Sponsoring Member(s)	Recommendation	AB374 Section 10 requirements	Cross-cutting elements (B,C,H,Q)	Special Populations (Please cut and paste from the list below, include all that apply)	Justification	Research/Links	Action Step (e.g., BDR request, expend. of settlement funds, DHHS Policy, etc.)	Short Term or Long Term?	Fiscal Note? If yes, approximate amount.	Member Comments and Feedback	Urgency	Impact
Presentation at February Interim Health - Dr. Stephanie Woodard	Expand access to MAT and recovery supports for OUD, limit barriers to individuals seeking treatment regardless of the ability to pay, encourage the use of hub and spoke systems, as well as recovery support	A. Reduce substance use	B	Other populations disproportionately impacted by substance use disorders.								
Presentation at February Interim Health - Dr. Stephanie Woodard	Establish a bridge MAT program in emergency departments	A. Reduce substance use	B,C									
Presentation at February Interim Health - Dr. Stephanie Woodard	Encourage waivered prescribers to prescribe by providing incentives	G. Make recommendations to entities to ensure that controlled substances are appropriately prescribed	B									
Presentation at February Interim Health - Dr. Stephanie Woodard	Promote telehealth for MAT, considering the modifications that have been made under the emergency policies	A. Reduce substance use	C									
Presentation at February Interim Health - Dr. Stephanie Woodard	Utilize harm reduction strategies, including: syringe services Naloxone Fentanyl testing strips Safer sex supplies Utilization/Distribution of public health vending machines Overdose prevention sites	J. Study the efficacy and expand the implementation of programs to educate and reduce harm associated with substance use.	B, C									
Presentation at February Interim Health - Dr. Stephanie Woodard	Encourage greater implementation of Screening, Brief Intervention, and Referral to Treatment (SBIRT) across primary care settings	A. Reduce substance use	B									
Presentation at February Interim Health - Dr. Stephanie Woodard	Ensure the use of housing first initiatives	A. Reduce substance use	B	g. Other populations disproportionately impacted by substance use disorders.								
Presentation at February Interim Health - Dr. Stephanie Woodard	Engage people who use drugs as subject matter experts	J. Study the efficacy and expand the implementation of programs to educate and reduce harm associated with substance use.	H	g. Other populations disproportionately impacted by substance use disorders.								
Presentation at February Interim Health; Dr. Wagner	Establish overdose prevention sites in Nevada	J. Study the efficacy and expand the implementation of programs to educate and reduce harm associated with substance use.	Q	b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the								
Presentation at February Interim Health: Lisa Lee	Ensure the use of housing first initiatives to decrease drug-related harms.	A. Reduce substance use	B	b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the								
Presentation at March Interim Health - Elyse Monroy and amie Ross	Funding for early intervention for SUD and substance specific funding	J. Study the efficacy and expand the implementation of programs to educate and reduce harm associated with substance use.	Q	a. Veterans, elderly persons and youth								
Presentation at March Interim Health - Mark Disselkoen, CASAT	Provide educational opportunities to increase competency of clinicians providing adolescent care	J. Study the efficacy and expand the implementation of programs to educate and reduce harm associated with substance use.	C	a. Veterans, elderly persons and youth								
Presentation at March Interim Health - Catherine Lowden	Enable educators to build capacity to address psychological first aid for students	J. Study the efficacy and expand the implementation of programs to educate and reduce harm associated with substance use.	B	a. Veterans, elderly persons and youth								
Presentation at March Interim Health - Catherine Lowden	Co-locate integrated supports with mental health and SUD professionals working side by side in schools (overlap)	J. Study the efficacy and expand the implementation of programs to educate and reduce harm associated with substance use.	B	a. Veterans, elderly persons and youth								
Presentation at March Interim Health - Dr. Megan Freeman, DCFS	Invest in a multi-disciplinary, cross Department School Based Behavioral Health team. (overlap)	J. Study the efficacy and expand the implementation of programs to educate and reduce harm associated with substance use.	B	a. Veterans, elderly persons and youth			DHHS Policy					
Presentation at March Interim Health - Dr. Megan Freeman, DCFS	Expand Medicaid billing opportunities and allow blended and braided funding to facilitate services for system involved and at-risk youth (overlap)	J. Study the efficacy and expand the implementation of programs to educate and reduce harm associated with substance use.	Q	a. Veterans, elderly persons and youth f. Children who are involved with the child welfare system								
Erik Schoen	Continue to invest in standing-up CHWs and Peer Recovery Specialists throughout Nevada	A.Reduce substance use J. Study the efficacy and expand the implementation of programs to: Educate youth and families about the effects of substance use and substance use disorders	B, Q	All -- Rural, Youth, Families, Those at risk, Those already using, Those seeking treatment	Efficient, Effective, Cost Savings, Quick to Stand Up Eager Workforce		Unsure -- expenditure of settlement funds through grant dollars; change in Medicaid reimbursement to allow for reimbursement of CHWs affiliated	Both	Depends on scope -- in long term, should save monies from utilization of higher cost more intensive clinical services.		3-Urgent	3-High Impact
