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Annual Report of the

Statewide Substance Use Response Working Group (SURG)

2024

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For submission to the Governor, the Attorney General, the Advisory Commission on the Administration of Justice, any other entities deemed appropriate by the Attorney General and the Director of the Legislative Counsel Bureau for transmittal to: (1) During an even-numbered year, the Legislative Committee on Health Care and the Interim Finance Committee; or (2) During an odd-numbered year, the next regular session of the Legislature.

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Executive Summary

Purpose

The Statewide Substance Use Response Working Group (SURG) was created in the Office of the Attorney General under Assembly Bill 374 in 2021. The SURG is required to make recommendations for the establishment, maintenance, expansion or improvement of programs, and the use of state and local funds to address substance misuse and substance use disorders in Nevada.

Methods

Recommendations were established initially by each of the following three SURG subcommittees:

Subcommittee work is aligned with AB 374 Section 10, Subsection 1, Paragraphs a-q[1] as follows:

• Prevention (primary, secondary, and tertiary):
  ○ (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.
  ○ (g) Make recommendations to entities including, without limitation, the State Board of Pharmacy, professional licensing boards that license practitioners, other than veterinarians, the State Board of Health, the Division, the Governor, and the Legislature, to **ensure that controlled substances are appropriately prescribed** in accordance with the provisions of NRS 639.2391 to 639.23916, inclusive
  ○ (j) Study the efficacy and expand the implementation of programs to: (1) **Educate youth and families about the effects of substance use and substance use disorders**;

• Harm Reduction   ○ (j) Study the efficacy and expand the implementation of programs to: (2) **Reduce the harms associated with substance use and substance use disorders** while referring persons with substance use disorders to evidence-based treatment.

• Treatment and Recovery
  ○ (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.
  ○ (e) Evaluate ways to improve and expand evidence-based or evidence-informed programs, procedures, and strategies to **treat and support recovery from opioid use**

[1] In 2021, guidance from Vice Chair Tolles, Dr. Woodard, and Dr. Kerns determined subcommittee alignment. The addition of a fourth subcommittee for Harm Reduction was approved by the full SURG in 2023, and it was staffed under the Prevention Subcommittee to process recommendations.

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.

- Response
    - (d) Work to understand how residents of this State 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.
    - (i) Develop **strategies for local, state, and federal law enforcement and public health agencies to respond to and prevent overdoses** and plans for implementing those strategies.
    - (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 the trafficking and distribution of legal and illegal substances** which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids, and stimulants.
    - (m) **Study the effects of substance use disorders on the criminal justice system**, including, without limitation, law enforcement agencies and correctional institutions.
    - (n) **Study the sources and manufacturers of substances which are associated with substance use disorders**, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants, and methods and resources for preventing the manufacture, trafficking, and sale of such substances.
    - (o) **Study the effectiveness of criminal and civil penalties at preventing the misuse of substances and substance use disorders and the manufacture, trafficking and sale of substances** which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids, and stimulants.
    - (p) **Evaluate the effects of substance use disorders on the economy of this State**.

- The following items were considered cross-cutting across all subcommittees:
    - (b) **Assess evidence-based strategies for preventing substance use and intervening to stop substance use**, including, without limitation, the use of heroin, other synthetic and non-synthetic opioids and stimulants. Such strategies must include, without limitation, strategies to: (1) Help persons at risk of a substance use disorder avoid developing a substance use disorder; (2) 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.**
    - (q) **Study, evaluate and make recommendations to the Department of Health and Human Services concerning the use of the money** described in section 10.5 of this act to address substance use disorders, with a focus on: (1) The use of the money described in subsections 1, 2 and 3 of section 10.5 of this act to supplement rather than supplant existing state or local spending; (2) The use of the money described in section 10.5 of this act to support programs that use evidence-based interventions; (3) The use of the money described in section 10.5 of this act to support programs for the

prevention of substance use disorders in youth; (4) The use of the money described in section 10.5 of this act to improve racial equity; and (5) Reporting by state and local agencies to the public concerning the funding of programs to address substance misuse and substance use disorders.

Recommendations were ranked within their respective subcommittee topic areas. The full SURG reviewed all recommendations with an opportunity to revise the substance or the ranking order prior to approval.

2024 Recommendations

Prevention Recommendations
1. Recommend to DHHS/DPBH/the Bureau of Behavioral Health Wellness and Prevention to include in their Governor's budget request, a request to double the amount of investment in SAPTA primary prevention programming (i.e., increase from current $12 million to $24 million for this biennium) for ages 0-24 and review the funding allocations annually. This funding should not be at the expense of existing programming.
2. Create a bill draft request to amend the NRS for a 15 percent set aside of tobacco control and prevention funds from the Fund for a Healthy Nevada. This would be distributed using a local lead agencies model to reach $2 per capita, a recommended funding goal from the Nevada Tobacco Control & Smoke-free Coalition and subject matter experts.
3. Require the state office of Medicaid to develop a state plan amendment to implement changes to support the recommendation requesting rates and billing standards for CHWs and Peers be increased to align with the national average and CMS standard.
4. Create a bill draft request to allocate a 15 percent set aside of cannabis retail funds to be distributed using a local lead agencies model to reach $2 per capita, a recommended funding goal from the Nevada Tobacco Control & Smoke-free Coalition and subject matter experts.

Harm Reduction Recommendations
1. Recommend to DHHS to develop an annual or biannual saturation and distribution plan for overdose reversal medication. DHHS should utilize opioid settlement dollars to designate a baseline level of identification and overdose reversal medication for the next 10 years in Nevada (which should be based on the state's Naloxone Saturation Plan) to create a supply of stable, sustainable overdose reversal medication throughout the state.
2. Establish a statewide initiative for community drug checking that incorporates qualitative and quantitative drug checking and includes the following parameters: • Utilize a regional implementation approach with standardized, statewide indicators, since local jurisdictions are best equipped to respond to findings from community drug checking. • Work with harm reduction community to identify partners/ locations and provide guidance and training.

Harm Reduction Recommendations
• 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.
3. Harm Reduction Shipping Supply: In collaboration with local agencies and through community conversations, recommend to DHHS to provide for shipping costs for evidence-based harm reduction supplies (e.g., naloxone, sharps, test strips, etc.) and for travel costs for the pickup of used sharps products to be returned for destruction. Increase advertising about shipping programs to rural Nevada. Establish an alternative strategy for harm reduction supply delivery if people can't receive delivery of the supplies directly.
4. Recommend a bill draft request to support legislation that will (1) help to fund/establish a statewide association for Peers, and (2) better define supervision requirements for Peers under the age of 18.

Treatment & Recovery Recommendations
1. Legislation should be considered to amend the Nevada Revised Statutes pertaining to the Nevada Bureau of Health Care Quality and Compliance's employment guidelines for hospitals, including behavioral health hospitals, to hire certified peer recovery support specialists who have felony backgrounds and are within three years of their last felony conviction. It is recommended that individuals who were convicted of drug offenses or other offenses that do not involve violent acts or sexual exploitation be considered for employment as certified peer recovery support specialists in hospitals.
2. Support BDR 95 to ensure opioid antagonists must be available on all campuses under our Nevada System for Higher Education, including in Student unions, Health centers, all levels of the dormitories, Residential Advisor's domiciles, sports facilities, and libraries and include training of the administration of opioid antagonists which can take place during online Freshman orientations much like we already disseminate information about Title IX, during orientation week, training could be offered throughout the year by various clubs and programs within each institution's design.
3. Support access and linkage for treatment of trauma for people with substance use disorder (SUD) or those who have overdosed and for surviving family members after an overdose fatality. Support training for healthcare professionals to identify and address trauma.
4. Direct the Division of Public and Behavioral Health to identify a funding mechanism for hospitals and providers to enhance the "Bridge Program" for Emergency Departments by incorporating Peer Recovery Support Specialists into their treatment models. Support the use of Peer Support Navigators via telehealth to increase access to treatment and support for individuals identified in Emergency Departments.

Response Recommendations
1. Recommend research into implementation of statewide data sharing agreements with the Chief Data Officer of the State of Nevada and implementation of a cross-sector database housing multiple points of data across prevention, treatment, recovery, and criminal justice to include data such as controlled substance outlets (tobacco, cannabis, alcohol) to help tailor interventions geographically.
2. Support the collaborative proposal to the Fund for a Resilient Nevada to conduct wastewater sampling of high schools, college/university campuses and bars/nightclubs and use information gained to develop public health awareness programs, deploy targeted naloxone, increase provision of fentanyl test strips to targeted locations and to develop a plan for expanding high risk substance wastewater surveillance in Nevada and review the outcomes from this pilot program to identify if it and similar targeted programs may aid in the community response.
3. Resolve the conflict between the Good Samaritan Drug Overdose Act and Drug Induced Homicide Law; immediate actions may include recommending community-level education using best practice guidelines, as well as education for law enforcement personnel, and exploring options for altering the Good Samaritan language to expand coverage to a greater population of individuals living with substance use disorder.
4. Review the operations and lessons learned from the Clark County Regional Opioid 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. Funding to be provided through the Fund for Resilient Nevada and to support this recommendation, additional funding may need to be provided to the Coroner or Medical Examiner's office for personnel.
5. Recommend state agencies under the legislative, judicial, and executive branches involved with deflection and diversion programs have a comprehensive definition of recidivism, and policies related to measuring and reporting recidivism.
6. Implement a voluntary program to install "drug take back bins" in retail pharmacies.

Methodology

In 2022 subcommittees for Prevention, Treatment & Recovery, and Response were created to support focused presentations and in-depth discussions. Members identified their preferred subcommittees to serve on and Chairs were appointed and approved through the full SURG. Harm Reduction was added to the Prevention Subcommittee in 2023.

In 2024, Subcommittee Chairs and Vice Chairs were appointed as follows:

Prevention and Harm Reduction
- Jessica Johnson, Chair
- Erik Schoen, Vice Chair

Treatment & Recovery
- Steve Shell, Chair
- Dr. Lesley Dickson, Vice Chair

Response
- Dr. Terry Kerns, Chair
- Shayla Holmes, Vice Chair

The subcommittee members, with leadership provided by the chairs and vice chairs, were instrumental in driving forward the process of developing recommendations with comprehensive justifications; the expertise, skills, and commitments of all members are essential to the success of the SURG and the development of recommendations.

The Office of the Attorney General provided legal guidance for all meetings and administrative guidance for all activities and materials. All meeting materials are posted on the SURG website: https://ag.nv.gov/About/Administration/Substance_Use_Response_Working_Group_(SURG)/

Support from Social Entrepreneurs, Inc. (SEI) included survey development, distribution, and analysis ; coordination of presentations from subject matter experts (SMEs) ; development of agendas and related meeting materials; technical support for in person and remote meeting scheduling and participation; and support for justification of recommendations.

Ranking Recommendations

Given the greater depth of knowledge based on presentations made at subcommittee meetings and related member discussions, recommendations were ranked within respective subcommittees/by topic prior to review by the full SURG. Spreadsheets were developed for each subcommittee, based on their specific recommendations, with descending weights assigned to each rank, with a rank of 1 being the highest, descending to 4, 5, or 6, depending on the number of recommendations.

The results of subcommittee rankings were then brought to the full SURG for adoption, with consideration of any final changes and formal votes on the slate of recommendations from each of the subcommittees.

Detailed Recommendations

This section includes the justification/background, action step(s), and additional information on the impact, capacity, feasibility, urgency, and advancement of racial and health equity for each recommendation. This information is for the most part included as submitted initially by the SURG member who made the recommendation, with some changes made to support consistent formatting or due to updates made following the initial submission. See Appendices A-C for other supporting information, including links to research related to the recommendation, populations impacted, and legislation addressed.

Prevention

Recommendation #1

Recommend to DHHS/DPBH/the Bureau of Behavioral Health Wellness and Prevention to include in their Governor's budget request, a request to double the amount of investment in SAPTA primary prevention programming (i.e., increase from current $12 million to $24 million for this biennium) for ages 0-24 and review the funding allocations annually. This funding should not be at the expense of existing programming.

- Justification/Background:
    - While there are strong, evidence-based primary prevention programs that are in place in Nevada along with a robust coalition network, there is not enough financial support to reach all students with primary prevention programming. The most effective interventions target salient risk and protective factors at the individual, family, and/or community levels and are guided by relevant psychosocial theories on substance use. This funding should be allocated on a per pupil basis to ensure maximum reach within the state.
    - Nevada was not selected for the Strategic Prevention Framework – Partnership for Success funding from SAMHSA this year, which historically has provided funding for primary prevention (Nevada received an annual $2,260,000 award for the past five years).
    - The 2022 National Drug Control Strategy report on cost effectiveness of prevention states that "Prevention is not only effective, it is also cost-effective approach to prevent later SUD have been identified as an underutilized response to the opioid crisis. The 2016 Surgeon General's Report on Alcohol, Drugs, and Health also noted that prevention science demonstrates that effective prevention interventions exist, can markedly reduce substance use, and evidence-based programs and policies are underutilized. There are multiple examples of cost-effective prevention programs. For example, the average effective school-based prevention program is estimated to save $18 per dollar invested… There are also cost-benefit assessments of individual programs. Too Good for Drugs, a school-based prevention program for students in kindergarten through 12th grade, was designed to increase social competencies (e.g., develop protective factors) and diminish risk factors associated with alcohol, tobacco, and other drug use. It has a benefit-to-cost ratio of + $8.74 and it is estimated that there is a 94-percent chance that benefits will exceed costs. Other effective and cost-effective programs include Botvin Life Skills which has benefit-to-cost ratio of $13.49, and the Good Behavior Game with a benefit-to-cost ratio of $62.80."
- Action Step:
    - Expenditure of Opioid Settlement Funds
    - DHHS Policy
    - Other—Expenditure of other funds/reappropriation of general fund dollars

- Impact, Capacity & Feasibility of Implementation, Urgency, and How the Recommendation Advances Racial and Health Equity:
    - **Impact**: This long-term investment in Nevada's youth can reduce substance use and risk behavior in our state.
    - **Capacity & feasibility of implementation**: We have a strong coalition infrastructure that is already engaging stakeholders and schools in primary prevention programming; additional resources are needed to reach saturation.
    - **Urgency**: This is an emerging crisis and an ongoing need for youth.
    - **Racial and health equity**: This is an emerging crisis and an ongoing need for youth.

