Subcommittee Updates

(Possible Action)

Jessica Johnson, Vice Chair Shell, and Terry Kerns, Ph.D.

# 12. Update on Annual Report Dissemination

(Information and Discussion)

Terry Kerns, Ph.D., Office of the Attorney General

# Report Distribution

As required by AB374 (NRS 458.460)

1. Governor's Office
2. Legislative Council Bureau for legislators
3. DHHS Director, Division of Public and Behavioral Health (DPBH),  
FRN
4. Steve Yeager, Commission on Administrative of Justice

# Report Distribution (continued)

## Additional Entities:

- Regional Behavioral Health Coordinators
- Prevention Coalitions
- Attorney General's Office Press Release

# 13. Review and Consider Items for Next Meeting

(For Possible Action)

Vice Chair Shell

# Proposed Presentations

- Legislative Session Recap (July)
- Division of Public and Behavioral Health Strategic Plan (July)
- Clark County Regional Opioid Task Force (July)
- Current Trends in Substance Use (July)
- Medication for Opioid Use Disorder (MOUD) in Rural Jails Project Update (July)
- Updates on Crisis Response Centers in Washoe and Clark Counties (July)
- Updates from the Department of Health and Human Services (October)
- Recommendations Presentation, Review, and Feedback (October)
- Finalization of Recommendations (December)
- Finalization and Approval of Annual Report (January)

\*Opioid Settlement Updates to be provided at each meeting, as available



# 14. Public Comment

(Information Only)

# Public Comment

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

## In Person

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

# Public Comment

## Attending Virtually

If you are dialing in from a telephone:

- Dial 719-359-4580
- When prompted enter the Webinar ID: 841 1615 6896
- Then enter the Meeting Passcode: 676835
- Please press \*6 so the host can prompt you to unmute.

If you are joining virtually with computer audio, please use the “raise hand” feature to indicate you would like to provide public comment so the host can prompt you to unmute.

Before commenting, please state your full name for the record.

Members of the public are requested to refrain from commenting outside the designated public comment periods, unless specifically called upon by the Chair.

\*Comments can also be emailed to [lhale@socialent.com](mailto:lhale@socialent.com). These comments and questions will be recorded in meeting minutes.

## 15. Adjournment

# Additional Information, Resources & Updates Available At:

[https://ag.nv.gov/About/Administration/Substance\\_Use\\_Response\\_Working\\_Group\\_\(SURG\)/](https://ag.nv.gov/About/Administration/Substance_Use_Response_Working_Group_(SURG)/)



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