



OFFICE OF THE ATTORNEY GENERAL

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Statewide Substance Use Response Working Group Meeting

July 10, 2024

1. Call to Order and Roll Call to Establish Quorum

Chair Ford

2. Public Comment

(Discussion Only)

Public Comment

- Public comment shall be limited to three (3) minutes per person. We will begin with comments from Las Vegas and then invite comments from Carson City, followed by 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 *9 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.

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

3. Review and Approve Minutes for April 10, 2024, SURG Meeting

(For Possible Action)

Chair Ford

4. Behavioral Health Education, Retention, and Expansion Network of Nevada

(Information and Discussion)

Dr. Sara Hunt, PhD, Executive Director, BeHERE Nevada, University of Las Vegas

Disclosures

Nothing to disclose.

Assembly Bill 37

82nd (2023) Legislative Session

- AB 37: **“Authorizes the establishment of the Behavioral Health Workforce Development Center of Nevada”**
- Sponsored by the Rural Regional Behavioral Health Policy Board
- Build out a robust pipeline for behavioral health providers in Nevada
- Based on successful models from Nebraska and Illinois
- Fiscal note from NSHE = \$2 Million for current biennium (FY 23-24 & FY 24-25)

Summary of AB 37

RECRUIT

Outreach and education about behavioral health professions to K-12, adult learners, undergraduates; connect to education pathways

EDUCATE

Expand higher education behavioral health training; clear pathways

RETAIN

Strengthen bridge between graduation and Nevada licensure; supervision support
Provide technical assistance on the “business” of practicing in Nevada

Fall 2023

- UNLV submitted proposal to the Nevada System of Higher Education (NSHE) Board of Regents to create the center:
Behavioral Health Education, Retention, and Expansion Network of Nevada
(BeHERE NV)
- Approved at the September 2023 BOR meeting
- Effective October 1, 2023

How it's going...

- Hiring and onboarding personnel:
 - 5 Full-time staff; 1 Graduate Assistant
 - Northern and Southern Nevada
- Develop outreach and marketing
 - Social media presence; monthly newsletter; website
 - **K-12 outreach: 4 career fairs**
- Follow-up presentations
- Meeting with NSHE institutions
 - GBC; TMCC; WNC; CSN; NSU; UNLV; UNR
 - Academic programs; pre-college programs
- Completed annual legislative report

What's next?

- Continued outreach to K-12
- Collaborating with NSHE mental and behavioral health programs; licensing boards
- Data! Data! Data!
- Explore grant opportunities

FY 24-25:

- Strategic planning
- Advisory consortium
- Business technical assistance
- Continued funding

Follow us!

- www.beherenv.org
- info@beherenv.org

References

- A.B. 37, 82nd Nevada Legislative Session (2023).
<https://www.leg.state.nv.us/App/NELIS/REL/82nd2023/Bill/9566/Overview>

Contact Information

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5. Addiction Medicine Fellowship Training Program

(Information and Discussion)

Dr. Takesha Cooper, MD, MS, FAPA, Chair, Department of Psychiatry and Behavioral Sciences, Professor of Psychiatry, University of Nevada Reno School of Medicine, Chief, Behavioral Health - Renown Health

Disclosures

- *None*

Introduction

According to the [American Board of Preventive Medicine](#) (ABPM), Addiction Medicine is concerned with the prevention, evaluation, diagnosis, treatment, and recovery of persons with the disease of addiction, of those with substance-related health conditions, and of people who show unhealthy use of substances including nicotine, alcohol, prescription medications and other licit and illicit drugs. Physicians in this subspecialty also help family members whose health and functioning are affected by a loved one's substance use or addiction. **Physician in MOST specialties can pursue a one-year AM fellowship!**

Issues

- To address Nevada's addiction treatment needs, **additional training is essential**. The state has long faced a healthcare crisis due to a shortage of addiction specialists. **University of Nevada, Reno School of Medicine** and **Renown Health**, working with partners like Northern Nevada HOPES, the US Department of Veteran Affairs, Step 2, the Northern Nevada Correctional Center, Indian Health and others, propose launching a **one-year ACGME-accredited** Addiction Medicine Fellowship Program **on July 1, 2025**. This fellowship will annually train two physicians from any specialty to become addiction specialists, targeting the persistent addiction challenges among **Nevada's youth, adults and their families**.
- The program emphasizes a **team-based approach**, training **not only physicians** but also non-physician learners in nursing, physician assistant, social work, and psychology thereby supporting **workforce development** and ensuring broad and holistic care is provided. It will include outreach to Nevada's **rural** areas through telehealth and in-person rotations resulting in improved access to underserved populations. **Target populations** include pregnant birthing people, children exposed to substances in-utero, youth, adolescents, adults and impacted family members with an emphasis on culturally informed care for marginalized and at-risk communities in both urban and rural settings.
- Currently, Nevada has **only one** ACGME-accredited Addiction Medicine fellowship located in Clark County. Having **received support** from key constituents in southern Nevada, we aim to broaden the state's capacity to meet its addiction treatment demands comprehensively and make a significant impact on our community by reducing morbidity and mortality associated with substance use disorders.

What's Working Well / Evidence Based Practice

Why a training program?

1. The Association of American Medical Colleges (AAMC) has documented a longstanding, positive relationship between the location of undergraduate and graduate medical education (UME and GME) and the practice location of physicians with an active license.
2. In 2020, 38.2% of medical students were actively practicing in the same state where they received their UME and 47.6% of physicians were actively practicing in the state where they completed their most recent GME.
3. Retention rates were highest among physicians who completed both UME and GME in the same state. **More than two-thirds (67.5%) of the physicians who completed UME and GME in the same state remained in the state to practice.**
4. There are 20 million people struggling with addiction with only 4,400 specialists = **4,445** patients to **one** specialist
5. SAMHSA's federal guidelines for Opioid Treatment Programs (OTPS) specify that it is preferred that OTP medical directors be board certified in their primary medical specialty and in addiction medicine or addiction psychiatry.

Source: Association of American Medical Colleges. AAMC 2021 State Physician Data Report. Washington DC AAMC. 2021

Monitoring Substance Use in Nevada

Office of Analytics Homepage

Overview

Current Status

Trends

Demographics

Dependence

Poisoning

Deaths

DASHBOARD UPDATED ON 02/26/2024

CURRENT STATUS - SUBSTANCE RELATED OVERDOSE DEATHS (2022)

DATA AS OF 12/31/2023

Death related to substance poisonings regardless of intent are including in the following tables. The highest rate of overdose deaths is located in the southern region while the rural region has the lowest. A person can have more than one substance in their system and therefore counts are not mutually exclusive. All substances include every drug related visit not limited to alcohol, opioid, and stimulant.