Recommendation #2

Create a bill draft request to amend the NRS for a 15 percent set aside of tobacco control and prevention funds from the Fund for a Healthy Nevada. This would be distributed using a local lead agencies model to reach $2 per capita, a recommended funding goal from the Nevada Tobacco Control & Smoke-free Coalition and subject matter experts.

- Justification/Background:
    - This funding recommendation was recommended and supported by the Nevada Tobacco Control & Smoke-free Coalition. With the $2 per capita support, this brings the total to $6.2 million for tobacco control and prevention statewide in Nevada. This would move Nevada's national ranking for tobacco control and prevention funding to 24th instead of its current position at 47th in the nation. CDC recommends states fund tobacco control and prevention at $30 to mitigate morbidity and mortality (Ahlo, M., (7/17/23). Presentation to the SURG Prevention Subcommittee).
    - Fifteen percent set aside of the approximate $41 million received annually for the State of Nevada would be about $6.15 million, which gets close to the $2 per capita.
    - The intent of this recommendation is that it should not be at the expense of current Prevention programming/funding or existing NRS set aside for the Millennium Scholarship.
    - Other relevant background information -
        - 1 in 6 Nevada teens use electronic vapor products.
        - This is important because we know that tobacco use is the number 1 cause of preventable illness and death in the United States.
        - Tobacco kills more than 480,000 people annually. More than alcohol, car accidents, illegal drugs, murders, suicides, and HIV/AIDS - COMBINED.
        - Use of electronic cigarettes often lead to co-use or commercial tobacco use.
        - Prevention is key. 90% of adult smokers started before the age of 18.
    - Nevada's Youth Vaping Prevalence Rate:
        - Current ever tried rate for high schoolers 36.7% (2021)
        - Current ever tried rate for middle schoolers 12.6% (2021)
        - Current past 30 days user high school 17.6% (2021)
        - Current past 30 day user middle school 13.4% (2021)

      Programs were implemented in high schools across Nevada for vaping prevention and demonstrated a reduction on the YRBS between 2019 - 2021 for all groups except middle school 30-day use (group that was not the focus of the intervention).

    - In 2023, Youth Vaping Prevention Funding was eliminated

- Nevada Tobacco Revenue: The overall total of $231+ Million from Cigarette Taxes, Other Tobacco Taxes and Settlement Funding is broken down below to demonstrate how much is allocated for tobacco control and prevention.
    - $145.2 million of Cigarette Taxes / $0 for tobacco control and prevention
    - $30.8 million of Other Tobacco Taxes / $0 for tobacco control and prevention
    - $14.6 million Juul Settlement / $0 for tobacco control and prevention
    - $41 million Master Settlement Funding / $950,000 for tobacco control and prevention

  This equals .004% allocated in Nevada to Tobacco Control and Prevention efforts.
- To reiterate:
    - CDC Recommendation for Nevada Tobacco Control and Prevention is $30 mil.
    - This ranks Nevada currently as 47th in the country for Tobacco Control and Prevention funding.
- According to the CDC, 2.55 million U.S. middle and high school students reported current (past 30-day) e-cigarette use in 2022, which includes 14.1% of high school students and 3.3% of middle school students. Nearly 85% of those youth used flavored e-cigarettes, and more than half used disposable e-cigarettes. In Nevada, funds for youth vaping prevention have been reduced in 2023.

- Action Step:
    - Bill Draft Request
- Impact, Capacity & Feasibility of Implementation, Urgency, and How the Recommendation Advances Racial and Health Equity:
    - **Impact**: Vaping prevention efforts focus on youth, which is a population of focus for the SURG, and is relevant to the impact of this recommendation.
    - **Capacity & feasibility of implementation**: There is capacity and feasibility to implement this.
    - **Urgency**: This should be considered urgent, given the statistics shared by Malcolm Ahlo, Tobacco Control Coordinator at SNHD:
        - Tobacco kills at a higher rate than alcohol, car accidents, illegal drugs, murders, suicides, and AIDS combined.
        - Tobacco use remains the leading cause of preventable death, even though traditional tobacco or commercial use has declined.
        - Cannabis/marijuana/tobacco and other mechanisms such as vaping.
    - **Racial and health equity**: Many tobacco companies target communities of color.

Recommendation #3

Require the state office of Medicaid to develop a state plan amendment to implement changes to support the recommendation requesting rates and billing standards for CHWs and Peers be increased to align with the national average and CMS standard.

- Justification/Background:
    - As detailed in the August 2023 meeting of the SURG Prevention Subcommittee, there has been tremendous movement and momentum for recognizing the important contributions of CHWs by ensuring that the funds (i.e., Medicaid reimbursements) are at a high enough level to provide competitive and livable wages.

- Those working as Peer Recovery Specialists and Certified Prevention Specialists deserve similar compensation levels for their unique and important contributions to supporting our fellow Nevadans.

- Action Step:
  - Bill Draft Request (BDR)
  - Other—There may be a pathway for PRSS's and Prevention Specialists in the "slipstream" of the momentum and pathway carved by CHWs in the 2023 legislative session. Perhaps leverage this for the 2025 session.

- Impact, Capacity & Feasibility of Implementation, Urgency, and How the Recommendation Advances Racial and Health Equity:
  - **Impact**: HIGH—if successful in having PRSSs and Prevention Specialists at parity with CHWs, we would have onboard all of the Big Three paraprofessional professions that are key to building strong, effective, and sustainable strategies for mitigating harm from substance abuse.
  - **Capacity & feasibility of implementation**: Because of the trailblazing done by CHW advocates, there is already demonstrated capacity and feasibility for implementation of incorporating PRSSs and Prevention Specialists.
  - **Urgency**: HIGH—it is vitally important that we get ALL of the needed workforce pieces in place so that we don't unintentionally handicap our efforts going forward.
  - **Racial and health equity**: It is my understanding that is just these sorts of services that most advance racial and health equity. This is done in two ways. On the workforce development side, these are considered "attainable" professions for folks who might otherwise want to work in healthcare but feel that the barrier of entry is too high for more traditional points of entry (i.e., nurses, doctors). Indeed, data from the NV Community Health Worker Association demonstrates that their most recent training cohort are primarily people of color. Secondly, because paraprofessionals are not as expensive as more traditional supports (i.e., masters-level mental health counselors, psychologists), they are more often utilized and deployed to provide services to people of color where funds are not widely available.

Recommendation #4

Create a bill draft request to allocate a 15 percent set aside of cannabis retail funds to be distributed using a local lead agencies model to reach $2 per capita, a recommended funding goal from the Nevada Tobacco Control & Smoke-free Coalition and subject matter experts.

- Justification/Background:
  - Nevada, the ninth state to legalize cannabis in 2016, enforces a minimum age of 21 for recreational cannabis use. The state has 100 active dispensaries: 66 offer both medical and recreational products, 33 are retail-only, and one served exclusively as a medical dispensary. *(Sources: Nevada Tobacco and Smoke Free Coalition, Centers for Disease Control and Prevention, Cannabis Facts NV, Nevada Cannabis Compliance Board, Nevada Youth Risk Behavior Surveillance System).*
  - In fiscal year 2021/2022, Nevada reported taxable cannabis sales of $965,091,123. Clark County led with $754,357,922, followed by Washoe County at $126,857,544, with all other counties contributing $83,875,657. *(Sources: Nevada Tobacco and Smoke Free Coalition, Centers for Disease Control and Prevention, Cannabis Facts NV, Nevada Cannabis Compliance Board, Nevada Youth Risk Behavior Surveillance System).*

- Around 48 million people in the United States use cannabis, and its impact on the youth population is particularly concerning. In 2021, about 13% of young people in the U.S. used cannabis. In the same year, 15.6% of Nevada's high school students reported being current users. Several factors contribute to youth and young adult cannabis use, including perceived harm, peer influence, accessibility, marketing and advertising, curiosity and experimentation, and normalization. *(Sources: Nevada Tobacco and Smoke Free Coalition, Centers for Disease Control and Prevention, Cannabis Facts NV, Nevada Cannabis Compliance Board, Nevada Youth Risk Behavior Surveillance System).*
- The Nevada Tobacco and Smoke Free Coalition created these recommendations for strategic funding allocation and best practices and how they could be operationalized:
    - **Education and Prevention:** Launch awareness campaigns for youth, parents, and educators to highlight cannabis risks, dispel myths, and promote healthy alternatives through presentations, workshops, and peer-led activities. Utilize social media, schools, and community organizations for outreach.
    - **Treatment and Cessation:** Offer culturally tailored, evidence-based cessation programs for youth, along with support for existing counseling and replacement therapy initiatives.
    - **Supportive School Practices:** Encourage alternatives to punitive measures like school suspension, emphasizing staff training for safe and healthy alternatives.
    - **Youth Engagement:** Empower young people to participate actively in addressing the issue through youth-led initiatives, advocacy groups, and peer support networks.
    - **Parent and Community Outreach:** Engage parents and communities by providing resources, workshops, and support networks to help them understand cannabis risks and address the issue effectively.
    - **Data Collection:** Improve data collection to track youth cannabis trends and effective policies, aiding policymakers, and public health officials in adapting interventions.
    - **Cannabis Product Waste:** Educate students, staff, faculty, and parents on responsible cannabis waste disposal, promoting environmental awareness.

- <u>Action Step</u>:
    - Bill Draft Request (BDR)
- <u>Impact, Capacity & Feasibility of Implementation, Urgency, and How the Recommendation Advances Racial and Health Equity:</u>
    - **Impact**: The proposed recommendation will bolster youth-focused prevention programs across Nevada. By reaching the $2 per capita funding goal, this policy ensures a sustained investment in evidence-based prevention efforts aimed at reducing youth initiation and use of cannabis. Investing in early prevention has been shown to reduce lifetime health risks, lower healthcare costs associated with substance use, and promote healthier behaviors among young people, ultimately leading to improved public health outcomes for future generations.
    - **Capacity & feasibility of implementation**: Leveraging the local lead agencies model ensures that funds are distributed efficiently and effectively to communities with the highest needs. Local agencies are well-positioned to implement youth-specific prevention programs, building on existing infrastructure and expertise in public health interventions. Nevada already has a coalition and framework in place to distribute these prevention funds. The feasibility of this approach is supported by the ability of local agencies to collaborate with schools, youth organizations, and community groups, ensuring that prevention efforts are culturally relevant and impactful.

- **Urgency**: Youth and young adults are particularly vulnerable to the harmful effects of substances, including long-term cognitive, physical, and emotional impacts. Without timely investment in youth prevention programs, Nevada risks exacerbating future public health and social challenges, such as increased substance dependence and reduced academic achievement. The urgency of this funding is clear: investing in youth prevention now will mitigate these risks and create healthier communities for years to come.
- **Racial and health equity**: Youth from communities of color and low-income backgrounds often face higher exposure to tobacco and cannabis, along with fewer resources for prevention and education. By directing these funds toward youth prevention programming, this policy ensures that local agencies prioritize outreach to underserved communities, addressing health disparities, and ensuring equitable access to prevention services. Targeted investments in these communities will help close gaps in health outcomes and provide critical resources to those most affected by substance use, advancing both racial and health equity across the state.

Harm Reduction

Recommendation #1

Recommend to DHHS to develop an annual or biannual saturation and distribution plan for overdose reversal medication. DHHS should utilize opioid settlement dollars to designate a baseline level of identification and overdose reversal medication for the next 10 years in Nevada (which should be based on the state's Naloxone Saturation Plan) to create a supply of stable, sustainable overdose reversal medication throughout the state.

- Justification/Background:
  - While the Bureau has made strides to utilize grant funding to identify naloxone, fentanyl test strips, and xylazine test strips, it remains imperative that a baseline level of access to overdose reversal medication (such as naloxone) exists in order to meet on-going needs of community members. Reliance on grant funding alone can leave gaps in access to overdose reversal medications and increases risk for fatal overdose. Other states have utilized past distribution efforts, modeling, and other statistical formulas to project estimated number of naloxone doses needed for sustainable overdose reversal planning and engagement.
- Action Step:
  - Expenditure of Opioid Settlement Funds
- Impact, Capacity & Feasibility of Implementation, Urgency, and How the Recommendation Advances Racial and Health Equity:
  - **Impact**: Access to opioid overdose reversal medication during time of overdose (like naloxone) is an evidence-based best practice that is associated with saving lives.
  - **Capacity & feasibility of implementation**: This initiative aligns directly with legislation on opioid litigation funds; expertise on overdose reversal medication, purchase, and distribution already exists within DHHS and affiliates; a naloxone saturation plan has been developed for the state.
  - **Urgency**: Moderate urgency—current naloxone access in the state relies solely on grant funding (e.g., SAMHSA State Opioid Response), which creates vulnerability for long-term sustainable access.

- **Racial and health equity:** Multiple publications have outlined the current system (nationally) inequitably distributing naloxone across populations at risk, however, research on addressing the gaps is limited. One study on the cascade of care for naloxone engagement (and re-engagement) among people who use drugs found disparities in the re-engagement continuum such that White persons who inject drugs (PWID) were most likely to have ever and recently received naloxone, while Latino/a/x and Black PWID were least likely. (https://www.sciencedirect.com/science/article/pii/S0376871621002544). Identifying opportunities to engage and re-engage PWID and PWUD in naloxone access with an eye toward reducing disparities, such as using peer networks to distribute naloxone and equitable access across neighborhoods.