Erik Schoen	Co-certification of CHWs and PRSs	G.Recommendations to Boards	B, Q	amilies, Those at risk, Those already using, Thc	Efficient, Effective, Cost Savings, Quick to Stand Up Eager Workforce -- Also, could help to get those with lived experience on the front lines		Help the certification boards to mak	Long	Don't think so.		3-Urgent	3-High Impact
Erik Schoen	Support secondary prevention (also termed intervention) through the below strategies: a. Early screening for substance misuse, mental health and suicide in schools and community based agencies (ie. Signs of Suicide, Climate Survey, Worry Survey, SBIRT). b. Motivational interviewing to enhance readiness for change, brief interventions to reduce risky or problematic substance use. c. Drug testing in schools. d. Expansion of Project Aware (evidence-based mode) statewide. e. Evidence-based intervention programming - ie. offer SEL curriculums in schools where students receive credit and intervention programs for youth before they enter the Juvenile Justice system.	A. Leverage and expand efforts by state and local governmental entities to reduce the use of substances which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants, and identify ways to enhance those efforts through coordination and collaboration. B. Assess evidence-based strategies for preventing substance use and intervening to stop substance use, including, without limitation, the use or heroin, other synthetic and non-synthetic opioids and stimulants. Such strategies must include, without limitation, strategies to: a. Help persons at risk of a substance use disorder avoid developing a substance use disorder; b. Discover potentially problematic substance use in a person and intervene before the person develops a substance use disorder. J. Study the efficacy and expand the implementation of programs to: Educate youth and families about the effects of substance use and substance use disorders.	B, H, Q	a. Veterans, elderly persons and youth; d. Lesbian, gay, bisexual, transgender and questioning persons; f. Children who are involved with the child welfare system, and g. Other populations disproportionately impacted by substance use disorders.	Current funding primarily supports "primary" prevention. The issues facing communities right now where resources are needed are considered "secondary prevention" or "intervention." Secondary prevention aims to reduce the impact of substance misuse that has already occurred. This is done by identifying risk factors and early warning signs through screening and early interventions to halt or slow the progress. The secondary prevention programs target those individuals who have already started using substances. Secondary prevention aims at controlling the degree of damage to the individual by preventing substance use from becoming a problem.	EB Programs https://socialwork.buffalo.edu/continuing-education/training-registration/EBP-mental-health/evidence-based-practices/ebp-interventions.html Project Aware https://socialwork.buffalo.edu/continuing-education/training-registration/EBP-mental-health/evidence-based-practices/ebp-interventions.html Motivational Interviewing https://www.ojp.gov/ncjrs/virtual-library/abstracts/motivational-interviewing-intervention-tool-child-welfare-case#:~:text=Specific%20intervention%20techniques%20can%20facilitate%20clients%27%20movement%20through,develop%20intrinsically%20motivated%20desires%20for%20change%20in%20clients SBIRT https://www.samhsa.gov/sbirt https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5809898/	Expenditure from settlement funds Legislation added to prevention state general funds to increase $$ for secondary prevention/ intervention	Short Term: To address immediate secondary prevention needs through screening and interventions Long Term: To fill a gap in Nevada of no funding available to support intervention strategies long term	1.8 million to replace current funding federal funding source that will be expire in 2023 (state did not reapply for these funds). Currently the state provides somewhere around 2 million per year for prevention. Match this amount for intervention. $6,000 - $10,000 per year per high school for drug testing (includes followup program required by NV Interscholastic Activities Association) $900,000 per school district per year for Project Aware in districts where it is not yet incorporated.		

					Workforce development has been a topic of discussion for years in the state. The below recommendations are doable and attainable now, with proper funding and support:				
Erik Schoen	Address workforce development for youth/young adults through scholarships, work study opportunities and training. Increase options for supervision of internships by supporting clinical supervisors such as LCSW.	E. Evaluate ways to improve and expand evidence-based or evidence-informed programs, procedures, and strategies to treat and support recovery from opioid use disorder and any co-occurring substance use disorder, including, without limitation, among members of special populations. J. Study the efficacy and expand the implementation of programs to: Educate youth and families about the effects of substance use and substance use disorders	C, Q	a. Veterans, elderly persons and youth; d. Lesbian, gay, bisexual, transgender and questioning persons; f. Children who are involved with the child welfare system, and g. Other populations disproportionately impacted by substance use disorders.	a. Stipends for retired LCSW to supervise interns b. Support remote internships c. Scholarships d. Support AHEC's pipeline model in high schools e. Fund certifications in various fields f. Build youth into the prevention workforce through Prevention 101 and other trainings. g. Scholarships to engage youth and others into the prevention and social work fields. h. Loan forgiveness for serving in high need/underserved areas.		Policy change to create these systems	Short term - to build workforce opportunities leveraging partners who provide workforce pipeline programs. Long term - strong on-going workforce for Nevada	Ongoing funding to support the system that is created. Approximately $750,000 per year.