SELECT A DRUG TYPE

All Substances

SELECT A COUNTY GROUP

- Clark
- Northern
- Rural
- Southern
- Washoe

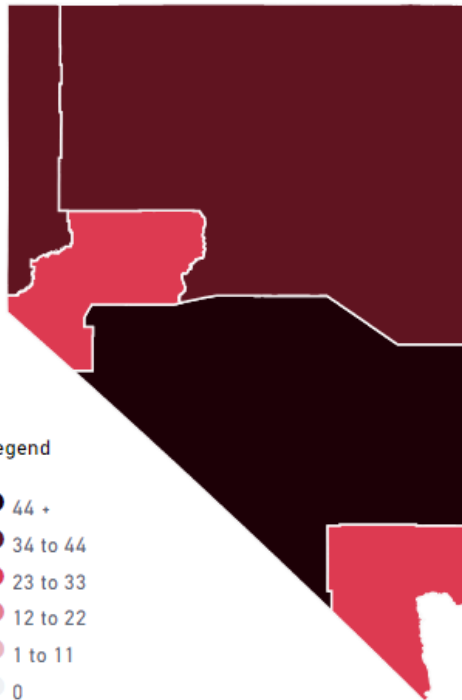
KEY METRICS

962
TOTAL DEATHS

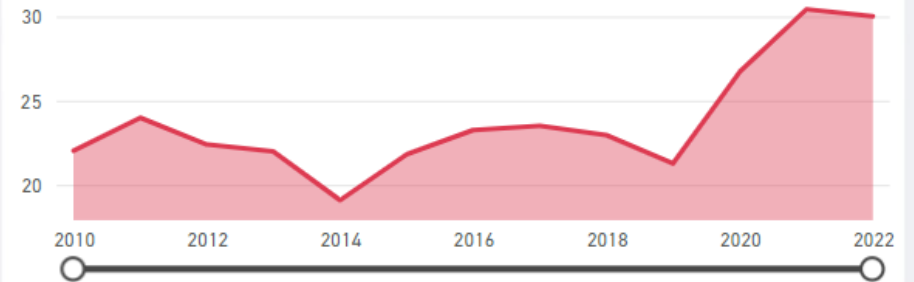
30.0
CRUDE DEATH RATE PER 100K
POPULATION

*For more information on unintentional substance-related deaths, visit the [State Unintentional Drug Overdose Reporting System dashboard](#).
For more information on intentional substance related deaths, visit the [Nevada Violent Death Reporting System dashboard](#).*

CRUDE RATE PER 100K POPULATION BY RESIDENT COUNTY



CRUDE RATE PER 100K POPULATION BY YEAR



COUNTY	POPULATION	TOTAL DEATHS	RATE PER 100K
Clark	2,338,127	615	26.3
Northern	202,433	51	25.2
Rural	99,667	34	34.1
Southern	62,243	35	56.2
Unknown	0	23	0.0
Washoe	501,635	204	40.7
Total	3,204,105	962	30.0

Source: [https://dhhs.nv.gov/Programs/Office_of_Analytics/OFFICE_OF_ANALYTICS - DATA REPORTS/](https://dhhs.nv.gov/Programs/Office_of_Analytics/OFFICE_OF_ANALYTICS_-_DATA_REPORTS/)

Recommendation(s)

- **Support development of a UNR Med/Renown Addiction Medicine Fellowship Training Program**
 - Will graduate 2 fellows per year & educate variety of learners...over 10 years – large **workforce impact**
 - Expansion of research and partnerships with School of Public Health
 - Expand outreach to rural communities
 - Focus on stigma reduction, education of our youth, and addiction/mental health comorbidities
 - Will actively work to keep the addiction specialists upon finishing training (Federal loan repayment, offering adjunct faculty positions, competitive pay, jobs (OTP centers, residential, outpatient, inpatient, special populations, research)
 - Partner with us to reduce untimely morbidity and mortality associated with Substance Abuse in our state

Special Populations



**U.S. Department
of Veterans Affairs**
VA Sierra Nevada Health Care System



University of Nevada, Reno
School of Medicine



Addiction Medicine Fellowship						
Year	Year 1	Year 2	Year 3	Year 4	Year 5	
Phase	Program Development & Application	Program Live	Program Live	Program Live	Program Live	Total Program Costs
Total Resident Stipends/Fringe	0	185180	190735	196457	202351	774723
Total Faculty / Staff Salaries/Fringe	373690	288238	299767	311758	324228	1597681
Total Resident Direct Costs	0	10016	10016	10016	10016	40065
Total GME Program Costs	17200	96850	96850	96850	96850	404600
Total Costs	\$390,890	\$580,283	\$597,368	\$615,081	\$633,445	\$2,805,519
<i>Inflation-Adjusted Costs</i>	<i>\$390,890</i>	<i>\$597,692</i>	<i>\$615,289</i>	<i>\$633,533</i>	<i>\$652,448</i>	<i>\$2,889,853</i>
					Annual Recurring	Total Start-Up

With our new UNR Med and Renown academic health care center affiliation, we aim to provide the **best** healthcare for our patients through:

- Our commitment to compassionate, equitable and high-quality care
- Our commitment to teaching evidence-based medicine and expanding clinical and translational research emphasizing community based participatory approaches to ensure the lived experience is equally valued
- Our commitment to collaboration with partners

Contact Information

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6. Oregon Drug Decriminalization and Overdose Response Strategy – Lessons Learned

(Information and Discussion)

Isabelle Cisco, Public Health Analyst, CDC Foundation

Haven Wheelock, Harm Reduction Manager, OutsideIn

David Baer, PIO – Central NRT Bike Squad

MEASURE 110: A PUBLIC HEALTH PERSPECTIVE

Isabelle Cisco

Public Health Analyst - Oregon

CDC Foundation

Federal Acknowledgement

This presentation is supported in part by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$11,600,000 for Capacity Building for Public Health Analysts in the Overdose Response Strategy with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

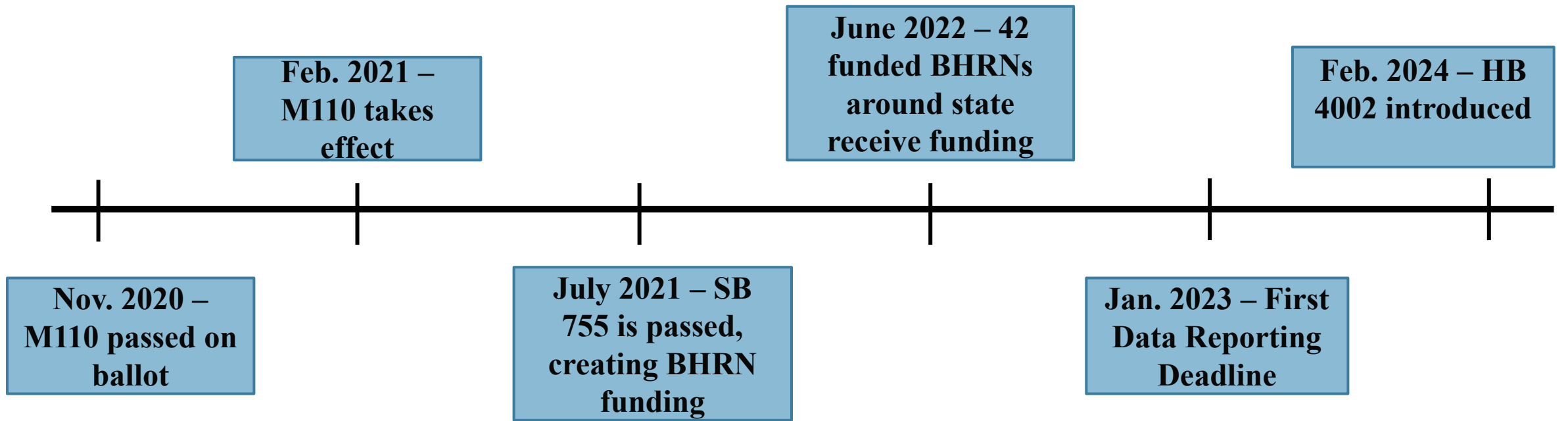
Agenda

- Introduction, Background and Timeline
- BHRN Implementation
- Outcomes Data
- Unintended Consequences & Lessons Learned
- What Comes Next?