Recommendation #2

Establish a statewide initiative for community drug checking that incorporates qualitative and quantitative drug checking and includes the following parameters:

- ***Utilize a regional implementation approach with standardized, statewide indicators, since local jurisdictions are best equipped to respond to findings from community drug checking.***
- ***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.***

- Justification/Background:
    - There is an increasingly unstable drug supply, and potency can vary significantly from batch to batch. There is a wide range of cutting agents, some of which can be quite harmful, including Xylazine, Levamisole and synthetic opioids. The unpredictability of the drug supply has a direct impact on overdose rates and negative health effects. Currently, people who use drugs in Nevada lack broad access to quantitative drug checking services, which has been shown to prevent overdoses and change drug using behavior. Additionally, collection of this data as a dashboard reported to the public could inform tailored community interventions and resources.
- Action Step:
    - 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.
- Impact, Capacity & Feasibility of Implementation, Urgency, and How the Recommendation Advances Racial and Health Equity:
    - **Impact**: This could have a profound impact for public health and safety. If we provide accessible drug checking services, they empower people to make informed decisions and reduce their risk of overdose. At the community level, it would allow public health entities and community-based

organizations and harm reduction organizations to have a more comprehensive approach to addressing substance use and overdose prevention.

- **Capacity & feasibility of implementation**: Health districts and other local coalitions could support this regional approach. There is also an existing infrastructure through harm reduction advocates to implement this. However, due to recent changes to state law that increased penalties for people who possess drugs that contain fentanyl, there is a risk for criminal penalty. One additional challenge is distributing the needed funding to smaller community-based harm reduction organizations.
- **Urgency**: This is urgent, because of escalating overdoses, particularly around fentanyl. These innovative "boots on the ground" approaches are needed to promote evidence-based strategies to keep people safe. This can negate risks associated with substance use and create safer communities.
- **Racial and health equity:** Offering accessible drug checking services helps to address system inequities by providing a community-based intervention for all people who use drugs to engage in harm reduction measures, and access to information to make an informed choice. BIPOC communities have historically not been connected to the same resources and do not have the same social supports that alleviate substance use related harms within their communities. Involving community members who are harm reductionists in the design and implementation can help make sure this program is attuned to the unique needs and challenges based on disproportionately impacted populations, making it more inclusive and equitable.

Recommendation #3

Harm Reduction Shipping Supply: In collaboration with local agencies and through community conversations, recommend to DHHS to provide for shipping costs for evidence-based harm reduction supplies (e.g., naloxone, sharps, test strips, etc.) and for travel costs for the pickup of used sharps products to be returned for destruction. Increase advertising about shipping programs to rural Nevada. Establish an alternative strategy for harm reduction supply delivery if people can't receive delivery of the supplies directly.

- Justification/Background:
  - Syringe exchanges and harm reduction programs are not available throughout most of the state and distance should not be a barrier for people to receive harm reduction services and products. Trac-B Exchange has served 13 counties with naloxone shipping and 16 counties with harm reduction supply shipping. They have had 24 reported reversals with shipped naloxone, and over 1100 requests for harm reduction supplies. These efforts could be scaled up to serve more people in all counties.
- Action Step:
  - Expenditure of Opioid Settlement Funds
- Impact, Capacity & Feasibility of Implementation, Urgency, and How the Recommendation Advances Racial and Health Equity:
  - **Impact**: Harm reduction shipping will allow people that do not have easy access to life-saving supplies such as fentanyl test strips, naloxone, and sterile harm reduction supplies to have them mailed directly to them. Additionally, critical information about assistance for medical care, detox, and treatment are included in the mailed packages. This can remove a communication barrier and allow for more effective information sharing.

Supporting the collection of used sharps focuses on supporting safe disposal and protects individuals and communities. Syringe disposal is much more important than one might suspect. Individuals may elect to reuse or share used syringes and points if they do not have the means to properly dispose them.

This recommendation scales up an existing program and incorporates working with communities/community coalitions to develop additional strategies for disposal and delivery to people in need of naloxone and other harm reduction items. This scaling up would allow individuals receiving products to meet local agency staff if they choose to physically drop off used products. It's important to consider the limited lines of communication with people using illicit drugs. This recommendation meets people where they are at, which is an important quality of harm reduction.

- **Capacity & feasibility of implementation**: Harm reduction shipping supply is a very cost-effective way of distributing supplies. Currently, Trac-B Exchange in Las Vegas works with NextDistro and ships supplies, but their efforts could be supported to allow for growth across the state. Shipping from one location costs less than opening a "brick-and-mortar" storefront but allows for clients to receive many of the same services. Because these services exist already in the state, it is possible to expand quickly. Trac-B Exchange has been shipping since February 2019. This would be a scale up of existing operations, funding an unfunded program, and supporting additional syringe disposal.
- **Urgency**: Getting supplies to people who are currently using substances saves lives. People who use substances are dying of overdose in our communities and naloxone availability would save lives. Syringe disposal would allow people to prevent improperly disposing of or reusing sharps.
- **Racial and health equity:** Shipping is for everyone and would serve populations without the ability to travel to or purchase supplies or get to a public health vending machine, storefront or van syringe exchange or pharmacy. Shipping allows for all people to receive products that can save their life, regardless of location or access to services. With the addition of alternative strategies if people can't receive delivery of supplies, this would expand harm reduction equity statewide. Incorporating community conversations allows for communities to participate.

  Additionally, mailing presents a much more non-judgmental, non-discriminatory approach which is essential to open lines of communication and allows control by the participant.

Recommendation #4

Recommend a bill draft request to support legislation that will (1) help to fund/establish a statewide association for Peers, and (2) better define supervision requirements for Peers under the age of 18.

- Justification/Background:
  - Nevada has a robust peer recovery specialist credentialing program, and the community prevention coalitions utilize both peers and community health workers on staff that provide support to their communities in various ways which could include harm reduction efforts that are for the communities they serve. Peers are every bit as effective as community health workers in providing therapeutic social support(s); as such, it is important for them to be reimbursed through Medicaid at a similar, if not higher, level.
- Action Step:
  - Expenditure of Opioid Settlement Funds

- Impact, Capacity & Feasibility of Implementation, Urgency, and How the Recommendation Advances Racial and Health Equity:
    - **Impact**: HIGH—if there were a contender for "most impactful strategy" with respect to workforce development, the widespread utilization of CHWs (and Peers and Prevention Specialists) would be at the top of the list. From recruitment to sustainability, these paraprofessionals are the most widely accessible and easily deployable -- not to mention the most eager -- members of the workforce to utilize and mobilize in providing Nevadans with the supports they need to mitigate any harm from possible substance use or abuse, including harm reduction efforts.
    - **Capacity & feasibility of implementation**: The good news is that many of the community coalitions throughout Nevada are already utilizing CHWs in harm reduction efforts like Naloxone training and distribution, and other strategies. These coalitions have also done the hard work of helping the communities they serve be more receptive to the importance of considering and utilizing harm reduction strategies.
    - **Urgency**: HIGH—time is of the essence -- the longer we delay in standing up this very important strategy, the slower we will be to bring the full benefits to Nevada residents.
    - **Racial and health equity:** The use of paraprofessionals helps to promote diversity within the workforce (according to the NCHWA, the most recent cohort of CHW trainees is more than 50% people of color). As well, they are uniquely positioned to be able to have an outsized positive influence relative to more traditional professions (i.e., masters-level therapists, psychiatrists, etc.).

Treatment & Recovery

Recommendation #1

Legislation should be considered to amend the Nevada Revised Statutes pertaining to the Nevada Bureau of Health Care Quality and Compliance's employment guidelines for hospitals, including behavioral health hospitals, to hire certified peer recovery support specialists who have felony backgrounds and are within three years of their last felony conviction. It is recommended that individuals who were convicted of drug offenses or other offenses that do not involve violent acts or sexual exploitation be considered for employment as certified peer recovery support specialists in hospitals.

- Justification/Background:
    - Individuals who have felony backgrounds have limited opportunities to work as certified peer recovery support specialists in hospitals, including behavioral health hospitals, due to statutory limitations on hiring them within a seven-year period from their felony conviction. Individuals who were convicted of drug offenses or other offenses that do not involve violent acts, or sexual exploitation should be considered. In a hospital setting peers would only work under the supervision of a physician, nurse or a therapist and would not be working independently with patients.
- Action Step:
    - Consider legislation to amend NRS from seven years to three years following a felony conviction. Individuals who were convicted of drug offenses or other offenses that do not involve violent acts, or sexual exploitation should be considered for employment as certified peer recovery support specialists in hospitals.

- Impact, Capacity & Feasibility of Implementation, Urgency, and How the Recommendation Advances Racial and Health Equity:
    - **Impact**: This will open up opportunities for more individuals to become certified peer recovery support specialists and allow hospitals to have more choices when hiring for these positions. Some very strong peers are currently excluded from job opportunities in healthcare due to their felony convictions.
    - **Capacity & feasibility of implementation**: The proposed change to the NRS will allow the Nevada Bureau of Health Care Quality and Compliance and/or Division of Public and Behavioral Health to implement the change.
    - **Urgency**: This will open up opportunities for more individuals to become certified peer recovery support specialists and allow hospitals to have more choices when hiring for these positions. Some very strong peers are currently excluded from job opportunities in healthcare due to their felony convictions.
    - **Racial and health equity**: N/A

Recommendation #2

Support BDR 95 to ensure opioid antagonists must be available on all campuses under our Nevada System for Higher Education, including in Student unions, Health centers, all levels of the dormitories, Residential Advisor's domiciles, sports facilities, and libraries and include training on the administration of opioid antagonists which can take place during online Freshman orientations much like we already disseminate information about Title IX, during orientation week, training could be offered throughout the year by various clubs and programs within each institution's design.

- Justification/Background:
    - In 2022, the Nevada State Unintentional Drug Overdose Reporting System reported 47.6% of people who died by unintentional drug overdoses in Washoe County were between the ages of 18 and 44 (NSOR, 2022). Also, the efficacy of opioid antagonists as an opioid overdose reversal drug is very well documented. When opioid antagonists are administered by a layperson, its positive overdose reversal rate can be as high as 75-100% (Clark, 2014). The prefrontal cortex does not fully mature until the age of 24 or 25. This is the area of the brain which controls higher brain functions such as complex prioritizing, decision making skills, and social control of behaviors. Opioid overdose reversal drugs are only available legitimately within the Student Health Center on the campus of UNR. A goal would be for it to be available ubiquitously throughout the campus. This life-saving drug should be treated like first aid. Wherever band-aids are located, so should opioid antagonists be. It is also recommended that Resident Advisors in dorms throughout this state be able to assist and provide this lifesaving care for someone in the throes of an overdose. In other states this has been made possible through legislation. Propose a similar bill that would require our Nevada System of Higher Education (NSHE) to make this happen.
- Action Step:
    - Bill Draft Request (BDR)
- Impact, Capacity & Feasibility of Implementation, Urgency, and How the Recommendation Advances Racial and Health Equity:

- **Impact**: Life saving
- **Capacity & feasibility of implementation**: N/A
- **Urgency**: N/A
- **Racial and health equity**: N/A

Recommendation #3

Support access and linkage for treatment of trauma for people with substance use disorder (SUD) or those who have overdosed and for surviving family members after an overdose fatality. Support training for healthcare professionals to identify and address trauma.

- Justification/Background:
  - Treating trauma is an important step in supporting people with SUD and mental health. Trauma - informed treatment would include looking at the effects of violence, adverse childhood experiences (ACES), sexual assault, incarceration, overdose, etc. as well as supporting trauma related care for surviving family members after an overdose or overdose fatality.
  - According to SAMHSA, the impact of child traumatic stress can last well beyond childhood. In fact, research shows that child trauma survivors are more likely to have:
    - Learning problems, including lower grades and more suspensions and expulsions
    - Increased use of health services, including mental health services
    - Increased involvement with the child welfare and juvenile justice systems
    - Long-term health problems, such as diabetes and heart disease
    - Trauma is a risk factor for nearly all behavioral health and substance use disorders (https://www.samhsa.gov/child-trauma/recognizing-and-treating-child-traumatic-stress#impact).
- Action Steps:
  - Expenditure of Opioid Settlement Funds
  - DHHS Policy
  - Regulatory or Licensing Board
- Impact, Capacity & Feasibility of Implementation, Urgency, and How the Recommendation Advances Racial and Health Equity:
  - **Impact**: This recommendation will impact SUD prevention, treatment, and recovery and because trauma-informed treatment/ therapy can be incorporated into every part of substance use work.
  - **Capacity & feasibility of implementation:** Unknown.
  - **Urgency**: This would be a moderately urgent recommendation.
  - **Racial and health equity**: Children of different races and ethnicities do not experience ACEs equally. Nationally, 61 percent of black non-Hispanic children and 51 percent of Hispanic children have experienced at least one ACE, compared with 40 percent of white non-Hispanic children and only 23 percent of Asian non-Hispanic children. In every region, the prevalence of ACEs is lowest among Asian non-Hispanic children and, in most regions, is highest among black non-Hispanic children (https://www.childtrends.org/publications/prevalence-adverse-childhood-experiences-nationally-state-race-ethnicity).

Recommendation #4

Direct the Division of Public and Behavioral Health to identify a funding mechanism for hospitals and providers to enhance the "Bridge Program" for Emergency Departments by incorporating Peer Recovery Support Specialists into their treatment models. Support the use of Peer Support Navigators via telehealth to increase access to treatment and support for individuals identified in Emergency Departments.

