

October 2023 SURG Preliminary Rankings and Discussion

This document includes the recommendations in the order they were ranked by members at the October 11, 2023 meeting of the SURG and it includes discussion notes and direction for SURG subcommittees.

Recommendation	Discussion
<p>PS 4. Expand Medicaid billing opportunities for preventive services and allow blended and braided funding to facilitate services to expand access to care for youth and adults.</p>	<p>Move forward.</p>
<p>TRS 1. Expand access to MAT and recovery support for SUD, limit barriers to individuals seeking treatment regardless of the ability to pay, and encourage the use of hub and spoke systems, as well as recovery support, including use and promotion of telehealth, considering the modifications that have been made under the emergency policies, and pursuing innovative programs such as establishing bridge MAT programs in emergency departments.</p>	<p>Move forward.</p>
<p>HR 1. Establish a statewide initiative for community drug checking that incorporates qualitative and quantitative drug checking and includes the following parameters:</p> <ul style="list-style-type: none"> • Work with harm reduction community to identify partners/ locations and provide guidance and training. • Start all sites with mail-based testing while piloting on-site drug checking in a subset of early adopters to refine implementation needs. • Standardize the data collection, entry, testing, mailing, analysis, reporting as a best practice. Make this as transparent of a process as possible. • Articulate principles and plans for what will happen to the data. 	<p>Move forward.</p>
<p>HR 3. Increase support for harm reduction based post-overdose outreach with public safety, including wrap-around services for surviving family members and/or postmortem services for families (for example, the services could be funeral related, housing needs, health care, counseling, or a warm handoff to treatment for substance use disorder).</p>	<p>Remand to Response subcommittee to combine with RS 3.</p> <p>Ms. Johnson noted the intent to rework HR 3 to combine it with RS 3, but because it is under Harm Reduction, additional support is needed from the Response Subcommittee.</p>

Recommendation	Discussion
<p>HR 5. Provide support to community coalitions to support community health workers to expand Harm Reduction throughout the state of Nevada and prioritize funding for Community Health Workers to provide community-based harm reduction services.</p>	<p>Remand to Treatment & Recovery Subcommittee to combine with TRS 6.</p> <p>Mr. Schoen had no objection to moving this forward but asked if it might be combined with TRS 6, because they both expand the CHWs and PRSS workforce. Ms. Johnson asked for the Treatment & Recovery Subcommittee to workshop this, perhaps with input from a Prevention representative.</p>
<p>TRS 6. Engage individuals with living and lived experience in programming design considerations and enhance Peer Support for underserved populations to be delivered through representatives of underserved communities by increasing reimbursement rates, implementing train the trainer models, and enacting policy changes to address limitations to the use of Peers in some settings through strategies including: 1) ensure adequate funding for these priorities, 2) target special populations, 3) increase reimbursement rates, and 4) offer standalone service provision opportunities.</p>	<p>Remand to Treatment & Recovery Subcommittee to combine with HR 5.</p>
<p>PS 1. Recommend to DHHS/DPBH/the Bureau of Behavioral Health Wellness and Prevention to double the amount of investment in primary prevention programming every two years for ages 0-24 and review the funding allocations annually.</p>	<p>Remand to Prevention Subcommittee.</p> <p>Chair Ford and Assemblywoman Thomas supported remand to the subcommittee to estimate a budget for legislators to consider. Ms. Nadler expressed concern with a perceived lack of primary prevention efforts and funding. Vice Chair Lee agreed that refinement was needed to include fund-mapping from DHHS to show allocation for existing prevention programs, which she believes are typically very well-funded compared to harm reduction. Ms. Johnson offered to work to incorporate cost effectiveness and funding maps into the recommendation. Ms. Nadler reiterated her view that so much is done in Northern Nevada, but not in Southern Nevada.</p>