Erik Schoen	Adverse Childhood Experiences are recognized by the CDC and throughout prevention as a fundamental risk factor for substance misuse, abuse, and overdose in our communities. Funding to address ACES mitigation in statewide efforts will include SEL, Safe Dating/Violence Prevention, Early Childhood Development, Parenting Programs, Trauma informed care, and Mentorship programs for children, youth, and young adults. ACES mitigation efforts involve systemic change in our communities. One evidence based solution is to provide supports for parents in our state. ACES mitigation will be integrated through the broader community through employer education, workplace SUD recovery support, and supportive measures for parents in the workplace.	Q. Recommend evidence-based funding across geographic and socio-economic sectors	B, H, Q	a. Veterans, elderly persons and youth; b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems; c. Pregnant women and the parents of dependent children; d. Lesbian, gay, bisexual, transgender and questioning persons; e. People who inject drugs; (as revised) f. Children who are involved with the child welfare system, and g. Other populations disproportionately impacted by substance use disorders.	The CDC has recognized ACEs as a major risk factor for Substance Use Disorder. ACEs mitigation is upheld as a standard model for the prevention of substance misuse across the nation. This model is proven to mitigate the affect of ACEs and has been brought up by leaders in DHHS within our state. UNR has just completed its first ACEs special report drawn from the Nevada YRBS data. This is the only data available thus far in the state specific to youth, though there have been additional efforts to collect this data in childbearing people (PRAMS data). There is an important gap that must be recognized and dealt with proactively. In order to create change, we must look at ACs factors across the continuum of care and create meaningful systems as supports for the whole community. We must continue to go upstream and examine ACEs which are at the very root of Substance Use Disorders. Funding to prevent ACEs will allow us to address the issues facing us at the very beginning of the continuum of care, it will save lives, it will improve the quality of the communities in which we work and play, and it will transform the lives of all Nevadans.	https://www.cdc.gov/violenceprevention/pdf/preventingACES.pdf https://scholarworks.unr.edu//handle/11714/7537 https://www.ncsl.org/research/health/adverse-childhood-experiences-aces.aspx https://pubmed.ncbi.nlm.nih.gov/31989435/	Expenditure from settlement funds.	Short Term: Collection and Evaluation of Community Level Data to inform programming needs. Community Education programs on ACES. Convening stakeholders (Law Enforcement, Primary Care, Pediatricians, Early Childhood Care, Counselors, School Districts, etc.) to establish common goals Long Term: Ongoing Programming, Training, and continuous work on ACES mitigation using the SPF Model applied to ACES strategies.	Data Collection: Needs Assessment-Local Level $20-25,000 for rural frontier areas $75,000 for the two larger urban areas Long Term: Exact Unknown-Anticipated Minimum of 3 million across the state to fund each community's efforts to convene necessary stakeholders and together develop a comprehensive ACEs approach in their community. Multi-year funding will be necessary to provide for data collection, the implementation of EB practices, the convening of stakeholders, and the implementation of community level evaluation. [illegible] $3,000 x 20 officers x 32 teams = $1,920,000 Vehicles - $12,000 x 16 communities = $192,000 Transportation - $10,000 x 16 communities = $160,000 Supplies - 32 teams x $10,000 = $320,000 Trainings - 16 communities x $5,000 = $80,000 CHW - 2 x 32 teams =$3,238,400 Case Manager - 2 x 32 teams =$4,266,240 LCSW - 32 teams = $3,833,600 Officer - 32 teams = $2,720,000 MHSUD Counselor - 32 teams = $2,880,000
Erik Schoen	Build and strengthen comprehensive FASTT and MOST teams statewide to provide intensive supports to incarcerated individuals both in the jails and upon release and provide a safety net for individuals presenting a mental health need in the community using EBP model.	A. Leverage and expand efforts by state and local governmental entities to reduce the use of substances which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants, and identify ways to enhance those efforts through coordination and collaboration. C. Assess and evaluate existing pathways to treatment and recovery for persons with substance use disorders, including, without limitation, such persons who are members of special populations. Special populations includes, without limitation; b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems; D. Work to understand how residents of the State of Nevada who are involved in the criminal justice system access supports for treatment of and recovery from substance use disorders at various points, including without limitation, by reviewing existing diversion, deflection and reentry programs for such persons.	B, C, H, Q	a. Veterans, elderly persons and youth; b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems; d. Lesbian, gay, bisexual, transgender and questioning persons; e. People who inject drugs; (as revised) g. Other populations disproportionately impacted by substance use disorders.	FASTT and MOST teams are designed to bridge the gaps to mental health and other supports, and aid in the reduction of recidivism. Using EBP models, the interventions include collaboration and integration of community supports such as mental health providers, community health workers and case management, law enforcement and families. This integration of supports is designed to reduce the number of crisis calls, increase wrap around care by securing connections to needed resources both in the jail and in the community. Training of officers in mental health awareness, CIT as well as EBP curriculum for inmates around changing offender behavior, financial literacy, peer motivation among others.	http://www.ibr.tcu.edu/pubs/trtmanual/GettingMotivated.html http://nicic.gov/Library/024041 http://nicic.gov/Library/0231832 https://www.healthaffairs.org/doi/10.1377/hlthaff.2019.00981 https://ajph.aphapublications.org/doi/10.2105/AJPH.2015.302987	32 Teams Clark - 12 , Washoe - 5 Carson - 2, Douglas -1.5 Nye- 2, Lyon -1.5 Churchill -1, Lovelock -1 Elko-.1, Eureka -1 White Pine -1, Lincoln -1 Mineral - 1, Pershing -1 Lander -1 Expenditures from Settlement Funds	Long term	
