Sponsoring Member(s)	Recommendation	Pikcity - Place numbers 1-5 in this column for your Top 5 priorities. "1" will be weighted with the highest score, and "5" will be weighted with the lowest.	Notes from August Subcommittee Meeting and Previous Rankings	AB376 Section 10 requirements	Cross-cutting elements (B,C,H,G)	Special Populations (Please cut and paste from the list below, include all that apply)	Justification	Research/Links	Action Step (e.g., BDR request, expand, 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 DUD; 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		For August meeting had a cumulative score of 30, during meeting it was noted that the Response Subcommittee is also discussing this as a priority.	A. Reduce substance use	B,C									
Presentation at February Interim Health - Dr. Stephanie Woodard	Encourage watered prescribers to prescribe by providing incentives			G. State recommendations to entities to ensure that controlled substances are appropriately prescribed	B									
Presentation at February Interim Health - Dr. Stephanie Woodard	Provide telehealth for MAT, considering the modifications that have been made under the emergency policies Utilize harm reduction strategies, including: Syringe services Naloxone Fentanyl testing strips Safer sex supplies Utilization/Distribution of public health vending machines Overdose prevention sites		For August meeting had a score of 20.	A. Reduce substance use	C									
Presentation at February Interim Health - Dr. Stephanie Woodard			For August meeting had a score of 50.	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		For August meeting had a score of 10.	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. Stephanie Woodard	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.	G	g. Other populations disproportionately impacted by substance use disorders. j. Persons who are incarcerated, primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems								
Presentation at February Interim Health - Lisa Lee	Ensure the use of housing first initiatives to decrease drug-related harms.		For August meeting had a score of 10.	A. Reduce substance use	B									
Presentation at March Interim Health - Bryan Mercey and anne 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.	G	a. Veterans, elderly persons and youth								
Presentation at March Interim Health - Mark Dieedbaum, CASAT	Provide educational opportunities to increase competency of clinicians providing adolescent care		For August meeting had a score of 50.	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 Loudon	Enable educators to build capacity to address psychological first aid for students.		For August meeting had a score of 40.	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 Loudon	Co-locate integrated supports with mental health and SUD professionals working side by side in schools (overlap)		For August meeting had a score of 20 but was included in revised recommendation on line 27 based on subcommittee discussion	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 multidisciplinary, cross Department School Based Behavioral Health team. (overlap)		For August meeting had a score of 20 but was included in revised recommendation on line 27 based on subcommittee discussion.	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)		For August meeting had a score of 20.	J. Study the efficacy and expand the implementation of programs to educate and reduce harm associated with substance use.	G	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		For August meeting had a cumulative score of 90. See revised recommendation on line 34 based on subcommittee discussion	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, G	All - Rural, Youth, Families, Those at risk, Those already using, Those seeking treatment	Efficient, Effective, Cost Savings, Quick to Stand Up Eager Workforce		Lenaxxe - expenaxxon on sexsenent funds through grant dollars, change in Medicaid reimbursement to allow for reimbursement of CHWs affiliated with BH/SUD agencies	Both	Lenaxxes on sucqe - in long term, should save monies from collisation 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, G	families, Those at risk, Those already using, Those Efficient, Effective, Cost Savings, Quick to Stand Up Eager Workforce - Also, could help to get those with best experience on the front lines			Help the certification boards to make	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 (ex. Signs of Suicide, Climate Survey, Mary 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 Assure (evidence-based model statewide. e. Evidence-based intervention programming - ie. offer SEL curriculum in schools where students receive social and intervention programs for youth before they enter the Juvenile Justice system.		For August meeting had a score of 40, but the recommendation was put on the expansion of Project Assure.	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 in stop substance use, including, without limitation, the use o 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 user 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, G	a. Veterans, elderly persons and youth; c. 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 control the spread of a disease and lessen its severity. Example: HIV 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 been using substances. Secondary prevention aims at controlling the degree of damage to the individual by preventing substance use from becoming a problem.	EBI Programs https://socialwork.buffalo.edu/continuing-education/training-registration/EBP-mental-health/evidence-based-practicebhp-intersections.html Project Assure https://socialwork.buffalo.edu/continuing-education/training-registration/EBP-mental-health/evidence-based-practicebhp-intersections.html Motivational Interviewing https://www.cgs.gov/ncd/ncdmanual/library/detailed/mcdetailed?searchTerm=Motivational%20Interviewing&searchMode=1&mcSpecific%20Number=&mcSubcategory%20Level%20Name=&mcSubcategory%20Level%20Id=&mcTitle=&mcKeyword=&mcNum=&mcStatus=&mcTypeOfAction=&mcSortBy=&mcSortOrder=&mcSearch=Search&mcRows=20&mcStart=0&mcExpandCollapse=0&mcExpandMore=0&mcHiddenSearch=1&mcExpandCriteria=0&mcDisplayStyle=1&mcDisplayNum=20&mcSortBy+

Presentation at July EURO Prevention Subcommittee from Christy McGill, Dana Walkum, Dr. Ashley Greenawalt, Nevada Department of Education, Nevada 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 EURO Prevention Subcommittee from Christy McGill, Dana Walkum, Dr. Ashley Greenawalt, Nevada Department of Education, Nevada Office for a Safe and Respectful Learning Environment	Increase school-based health qualified mental health professional workforce.	For August meeting had a score of 30 but was included in revised recommendation on line 37 based on subcommittee discussion.	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 Every District & Charter school shall ensure that its students are graders in a - z. Other states as well. Here is the link. You can back up every state and see what they have. General Laws of Massachusetts 71 §96 Substance use prevention and abuse education policies for public schools Section 96: Each public school shall develop and implement a comprehensive substance use 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 sales enforcing the policy, shall be reviewed by the school committee, superintendent, or the superintendent or the board of trustees of a charter school. The department of elementary and secondary education, in consultation with the department of mental health, shall develop guidelines, recommendations in and to hold, all-inclusive, 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 information on the prevention, intervention, and treatment of substance abuse and providing available resources. Guidance and recommendations shall be reviewed and regularly updated to reflect current research. Each public school and each district and each 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://adaptation.naldc.org/health/catalogue/ma/ab/	BDPI	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.	2	3
Debi Nadler	Provide appropriate primary prevention education and programming in K-12 schools.	This was also wrapped into revised recommendation (line 897) based on August subcommittee meeting discussion.	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.						