Recommendation	Discussion
<p>PS 5. Support Harm Reduction through: Make a recommendation to DHHS to utilize opioid settlement dollars to designate a baseline level of identification and overdose reversal medication for the next 10 years in Nevada (base this on the state naloxone saturation plan) to create a stable, sustainable source of overdose reversal medication throughout the state.</p>	<p>Move forward.</p>
<p>TRS 4. Establish priority funding areas to ensure entry into treatment and/or recovery, ensure that Black, Latinx/Hispanic, Indigenous, and people of color and LGBTQIA communities are receiving culturally and linguistically appropriate overdose prevention (naloxone, vending machines, media), drug checking supplies to reduce fatal overdoses among Black, Latinx/Hispanic, Indigenous individuals, and people of color in Nevada.</p>	<p>Move forward.</p>
<p>TRS 5. Significantly increase capacity; including access to treatment facilities and beds for intensive care coordination to facilitate transitions and to divert youth under the age of 18 at risk of higher level of care and/or system involvement.</p>	<p>Move forward. Chair Ford reminded members activities related to this are going to run parallel with litigation.</p>
<p>RS 3. Leverage existing programs and funding to develop outreach response provider(s) and/or personnel that can respond to any suspected overdose or to those who are provided treatment for an overdose in a hospital/emergency room/EMS and offer follow-up support, referrals, and services to the individual (and loved ones) following an overdose. Provider(s) and/or personnel to be deployed to anyone being released from institutional and community settings (e.g., hospitals, carceral facilities, and other institutional settings) who is being discharged post overdose or suspected overdose. Ensure this recommendation is included as the build out of Nevada’s Crisis Response System is occurring so that tailored intervention for individuals who have survived a non-fatal overdose is included.</p>	<p>Remand to Response Subcommittee to combine with HR 3.</p>

Recommendation	Discussion
<p>PS 7. Support Harm Reduction through: Implement changes to recruitment, retention, and compensation of health and behavioral health care workers and enhance compensation in alignment with the Commission on Behavioral Health Board's letter to the Governor of June 22nd. Additionally, continue to sustain and expand investment in Community Health Workers, Peer Recovery Specialists, and Certified Prevention Specialists by implementing changes to recruitment, retention, and compensation.</p>	<p>Move forward.</p>
<p>PS 2. Allocate tobacco control and prevention funding using local lead agencies model to reach \$2 per capita recommended funding using a combination of funding sources (e.g., cigarette tax, other tobacco tax, Juul settlement, tobacco master settlement agreement, future vaping settlements, other tobacco related settlements, etc.).</p>	<p>Remand to Prevention Subcommittee.</p> <p>Chair Ford thought this should go back to the subcommittee because there are certain rules related to tobacco funds that one of the Deputy Attorneys General could review with members of the subcommittee. Ms. Nadler suggested marijuana could be added. Chair Ford explained that tobacco taxes and the Master Settlement Agreement with Tobacco can't be used to sponsor issues related to marijuana. However, you could have a separate recommendation related to marijuana. Ms. Johnson explained that the Prevention Subcommittee had been working to schedule a presentation from experts on cannabis prevention education, so that is in progress. She added that this recommendation does cover vaping prevention for a variety of substances, including tobacco. Chair Ford noted that vaping for tobacco could be covered under the Master Settlement Agreement, but not for Marijuana.</p>
<p>HR 4. Create a bill draft request at the legislature to change the language around drug paraphernalia as it relates to smoking supplies.</p>	<p>Remand to Prevention Subcommittee.</p> <p>Chair Ford thought this recommendation would be too big for a bill draft request. Assemblywoman Thomas agreed. Chair Ford suggested remanding this back to the subcommittee for more detail.</p>

Recommendation	Discussion
<p>PS 6. Support Harm Reduction through: Create a recommendation to the legislature modeled on Maryland's STOP Act which authorizes certain emergency medical services providers to dispense naloxone to individuals who received treatment for a nonfatal drug overdose or were evaluated by a crisis evaluation team, and requires certain community services programs, certain private and public entities, and hospitals to have a protocol to dispense naloxone to certain individuals free of charge under certain circumstances.</p>	<p>Move forward.</p> <p>Chair Ford said he is not necessarily opposed to this going forward, but he would like more information about the Maryland STOP Act. Ms. Johnson explained that some of the language is adapted from the Maryland STOP Act, as provided in the references for this recommendation. Chair Ford said this was very good and supported moving this forward.</p>
<p>PS 3. Recommendation to the DHHS (Office of Analytics/or the appropriate entity) to create a data dashboard or other type of regularly updated report on alcohol outlet, tobacco outlet, and cannabis outlets density.</p>	<p>Move forward.</p> <p>Chair Ford said this may speak to some of what Ms. Nadler was looking for. She agreed. The recommendation was moved forward.</p>
<p>HR 2. Harm Reduction Shipping Supply: Provide travel costs for pickup of used products to be returned for destruction. Increase advertising about shipping programs. Establish alternative strategy if people can't receive delivery of the supplies.</p>	<p>Remand to Prevention Subcommittee.</p> <p>Ms. Johnson recommended remanding this back to the Prevention Subcommittee, and asked if there is a SURG member who is willing to complete the qualitative sections, (to help with the workload). Ms. Cheatom said she had helped run this program at Trac-B Exchange and could do the qualitative section. Chair Ford thanked Ms. Cheatom for jumping in on that.</p>
<p>TRS 3. Implement a specialized child welfare service delivery model with follow up and referral and linkage to care that improves outcomes for children and families affected by parental substance use and child maltreatment and pregnant or birthing persons with opioid use disorder.</p>	<p>Move forward.</p> <p>Chair Ford asked Vice Chair Lee to stay engaged and involved on this recommendation if it moves forward. Vice Chair Lee agreed to do so.</p>