Erik Schoen	Support training of key stakeholders statewide in the Collective Impact approach to affecting community change. This will establish an operating standard for community engagement and systems changes in Nevada's communities. DPBH leadership has indicated this is the approach /model they are now supporting. Training should be statewide, cross sector, and cross discipline so all are on same page. Training should be state level down to coalition/community level (multi-layered)	A. Leverage and expand efforts by state and local governmental entities to reduce the use of substances which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants, and identify ways to enhance those efforts through coordination and collaboration. H. Examine qualitative and quantitative data to understand the risk factors that contribute to substance use and the rates of substance use and substance use disorders, focusing on special populations. P. Evaluate the effects of substance use disorders on the economy of the State of Nevada.	B, H, Q	a. Veterans, elderly persons and youth; b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems; c. Pregnant women and the parents of dependent children; d. Lesbian, gay, bisexual, transgender and questioning persons; f. Children who are involved with the child welfare system, and g. Other populations disproportionately impacted by substance use disorders.	Nevada has many "models" that followed to address a variety of issues (substance misuse, mental health, public health issues, etc.). The Collective Impact model reaches across behavioral health to affect lasting change. Systems in Nevada come and go as funding dictates, and this disrupts efforts to improve outcomes. Collective impact is a network of community members, organizations, and institutions who advance equity by learning together, aligning, and integrating their actions to achieve population and systems-level change. Collective impact describes an intentional way of working together and sharing information for the purpose of solving a complex problem. Most importantly, Collective Impact efforts center equity in the approach. Implement/sustain this approach through community coalitions as laid out in SB69, passed in the 2021 legislative session.	https://ssir.org/articles/entry/collective_impact https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8352445/ https://collectiveimpactforum.org/what-is-collective-impact/ https://ssir.org/articles/entry/centering_equity_in_collective_impact?utm_source=newsletter&utm_medium=email&utm_content=Centering%20Equity%20in%20Collective%20Impact&utm_campaign=CIF20220215SSIRLearningAgenda#	Expenditure from settlement funds. Could become policy as tied to prevention programming across the state (procedural)	Short term - Trainings could start within the first year Long term - System changes take time so this will be a long-term goal	$300,000 - train a minimum of 7-10 key stakeholders in each coalition area in the Collective Impact model (inclusive of state and county level governments) $2,000 (inclusive) per participant x 150 = $300,000

Erik Schoen	Provide Certified Prevention Specialists in Nevada schools, before and after school programs, and other youth serving organizations to provide appropriate prevention education and programming.	A. Leverage and expand efforts by state and local governmental entities to reduce the use of substances which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants, and identify ways to enhance those efforts through coordination and collaboration. B. Assess evidence-based strategies for preventing substance use and intervening to stop substance use, including, without limitation, the use or heroin, other synthetic and non-synthetic opioids and stimulants. Such strategies must include, without limitation, strategies to: a. Help persons at risk of a substance use disorder avoid developing a substance use disorder; b. Discover potentially problematic substance use in a person and intervene before the person develops a substance use disorder. H. Examine qualitative and quantitative data to understand the risk factors that contribute to substance use and the rates of substance use and substance use disorders, focusing on special populations. J. Study the efficacy and expand the implementation of programs to: Educate youth and families about the effects of substance use and substance use disorders.	B, H, Q	a. Veterans, elderly persons and youth; d. Lesbian, gay, bisexual, transgender and questioning persons; f. Children who are involved with the child welfare system, and g. Other populations disproportionately impacted by substance use disorders.	