Introduction & Background

- The Drug Treatment and Recovery Act, or Measure 110, was a ballot referendum passed by Oregon voters in November of 2020.
 - Acknowledges that drug addiction is a serious problem in Oregon
 - Understood that Oregon needed to expand access to drug treatment
 - A health-based approach is more effective, humane, and cost-efficient than criminal punishment
- Suspended criminal drug penalties for personal possession of low-level amounts of illicit substances
 - Created a “Class E Misdemeanor” that refer people into services for treatment and recovery.

Timeline





Screening and Assessments



SUD Treatment



Peer Support Services



Harm Reduction



Housing Services

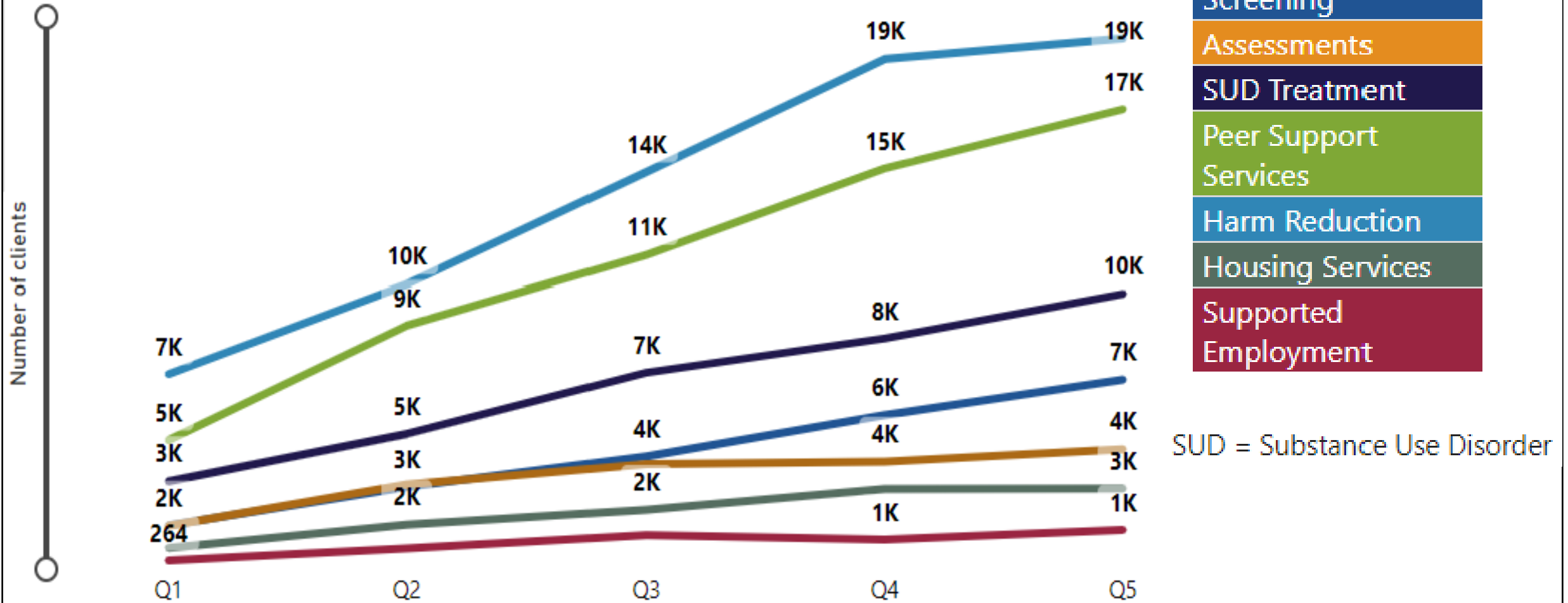


Supported Employment

BHRN IMPLEMENTATION

Outcomes Data

BHRN Client Counts by Service Area - All Counties



[Table source: Measure 110 Data Dashboard](#)

Outcomes Data Cont.

CHANGES IN THE NUMBER OF CLIENTS AND ENCOUNTERS (Q1-Q5)

Service Area	% Change in Clients	% Change in Encounters
Screening	346%	384%
Assessments	183%	2%
SUD Treatment	216%	258%
Peer Support Services	258%	134%
Harm Reduction	173%	70%
Housing Services	299%	1309%
Supported Employment	422%	245%

[Table source: Measure 110 Data Dashboard](#)

Oregon Is Recriminalizing Drugs, Dealing Setback to Reform Movement

Oregon removed criminal penalties for possessing street drugs in 2020. But amid soaring overdose deaths, state lawmakers have voted to bring back some restrictions.

IDEAS

Why Oregon's Drug Decriminalization Failed

The sponsors of the law fundamentally misunderstood the nature of addiction.

By Keith Humphreys and Rob Bovett

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NEWS CULTURE MUSIC PODCASTS & SHOWS SEARCH

POLITICS

Oregon pioneered a radical drug policy. Now it's reconsidering.

FEBRUARY 7, 2024 · 3:20 PM ET

By Conrad Wilson

FROM OPB

In The News Grants Pass homelessness ruling Nike profit Darlene 3 Fire Lower Umatilla Basin I-5 c

POLITICS

Oregon's drug decriminalization aimed to make police a gateway to rehab, not jail. State leaders failed to make it work



By Tony Schick (OPB) and Conrad Wilson (OPB) Feb. 14, 2024 2 a.m. Updated: Feb. 16, 2024 5:21 p.m.

UNINTENDED CONSEQUENCES & LESSONS LEARNED

What Comes Next?