- Justification/Background:
    - Based on a presentation by Dr. Kelly Morgan to the SURG Treatment and Recovery Subcommittee.
- Action Step:
    - Not provided
- Impact, Capacity & Feasibility of Implementation, Urgency, and How the Recommendation Advances Racial and Health Equity:
    - Not provided

Response

Recommendation #1

Recommend research into implementation of statewide data sharing agreements with the Chief Data Officer of the State of Nevada and implementation of a cross-sector database housing multiple points of data across prevention, treatment, recovery, and criminal justice to include data such as controlled substance outlets (tobacco, cannabis, alcohol) to help tailor interventions geographically.

- Justification/Background:
    - Virginia's Framework for Addiction Analysis and Community Transformation (FAACT) is a secure data-sharing platform led by the Department of Criminal Justice Services (DCJS) in collaboration with Virginia's chief data officer (CDO). It combines previously siloed data from different agencies, secretariats, localities, social services, public safety and corrections, drug courts, community coalitions and private healthcare systems. It generates insights about contributing factors, brings awareness, and delivers actionable intelligence to community leaders supporting their timely and effective response. (https://www.nascio.org/wp-content/uploads/2020/09/NASCIO_FAACT_Entry_2020_FINAL.pdf).
    - In 2023 the SURG Prevention Subcommittee put forth a 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." Overall, there is evidence from U.S. studies to suggest that higher outlet density is associated with alcohol-related harm. Greater alcohol outlet density is associated with higher rates of intimate partner violence and child abuse and neglect. There is strong scientific evidence that regulating alcohol outlet density is an effective intervention for reducing excessive alcohol consumption and related harms. This would complement information at the state level to inform better decisions about interventions and it would help in identifying communities where additional policies or program/interventions around outlets could be put in place. It could also look at how outlet density is correlated with other health outcomes.
- Action Step:

    - Identify if NRS would allow for a similar Data Sharing platform to be implemented or if it would require changes to NRS.

- Impact, Capacity & Feasibility of Implementation, Urgency, and How the Recommendation Advances Racial and Health Equity:
    - **Impact**: I believe this recommendation would have a significant impact on both local and state abilities to respond across prevention, treatment, and recovery with data being analyzed at all points and with predictive possibilities.
    - **Capacity & feasibility of implementation**: I believe it is feasible but would require multiple agencies across multiple professions to participate. In Virginia it took a state mandate for identified agency types.
    - **Urgency**: This is a significant need, but it would not make overnight changes to the system or response.
    - **Racial & health equity**: Through better cross-sector data all populations would be better served. Cross-mapping where people live with outlet density will help to identify if, and to what degree, there are higher alcohol, tobacco, and cannabis density in communities of color relative to other communities.

Recommendation #2

Support the collaborative proposal to the Fund for a Resilient Nevada to conduct wastewater sampling of high schools, college/university campuses and bars/nightclubs and use information gained to develop public health awareness programs, deploy targeted naloxone, increase provision of fentanyl test strips to targeted locations and to develop a plan for expanding high risk substance wastewater surveillance in Nevada and review the outcomes from this pilot program to identify if it and similar targeted programs may aid in the community response.

- Justification/Background:
    - This was utilized at UNR for COVID on an opt-in voluntary basis. This similar technology is being used for tracking substance use at a community/neighborhood level. "Wastewater-based epidemiology (WBE) has emerged as a powerful tool for monitoring public health trends by analysis of biomarkers including drugs, chemicals, and pathogens. Wastewater surveillance downstream at wastewater treatment plants provides large-scale population and regional-scale aggregation while upstream surveillance monitors locations at the neighborhood level with more precise geographic analysis. WBE can provide insights into dynamic drug consumption trends as well as environmental and toxicological contaminants. Applications of WBE include monitoring policy changes with cannabinoid legalization, tracking emerging illicit drugs, and early warning systems for potent fentanyl analogues along with the resurging wave of stimulants (e.g., methamphetamine, cocaine)."
    - Use cases specific to Nevada were provided at the August 6, 2024, Response Subcommittee meeting.

- Action Step:
    - Expenditure of Opioid Settlement Funds

- Impact, Capacity & Feasibility of Implementation, Urgency, and How the Recommendation Advances Racial and Health Equity:

- **Impact**: The potential impact from targeted WBE is significant. WBE has the ability to provide the necessary data to respond to at risk populations within the same timeframe of usage with the right intervention and not wait for overdose or hospitalization data to trigger the response.
- **Capacity & feasibility of implementation**: Southern Nevada Water Authority, UNLV, UNR, and College of Southern Nevada are collaborating on this proposal and have experience implementing WBE for uses related to high-risk substance use surveillance.
- **Urgency**: While this has the potential to save lives and be a significant driver of change in the population, piloting and researching to ensure the outcomes are as anticipated is necessary due to the systems and costs involved.
- **Racial & health equity:** WBE has the ability to identify usage of multiple substances by specific locations, narrowing down areas of concern and the population that frequents or resides there allowing for specific responses. Research shows health outcomes are better determined by zip code, and this is because where you live has a more significant impact on health equity than genetics.

Recommendation #3

Resolve the conflict between the Good Samaritan Drug Overdose Act and Drug Induced Homicide Law; immediate actions may include recommending community-level education using best practice guidelines, as well as education for law enforcement personnel, and exploring options for altering the Good Samaritan language to expand coverage to a greater population of individuals living with substance use disorder.

- Justification/Background:
  - *From the original submission of this recommendation:* The Good Sam Act (SB 459) states that a person acting in good faith would not be arrested for drug related charges if they call 911, provide support to the person who overdosed and stay with them. However, according to the drug induced homicide law, which makes it a class A felony "If the death of a person is proximately caused by a controlled substance which was sold, given, traded or otherwise made available to him or her by another person in violation of this chapter, the person who sold, gave or traded or otherwise made the substance available to him or her is guilty of murder". Therefore, people are afraid to call 911 for those who have overdosed, out of fear of prosecution under NRS 453.333.
  - The subcommittee previously reviewed the Good Samaritan (NRS 453.C.150) and Drug Induced Homicide (NRS 453.333) Laws at its August 2022 and August 2023 meetings. From the August 2023 minutes and presentation by Teresa Benitez-Thompson, Chief of Staff and Alissa Engler, Chief Deputy Attorney General, Office of the Nevada Attorney General:
    - The Drug Induced Homicide Law applies if there is evidence that a person supplied a drug that is the proximate cause of a person's death, they could be charged with murder. Supplied can mean:
      - Selling
      - Giving
      - Trading
      - Or otherwise making the drug available to an individual
  - This law is very broad and could open up anyone to being charged if there is evidence that someone supplied a drug that caused a death. However, prosecutors in Nevada have stated they would only charge in instances where there was evidence the person was selling the drugs.

    - Ms. Engler talked through the requirements to have immunity under the Good Samaritan law. It could include:
        - Reporting a drug or alcohol overdose to an emergency service
        - Providing care to a person or
        - Delivering someone to an emergency room.
    - There are a wide range of options for immunity under this law.
- Action Step:
    - Continue to research and track.
- Impact, Capacity & Feasibility of Implementation, Urgency, and How the Recommendation Advances Racial and Health Equity:
    - **Impact**: The impact is people who witness someone overdosing may be more likely to intervene and call 911 to get medical assistance for the person experiencing an overdose.
    - **Capacity & feasibility of implementation**: Education of the public and law enforcement as well as a media campaign to update the public on the changes to the good Samaritan/drug-induced homicide laws.
    - **Urgency**: The urgency is a mechanism by which people who have experienced an overdose can receive medical intervention and to lower the number of fatal overdoses.
    - **Racial & health equity**: Those experiencing an overdose may be more likely to receive medical care post overdose and avoid a fatal overdose.

Recommendation #4

Review the operations and lessons learned from the Clark County Regional Opioid 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.

Funding to be provided through the Fund for Resilient Nevada and to support this recommendation, additional funding may need to be provided to the Coroner or Medical Examiner's office for personnel.

- Justification/Background:
    - Current systems limit data sharing and often first responders and public health don't fully understand the investigations, procedures, language, and sometimes conflicting priorities of the other discipline. By conducting a series of OFRs, jurisdictions begin to see patterns of need and opportunity, not only within specific agencies, but across systems.
- Action Step:
    - Bill Draft Request (BDR)
- Impact, Capacity & Feasibility of Implementation, Urgency, and How the Recommendation Advances Racial and Health Equity:

- **Impact**: The impact could provide data driven decisions to target substance use prevention, harm reduction, response, and treatment efforts. For example, is there a certain zip code that is high in OD deaths but does not have available education and distribution of harm reduction programs?
- **Capacity & feasibility of implementation**: For some areas, this may best be accomplished using a regional approach as opposed to an individual county approach. Flexibility in the makeup of the OFR at the regional level would also be important.
- **Urgency**: The use of data driven decisions would likely provide better use of programming and programming dollars.
- **Racial & health equity**: Gaps in addressing certain groups would be highlighted through the data driven decision approach of OFR and be able to address racial and health equities. For example, is there a certain race, ethnicity, or age group that needs additional programming efforts?

Recommendation #5

Recommend state agencies under the legislative, judicial, and executive branches involved with deflection and diversion programs have a comprehensive definition of recidivism, and policies related to measuring and reporting recidivism.

- Justification/Background:
  - Recidivism is the act of committing another crime or coming into conflict with the criminal justice system (CJS) again. It is an important measure of the effectiveness of CJS efforts to promote rehabilitation, reintegration, and public safety. Recidivism rates are not available at a national level since there is no national consensus on the operational definition of recidivism and there are significant variations in how recidivism is defined and counted (e.g., re-contact, re-arrest, re-incarceration, or reconviction) in different jurisdictions. For this reason, comparisons between studies and jurisdiction should not be made. (Recidivism in Criminal Justice, https://www.justice.gc.ca/eng/rp-pr/jr/jf-pf/2020/aug01.html)
  - The Nevada Department of Corrections defines recidivism as a return to incarceration with NDOC within 3 years of an offender's date of release.
- Action Step:
  - Suggest state agencies involved with deflection and diversion programs; to include but not limited to the Department of Health and Human Services, Department of Administration, Department of Corrections, and Court Systems have a comprehensive definition of recidivism, and policies related to measuring and reporting recidivism. Recidivism is often broadly defined as reoffending, however more specificity is necessary for understanding and measuring recidivism rates. Common factors/measures to consider include rearrest, recharge, reconviction, or reincarceration. Recidivism rates measure the frequency with which individuals reengage with the criminal justice system in a defined period of time[1]. When these agencies administer grants that have as a goal to reduce recidivism, those receiving the grants (grantees) must have a definition for recidivism that guides metrics that effectively measure the outcomes of these goals. The grantees adopt the state agency recidivism definition. It is suggested this be implemented within two years. Currently the Nevada Department of Corrections has a definition of recidivism. This definition is specific and measurable but would not work well for agencies that fund early deflection and diversion programs.

- [1]Adapted from the Urban Institute, Measuring Recidivism at the Local Level: A Quick Guide. Retrieved from https://www.urban.org/sites/default/files/2015/02/11/recidivism-measures_final-for-website.pdf
- Wisconsin Criminal Justice Coordinating Council (CJCC), Framework for defining and measuring recidivism. Framework for Defining and Measuring Recidivism September 2022_Final.pdf (wi.gov)

- Impact, Capacity & Feasibility of Implementation, Urgency, and How the Recommendation Advances Racial and Health Equity:
  - **Impact**: It could assist with the evaluation of diversion and deflection program effectiveness with programs such as the Forensic Assessment Services Triage Teams (FASTT), specialty court programs such as drug and MAT courts and with parole and probation programs.
  - **Capacity & feasibility of implementation**: This would provide a common definition of recidivism at the state agency level and would assist with evaluating the effectiveness of diversion and deflection programs. Programs would then be using a common metric for evaluation of programs across agencies.
  - **Urgency**: This is not urgent but will assist in the future with the goal of increasing public safety by reducing recidivism.
  - **Racial & health equity**: Goal of reducing those involved in the criminal justice system's risk for future recidivism and improving clients' capacity for living in the community.

Recommendation #6

Implement a voluntary program to install "drug take back bins" in retail pharmacies.

- Justification/Background:
  - Will allow patrons to easily dispose of pharmaceuticals including narcotics that have expired or are unused, for free.

- Action Step:
  - Bill Draft Request (BDR)
  - Expenditure of Opioid Settlement Funds

- Impact, Capacity & Feasibility of Implementation, Urgency, and How the Recommendation Advances Racial and Health Equity:
  - **Impact**: Will keep legal controlled substances prescribed for patients that have expired or not used from being diverted for street sale and consumption.
  - **Capacity & feasibility of implementation**: As a California State Senator, my bill was signed into law requiring all pharmacies install such bins. It has been very successful in protecting the environment and diversion of controlled substances.
  - **Urgency**: Just another tool to address opiate addiction in Nevada by eliminating the illicit sale and distribution of prescription-controlled substances.
  - **Racial & health equity**: This would help all races and creeds with addiction disorders.

Appendices

A brief description of each of the documents contained within the appendices is offered below.

Appendix A

Additional Information for Recommendations – Research Links: This table provides links to research used to support recommendations.

Appendix B

Additional Information for Recommendations – Target Population Impacted: This table cross-references special populations cited in AB374 by recommendation.

Appendix C

Additional Information for Recommendations – Legislation Addressed: This appendix cites AB374 Sec 10 requirements followed by a table indicating which requirements are met by each recommendation.

Appendix D

Status of 2023 Recommendations (as of October 2024): This table provides updates on 2023 recommendations. Links to updates on 2022 recommendations are available within the 2023 Annual Report on the SURG Info Page.

Appendix E

Information Regarding SURG Membership, Structure, & Activities: Links are provided that offer information about SURG membership, bylaws, and access to meeting materials.