Youth organizations and school staff are inundated with requirements and should not be expected to implement prevention strategies without the assistance of a prevention professional. Certified Prevention Specialists (CPS) are credentialed through the IC&RC. This credential requires professionals to demonstrate competency through experience, education, supervision, and the passing of a rigorous exam. CPS will be placed in school districts and youth organizations via SAPTA Certified Prevention Coalitions, youth organizations, or school districts to provide a variety of services, including, but not limited to: evidence based substance use prevention programming, data collection, SBIRT screenings, and other needs in continuum of prevention framework that is best for each organization and school. CPS can also work with school Multi-Tiered Support System (MTSS) teams and advise them on policy and the infrastructure of systems that address youth behavioral health and substance use priorities. CPS will identify and help implement best practices in their reaching target populations.	https://www.cadca.org/prevention-works https://www.cadca.org/sites/default/files/files/coalitionhandbook102013.pdf https://pttcnetwork.org/sites/default/files/2022-04/2022.04.18%20PTTC_PreventionScience_Final.pdf https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf https://journals.sagepub.com/doi/abs/10.1177/1090198196023001005 https://www.positiveaction.net/research-outcomes#substance-use https://www.lifeskillstraining.com/eval-study/ https://www.internationalcredentialing.org/creds/ps	Expenditure from settlement funds Legislation added to SPI/Meth (SAPP) funding to increase funding for primary and secondary prevention programming and efforts Establishment of partnership with Prevention Coalitions and NV Department Education 21st Century Grant	Short term- Certify prevention staff working towards CPS credentialing. Long term - In order for CPS programming and services to be effective, the positions cannot exist within limited grant funding alone, and needs to be sustained long-term through consistent funding.	$ 3,744,000: 100 CPS employees throughout Nevada ($18/80hours/week: $37,440/year)
Erik Schoen	To establish and expand a formal youth mentor program offered in every community in Nevada. Each community is given authority to determine the mentoring program(s) utilized in their communities. Examples include: Big Brothers Big Sisters	A. Leverage and expand efforts by state and local governmental entities to reduce the use of substances which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants, and identify ways to enhance those efforts through coordination and collaboration. J. Study the efficacy and expand the implementation of programs to: a. Educate youth and families about the effects of substance use and substance use disorders; and b. Reduce the harms associated with substance use and substance use disorders while referring persons with substance use disorders to evidence-based treatment. A. Leverage and expand efforts by state and local governmental entities to reduce the use of substances which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants, and identify ways to enhance those efforts through coordination and collaboration. B. Assess evidence-based strategies for preventing substance use and intervening to stop substance use, including, without limitation, the use or heroin, other synthetic and non-synthetic opioids and stimulants. Such strategies must include, without limitation, strategies to: a. Help persons at risk of a substance use disorder avoid developing a substance use disorder; b. Discover potentially problematic substance use in a person and intervene before the person develops a substance use disorder; c. Treat the medical consequences of a substance use disorder in a person and facilitate the treatment of the substance use disorder to minimize further harm; and. d. Reduce the harm caused by substance use, including, without limitation, by preventing overdoses. C. Assess and evaluate existing pathways to treatment and recovery for persons with substance use disorders, including, without limitation, such persons who are members of special populations. Special populations includes, without limitation; a. Veterans, elderly persons and youth; b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems; c. Pregnant women and the parents of dependent children; d. Lesbian, gay, bisexual, transgender and questioning persons; e. People who inject drugs; (as revised); f. Children who are involved with the child welfare system, and; g. Other populations disproportionately impacted by substance use disorders. E. Evaluate ways to improve and expand evidence-based or evidence-informed programs, procedures, and strategies to treat and support recovery from opioid use disorder and any co-occurring substance use disorder, including, without limitation, among members of special populations. F. Examine support systems and programs for persons who are in recovery from opioid use disorder and any co-occurring substance use disorder. H. Examine qualitative and quantitative data to understand the risk factors that contribute to substance use and the rates of substance use and substance use disorders, focusing on special populations. K. Recommend strategies to improve coordination between local, state, and federal law enforcement and public health agencies to enhance the communication of timely and relevant information relating to substance use and reduce duplicative data collection and research. L. Evaluate current systems for sharing information between agencies regarding trafficking and distribution of legal and illegal substances which are associated with substance use	B, H, Q	a. Veterans, elderly persons and youth; c. Pregnant women and the parents of dependent children; d. Lesbian, gay, bisexual, transgender and questioning persons; f. Children who are involved with the child welfare system, and g. Other populations disproportionately impacted by substance use disorders.	