- Prior to the 2024 legislative session, the Oregon State Legislature created the Joint Committee on Addiction and Community Safety Response to explore legislation specifically related to the addiction crisis in Oregon.
- HB 4002 was proposed and passed by legislators during the 2024 legislative session. It addresses criminal penalties for drug possession, behavioral health workforce, and drug treatment programs

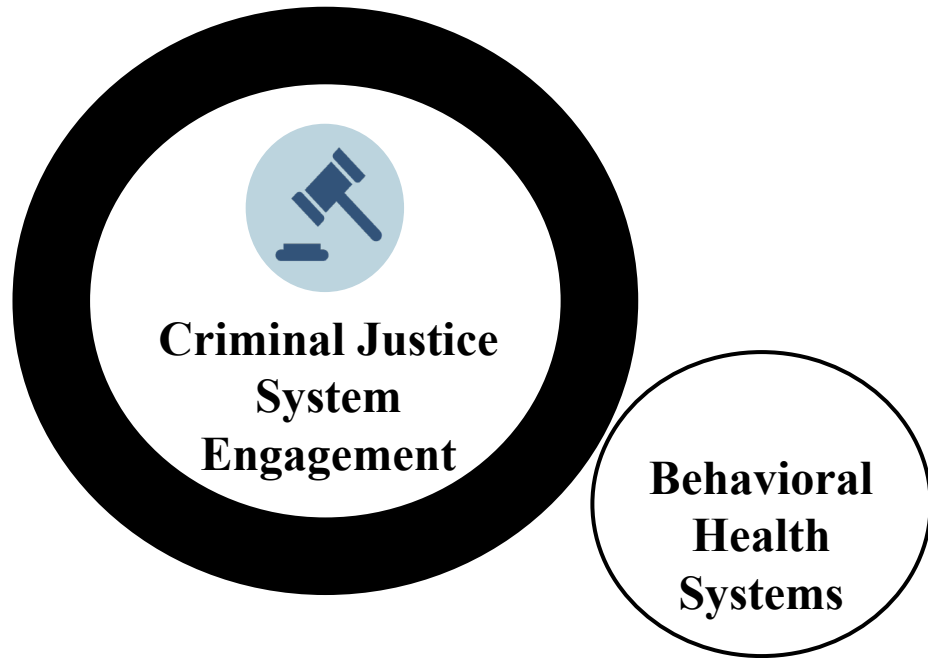
What Comes Next?: HB 4002

HB4002 signed April 1

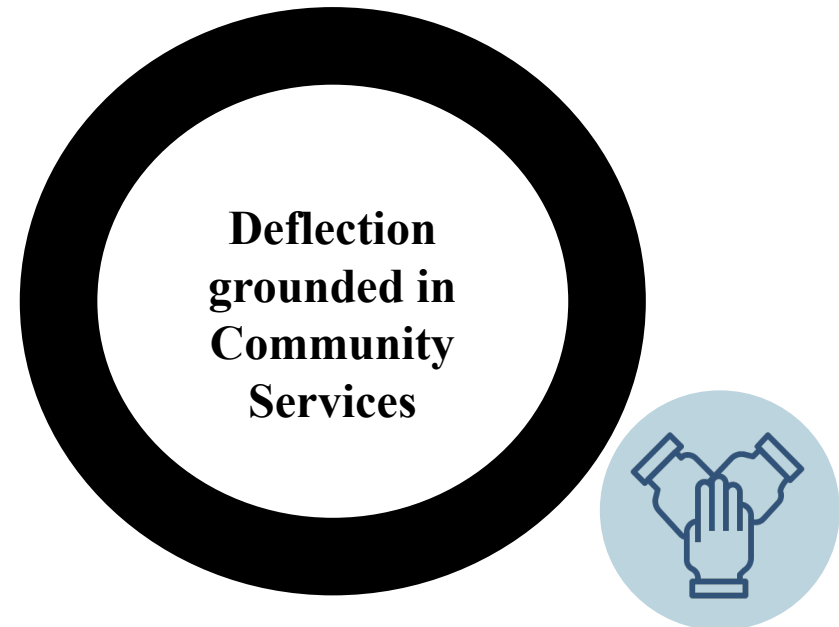
SECTION 36. (1) Law enforcement agencies in this state are encouraged to, in lieu of citation or arrest, or after citation or arrest but before referral to the district attorney, refer a person to a deflection program when the person is suspected of committing, or has been cited or arrested for, unlawful possession of a controlled substance constituting a drug enforcement misdemeanor under section 35 of this 2024 Act.

Deflection vs. Diversion

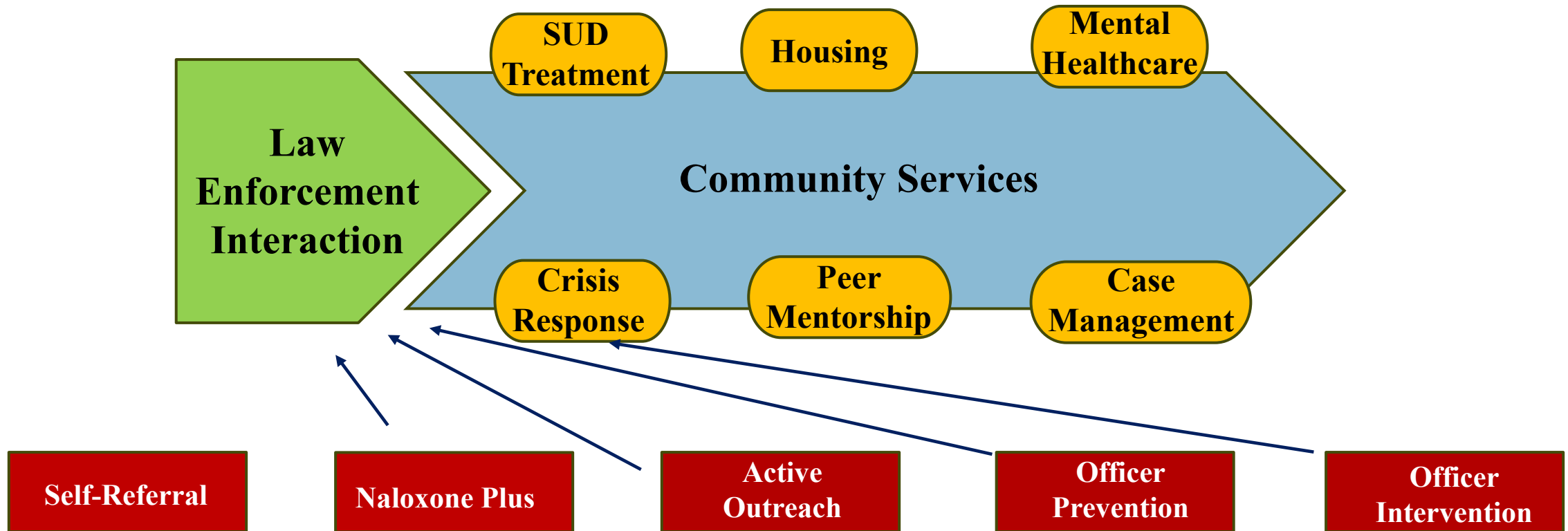
Diversion:



Deflection:



Deflection as a Systems Model of Care



5 Pathways to Diversion

References

- Oregon Health Authority. (2023). *Drug Addiction Treatment and Recovery Act (Measure 110)*. Behavioral Health Division. Retrieved from: <https://www.oregon.gov/oha/hsd/amh/pages/measure110.aspx>
- Oregon Health Authority. (2024) *Measure 110: A Public Health-Based Approach to Addiction and Overdose*. Measure 110 Data Reporting Dashboard. Retrieved from: <https://app.powerbigov.us/view?r=eyJrIjoiODU1NDNINzUtMDBkNy00NTM1LWE4NzgtNGEyNzQxYWY0NTU2IiwidCI6IjY1OGU2M2U4LThkMzktNDk5Yy04ZjQ4LTEzYWVjOTQ1MmY0YyJ9>
- Ingrid A. Binswanger, M.D., Marc F. Stern, M.D., Richard A. Deyo, M.D., Patrick J. Heagerty, Ph.D., Allen Cheadle, Ph.D., Joann G. Elmore, M.D., and Thomas D. Koepsell, M.D. (2007). *Release from Prison– High Risk of Death for Former Inmates*. *New England Journal of Medicine* 356:157-165. DOI: [10.1056/NEJMsa064115](https://doi.org/10.1056/NEJMsa064115)
- Oregon State Legislature. (2024). *HB 4002*. 2024 Regular Session. Retrieved from: <https://olis.oregonlegislature.gov/liz/2024R1/Measures/Overview/HB4002>
- Civil Citation Diversion and Deflection Network (2021). *Law Enforcement Pre-Arrest Diversion Resource Guide*. Retrieved from: <https://civilcitation.com/resources/toolkits>

Contact Information

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MEASURE 110: A HARM REDUCTION PERSPECTIVE