Recommendation	Discussion
<p>RS 1. Evaluate current availability and readiness to provide comprehensive behavioral health services to include but not limited to screening, assessment, treatment, recovery support, and transitions for reentry in local and state carceral facilities.</p> <p>Recommend the allocation of funding to support the development of a Medicaid Reentry Section 1115 Waiver to Increase Health Care For People Leaving Carceral Facilities and to support readiness of carceral facilities to implement the 1115 waiver.</p> <p>Recommend legislation to require DHCFP to apply for and implement the 1115 Waiver to Increase Health Care For People Leaving Carceral Facilities and ensure there is an evaluation of readiness for planning and implementation.</p>	<p>Remand to Response Subcommittee to combine with TRS 2.</p>
<p>TRS 2. Implement follow ups and referrals and linkage of care for justice involved individuals, including individuals leaving the justice system.</p>	<p>Remand to Response Subcommittee to combine with RS 1.</p> <p>Dr. Kerns suggested this could be combined with RS1 to support reentry. She said Response could workshop this with support from someone from Treatment and Recovery.</p>
<p>RS 2. Understand the true cost of implementing wastewater-based epidemiology (WBE) in Nevada and its ability to support community response plans.</p>	<p>Remand to Response Subcommittee.</p> <p>Ms. Holmes asked if these remaining items could be in the report, given the combining of a few of the previous recommendations. Dr. Kerns said her understanding was that these could still move forward. Vice Chair Lee said she agrees with the spirit of the language, but what does it mean to "understand the true cost?" She asked if it could be re-worded to direct an agency to conduct a feasibility study. Chair Ford asked Ms. Holmes if she was amenable to workshopping this a bit more to address these questions. Ms. Holmes agreed and appreciated the feedback.</p>

Recommendation	Discussion
<p>RS 4. Review the operations and lessons learned from Clark County’s Overdose Fatality Review Task Force when that body’s report is released in December 2024 and take this into account when supporting legislation to establish regional Overdose Fatality Review (OFR) Committees allowing flexibility as to the makeup and practice and for the OFR to remain at the county or regional level, as needed, to effectively identify system gaps and innovative community-specific overdose prevention and intervention strategies in accordance with established best practices such as the Bureau of Justice Assistance’s Overdose Fatality Review: A Practitioner’s Guide to Implementation.</p>	<p>Remand to Response Subcommittee.</p> <p>Chair Ford suggested remanding this back to the subcommittee to wait for the report. Vice Chair Lee recalled that Assemblyman Orentlicher, who is a doctor, carried this bill during the 2023 session, but it was heavily amended, limiting it to Clark County. Chair Ford suggested inviting Assemblyman Orentlicher to review the process, and then do some additional work on the recommendation.</p>

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Recommendation	Discussion
<p>RS 5. Understand what coroners and medical examiners currently test for and make recommendation to a specific agency or other sources to fund personnel and resources for independent medical examiner(s) for investigations and reports to specify the cause.</p>	<p>Remand to Response Subcommittee.</p> <p>Dr. Kerns and Chair Ford supported hearing from the coroners at the subcommittee level for more information before moving forward. Vice Chair Lee stated for the record that she fully does not support this recommendation if the intention is further criminalization of overdose, to further the war on drugs. This would make people lose trust in the Good Samaritan overdose law and the tension with the drug induced homicide law. Chair Ford noted that the SURG is comprised of harm reduction and law enforcement, as evidenced by his role in law enforcement and serving as Chair, while Ms. Lee is a harm reductionist, serving as Vice Chair. That's by design, and they need to ensure that the various viewpoints are taken into consideration. At the end of the day, it will be a committee decision on how to proceed. Ms. Johnson echoed concerns about supporting this recommendation as currently written, specifically with an independent medical examiner, primarily for prosecution. It is documented that our coroners and medical examiners in the state do not receive adequate funding to be able to scale up the investigations, as needed right now, in terms of doing expanded panel testing. So, she recommends the Response Subcommittee learn more about the funding caps for these types of medical examinations, in advance of funding any type of independent person. Chair Ford thanked Ms. Johnson for her input and asked Mr. Shields (Pershing County DA) to avail himself of any subcommittee meetings on this issue.</p>