Mentoring is proven to reduce Adverse Childhood Experiences (ACEs) for youth. Only Washoe and Clark currently have formal mentoring programs, which are not sufficiently funded to serve all youth in need. In the remaining 15 counties, there is no formal mentoring program. One-to-one mentoring relationships support the critical social and emotional development needed to help build resilience and promote the mental health and well-being of children. Now more than ever, agencies across the country are stepping up to find innovative ways in serving our communities to keep kids connected. While many agencies statewide offer informal mentoring, a formalized process will ensure adherence to all utilizing best practices, ensuring the safety of both youth and adults in these programs. All grant funding requires local level data to be deemed valid and fundable, often times there are gaps in specific data and national data is used. On a local level, many county agencies and organizations lack the capacity to build and maintain comprehensive data collection systems including entities like law enforcement, EMS, hospitals, social services, coalitions, harm reduction agencies, and other essential agencies. On a state level, many data collection systems and dashboards exist that are not accessible to all entities and sectors. This makes it difficult to review the extensive level of data and analysis needed to appropriately assess current substance use, overdose, treatment and recovery trends in each county. Current data systems that are not utilized and analyzed in a meaningful, standardized way. It would benefit Nevada to contract a company that specializes in data collection, evaluation, analysis, and assessment, and provide consultation to entities across Nevada to help build or improve internal data collection systems. The company would also create a comprehensive data sharing system that includes all State dashboards and public data, and is accessible to all entities. This will allow for a standardized data analysis system that will aid in identifying the causes of risk and harm in communities and ensure existing data is not duplicated. Each agency will be trained on how to maintain and utilize these systems. Doing so will create a sustainable hub to help inform public health strategies and compete for federal funding.	National Mentoring Resource Center, A Program of OJJDP https://www.bbbs.org/community-based/ https://ojjdp.ojp.gov/library/publications/focus-mentoring-youth https://youth.gov/youth-topics/mentoring a. Veterans, elderly persons and youth; b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems; c. Pregnant women and the parents of dependent children; d. Lesbian, gay, bisexual, transgender and questioning persons; e. People who inject drugs; (as revised) f. Children who are involved with the child welfare system, and g. Other populations disproportionately impacted by substance use disorders. https://ori.hhs.gov/education/products/n_illinois_u/datamanagement/dctopic.html https://www.americanprogress.org/article/measure-matters-connecting-dots-among-comprehensive-data-collection-civil-rights-enforcement-equality/ https://www.ahrq.gov/research/findings/final-reports/iomracereport/reldata5.html https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4515757/	Expenditure from settlement funds. Expenditure from settlement funds	Long term - in order for mentoring to be effective, it can not live off grant funding alone, and needs to be sustained long-term through consistent funding. Short Term- Create local data collection and statewide sharing systems Long Term- Data systems maintenance and TA	Total $2,700,000 annually plus startup cost of $10,000 for each coalition area. According to Big Brothers, Big Sisters - the cost per child is approx $2,000 and the belief is that this program should reach 50 youth per rural coalition, plus 1,000 for Clark and Washoe combined. $200,000 to contract company to create systems and provide TA

Debi Nadler	Just Say Know. It's a school pilot program for middle and high school students to work with their families using the arts of communication. It's a joint effort with Moms Against Drugs and TINHIH. We want to know what our kids know about drugs.	J. Study the efficacy and expand the implementation of programs to educate and reduce harm associated with substance use.	Q		This poster campaign has been used before by the DEA360.	After working with thousands and thousands of parents who have all lost a child, we unfortunately know more about what works and didn't work. One thing in common all our loved ones had some stress in school years.	Expenditure of Opioid Settlement Funds; School Campaign	Unsure	Unsure		3-Urgent	3-High Impact
Presentation at July SURG Prevention Subcommittee from Christy McGill, Dana Walburn, Dr. Ashley Greenwald, Nevada Department of Education, Office for a Safe and Respectful Learning Environment	Enhance Prevention Infrastructure - Expand UNR PBIS-TA Center's capacity to provide MTSS training and coaching to all of Nevada local education agencies.	J. Study the efficacy and expand the implementation of programs to educate and reduce harm associated with substance use.	B	a. Veterans, elderly persons and youth;		See 7/28 Prevention subcommittee PowerPoint						
Presentation at July SURG Prevention Subcommittee from Christy McGill, Dana Walburn, Dr. Ashley Greenwald, Nevada Department of Education, Office for a Safe and Respectful Learning Environment	Increase school-based health qualified mental health professional workforce.	J. Study the efficacy and expand the implementation of programs to educate and reduce harm associated with substance use.	B	a. Veterans, elderly persons and youth;		See 7/28 Prevention subcommittee PowerPoint						