Haven Wheelock

Harm Reduction Manager

OutsideIn

Fentanyl in Downtown Portland

David Baer

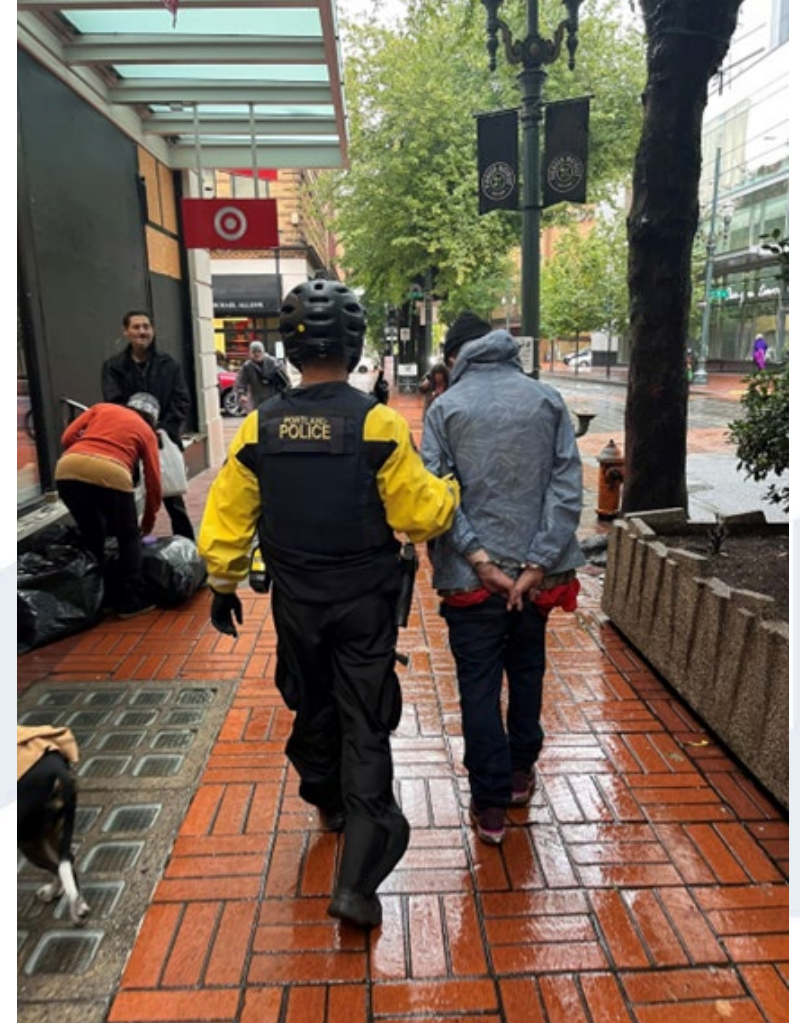
PIO – Central NRT Bike Squad

Portland Police Bureau, Oregon



Central Bike Squad

4 Bike Officers
4 NRT Investigators
2 Supervisors



Pre-COVID, Pre-Measure 110, The Before Times



Seeing the Drug Crisis Live

9:32



ppbcentralbikesquad

ppbcentralbikesquad · Original audio



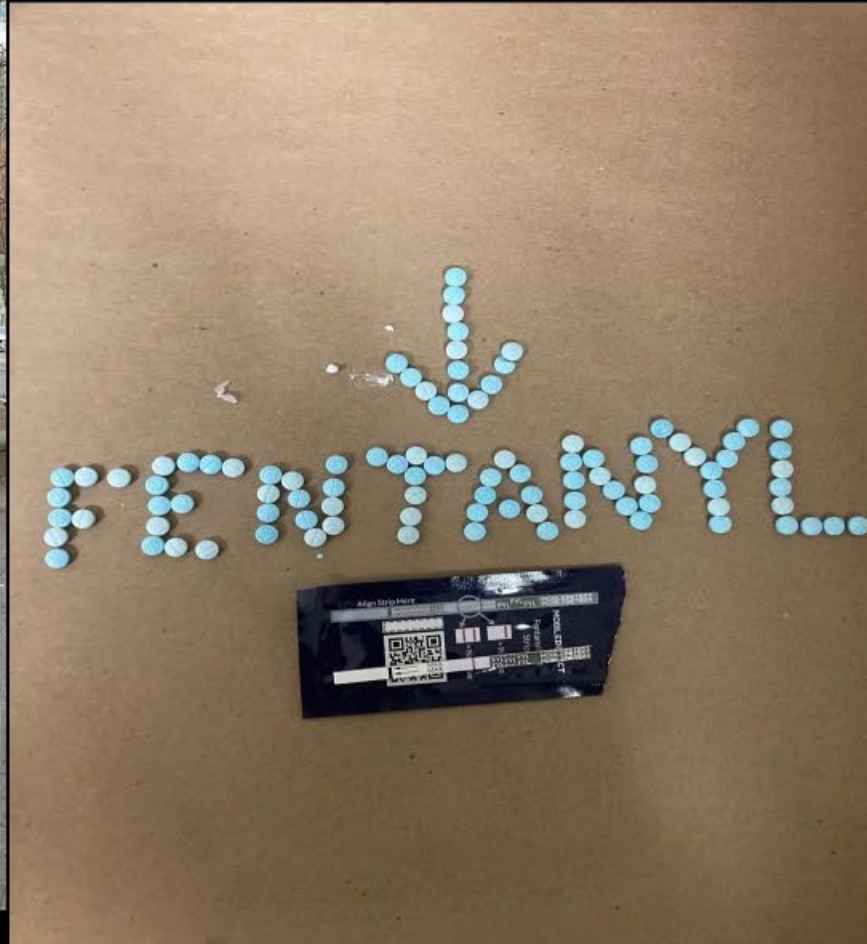
ppbcentralbikesquad
Downtown Portland



PPBCENTRALBIKESQUAD
Posts



ppbcentralbikesquad
Downtown Portland



Fentanyl Appears

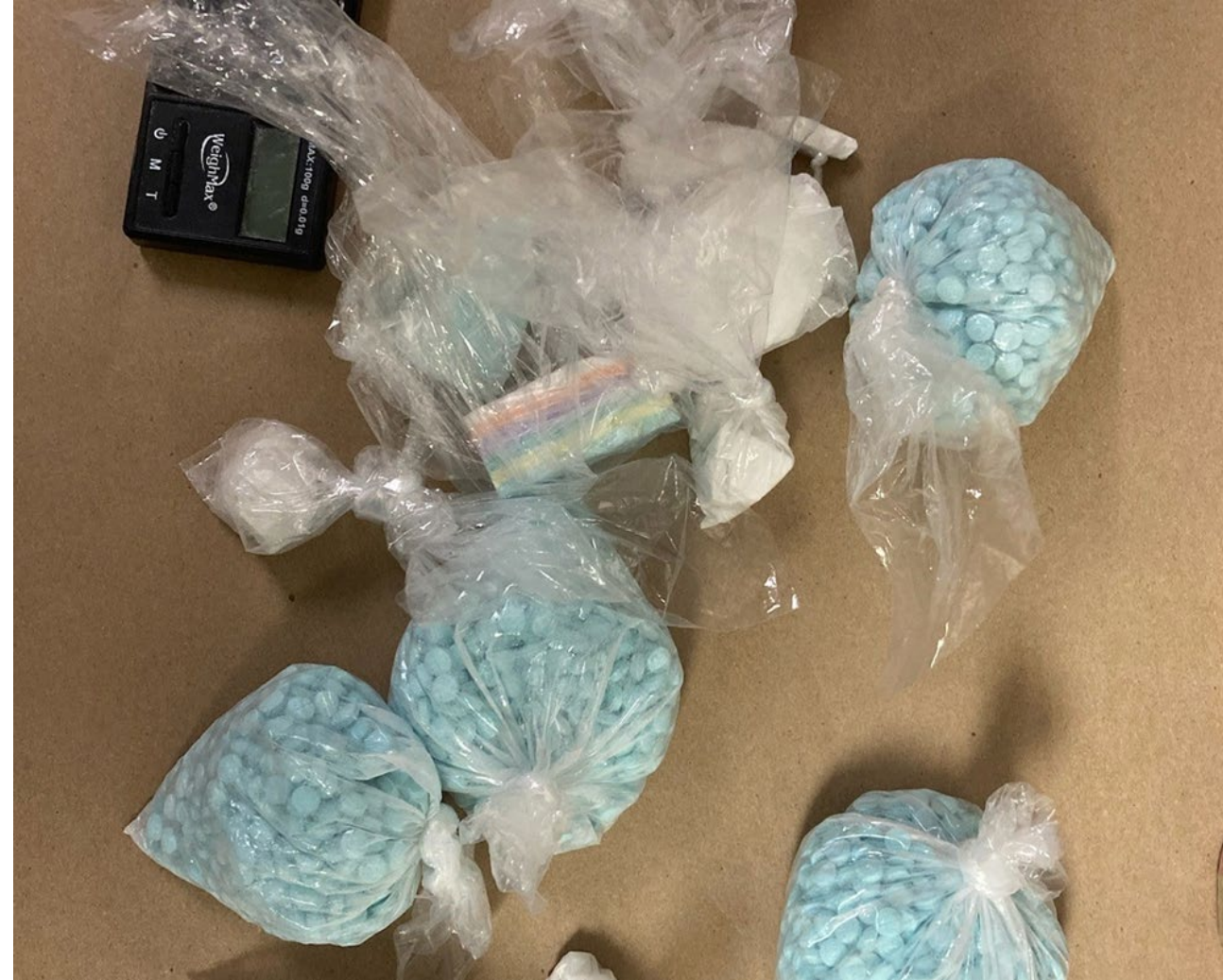
Change in drug culture

Vast and overwhelming increase in
Blue M30 pills

Increase in gun incidents and violence
in the downtown core

All crimes seemingly have nexus to
fentanyl

Later, powdered fentanyl takes over



How Drug Dealing Changed

Dealers:

Frequently Armed

Not Local

Carrying Pills & Powder

Working in groups



Challenging Legal Landscape

Oregon Case Law

Difficulty in stopping drug buyers due to violation level, no searching

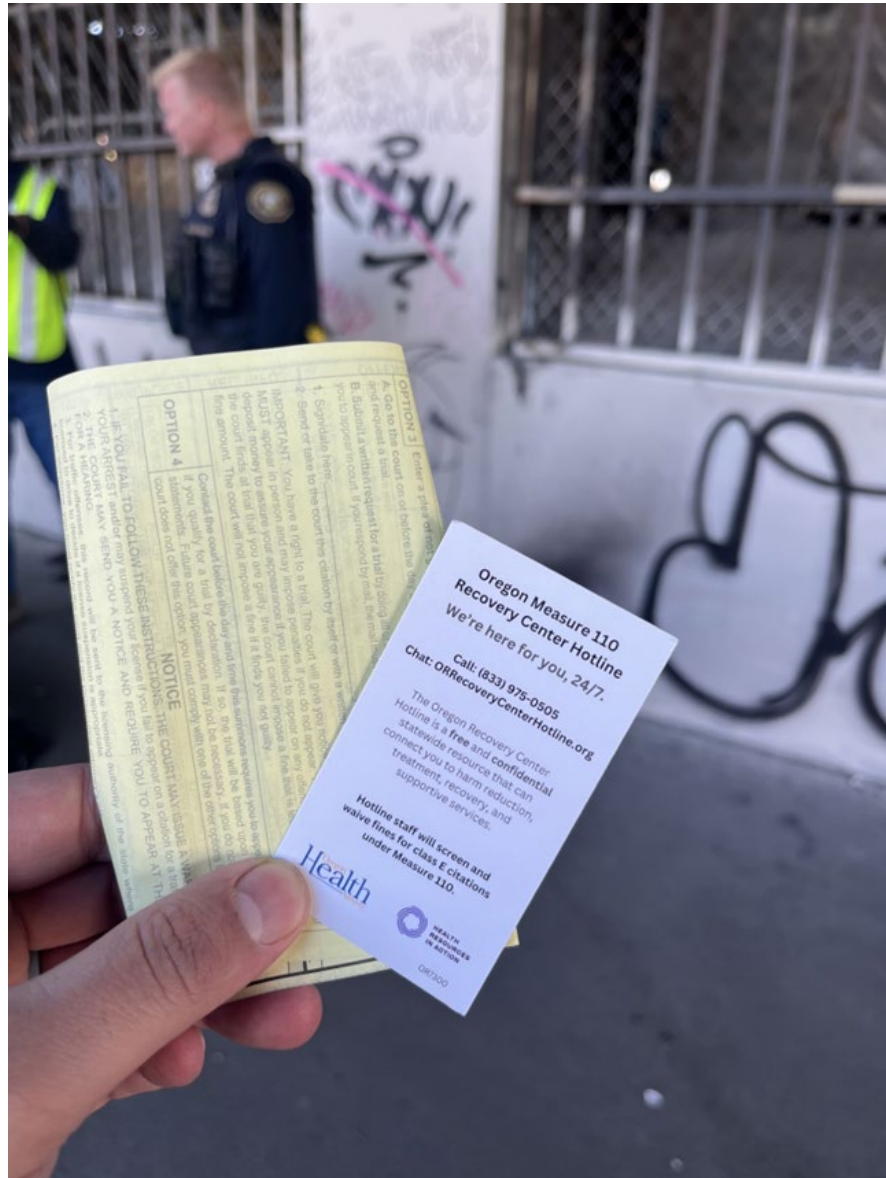
ORS 647.135 Trademark Counterfeiting

Desire for Federal Prosecution





Dealing with Street Drug Use



● Overdoses Skyrocket



Outcomes of Interactions



1 in 2



Individuals encountered by
Police + Outreach were successfully
connected to services