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.	G	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. We have parents who have lost their children and are now in grieving mode, 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 families and they are successful. Grants are a long process and going away. We are coming t to a fourth wave. New drugs. We can't keep doing the same thing year 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		2	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	R, G	a. People who inject drugs; (pc revised) d. 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://ctag.ri.gov/press-releases/attorney-general-announces-additional-opioid-settlements-valued-more-100-million	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 opioid urine drug screening test are Opiates, Oxycodone, Methadone, Oxycodone, 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 legislation recommendation aims to include fentanyl as a 6th substance in the urine drug screen. This would allow for a rapid test to 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 12 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 an average 75 cents per testing. The intent is to provide a rapid fentanyl test to people who are at risk of overdose. If a patient is in 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/billTwoColumn.xhtml?id_str=202120220SB692 Fact Sheet from California: https://www.adpolicf.org/_files/ugd/9b5b6f_e06e0178b0bc4172b9bd8123c27a02.pdf San Diego County - Fentanyl Testing Toolkit for Hospitals: https://www.adpolicf.org/fentanyl-testing-toolkit-hospital-settings	BDPI	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	a. People who inject drugs; (pc revised) d. Other populations disproportionately impacted by substance use disorders	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 and left the hospital. [2] Maryland's STOP Act increased public access to naloxone in two ways. First, it authorized emergency medical services (EMS) personnel, including emergency medical technicians (EMT) 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 3 years of passage, community service programs, certain private and public entities, and hospitals providing 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 Act in 2017 and the Naloxone Standing Order in 2018 by the Statute of Nevada 2015 NRS 453C.130. 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 "never-before" or "take-home" kits to that people who use drugs have ready access to them if needed. Dispensing naloxone into the hands of people who use drugs has been found to be effective. One meta-analysis found	Link to a copy of the bill (AB2418): https://mgaleg.maryland.gov/mgawebsite/Legislation/Details/sb0408 Copy of the fiscal and policy note: https://mgaleg.maryland.gov/2022RS/fnotes/bil_0008/sb0408.pdf Citations from the "justification" column: [1] Wolfe D, Carrier E, Gallagher C, Hoppe J. Naloxone dosage for opioid reversal: current evidence and clinical implications." Therapeutic Advances in Drug Safety. 9:1 (Dec. 13, 2017), pp. 65-68. https://journals.sagepub.com/doi/full/10.1177/2042098617738361. [2] Nada Kuzenog, "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-in-emsd-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.	BDPI	Short-term	Unsure		2-moderate	3-High Impact
Erik Scheem - August Prevention Subcommittee Discussion	Continue to invest in standing up Community Health Workers, Peer Recovery Specialists, and Certified Prevention Specialists throughout Nevada.											
August Prevention Subcommittee Discussion	Support prevention and interventions in K-12 schools by: Invest in multi-tiered systems of support (MTSS) to provide universal, selective, and indicated prevention and intervention to protocol education, early intervention, counseling services, and other resources to help mitigate Adverse Childhood Experiences (ACES). Provide appropriate prevention education and programming and invest in certified prevention specialists in schools. Increase school-based mental health professionals through a multi-disciplinary, cross-department school-based behavioral health team.											
Erik Scheem - August Prevention Subcommittee Discussion	Support a backbone agency that specializes in data collection, evaluation, analysis, and assessment, and provides consultation to entities across Nevada to help improve internal local data collection systems and create a comprehensive statewide data sharing system that includes all State dashboards and public data.	In the August meeting is was noted that the Response subcommittee is also considering a recommendation related to data collection as a priority.					Fact Sheet from California: https://www.adpolicf.org/_files/ugd/9b5b6f_e06e0178b0bc4172b9bd8123c27a02.pdf					
Cross-cutting elements	B. Access evidence-based strategies for preventing substance use and intervening to stop substance use; C. Access and evaluate existing pathways to treatment and recovery, including special populations; D. Improve Quantitative and Qualitative Data on Risk Factors focusing on special populations; E. Reduce substance use and addiction 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; d. Lesbian, gay, bisexual, transgender and questioning persons;						San Diego County - Fentanyl Testing Toolkit for Hospitals: https://www.adpolicf.org/fentanyl-testing-toolkit-hospital-settings					