Debi Nadler	Provide appropriate primary prevention education and programming in K-12 schools	J. Study the efficacy and expand the implementation of programs to educate and reduce harm associated with substance use.	B	a. Veterans, elderly persons and youth;	Substance use is occurring across every ethnicity, religion and financial status. Drugs do not discriminate.	12. Other states as well. Here is the link. You can look up every state and their plans of action. General Laws of Massachusetts 71.96 Substance use prevention and abuse education policies for public schools Section 96: Each public school shall have a policy regarding substance use prevention and the education of its students about the dangers of substance abuse. The school shall notify the parents or guardians of all students attending the school of the policy and shall post the policy on the school's website. The policy, and any Standard and rules enforcing the policy, shall be prescribed by the school committee in conjunction with the superintendent or the board of trustees of a charter school. The department of elementary and secondary education, in consultation with the department of public health, shall provide guidance and recommendations to assist schools with developing and implementing effective substance use prevention and abuse education policies and shall make such guidance and recommendations publicly available on the department's website. Guidance and recommendations may include educating parents or guardians on recognizing warning signs of substance abuse and providing available resources. Guidance and recommendations shall be reviewed and regularly updated to reflect applicable research and best practices. Each school district and charter school shall file its substance use prevention and abuse education policies with the department of elementary and secondary education in a manner and form prescribed by the department. POLICY TYPE Statute SOURCE General Laws of Massachusetts https://statepolicies.nasbe.org/health/categories/health-	BDR	Long-term	Unsure	My only comment is that we need to think outside the box. Evidenced based programs cannot be accurate in todays drug epidemic. It's constantly changing and we are losing more teenagers and young children than ever before.	3	3
Debi Nadler	Establish a fund within the Department of Health and Human Services (DHHS) to set aside funding for small grants to programs geared toward substance use prevention and education. Grassroots movements in our state who have either suffered a loss and or in recovery. Most knowledgeable and up to date on what is happening and what is working and what is not working.	J. Study the efficacy and expand the implementation of programs to educate and reduce harm associated with substance use.	Q	a. Veterans, elderly persons and youth;	Drugs do not discriminate. We need to have mandated mental health and drug awareness programs in all classrooms. Creative thinking. Peer support-those in recovery helping their peers. We have groups-one specifically who not only lost a child but is in recovery and focuses on all aspects of this epidemic from peer groups to an accredited recovery high school. He has a vision-a community that is all encompassing. We have grieving moms, paying out of their own pockets to put up billboards to warn the dangers, we have some amazing people working from their hearts trying to make a difference with no funding. Unfortunately, those who suffered a loss know all to well what worked and what did not. Just as those in recovery. These grassroots should have funding set aside. There are creative school programs in which involves the students and their parents-Using the art of communication. This epidemic is not going away. We are coming I to a fourth wave. New drugs. We can't keep doing the same thing over and over, getting the same results-it's insanity. Most grassroots movements here work across the country. They know what is happening nationwide. The East coast starts the trend and it heads west.		Expenditure of settlement funds	Unsure	Unsure		3	3
Jessica Johnson	Make a recommendation to DHHS to utilize opioid settlement dollars to designate a baseline level of naloxone kits for the next 10 years in Nevada (base this on the state naloxone saturation plan) to create a stable, sustainable source of naloxone throughout the state.	G. Make recommendations to entities to ensure that controlled substances are appropriately prescribed	B, Q	e. People who inject drugs; (as revised) g. Other populations disproportionately impacted by substance use disorders	There is an on-going and realistic need to look at the sustainability of naloxone for opioid overdose reversal in Nevada beyond federal funding alone. A plan such as this creates a stable source to address anticipated saturation needs of naloxone throughout the state. This would allow for groups that primarily purchase naloxone with funding to develop a tailored distribution plan for at-risk communities or utilize funding to address other needs throughout the state.	Other states, such as Rhode Island have opted to utilize settlement funding to address the sustainable availability of naloxone: https://riag.ri.gov/press-releases/attorney-general-announces-additional-opioid-settlements-valued-more-100-million	Expenditure of settlement funds; DHHS Recommendation	Long-term	Unsure		2-moderate	3-High Impact