Outcomes of Interactions



46%



Individuals encountered by
Police + Outreach were successfully
connected to:

Same Day Services

Peer – Police Pilot Project

- 10 total pilot days
- In partnership with Oregon State Police
- Health Justice Recovery Alliance
- MHAAO
- BHRC
- Recovery Works NW
- Miracles Club
- NW Instituto Latino

PPB and Outreach Activity



145

**Total Encounters with
Peer Teams**



17

**Average Number of
Encounters Per Day**

MT10

What Else is Needed



More real-time access to spaces in detox centers, treatment facilities, and shelters--to ensure people get the care they need when they want it



More trauma-informed outreach interactions that build trust and relationships



Creation of "landing space" for interim peer support / overnight shelter while waiting for detox, treatment, and shelter openings



**Rx and Illicit
Drug Summit**

Q&A

Contact Us

david.baer@police.portlandoregon.gov

Centralbikesquad@police.portlandoregon.gov



ppbcentralbikesquad

Follow

Message



288 posts

18.5K followers

68 following

PPB Central NRT Bike Squad

Law Enforcement Agency

Official account for @portlandpolice Central Precinct Neighborhood Response Team (NRT). Bike Squad is now a part of NRT.

www.portland.gov/police

7. Nevada Opioid Treatment Association (NOTA)

(Information and Discussion)

Steven Hammonds, LMSW, CSW-Intern, LADC, Nevada Opioid Treatment Association

Disclosures

- *NOTA is an LLC that encompasses 12 facilities, which include both for-profit and non-profit entities. Funding varies from facility to facility, leading to different financial interests based on their funding sources and operational models through grants, Medicaid, Medicare, and private insurance.*

OTP + SURG Alignments

2. Treatment and Recovery

- OTPs provide access to medications for opioid use disorder (MOUD), a key component of evidence-based treatment for OUD.
- Common medications used in OTPs include methadone and buprenorphine to help manage cravings and withdrawal symptoms.
- OTPs function as a hub in a hub-and-spoke system, offering MOUD and wrap-around services while connecting patients with community partners.
- OTPs are already engaged in telehealth SUD counseling programs.
- Based on CFR 42 part 8 final rule, OTPs can initiate entrance into OUD programs through telehealth.

8. Prevention

- OTPs contribute to harm reduction efforts by employing health and behavioral healthcare workers, including:
 - Community health workers
 - APRNs
 - SUD counselors
 - Peer recovery support specialists
- OTPs attempt to adequately compensate these workers to ensure their commitment and effectiveness.
- By investing in recruitment, retention, and compensation strategies, OTPs ensure a skilled and dedicated workforce.
- This skilled workforce is essential for providing effective harm-reduction services.

7. Prevention

- OTPs support harm reduction efforts by providing education on overdose prevention.
- They distribute naloxone and harm reduction supplies to both patients and non-patients.
- OTPs collaborate with stakeholders to provide harm reduction vending machines.
- They work with government agencies such as DHHS, UNR, CASAT, and TRAC-B to ensure sustainable funding for naloxone distribution programs.
- These collaborations contribute to a comprehensive approach to reducing overdose deaths.

11. Response

- OTPs are pivotal in responding to suspected overdoses and providing subsequent support to affected individuals and their families.
- By leveraging existing programs and funding, OTPs can establish outreach response teams or personnel for timely interventions, referrals, and assistance.
- OTPs collaborate closely with law enforcement and public health agencies to coordinate responses to substance use disorders.
- These collaborations foster information exchange and ensure individuals have access to comprehensive care and support.

15. Harm Reduction

- Peer recovery support specialists (PRSS) play a valuable role in OTPs by providing peer support and assistance to individuals in recovery from opioid use disorders.
- Equalizing PRSS reimbursement rates with community health workers (CHW) can ensure equitable compensation and promote workforce stability.
- Incorporating educational requirements around evidence-based harm reduction into PRSS and CHW certification can enhance their skills and knowledge.
- Improving the skills and knowledge of these professionals can enhance the quality of care provided to individuals with substance use disorders.

17. Treatment and Recovery

- OTPs can involve individuals with lived experience in the design and delivery of programs and services.
- This involvement ensures that the unique needs and perspectives of underserved populations are considered.
- Enhancing peer support for underserved populations can be achieved through:
 - Increased reimbursement rates
 - Train-the-trainer models
 - Policy changes
- These enhancements can improve access to culturally competent and supportive care for individuals with substance use disorders.

Nevada Opioid Treatment Association

The mission of the Nevada Opioid Treatment Association (NOTA) is to unite and empower opioid treatment providers (OTPs) in Nevada. Through these efforts, NOTA will make a positive impact on the lives of those affected by opioid use disorders, creating a healthier and more resilient Nevada community.

We are 6 OTP providers who offer services through 12 opioid treatment facilities throughout Nevada.

- **Acadia Healthcare
Comprehensive Treatment
Centers**
- **Behavioral Health Group**
- **Desert Treatment Clinic**
- **The Life Change Center**
- **New Beginnings
Counseling Centers**
- **Dr. Miriam & Sheldon G.
Adelson Clinic for Drug
Abuse Treatment and
Research**

Patient Journey of Care

1. Patient Intake

- Intake interview
- Physical exam with a licensed physician
- Psychosocial evaluation
- Toxicology screening

2. Treatment Plan

- A team of trained professionals develops a tailored treatment plan to help stabilize drug use, reduce withdrawal symptoms, and teach skills to resist relapse.

3. Start Recovery Journey

- Begin the journey to recovery with daily medication for opioid use disorder (MOUD).
- Attend weekly in person or virtual counseling sessions.
- Start treatment for co-occurring conditions.

4. Maintain and Sustain

- Continue the path to recovery with ongoing support, gradually extending intervals between clinic visits while learning and testing new coping skills and behavioral strategies.
- Take part in connecting with wrap around supports and set up for success.