Appendix F

Information Regarding Opioid Settlement Funds: Up-to-date information is available online at Fund for a Resilient Nevada.

Appendix G

Signature: This page includes the signature of the Chair of the Substance Use Response Working Group

Appendix A: Additional Information for Recommendations – Research Links

Note that the information in the tables below is for the most part included as submitted initially by the SURG member who made the recommendation, with some changes made to support consistent formatting or due to updates made following the initial submission.

Prevention

Recommendation	Links
1. Recommend to DHHS/DPBH/the Bureau of Behavioral Health Wellness and Prevention to include in their Governor's budget request, a request to double the amount of investment in SAPTA primary prevention programming (i.e., increase from current $12 million to $24 million for this biennium) for ages 0-24 and review the funding allocations annually. This funding should not be at the expense of existing programming.	• SAPTA 9/26/2023 "Funding Update: SPF-PFS Grant for Nevada" email • Griffin, K. W., & Botvin, G. J. (2010). Evidence-based interventions for preventing substance use disorders in adolescents. Child and adolescent psychiatric clinics of North America, 19(3), 505–526. https://doi.org/10.1016/j.chc.2010.03.005
2. Create a bill draft request to amend the NRS for a 15 percent set aside of tobacco control and prevention funds from the Fund for a Healthy Nevada. This would be distributed using a local lead agencies model to reach $2 per capita, a recommended funding goal from the Nevada Tobacco Control & Smoke-free Coalition and subject matter experts.	• Nevada YRBS Data https://www.unr.edu/public-health/research-activities/nevada-youth-risk-behavior-survey • CDC Tobacco Funding Recommendations https://www.cdc.gov/tobacco/php/tobacco-control-programs/program-funding.html?CDC_AAref_Val=https://www.cdc.gov/tobacco/stateandcommunity/tobacco-control/program-funding/index.htm • CDC Tobacco Control Best Practices https://www.cdc.gov/tobacco/stateandcommunity/guides/index.htm • Nevada Legislature 2023 Session • From earlier submission: https://www.cdc.gov/media/releases/2022/p1007-e-cigarette-use.html
3. Require the state office of Medicaid to develop a state plan amendment to implement changes to support the recommendation requesting rates and billing standards for CHWs and Peers be increased	Where to begin? The value of Peer Recovery Specialists is widely acknowledged for the "lived experience" that informs the interactions of each and every Peer Recovery Specialist. According to SAMHSA's "National Model Standards for Peer Support Certification" page on their website, a primary goal of President Biden's 2022 Presidential Unity Agenda (which indicates strategies for addressing the nation's mental health crisis), "A primary goal outlined

Recommendation	Links
to align with the national average and CMS standard.	within this strategy is accelerating the universal adoption, recognition, and integration of the peer mental health workforce across all elements of the healthcare system." Peer support offers a level of acceptance, understanding, and validation not found in many other professional relationships (Mead & McNeil, 2006). By sharing their own lived experience and practical guidance, peer support workers help people to develop their own goals, create strategies for self-empowerment, and take concrete steps towards building fulfilling, self-determined lives for themselves. (From "Value of Peers", 2017, SAHMSA) According to SAHMSA ("Value of Peers," 2017), the Peers appear to provide the following benefits to clients: • Increased confidence and self-esteem • Increased sense of control and ability to bring about changes in their lives • Raised empowerment scores • Increased sense that treatment is response and inclusive of needs • Increased sense of hope and inspiration • Increased empathy and acceptance (camaraderie) • Increased engagement in self-care and wellness • Increased social support and social functioning • Decreased psychotic symptoms • Reduced hospital admission rates and longer community tenure • Decreased substance use and depression As for Certified Prevention Specialists, these are folks with specialized training in providing evidence-based curricula and programs for the purposes of dissuading the substance use or abuse. As we move towards acknowledging the importance of offering comprehensive school-based programs that can help to address all factors including those that contribute to elevated ACE scores, it is important that we have a trained workforce able to do this very important work. Per the IC&RC's website, "Today’s communities face a myriad of challenges – violence, drug abuse, crime, illness – but those problems, and the long-term damage they can cause, can be prevented, with appropriate education and intervention. Prevention-based programs are taking that message to schools, workplaces, faith-based organizations, and community centers in the

Recommendation	Links
	U.S. and 22 countries around the world. The success of these programs relies on a competent, well-trained, ethical, and professional workforce of Prevention Specialists. "The Affordable Health Care for America Act of 2010, Substance Abuse and Mental Health Services Administration's (SAMHSA) "8 Strategic Initiatives," and the 2011 National Drug Control Strategy have placed prevention in the forefront of health care reform efforts across the country. Local, state, and national organizations are struggling to keep up with the tremendous demand for new prevention professionals. "Credentialed prevention staff ensure that programs and their funders are delivering on their mission of ensuring public safety and well-being. A thorough understanding of prevention and the latest evidence-based practices for treatment is the hallmark of a qualified professional. The Prevention Specialist credential requires professionals to demonstrate competency through experience, education, supervision, and the passing of a rigorous examination. "Adopted in 1994, the Prevention Specialist (PS) is one of the fastest growing credentials in the field of addiction-related behavioral health care. There are now more than 50 U.S. states, territories, and countries that offer a reciprocal PS credential."
4. Create a bill draft request to allocate a 15 percent set aside of cannabis retail funds to be distributed using a local lead agencies model to reach $2 per capita, a recommended funding goal from the Nevada Tobacco Control & Smoke-free Coalition and subject matter experts.	Research/links: • https://nvtobaccopreventioncoalition.org/ • https://www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Marijuana-and-Teens-106.aspx • https://www.cdc.gov/cannabis/data-research/facts-stats/index.html • https://www.dfaf.org/california-nevada-and-oregon-see-increase-in-youth-marijuana-use/ • https://thenevadaindependent.com/article/opinion-seven-years-later-is-legal-recreational-cannabis-really-worth-it • https://www.dfaf.org/california-nevada-and-oregon-see-increase-in-youth-marijuana-use/ • https://www.psychologytoday.com/us/blog/addiction-outlook/202405/the-reality-of-teens-and-weed?amp • https://www.psychiatrictimes.com/view/cannabis-use-young-adults-challenges-during-transition-adulthood

Recommendation	Links
1. Recommend to DHHS to develop an annual or biannual saturation and distribution plan for overdose reversal medication. DHHS should utilize opioid settlement dollars to designate a baseline level of identification and overdose reversal medication for the next 10 years in Nevada (which should be based on the state's Naloxone Saturation Plan) to create a supply of stable, sustainable overdose reversal medication throughout the state.	• This article summarizes the process for establishing naloxone saturation. Likely underestimates true need as it does not include non-fatal overdoses and drug checking data: https://www.thelancet.com/article/S2468-2667(21)00304-2/fulltext • This article summarizes the net benefit of naloxone access over the counter, and highlights the continued barrier of affordability for people at risk of opioid overdose: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7894851/ • Summary from national experts on overdose education and naloxone distribution (OEND) programs on best practices for community based naloxone distribution: https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-022-00639-z
2. Establish a statewide initiative for community drug checking that incorporates qualitative and quantitative drug checking and includes the following parameters: • Utilize a regional implementation approach with standardized, statewide indicators since local jurisdictions are best equipped to respond to findings from community drug checking. • 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.	Not provided.

Recommendation	Links
3. Harm Reduction Shipping Supply: In collaboration with local agencies and through community conversations, DHHS to provide for shipping costs for evidence-based harm reduction supplies (e.g., naloxone, sharps, test strips, etc.) and for travel costs for the pickup of used sharps products to be returned for destruction. Increase advertising about shipping programs to rural Nevada. Establish an alternative strategy for harm reduction supply delivery if people can't receive delivery of the supplies directly.	• Nextdistro is a national Harm Reduction Program that partners with local programs to ship overdose prevention supplies to individuals that need it. Trac-B/Impact Exchange in Las Vegas is a partner. www.nextdistro.org
4. Recommend a bill draft request to support legislation that will (1) help to fund/establish a statewide association for Peers, and (2) better define supervision requirements for Peers under the age of 18.	Not provided.

Treatment and Recovery

Recommendation	Links
1. Legislation should be considered to amend the Nevada Revised Statutes pertaining to the Nevada Bureau of Health Care Quality and Compliance's employment guidelines for hospitals, including behavioral health hospitals, to hire certified peer recovery support specialists who have felony backgrounds and are within three years of their last felony conviction. It is recommended that individuals who were convicted of drug offenses or other offenses that do not involve violent acts or sexual exploitation be considered for employment as certified peer recovery support specialists in hospitals.	• https://www.leg.state.nv.us/nrs/nrs-449.html#NRS449Sec174

Recommendation	Links
2. Support BDR 95 to ensure opioid antagonists must be available on all campuses under our Nevada System for Higher Education, including in Student unions, Health centers, all levels of the dormitories, Residential Advisor's domiciles, sports facilities, and libraries and include training of the administration of opioid antagonists which can take place during online Freshman orientations much like we already disseminate information about Title IX, during orientation week, training could be offered throughout the year by various clubs and programs within each institution's design.	• CA SB367 (The Campus Opioid Safety Act) • NY S3448A (The Hinchey Bill) • MD HB 1268 4. MO HB 1997
3. Support access and linkage for treatment of trauma for people with substance use disorder (SUD) or those who have overdosed and for surviving family members after an overdose fatality. Support training for healthcare professionals to identify and address trauma.	• https://www.chcs.org/project/advancing-trauma-informed-care/ • https://www.pacesconnection.com/blog/bad-news-good-news-each-additional-ace-increases-opioid-relapse-rate-by-17-each-ace-informed-treatment-visit-reduces-it-by-2 • https://www.chcs.org/at-the-front-lines-in-tennessee-rural-clinic-offers-trauma-informed-treatment-for-substance-use-disorder/
4. Direct the Division of Public and Behavioral Health to identify a funding mechanism for hospitals and providers to enhance the "Bridge Program" for Emergency Departments by incorporating Peer Recovery Support Specialists into their treatment models. Support the use of Peer Support Navigators via telehealth to increase access to treatment and support for individuals identified in Emergency Departments.	Not provided.

Response

Recommendation	Links
1. Recommend research into implementation of statewide data sharing agreements with the Chief Data Officer of the State of Nevada and implementation of a cross-sector database housing multiple points of data across prevention, treatment, recovery, and criminal justice to include data such as controlled substance outlets (tobacco, cannabis, alcohol) to help tailor interventions geographically.	• What is FAACT, Virginia's now-mandated opioid data-sharing tool? https://technical.ly/civic-news/faact-virginia-opioid-data-sharing-tool/ • National Association of State Chief Information Officers. Framework for Addiction Analysis and Community Transformation (FAACT). https://www.nascio.org/wp-content/uploads/2020/09/NASCIO_FAACT_Entry_2020_FINAL.pdf • Code of Virginia. Government Data Collection and Dissemination Practices Act. https://law.lis.virginia.gov/vacodepopularnames/government-data-collection-and-dissemination-practices-act/ • Virginia Office of Data Governance and Analytics. https://www.odga.virginia.gov/ • Commonwealth Data Trust. https://www.odga.virginia.gov/what-we-do/commonwealth-data-trust/ • Framework for Addiction Analysis and Community Transformation. https://www.odga.virginia.gov/faact/ • Sacks, J. J., Brewer, R. D., Mesnick, J., Holt, J. B., Zhang, X., Kanny, D., Elder, R., & Gruenewald, P. J. (2020). Measuring Alcohol Outlet Density: An Overview of Strategies for Public Health Practitioners. Journal of public health management and practice: JPHMP, 26(5), 481–488. https://doi.org/10.1097/PHH.0000000000001023 • County Health Rankings: https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/alcohol-outlet-density-restrictions
2. Support the collaborative proposal to the Fund for a Resilient Nevada to conduct wastewater sampling of high schools, college/university campuses and bars/nightclubs and use information gained to develop public health awareness programs, deploy targeted naloxone, increase provision of fentanyl test strips to targeted locations and to develop a plan for expanding high risk substance wastewater surveillance in Nevada and review the	**High Risk Substance Wastewater Surveillance in the U.S.:** • National Institute on Drug Abuse (NIDA) / Biobot Analytics: https://biobot.io/press-release/biobot-analytics-awarded-nida-funding-for-nationwide-wastewater-based-monitoring-program-for-high-risk-substances-and-others-associated-with-health-risks/. • Wastewater Surveillance of High Risk Substances at New Mexico High Schools: https://www.governor.state.nm.us/wastewater-testing/.