Jessica Johnson	Make a recommendation to the legislature to enact legislation to require a general acute care hospital to include a urine drug screening for fentanyl if a person is treated at the hospital and the hospital conducts a urine drug screening to assist in diagnosing the patient's condition.	G. Make recommendations to entities to ensure that controlled substances are appropriately prescribed	B	g. Other populations disproportionately impacted by substance use disorders	Testing for fentanyl can play a key role in saving someone's life. It can alert a provider that a patient has fentanyl in their system, warn a patient they have ingested fentanyl, and could connect people to treatment and naloxone – the opioid overdose reversal drug. Since fentanyl is a synthetic opioid, it does not show up during a routine urine drug screening test. The drugs included in a standard rapid urine drug screen include the "federal five": Amphetamines, Cocaine, Marijuana, Opiates, and Phencyclidine (PCP). These five categories were established by the Substance Abuse and Mental Health Services Administration's (SAMHSA) Division of Workplace Programs. Fortunately, rapid fentanyl testing does exist. Since fentanyl is the driver of overdoses, and as a synthetic drug does not show up on routine drug screening test, this legislative recommendation aims to include fentanyl as a 6th substance. There are three "reagents" currently approved by the FDA that can be used with a chemical analyzer to determine if an individual has fentanyl in their system. Prior to being enacted into California law, this was piloted in San Diego to increase fentanyl testing capacity. Within 10 months the number of hospitals that include fentanyl in the urine drug screens went from 4 to 15, making it the community standard of care. The fentanyl reagent costs on average 75 cents per testing. The intent is not to mandate drug screening; the intent is that if a provider chooses to do a urine drug screen test, fentanyl will be automatically included in that test. This bill would ensure the hospital provides testing access and capability.	Copy of enacted legislation: https://leginfo.legislature.ca.gov/faces/billVersionsCompareClient.xhtml?bill_id=202120220SB864 Fact Sheet from California: https://www.sdpdatf.org/_files/ugd/6b5bbf_a56ef219b0dc41f3b9cd520c72df259a.pdf San Diego County - Fentanyl Testing Toolkit for Hospitals: https://www.sdpdatf.org/fentanyl-testing-toolkit-hospital-settings	BDR	Long-term	Unsure		3-Urgent	2-Moderate

Jessica Johnson	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.	G. Make recommendations to entities to ensure that controlled substances are appropriately prescribed	B	e. People who inject drugs; (as revised) g. Other populations disproportionately impacted by substance use disorders	One harm reduction tool to address the increase in fatal opioid overdoses is naloxone, a safe and highly effective Food and Drug Administration-approved medication that reverses opioid overdoses. In studies, naloxone efficacy has ranged between 75 and 100 percent. [1] One study from Brigham and Women's hospital in Massachusetts concluded that of those individuals given naloxone, 93.5 percent survived opioid overdose. [2] In Maryland, the STOP Act legislation expanded access to naloxone in two ways. First, it authorized emergency medical services (EMS) personnel, including emergency medical technicians (EMTs) and paramedics, to dispense naloxone to an individual who experienced a nonfatal overdose or who was evaluated by a crisis response team for possible overdose symptoms. Second, the legislation established that within 2-years of passage, community services programs, including those specializing in homeless services, opioid treatment, and reentry, must develop protocols to dispense naloxone free of charge to individuals at risk of overdose. Both approaches help get naloxone into the hands of those who are most at risk. It is worth noting that Nevada leaders in the legislature and governor's administration have already taken many steps to increase naloxone availability across the state, such as with the passage of The Good Samaritan Drug Overdose Act of 2015 (Senate Bill 459, Chapter 26, Statutes of Nevada 2015 NRS 453C.120). This Act allows greater access to naloxone, an opioid overdose reversal drug and has saved countless lives across Nevada since its passage. This proposed policy would expand these laws to allow health providers to dispense naloxone "leave-behind" or "take-home" kits so that people who use drugs	Link to a copy of the bill (HB0408): https://mgaleg.maryland.gov/mgawebsite/Legislation/Details/hb0408 Copy of the fiscal and policy note: https://mgaleg.maryland.gov/2022RS/fnotes/bil_0008/hb0408.pdf Citations from the "justification" column: [1] Rachael Rzasa Lynn and JL Galinkin, "Naloxone dosage for opioid reversal: current evidence and clinical implications," Therapeutic Advances in Drug Safety, 9:1 (Dec. 13, 2017), pp. 63-88. https://journals.sagepub.com/doi/10.1177/2042098617744161. [2] Nadia Kounang, "Naloxone reverses 93% of overdoses, but many recipients don't survive a year," CNN Health, Oct. 30, 2017. https://www.cnn.com/2017/10/30/health/naloxone-reversal-success-study/index.html [3] Rebecca McDonald and John Strang, "Are take-home naloxone programmes effective? Systematic review utilizing application of the Bradford Hill criteria," Addiction, 111:7 (July 2016), pp. 1177-87. https://onlinelibrary.wiley.com/doi/10.1111/add.13326.	BDR	Short-term	Unsure		2-moderate	3-High Impact
						Fact Sheet from California: https://www.sdpdatf.org/_files/ugd/6b5bbf_a56ef219b0dc41f3b9cd520c72df259a.pdf						
Cross-cutting elements	B. Assess evidence-based strategies for preventing substance use and intervening to stop substance use; C. Assess and evaluate existing pathways to treatment and recovery, including special populations; H.Examine Quantitative and Qualitative Data on Risk Factors focusing on special populations; Q.Recommend evidence-based funding across geographic and socio-economic sectors											
Special Populations	a. Veterans, elderly persons and youth; b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems; c. Pregnant women and the parents of dependent children;					San Diego County - Fentanyl Testing Toolkit for Hospitals: https://www.sdpdatf.org/fentanyl-testing-toolkit-hospital-settings						