Issues: Driven by insufficient payment rates

- **Oral Medication Administration Rates:** Oral medication administration is currently billed at \$3.94, a rate unchanged since 1980.
- **Limited Clinic Hours:** Clinics are unable to operate for extended hours due to financial constraints.
- **Unstable Staffing:** High turnover and difficulty retaining qualified staff impacts the quality of care.
- **Limited Reimbursement for Peer Recovery Support Specialists:** Funding shortfalls restrict the availability of these essential support services.
- **Additional Issues:**
 - **Transportation Challenges:** Clients face difficulties accessing treatment due to inadequate transportation options.
 - **Lack of Services in Rural Communities:** Rural areas suffer from a severe lack of available treatment services.

Special Populations

- *Many of OTP clientele are members of special populations including:*
 - *Lower socioeconomic status*
 - *Unhoused population*
 - *Pregnant women and parents with children in the household*
 - *IV drug users*
 - *Veterans, elderly persons*
 - *Persons who are incarcerated*
 - *Persons with co-occurring mental health disorders*

In addition, NOTA suggests victims of domestic violence be part of the special populations

What's Working Well / Evidence Based Practices

- *Access to medication for opioid use disorder (MOUD)*
- *Contingency management*
- *Accessing counseling*
- *Psychiatric and behavioral healthcare*
- *Case management*
- *Peer Recovery Support Services*

Gaps

- *Medicaid reimbursement is currently insufficient to cover the cost of oral administration of medications. The average cost per patient for administering buprenorphine or methadone is \$15. On the West Coast, the average reimbursement rate for oral administration is \$12. In comparison, Nevada's reimbursement of \$3.94 is only 33% of the western states average.*
- *Peer support services are currently under-compensated and have a low Medicaid reimbursement rate for their valuable work.*

Recommendations

- *Increase reimbursement rates for oral administration of medications*
- *Pair OTP with other forms of harm reduction and treatment; introduce more OTP programs to jails and prisons*
- *Medicaid inclusion of peer recovery support specialists*
- *Create service 'bundles' for OTP billing efficiency and comprehensive treatment*
- *Increase access to rural communities*

Acronyms

Acronym	Meaning
MAT	Medication Assisted Treatment
OTP	Opioid Treatment Providers
MOUD	Medications for Opioid Use Disorder
NOTA	Nevada Opioid Treatment Association

Questions?

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Morgan Biaselli

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Sarah Adler

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

(Information and Discussion)

Mark Krueger, Office of the Attorney General, or designee

9. Subcommittee Reports

(Information and Discussion)

- Prevention: Jessica Johnson
- Treatment and Recovery: Steve Shell
- Response: Shayla Holmes

Prevention Subcommittee: Meetings Held & Presentations

- **March 22, 2024:** Reviewed subcommittee charge & discussed refining previous recommendations for upcoming year
- **May 15, 2024:** *Cancelled, due to lack of quorum*
- **June 5, 2024:**
 - *Presentation on Statewide Data* presented by Taylor Lensch, PhD, MPH, Assistant Director, Larson Institute for Health Impact and Equity, University of Nevada, Reno School of Public Health
 - *Presentation on Southern Nevada Data* presented by Brandon Delise, MPH, Senior Epidemiologist, Office of Epidemiology and Public Informatics, Southern Nevada Health District

Prevention Subcommittee: Upcoming Meetings & Presentations

- **August 7, 2024:** Will focus on harm reduction recommendations/presentations; additional interested SURG members are invited to attend
- **August 26, 2024:** *(Rescheduled from May meeting that was cancelled)*
 - *Presentation on Community Health Workers* by Jay Kolbet-Clausell, Nevada Community Health Workers Association, and Wendy Madson, Healthy Communities Coalition
 - Additional presentations/discussion of recommendations expected
- **September 4, 2024:** Presentations TBD; discuss and approve draft slate of recommendations for consideration at October SURG meeting
- **November 6, 2024:** Refinement of recommendations after October SURG meeting

Treatment and Recovery Subcommittee: Meetings Held & Presentations

- **March 27, 2024:** Reviewed subcommittee charge & previous presentations to workshop for upcoming year including alternative medicine and safe consumption sites
- **May 7, 2024:**
 - *Review of 2023 Presentation on Safer Consumption Sites*
 - Reviewed three recommendations received to date from Subcommittee Members for 2024, including:
 - Recommendation #1: Related to Narcan availability on all campuses under our Nevada System for Higher Education
 - Recommendation #2: Related to access to trauma related care
 - Recommendation #3: Related to employment guidelines for PRSS in hospital settings who have felony backgrounds

Treatment and Recovery Subcommittee: Upcoming Meetings & Presentations

- **June 4, 2024:**
 - *Presentation on Bridge Program Implementation in Hospitals in Nevada* presented by Dr. Kelly Morgan, Nevada Bridge Association
 - *Presentation on How acupuncture can help recovery & prevention of substance abuse* by Yoojin Lee-Sedera, ND, OMD, Co-founder, Medical Director, Las Vegas Integrative Medicine
- **August 6, 2024:** Dr. Ohrentlicher on background on AB345, follow up and discussion on HCQC information regarding Recommendation #3, follow-up on previous presentations and recommendations from Dr. Morgan, Ms. Edwards, and Dr. Lee-Sedara
- **September 3, 2024:** Presentations TBD; discuss and approve draft slate of recommendations for consideration for October SURG meeting
- **November 5, 2024:** Refinement of recommendations after October SURG meeting

Response Subcommittee: Meetings Held & Presentations

- **March 25, 2024:** Reviewed subcommittee charge & discussed refining previous recommendations and submitting new recommendations for upcoming year
- **May 7, 2024:** *Presentation on Organ Donation Relative to the Narcotic Epidemic* presented by Angela Borrer, Organ Services Supervisor, Nevada Donor Network
- **June 4, 2024:**
 - *Presentation on Building Consensus: Defining Recidivism in State Law* presented by Katie M. Snider, Ph.D., Owner – Justice Research, LLC - Research & Evaluation Consultant and Cherylyn Rahr-Wood – Regional Behavioral Health Coordinator, Nevada Rural Hospital Partners
 - *Presentation from the Center for the Application of Substance Abuse Technologies (CASAT)* presented by Morgan Green, MA – Project Manager, CASAT, University of Nevada, Reno School of Public Health

Response Subcommittee: Upcoming Meetings & Presentations

- **August 6, 2024:** Will include presentations on *Wastewater Surveillance of High Risk Substances in Nevada, Mobile Overdose Response and Nevada's Crisis Response System*, and *Virginia's Framework for Addiction Analysis and Community Transformation (FAACT)*
- **September Date TBD:** Will include presentation on the *Clark County Opioid Task Force*; discuss and approve draft slate of recommendations for consideration at October SURG meeting
- **November 5, 2024:** Refinement of recommendations after October SURG meeting

10. SURG Tracker for Selected Items Under the Joint Interim Standing Committee on Health and Human Services

(Information and Discussion)

Laura Hale, Social Entrepreneurs, Inc.

11. Review and Consider Items for Next Meeting

(Discussion Only)

Dr. Terry Kerns, Office of the Attorney General

October 9, 2024 Agenda Items

- Subcommittee presentation of recommendations & feedback
 - SURG Expansion
- Initial ranking of draft recommendations
- Update on Opioid Litigation, Settlement Funds, and Distribution

12. 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 *9 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.

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

13. 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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