Recommendation	Links
outcomes from this pilot program to identify if it and similar targeted programs may aid in the community response.	• Virginia Executive Order for Wastewater Surveillance of Fentanyl: https://www.vdh.virginia.gov/environmental-health/wastewater-surveillance-for-covid-19/. **High Risk Substance Wastewater Surveillance in Southern Nevada:** • Gerrity, D., Crank, K., Oh, E.C., Quinones, O., Trenholm, R.A., Vanderford, B.J., 2024. Wastewater surveillance of high risk substances in Southern Nevada: Sucralose normalization to translate data for potential public health action. Sci. Tot. Environ. 908, 168369. https://doi.org/10.1016/j.scitotenv.2023.168369. • Zhuang, X, Moshi, M.A., Quinones, O, Trenholm, R.A., Chang, C-L., Cordes, D., Vanderford, B.J., Vo, V., Gerrity, D., Oh, E.C., 2024. Spatial and temporal drug use patterns in wastewater correlate with socioeconomic and demographic indicators in Southern Nevada. JAMA Network Open. In press. Preprint: https://doi.org/10.1101/2024.02.02.24302241.
3. Resolve the conflict between the Good Samaritan Drug Overdose Act and Drug Induced Homicide Law; immediate actions may include recommending community-level education using best practice guidelines, as well as education for law enforcement personnel, and exploring options for altering the Good Samaritan language to expand coverage to a greater population of individuals living with substance use disorder.	• On June 24, 2024 the Nevada Opioid Center for Excellence hosted a Live Webinar to discuss the Good Samaritan (NRS 453.C.150) and Drug Induced Homicide (NRS 453.333) Laws in Nevada including provisions of the laws, immunity under these laws, and how they compare to other state laws, including Delaware and Rhode Island. • Legislative Analysis and Public Policy Association. (April 2024). Good Samaritan Fatal Overdose Prevention and Drug-Induced Homicide: Summary of State Laws. • Legislative Analysis and Public Policy Association. (April 2022). Good Samaritan Fatal Overdose Prevention: Laws and Implementation. • Colorado General Assembly. (2022). Fentanyl Accountability and Prevention. • Government Accountability Office. (March 2021). GAO-21-248, DRUG MISUSE: Many States Have Good Samaritan Laws and Research Indicates They May Have Positive Effects
4. Review the operations and lessons learned from the Clark County Regional Opioid Task Force when that body's report is released in December 2024 and take this into account when supporting legislation to establish regional	• Clark County Regional Opioid Task Force • Overdose Fatality Reviews Tools • LAPPA Model Overdose Fatality Review Teams Act (legislativeanalysis.org)

Recommendation	Links
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. Funding to be provided through the Fund for Resilient Nevada and to support this recommendation, additional funding may need to be provided to the Coroner or Medical Examiner's office for personnel.	• Overdose Fatality Review Fact Sheet (legislativeanalysis.org)
5. Recommend state agencies under the legislative, judicial, and executive branches involved with deflection and diversion programs have a comprehensive definition of recidivism, and policies related to measuring and reporting recidivism.	• See also (by request) the National Governor's Association center for best practices letter to national prearrest diversion and deflection (DPAD) team discussing the definition of recidivism and what states currently have a definition of recidivism in their state statute. • Nevada Department of Corrections. Recidivism in the 2019 Release Cohort. https://sentencing.nv.gov/uploadedFiles/sentencingnvgov/content/Meetings/2024/2019%20Recidivism%20Presentation.pdf#:~:text=The%20Nevada%20Department%20of%20Corrections%20defines%20recidivism%20as,3%20years%20of%20an%20offender%E2%80%99s%20date%20of%20release • Wisconsin Criminal Justice Coordinating Council. Framework for Defining and Measuring Recidivism.https://cjcc.doj.wi.gov/sites/default/files/subcommittee/Framework%20for%20Defining%20and%20Measuring%20Recidivism_September%202022_Final.pdf
6. Implement a voluntary program to install "drug take back bins" in retail pharmacies.	Will keep legal narcotic and controlled substances from being diverted for street sale and help keep our water supply clean from pharmaceutical that are flushed down the toilet or deposited into landfills.

Appendix B: Additional Information for Recommendations – Target Population Impacted

Note that the information in the tables below is for the most part included as submitted initially by the SURG member who made the recommendation, with some changes made to support consistent formatting or due to updates made following the initial submission. "Not provided" indicates that the SURG member did not specify which target population(s) would be impacted, and "does not focus on a special population" indicates that the SURG member noted that their recommendation does not focus on a special population.

In 2021 the bylaws were amended to change the term "Intravenous drug users," to "people who inject drugs."

Prevention

Recommendation	Veterans, Elderly Persons, and Youth	Persons who are involved in the criminal justice/juvenile systems[2]	Pregnant women and the parents of dependent children	Lesbian, gay, bisexual, transgender and questioning persons	People who inject drugs (as revised)	Children who are involved with the child welfare system	Other populations overly impacted by substance use disorders
1. Recommend to DHHS/DPBH/the Bureau of Behavioral Health Wellness and Prevention to include in their Governor's budget request, a request to double the amount of investment in SAPTA primary prevention programming (i.e., increase from current $12 million to $24 million for this biennium) for ages 0-24 and review the funding allocations annually. This funding should not be at the expense of existing programming.	X						X
2. Create a bill draft request to amend the NRS for a 15 percent set aside of tobacco control and prevention funds from the Fund for a Healthy	X			X		X	X

[2] Full definition of this target population: 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.

Recommendation	Veterans, Elderly Persons, and Youth	Persons who are involved in the criminal justice/juvenile systems[2]	Pregnant women and the parents of dependent children	Lesbian, gay, bisexual, transgender and questioning persons	People who inject drugs (as revised)	Children who are involved with the child welfare system	Other populations overly impacted by substance use disorders
Nevada. This would be distributed using a local lead agencies model to reach $2 per capita, a recommended funding goal from the Nevada Tobacco Control & Smoke-free Coalition and subject matter experts.							
3. Require the state office of Medicaid to develop a state plan amendment to implement changes to support the recommendation requesting rates and billing standards for CHWs and Peers be increased to align with the national average and CMS standard.	Does not focus on a special population	Does not focus on a special population	Does not focus on a special population	Does not focus on a special population	Does not focus on a special population	Does not focus on a special population	Does not focus on a special population
4. Create a bill draft request to allocate a 15 percent set aside of cannabis retail funds to be distributed using a local lead agencies model to reach $2 per capita, a recommended funding goal from the Nevada Tobacco Control & Smoke-free Coalition and subject matter experts.	X			X		X	X

Recommendation	Veterans, Elderly Persons, and Youth	Persons who are involved in the criminal justice/juvenile systems[3]	Pregnant women and the parents of dependent children	Lesbian, gay, bisexual, transgender and questioning persons	People who inject drugs (as revised)	Children who are involved with the child welfare system	Other populations overly impacted by substance use disorders
1. Recommend to DHHS to develop an annual or biannual saturation and distribution plan for overdose reversal medication. DHHS should utilize opioid settlement dollars to designate a baseline level of identification and overdose reversal medication for the next 10 years in Nevada (which should be based on the state's Naloxone Saturation Plan) to create a supply of stable, sustainable overdose reversal medication throughout the state.		X			X		X
2. Establish a statewide initiative for community drug checking that incorporates qualitative and quantitative drug checking and includes the following parameters: • Utilize a regional implementation approach with standardized, statewide indicators since local jurisdictions are best equipped to respond to findings from community drug checking.	Not provided	Not provided	Not provided	Not provided	Not provided	Not provided	Not provided

[3] Full definition of this target population: 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.

Recommendation	Veterans, Elderly Persons, and Youth	Persons who are involved in the criminal justice/juvenile systems[3]	Pregnant women and the parents of dependent children	Lesbian, gay, bisexual, transgender and questioning persons	People who inject drugs (as revised)	Children who are involved with the child welfare system	Other populations overly impacted by substance use disorders
• 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.							
3. Harm Reduction Shipping Supply: In collaboration with local agencies and through community conversations, DHHS to provide for shipping costs for evidence-based harm reduction supplies (e.g., naloxone, sharps, test strips, etc.) and for travel costs for the pickup of used sharps products to be returned for destruction. Increase advertising about shipping programs to rural Nevada. Establish an alternative strategy for harm					X		X

Recommendation	Veterans, Elderly Persons, and Youth	Persons who are involved in the criminal justice/juvenile systems[3]	Pregnant women and the parents of dependent children	Lesbian, gay, bisexual, transgender and questioning persons	People who inject drugs (as revised)	Children who are involved with the child welfare system	Other populations overly impacted by substance use disorders
reduction supply delivery if people can't receive delivery of the supplies directly.							
4. Recommend a bill draft request to support legislation that will (1) help to fund/establish a statewide association for Peers, and (2) better define supervision requirements for Peers under the age of 18.		X					X

Treatment & Recovery

Recommendation	Veterans, Elderly Persons, and Youth	Persons who are involved in the criminal justice/juvenile systems[4]	Pregnant women and the parents of dependent children	Lesbian, gay, bisexual, transgender and questioning persons	People who inject drugs (as revised)	Children who are involved with the child welfare system	Other populations overly impacted by substance use disorders
1. Legislation should be considered to amend the Nevada Revised Statutes pertaining to the Nevada Bureau of Health Care Quality and Compliance's employment guidelines for hospitals, including behavioral health hospitals, to hire certified peer recovery support specialists who have felony	Does not focus on a special population	Does not focus on a special population	Does not focus on a special population	Does not focus on a special population	Does not focus on a special population	Does not focus on a special population	Does not focus on a special population

[4] Full definition of this target population: 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.

Recommendation	Veterans, Elderly Persons, and Youth	Persons who are involved in the criminal justice/juvenile systems[4]	Pregnant women and the parents of dependent children	Lesbian, gay, bisexual, transgender and questioning persons	People who inject drugs (as revised)	Children who are involved with the child welfare system	Other populations overly impacted by substance use disorders
backgrounds and are within three years of their last felony conviction. It is recommended that individuals who were convicted of drug offenses or other offenses that do not involve violent acts or sexual exploitation be considered for employment as certified peer recovery support specialists in hospitals.							
2. Support BDR 95 to ensure opioid antagonists must be available on all campuses under our Nevada System for Higher Education, including in Student unions, Health centers, all levels of the dormitories, Residential Advisor's domiciles, sports facilities, and libraries and include training of the administration of opioid antagonists which can take place during online Freshman orientations much like we already disseminate information about Title IX, during orientation week, training could be offered throughout the year by various clubs and programs within each institution's design.							X

Recommendation	Veterans, Elderly Persons, and Youth	Persons who are involved in the criminal justice/juvenile systems[4]	Pregnant women and the parents of dependent children	Lesbian, gay, bisexual, transgender and questioning persons	People who inject drugs (as revised)	Children who are involved with the child welfare system	Other populations overly impacted by substance use disorders
3. Support access and linkage for treatment of trauma for people with substance use disorder (SUD) or those who have overdosed and for surviving family members after an overdose fatality. Support training for healthcare professionals to identify and address trauma.	X	X	X	X	X	X	X
4. Direct the Division of Public and Behavioral Health to identify a funding mechanism for hospitals and providers to enhance the "Bridge Program" for Emergency Departments by incorporating Peer Recovery Support Specialists into their treatment models. Support the use of Peer Support Navigators via telehealth to increase access to treatment and support for individuals identified in Emergency Departments.	Not provided	Not provided	Not provided	Not provided	Not provided	Not provided	Not provided

Response

Recommendation	Veterans, Elderly Persons, and Youth	Persons who are involved in the criminal justice/juvenile systems[5]	Pregnant women and the parents of dependent children	Lesbian, gay, bisexual, transgender and questioning persons	People who inject drugs (as revised)	Children who are involved with the child welfare system	Other populations overly impacted by substance use disorders
1. Recommend research into implementation of statewide data sharing agreements with the Chief Data Officer of the State of Nevada and implementation of a cross-sector database housing multiple points of data across prevention, treatment, recovery, and criminal justice to include data such as controlled substance outlets (tobacco, cannabis, alcohol) to help tailor interventions geographically.	X	X	X	X	X	X	X
2. Support the collaborative proposal to the Fund for a Resilient Nevada to conduct wastewater sampling of high schools, college/university campuses and bars/nightclubs and use information gained to develop public health awareness programs, deploy targeted naloxone, increase provision of fentanyl test strips to targeted locations and to develop a	Does not focus on a special population	Does not focus on a special population	Does not focus on a special population	Does not focus on a special population	Does not focus on a special population	Does not focus on a special population	Does not focus on a special population[6]

[5] Full definition of this target population: 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.

[6] However, WBE has been correlated with socio economic and demographic indicators in Southern Nevada, including homelessness.

Recommendation	Veterans, Elderly Persons, and Youth	Persons who are involved in the criminal justice/juvenile systems[5]	Pregnant women and the parents of dependent children	Lesbian, gay, bisexual, transgender and questioning persons	People who inject drugs (as revised)	Children who are involved with the child welfare system	Other populations overly impacted by substance use disorders
plan for expanding high risk substance wastewater surveillance in Nevada and review the outcomes from this pilot program to identify if it and similar targeted programs may aid in the community response.							
3. Resolve the conflict between the Good Samaritan Drug Overdose Act and Drug Induced Homicide Law; immediate actions may include recommending community-level education using best practice guidelines, as well as education for law enforcement personnel, and exploring options for altering the Good Samaritan language to expand coverage to a greater population of individuals living with substance use disorder.		X					
4. Review the operations and lessons learned from the Clark County Regional Opioid 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	X	X	X	X	X	X	X

Recommendation	Veterans, Elderly Persons, and Youth	Persons who are involved in the criminal justice/juvenile systems[5]	Pregnant women and the parents of dependent children	Lesbian, gay, bisexual, transgender and questioning persons	People who inject drugs (as revised)	Children who are involved with the child welfare system	Other populations overly impacted by substance use disorders
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. Funding to be provided through the Fund for Resilient Nevada and to support this recommendation, additional funding may need to be provided to the Coroner or Medical Examiner's office for personnel.							
5. Recommend state agencies under the legislative, judicial, and executive branches involved with deflection and diversion programs have a comprehensive definition of recidivism, and policies related to measuring and reporting recidivism.		X					

Recommendation	Veterans, Elderly Persons, and Youth	Persons who are involved in the criminal justice/juvenile systems[5]	Pregnant women and the parents of dependent children	Lesbian, gay, bisexual, transgender and questioning persons	People who inject drugs (as revised)	Children who are involved with the child welfare system	Other populations overly impacted by substance use disorders
6. Implement a voluntary program to install "drug take back bins" in retail pharmacies.					X		X

Appendix C: Additional Information for Recommendations – Legislation Addressed

To understand the extent to which recommendations do or do not address the founding legislation, the following information is provided:

- Legislative language
- Tables presenting the recommendations by topic area according to their priority and the component of the legislation that is addressed. These are presented first as summary tables which include only the number and not the text of the recommendation for ease of review. They are then presented with the full text of the recommendation.
- For all tables, the component of the founding legislation assigned to each subcommittee is indicated with an asterisk; see pages 1 through 3 for a full description of the components assigned to each subcommittee. Note that components b, h, and q are considered cross-cutting across all subcommittees.
- The information in the tables beginning on page 49 is included as submitted by the SURG member who made the recommendation; "np" indicates that the SURG member did not specify which AB374 Section 10 Requirement(s) aligned with their recommendation.

