



# 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.

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\*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

# 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)

# 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)**

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*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

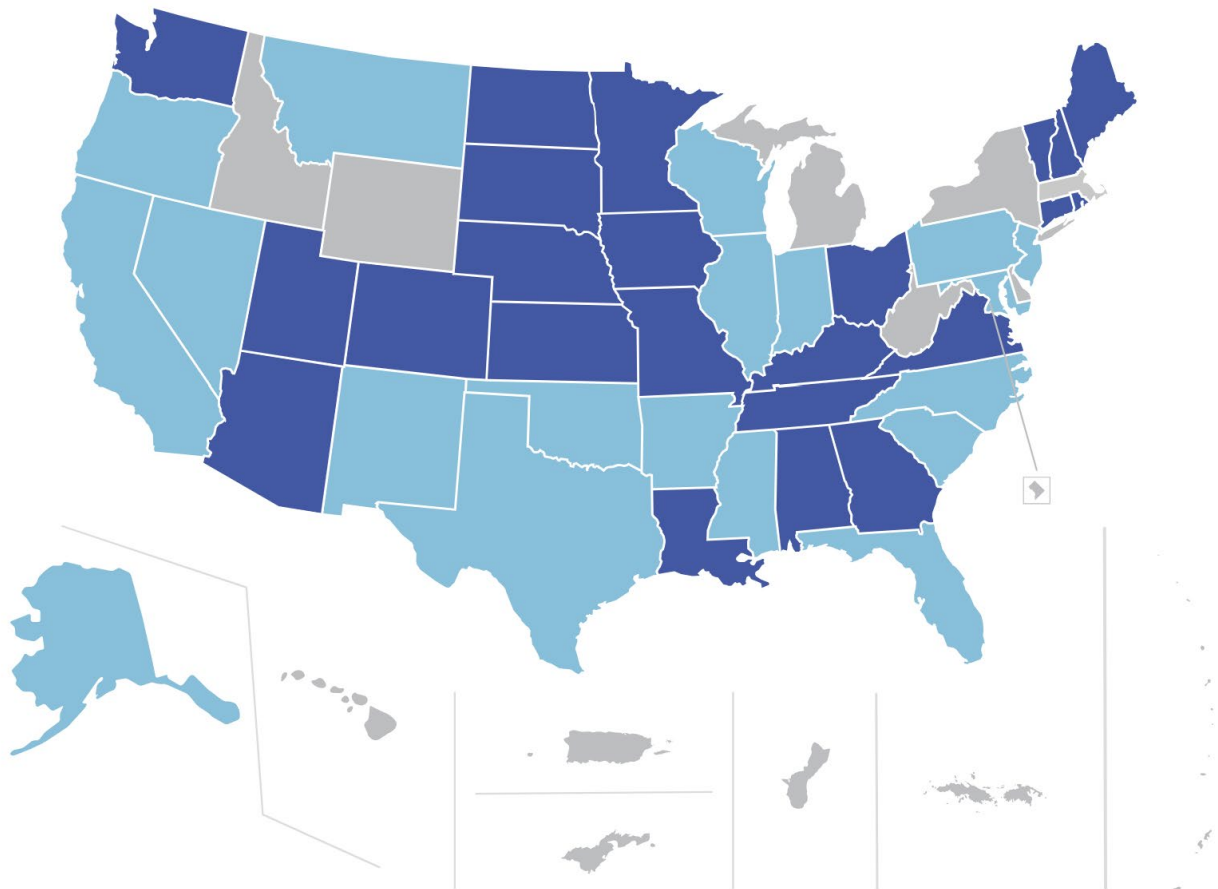
## **How does it address Nevada's provider shortage?**

- 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

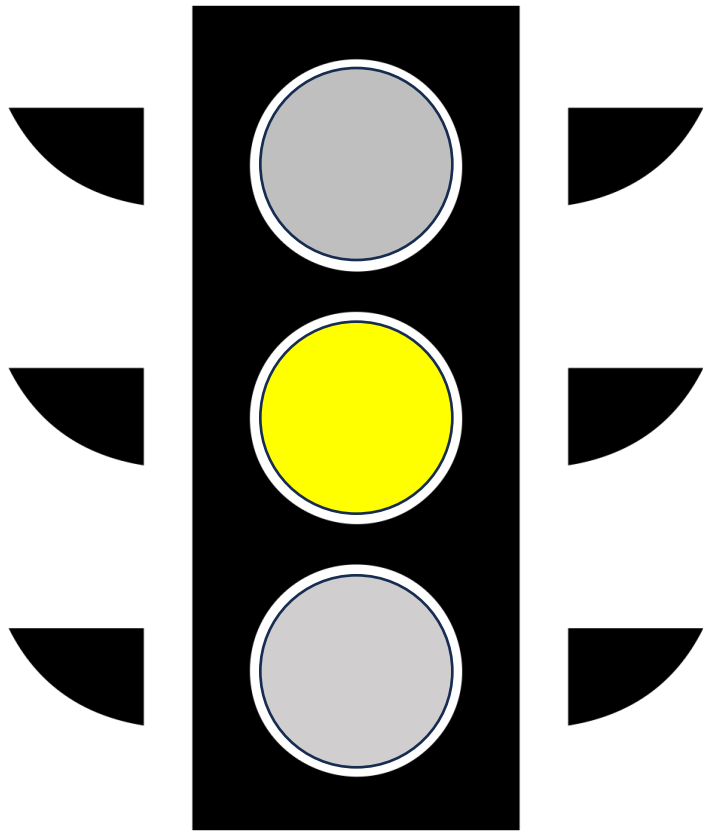
## Reasons for proposed changes:

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***

[vcauhape@thefamilysupportcenter.org](mailto:vcauhape@thefamilysupportcenter.org)

(775) 300-3245

**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)

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# 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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