AB374 (2021 Session) Sec. 10. ***1. The Working Group shall:***

(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 of heroin, other synthetic and non-synthetic opioids and stimulants. Such strategies must include, without limitation, strategies to:

> ***(1) Help persons at risk of a substance use disorder avoid developing a substance use disorder;***
> ***(2) Discover potentially problematic substance use in a person and intervene before the person develops a substance use disorder;***
> ***(3) 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***
> ***(4) 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.

(d) Work to understand how residents of this State 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.

(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 cooccurring 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.

(g) Make recommendations to entities including, without limitation, the State Board of Pharmacy, professional licensing boards that license practitioners, other than veterinarians, the State Board of Health,

the Division, the Governor and the Legislature, to ensure that controlled substances are appropriately prescribed in accordance with the provisions of NRS 639.2391 to 639.23916, inclusive.

(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.

(i) Develop strategies for local, state and federal law enforcement and public health agencies to respond to and prevent overdoses and plans for implementing those strategies.

(j) Study the efficacy and expand the implementation of programs to:

> ***(1) Educate youth and families about the effects of substance use and substance use disorders; and***
> ***(2) Reduce the harms associated with substance use and substance use disorders while referring persons with substance use disorders to evidence-based treatment.***

(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 the trafficking and distribution of legal and illegal substances which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants.

(m) Study the effects of substance use disorders on the criminal justice system, including, without limitation, law enforcement agencies and correctional institutions.

(n) Study the sources and manufacturers of substances which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants, and methods and resources for preventing the manufacture, trafficking and sale of such substances.

(o) Study the effectiveness of criminal and civil penalties at preventing the misuse of substances and substance use disorders and the manufacture, trafficking and sale of substances which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants.

(p) Evaluate the effects of substance use disorders on the economy of this State.

(q) Study, evaluate and make recommendations to the Department of Health and Human Services concerning the use of the money described in section 10.5 of this act to address substance use disorders, with a focus on:

> ***(1) The use of the money described in subsections 1, 2 and 3 of section 10.5 of this act to supplement rather than supplant existing state or local spending;***
> ***(2) The use of the money described in section 10.5 of this act to support programs that use evidence-based interventions;***
> ***(3) The use of the money described in section 10.5 of this act to support programs for the prevention of substance use disorders in youth;***
> ***(4) The use of the money described in section 10.5 of this act to improve racial equity; and***
> ***(5) Reporting by state and local agencies to the public concerning the funding of programs to address substance misuse and substance use disorders.***

Prevention Recommendation	a*	b	c	d	e	f	g*	h	i	j*	k	l	m	n	o	p	q
1.		X					X	X		X							
2.	X	X								X							
3.	X	X	X							X							
4.	X	X								X							

Harm Reduction Recommendation (managed by Prevention Subcommittee)	a	b	c	d	e	f	g	h	i	j*	k	l	m	n	o	p	q
1.		X					X										
2.	np	np	np	np	np	np	np	np	np	np	np	np	np	np	np	np	np
3.		X								X							
4.		X								X							

Treatment & Recovery Recommendation	a	b	c*	d	e*	f*	g	h	i	j	k	l	m	n	o	p	q
1.			X			X											
2.		X			X												
3.		X			X	X		X									
4.	np	np	np	np	np	np	np	np	np	np	np	np	np	np	np	np	np

Response Recommendation	a	b	c	d*	e	f	g	h	i*	j	k*	l*	m*	n*	o*	p*	q
1.								X	X		X	X					
2.									X		X			X		X	X
3.		X													X		
4.		X	X						X		X						
5.			X	X				X									
6.									X					X			X

Prevention Recommendation	a*	b	c	d	e	f	g*	h	i	j*	k	l	m	n	o	p	q
1. Recommend to DHHS/DPBH/the Bureau of Behavioral Health Wellness and Prevention to include in their Governor's budget request, a request to double the amount of investment in SAPTA primary prevention programming (i.e., increase from current $12 million to $24 million for this biennium) for ages 0-24 and review the funding allocations annually. This funding should not be at the expense of existing programming.		X					X	X		X							
2. Create a bill draft request to amend the NRS for a 15 percent set aside of tobacco control and prevention funds from the Fund for a Healthy Nevada. This would be distributed using a local lead agencies model to reach $2 per capita, a recommended funding goal from the Nevada Tobacco Control & Smoke-free Coalition and subject matter experts.	X	X								X							
3. Require the state office of Medicaid to develop a state plan amendment to implement changes to support the recommendation requesting rates and billing standards for CHWs and Peers be increased to align with the national average and CMS standard.	X	X	X							X							
4. Create a bill draft request to allocate a 15 percent set aside of cannabis retail funds to be distributed using a local lead agencies model to reach $2 per capita, a recommended funding goal from the Nevada Tobacco Control & Smoke-free Coalition and subject matter experts.	X	X								X							

Harm Reduction Recommendation	a	b	c	d	e	f	g	h	i	j*	k	l	m	n	o	p	q
1. Recommend to DHHS to develop an annual or biannual saturation and distribution plan for overdose reversal medication. DHHS should utilize opioid settlement dollars to designate a baseline level of identification and overdose reversal medication for the next 10 years in Nevada (which should be based on the state's Naloxone Saturation Plan) to create a supply of stable, sustainable overdose reversal medication throughout the state.		X					X										
2. Establish a statewide initiative for community drug checking that incorporates qualitative and quantitative drug checking and includes the following parameters: • Utilize a regional implementation approach with standardized, statewide indicators, since local jurisdictions are best equipped to respond to findings from community drug checking. • 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.	np	np	np	np	np	np	np	np	np	np	np	np	np	np	np	np	np

Harm Reduction Recommendation	a	b	c	d	e	f	g	h	i	j*	k	l	m	n	o	p	q
3. Harm Reduction Shipping Supply: In collaboration with local agencies and through community conversations, DHHS to provide for shipping costs for evidence-based harm reduction supplies (e.g., naloxone, sharps, test strips, etc.) and for travel costs for the pickup of used sharps products to be returned for destruction. Increase advertising about shipping programs to rural Nevada. Establish an alternative strategy for harm reduction supply delivery if people can't receive delivery of the supplies directly.		X								X							
4. Recommend a bill draft request to support legislation that will (1) help to fund/establish a statewide association for Peers, and (2) better define supervision requirements for Peers under the age of 18.		X								X							

Treatment & Recovery Recommendation	a	b	c*	d	e*	f*	g	h	i	j	k	l	m	n	o	p	q
1. Legislation should be considered to amend the Nevada Revised Statutes pertaining to the Nevada Bureau of Health Care Quality and Compliance's employment guidelines for hospitals, including behavioral health hospitals, to hire certified peer			X			X											

Treatment & Recovery Recommendation	a	b	c*	d	e*	f*	g	h	i	j	k	l	m	n	o	p	q
recovery support specialists who have felony backgrounds and are within three years of their last felony conviction. It is recommended that individuals who were convicted of drug offenses or other offenses that do not involve violent acts or sexual exploitation be considered for employment as certified peer recovery support specialists in hospitals.																	
2. Support BDR 95 to ensure opioid antagonists must be available on all campuses under our Nevada System for Higher Education, including in Student unions, Health centers, all levels of the dormitories, Residential Advisor's domiciles, sports facilities, and libraries and include training of the administration of opioid antagonists which can take place during online Freshman orientations much like we already disseminate information about Title IX, during orientation week, training could be offered throughout the year by various clubs and programs within each institution's design.		X			X												
3. Support access and linkage for treatment of trauma for people with substance use disorder (SUD) or those who have overdosed and for surviving family members after an overdose fatality. Support training for healthcare professionals to identify and address trauma.		X			X	X		X									
4. Direct the Division of Public and Behavioral Health to identify a funding mechanism for hospitals and providers to enhance the "Bridge Program" for Emergency Departments by incorporating Peer Recovery Support Specialists into their treatment	np	np	np	np	np	np	np	np	np	np	np	np	np	np	np	np	np

Treatment & Recovery Recommendation	a	b	c*	d	e*	f*	g	h	i	j	k	l	m	n	o	p	q
models. Support the use of Peer Support Navigators via telehealth to increase access to treatment and support for individuals identified in Emergency Departments.																	

Response Recommendation	a	b	c	d*	e	f	g	h	i*	j	k*	l*	m*	n*	o*	p*	q
1. Recommend research into implementation of statewide data sharing agreements with the Chief Data Officer of the State of Nevada and implementation of a cross-sector database housing multiple points of data across prevention, treatment, recovery, and criminal justice to include data such as controlled substance outlets (tobacco, cannabis, alcohol) to help tailor interventions geographically.								X	X		X	X					
2. Support the collaborative proposal to the Fund for a Resilient Nevada to conduct wastewater sampling of high schools, college/university campuses and bars/nightclubs and use information gained to develop public health awareness programs, deploy targeted naloxone, increase provision of fentanyl test strips to targeted locations and to develop a plan for expanding high risk substance wastewater surveillance in Nevada and review the outcomes from this pilot program to identify if it and similar targeted programs may aid in the community response.									X		X			X		X	X
3. Resolve the conflict between the Good Samaritan Drug Overdose Act and Drug Induced Homicide Law; immediate actions may include recommending community-level education using best practice guidelines, as well as education for law enforcement personnel, and exploring options for altering the Good Samaritan language to expand coverage to a greater population of individuals living with substance use disorder.		X													X		

Response Recommendation	a	b	c	d*	e	f	g	h	i*	j	k*	l*	m*	n*	o*	p*	q
4. Review the operations and lessons learned from the Clark County Regional Opioid 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. Funding to be provided through the Fund for Resilient Nevada and to support this recommendation, additional funding may need to be provided to the Coroner or Medical Examiner's office for personnel.		X	X						X		X						
5. Recommend state agencies under the legislative, judicial, and executive branches involved with deflection and diversion programs have a comprehensive definition of recidivism, and policies related to measuring and reporting recidivism.			X	X				X									
6. Implement a voluntary program to install "drug take back bins" in retail pharmacies.									X					X			X

Appendix D: Status of 2023 Recommendations (as of October 9, 2024)

Staff from various Divisions of the Department of Health and Human Services report annually to the SURG to provide updates on recommendations from previous years. Implementation of recommendations may include updating requests for applications to target similar populations and giving special consideration to shared goals such as enhancing funding levels and allowing greater flexibility in the allocation of prevention-focused resources. Medicaid waivers create sustained coverage for target populations and may establish new provider types for substance use treatment.

2023 SURG Recommendation	2024 Updates
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.	**DHHS/FRN (Fund for Resilient NV - Opioid Settlement $)** • The FRN is focused on funding prevention efforts that will make generational change with gestational substance exposed youth which includes neurological assessments and increased workforce. Funding is going to prevention coalitions and school based services specific to address opioid misuse and future use and awareness. **DCFS (Child & Family Services)** • Family First Prevention Services Act may affect children and families affected by SUD. Services may include Motivational Interviewing, Family Check-Up, Parents as Teachers, and Parent Child-Interaction Therapy **DPBH (Public & Behavioral Health)** • Funding/Grants: NV DHHS DPBH Bureau of Behavioral Health, Wellness and Prevention's (BBHWP) Substance Use Prevention Treatment and Recovery Services Block Grant (SUPTRS BG), NV DHHS DPBH BBHWP State Opioid Response (SOR) grant • BBHWP currently allocates a minimum carve-out of 20% for primary prevention dollars every federal fiscal year for the Block Grant, as required by SAMHSA. The Bureau also oversees a general fund account that supports primary prevention activities. The intention is to ensure this general fund account is more flexible in the upcoming years to allow for prevention activities for emerging trends. As the Bureau looks at the movement of block grant initiatives moving into the next FFY, the Medicaid 1115 SUD waiver will allow some additional flexibility of funding for the Block Grant. The Bureau will be conducting a needs assessment and strategic plan to ensure future planning aligns with the needs of the community.

2023 SURG Recommendation	2024 Updates
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.).	**DHHS/FHN (Fund for Healthy NV - Tobacco Settlement $)** • The Director's Office (DO) Grants Management Unit (GMU) allocates Fund for a Healthy Nevada (FHN) dollars to three Public Health Districts in support of various initiatives throughout the state. While this funding is not specifically designated for tobacco control and prevention, Southern Nevada Health District has utilized their funding for SFY24 and SFY25 in the prevention and cessation of tobacco use, specifically e-cigarettes and other vaping devices. This is accomplished through providing messaging through various media platforms and providing tools and resources to remain or become tobacco free. This program is focused on youth and young adults. **DPBH (Public & Behavioral Health)** • BBHWP works with BCFCW to allocate tobacco dollars. The SUPTRS block grant requires BBHWP to support tobacco related activities.
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.	**DHCFP (Medicaid)** • For Recommendation #3 not delegated to DHCFP. Although possibly some of the 1115 SUD Demonstration reporting may be valuable to review. **DPBH (Public & Behavioral Health)** • BBHWP has retail violation rate data relating to the rate of which entities sell tobacco products to youth. This information is used to inform programming, education, and training throughout our communities. This information could be embedded into a consumable dashboard through OOA, if helpful.

2023 SURG Recommendation	2024 Updates
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.	**DHCFP (Medicaid)** • Work is being initiated as part of the Children's Behavioral Health Transformation to promote early screening of behavioral health concerns, many community-based services like family peer support, respite, and wraparound facilitation will be expected to be implemented within the 2025-2026. Have included more MSM policy for SUD treatment for adolescents in MSM 4100. For the SUD Residential levels of care, DPBH will continue to reimburse for room and board while Medicaid will be reimbursing a daily rate for the services. Also, 1115 SUD Demonstration Waiver amendment will be submitted to CMS in November to include psychiatric treatment in an IMD for SMI and SED, as well as integration of some Health-Related Social Needs.
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.	**DPBH (Public & Behavioral Health)** • The SOR grant oversees the State Naloxone Saturation Plan and is currently participating with various partners on a federal Policy Academy to expand and create a more robust way of saturating our communities with naloxone. This grant also has various dollars to support the purchase of naloxone. The SOR grant will be researching a data management system to allow for naloxone to be accessible by Nevadans, community partners, people who use drugs, and all other stakeholders that want to access free doses of naloxone. However, this recommendation reads as it is specific to opioid settlement dollars (Fund for Resilient Nevada).
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.	**DPBH (Public & Behavioral Health)** • BBHWP would be happy to support this, as the SOR grant supports "leave-behind" programs for naloxone, as people who use drugs are at the highest risk of overdose.

2023 SURG Recommendation	2024 Updates
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.	**DHHS/FRN (Fund for Resilient NV - Opioid Settlement $)** • FRN: SOR dollars take the lead for overdose reversal medications. The FRN can be used for this category as needed. **DHCFP (Medicaid)** • For Recommendation #7, DHCFP has developed specific provider enrollments for CHWs, and now Peers. DHCFP has a SPA under review with CMS to create a daily rate for SUD residential services. DHCFP plans to submit for rate increases for outpatient behavioral health services, including peer support by the end of 2024 to CMS. **DPBH (Public & Behavioral Health)** • BBHWP has supported harm reduction through funding certified prevention specialists in various primary prevention coalitions and staff at the Bureau. The SOR grant also supports the hiring, retention, and training of Peer Recovery Support Specialists (PRSS) within its programs and has proposed paying for PRSS coursework as part of the latest award application to bolster recruitment to the field (pending SAMHSA approval). The Bureau is looking to expand the funding support to get PRSSs embedded into various community supports: hospitals, treatment programs, recovery programs, jails, prisons, opioid treatment programs.
8. Establish a statewide initiative for community drug checking that incorporates qualitative and quantitative drug checking and includes specific parameters (as listed in full recommendation).	**DPBH (Public & Behavioral Health)** • The SOR program has proposed funding a drug checking pilot program in Washoe County modeled, in part, after Southern Nevada Health District's drug checking program as part of the latest award application with plans to expand efforts more broadly into rural/frontier counties (pending SAMHSA approval). If approved, this project will move forward October 2024.
9. 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.	**DPBH (Public & Behavioral Health)** • The SOR grant currently funds a mail-order harm reduction supply program via Impact Exchange/Trac-B in Las Vegas; funding could be used to expand advertising for the program.

2023 SURG Recommendation	2024 Updates
10. 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).	**DHHS/FHN (Fund for Healthy NV - Tobacco Settlement $)** • DO GMU issues funding from the State General Fund Grief Support Trust Account (NRS 439.5132) to two nonprofit grief support providers - Adam's Place and The Solace Tree. Services provided under this funding include bereavement services (individual and group counseling, peer support groups, family activities) for children and families who have lost a loved one due to overdose. **DPBH (Public & Behavioral Health)** • The SOR grant currently funds a children's bereavement program via Adam's Place that provides support to children and their families who have suffered the loss of a loved one due to opioid or stimulant overdose.
11. Create a bill draft request at the legislature to change the language around drug paraphernalia as it relates to smoking supplies.	No updates.
12. 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.	**DHHS/FRN (Fund for Resilient NV - Opioid Settlement $)** • FRN: Funds sharps and sharps containers and some staffing to be able to fill machines. **DHCFP (Medicaid)** • Any work that we can do to promote the use of peers to support this work? **DPBH (Public & Behavioral Health)** • This has been identified as a priority for SOR as part of the latest award application (pending SAMHSA approval).

2023 SURG Recommendation	2024 Updates
13. 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.	**DHHS/FHN (Fund for Healthy NV - Tobacco Settlement $)** • DO GMU allocates FHN dollars to five Federally Qualified Health Centers (FQHC) in support of various initiatives throughout the state. While this funding is not specifically designated for MAT and recovery support for SUD, Community Health Alliance has utilized their funding for SFY24 and SFY25 in support of building a MAT program. This will include identifying an evidence-based MAT care model, development of policies and procedures, providing staff training, and establishing a policy for collaboration with behavior health providers and integrating those services into treatment plans for SUD patients. Southern Nevada Health District is utilizing their funding to design and implement an integrated behavioral health model and coordinate with other FQHCs to identify and refer patients, including co-occurring conditions for SUD. **DHCFP (Medicaid)** • Medicaid has implemented policy for telehealth service delivery to be clinically appropriate and medically necessary, rather than to be limited to certain services. Medicaid has built a brand new provider type 93, to include Opioid Treatment Programs along with other SUD clinical models. AB 156 required Medicaid to reimburse for MAT when provided by a pharmacist. **DPBH (Public & Behavioral Health)** • The Bureau is working on finalizing Recovery Housing Division criteria. Once approved, a pilot project will be completed in Las Vegas to fund Recovery Housing from the SOR grant. This will support individuals in recovery from an OUD or StimUD. The SOR grant will be working to expand MOUD services through the Request for Application process of the upcoming grant cycle. The State Opioid Treatment Authority within the Bureau is continuously working with the Opioid Treatment Programs in Nevada on innovative ways to expand MOUD services including the possibility of mobile units, or medication sites. With the recent updates to 42 CFR Part 8, telehealth and other flexibilities were permanently added, expanding access to MOUD.

2023 SURG Recommendation	2024 Updates
14. Implement follow ups and referrals and linkage of care for justice involved individuals, including individuals leaving the justice system.	**DHCFP (Medicaid)** • DHCFP is working to implement the requirements of the Consolidated Appropriations Act, to allow for justice involved youth to receive Medicaid eligibility and receive EPSDT as well as targeted case management services 30 days pre and post release in 2025. While the larger goal is to implement an 1115 to cover all justice involved individuals 90 days pre and post release for additional services, including substance use treatment. **DPBH (Public & Behavioral Health)** • BBHWP funds FASTT and MOST programs for the state to decrease recidivism and works upstream from the Sequential Intercept Model. The Bureau also funds DWSS with the Recovery Friendly Workplace initiative, connecting individuals to work and other resources upon re-entry to the community.
15. 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.	**DCFS (Child & Family Services)** • CARA/substance affected infants referrals may include Early Head Start, Thrive by Five, Southern Nevada Health District, and Family Resource Centers **DHCFP (Medicaid)** • The Children's Behavioral Health Transformation work includes building up community-based services to children that meet at risk criteria (definition in the works) for services. Additionally, Medicaid is working to implement a Health Home for individuals with Fetal Alcohol Spectrum Disorder by the end of 2024 and considering an additional Health Home model for pregnant individuals struggling with SUD. **DPBH (Public & Behavioral Health)** • BBHWP has a carve out of 5% for women in treatment programs. The Bureau plans on working with EMPOWERED to incorporate more peer recovery support services related to CARA plans of care.

2023 SURG Recommendation	2024 Updates
16. 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.	**DPBH (Public & Behavioral Health)** • The SOR grant has funded the Spanish translation of opioid use education materials and funds community-based organizations representative of underserved populations to conduct harm reduction activities. The upcoming Request for Applications will help the Bureau make data-driven decisions to identify community partners and agencies that are able to provide services to specific populations.
17. 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.	**DHCFP (Medicaid)** • Medicaid currently has a SPA under review to reimburse for SUD Residential Services as a daily rate rather than based on individual service reimbursement. Additionally, Medicaid received SPA approval to reimburse facility based provider of Intensive Crisis Stabilization Services a daily rate. **DPBH (Public & Behavioral Health)** • BBHWP has funded youth residential care for the 8th Judicial District Court in the past year. With the expanded flexibility relating to 42 CFR Part 8, more youth should have access to MOUD. Working with OTPs to understand these flexibilities and areas of opportunity.
18. 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 specific strategies (as listed in full recommendation).	**DHCFP (Medicaid)** • Medicaid is initiating policy revision for Peer support services and adding Family Peer Support as an available service. Also, Peer Recovery Support Specialist is now a specific enrollment specialty. Medicaid is targeting an end of year SPA submission to increase reimbursement rates for behavioral health outpatient services that would include peer services. **DPBH (Public & Behavioral Health)** • BBHWP supports and funds peer support training and certification through recovery services with partners such as Foundation for Recovery. The Bureau is exploring additional opportunities to ensure those with living and lived experience are embedded into the various aspects of program development.

2023 SURG Recommendation	2024 Updates
19. 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. 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.	**DHCFP (Medicaid)** • AB 389 requires Medicaid to apply for an 1115 Re-entry Demonstration Waiver, work has been initiated. Please reference the DHCFP Re-entry webpage for updates. https://dhcfp.nv.gov/Pgms/Waivers/Reentry_Initiative/ **DPBH (Public & Behavioral Health)** • BBHWP funds FASTT programs in a few local jails throughout the State to decrease recidivism and work upstream from the Sequential Intercept Model. The SOR grant has proposed funding a needs assessment for NDOC related to the provision of MOUD services and related supports as part of the latest award application. The SOR grant is helping to support MOUD at Casa Grande in Las Vegas.
20. Understand the true cost of implementing wastewater-based epidemiology (WBE) in Nevada and its ability to support community response plans.	No updates.

2023 SURG Recommendation	2024 Updates
21. 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.	**DPBH (Public & Behavioral Health)** • The SOR grant is continuously looking at how to fund peer recovery supports throughout various continuums of care, ensuring individuals are connected with peers to help navigate resources. • BBHWP has a crisis response section that is in charge of overseeing the state's crisis response activities. The RBHC also assists with engaging the community with the needed resources. The FASTT and MOST teams also work closely with the jail systems to provide linkages to care

2023 SURG Recommendation	2024 Updates
22. 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.	**DPBH (Public & Behavioral Health)** • BBHWP is looking forward to seeing this report, with the intention of utilizing it to inform programming in Clark County.
23. 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 of death in overdose cases.	**DPBH (Public & Behavioral Health)** • The SOR grant has proposed funding the expansion of the drug panel used to test all individuals who enter Washoe County Medical Examiner's Office and Clark County Coroner's Office to include a broader array of opioids and stimulants. This data will be used with a public health lens to analyze the data and inform prevention and intervention-based programming. • OD2A funds the toxicology testing conducted at the WCRME. WCME works with the coroner's office to gather the reports and conduct the testing.

Appendix E: Information Regarding SURG Membership, Structure, & Activities

SURG membership, Bylaws, and prior reports are available on the SURG Info page. Membership during 2024 for the period covered by this report included:

SURG APPOINTMENTS

AG appointments

1) Jessica Johnson (Senior Health Supervisor, Southern Nevada Health District) - One representative of a local governmental entity that provides or oversees the provision of human services in a county whose population is 700,000 or more,

2) Dorothy Edwards (Human Services Program Specialist, Washoe County Human Services Agency) - One representative of a local governmental entity that provides or oversees the provision of human services in a county whose population is 100,000 or more but less than 700,000,

3) Shayla Holmes (Director, Lyon County Human Services) - One representative of a local governmental entity that provides or oversees the provision of human services in a county whose population is less than 100,000,

4) Lesley Dickson (Medical Director, Behavioral Health Group) - One provider of health care with expertise in medicine for the treatment of substance use disorders,

5) Christine Payson (NvSCA) - One representative of the Nevada Sheriffs' and Chiefs' Association, or its successor organization,

6) Debi Nadler (Co-founder, Moms Against Drugs) - One advocate for persons who have substance use disorders and family members of such persons,

7) Jeffrey Iverson (Director, Shine A Light Foundation) - One person who is in recovery from a substance use disorder,

8) Nancy Lindler (Executive Director, Ridge House) - One person who provides services relating to the treatment of substance use disorders,

9) Erik Schoen (Executive Director, Community Chest, Inc.) - One representative of a substance use disorder prevention coalition,

10) Chelsi Cheatom (Program Manager, Trac-B Exchange) - One representative of a program to reduce the harm caused by substance misuse

11) Steve Shell (Vice President, Behavioral Health, Renown Health) - One representative of a hospital, and

12) Angela Nickels (Principal, Mission High School, Clark County School District) - One representative of a school district.

Other Appointees

AG appointee (Ford is chair of SURG) – Terry Kerns, NvAG Substance Abuse/Law Enforcement Coordinator AG Ford's appointee to the Response Subcommittee

DHHS Director appointee – Dr. Beth Slamowitz, HHS Senior Advisory on Behavioral Health

NV Senate appointee – Senator Donate

NV Assembly appointee – Assemblywoman Claire Thomas

NV Assembly Minority Leader of the Assembly appointee – Assemblywoman Melissa Hardy

NV Senate Minority Leader appointee – Senator Jeff Stone

Meeting materials are available online at Substance Response Working Group (SURG) Current and Past Meetings.

Appendix F: Information Regarding Opioid Settlement Funds

In accordance with NRS 458.480, this report does not include accounting of opioid settlement funds. However, the Department of Health and Human Services Office of Analytics has developed a cloud-based application to support annual and real-time reporting of funded programs and services by all signatories under the One Nevada Agreement. That information can be found at Fund for Resilient Nevada Dashboard.

Appendix G: Signature

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Chair, Substance Use Response Working Group Date