



2025-2026

ANNUAL REPORT

Substance Use Response Working Group

Report Date: August 1, 2026

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

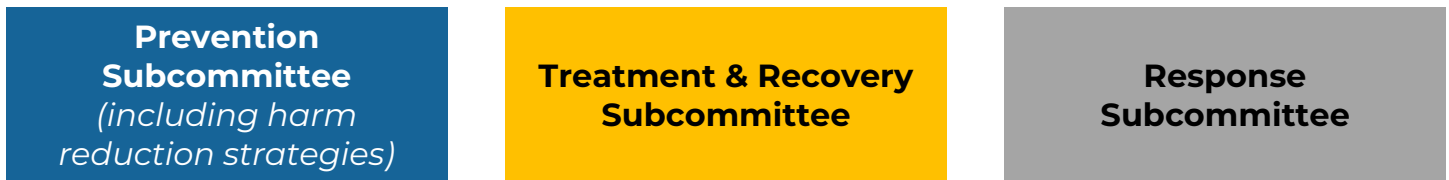
Purpose

The Attorney General’s Substance Use Response Working Group (SURG) is required to make recommendations to 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.¹

Background

Established in 2021 by Assembly Bill 374² and revised in 2025 under Assembly Bill 19³, the SURG makes recommendations to 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.

The SURG is comprised of three subcommittees that make recommendations specific to each area of the governing legislation.



2025-2026 Recommendations

From March 2025 through June 2026, the subcommittees received presentations from subject matter experts and drafted the following ranked recommendations.

PREVENTION RECOMMENDATIONS
1.
2.
3.

¹ The Attorney General’s Statewide Substance Use Response Working Group (SURG) is codified in NRS 458.460. To read NRS 458.460, visit the following link:

<https://www.leg.state.nv.us/nrs/nrs-458.html#NRS458Sec450>.

² To read Assembly Bill 374, visit the following link:

<https://www.leg.state.nv.us/App/NELIS/REL/81st2021/Bill/7952/Overview>.

³ To read Assembly Bill 19, visit the following link:

<https://www.leg.state.nv.us/App/NELIS/REL/83rd2025/Bill/11779/Overview>.

TREATMENT & RECOVERY RECOMMENDATIONS
1.
2.
3.
4.
5.

RESPONSE RECOMMENDATIONS
1.
2.
3.
4.
5.

The above recommendations are made for consideration by policymakers, direct service providers, state and local agencies, and funders. Additional details on action steps and background research for each recommendation are contained within the body and appendices of the full SURG 2025-26 Annual Report.

All meeting materials are posted on the SURG website:
[https://ag.nv.gov/About/Administration/Substance_Use_Response_Working_Group_\(SURG\)/](https://ag.nv.gov/About/Administration/Substance_Use_Response_Working_Group_(SURG)/)

OVERVIEW

Purpose

The Attorney General’s Substance Use Response Working Group (SURG) is required to make recommendations to 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.⁴

Background

The SURG was established in 2021 by Assembly Bill 374⁵ and revised in 2025 under Assembly Bill 19⁶, which changed annual reporting to August 1st, effective July 1, 2026. Additionally, Assembly Bill 19 expanded SURG membership to include representatives from the general public, with a preference for a bilingual representative; emergency response; the Department of Indigent Defense Services; the Division of Child and Family Services; and the Nevada District Attorneys Association. Per AB 19, the representative from the Department of Human Services must be from within the Division of Public and Behavioral Health.

The SURG is comprised of three subcommittees that make recommendations specific to each area of the legislation that governs this group. Subcommittee work is aligned with NRS 458.480 Section 1, Paragraphs a-q⁷ as follows:

<p style="text-align: center;">Prevention Subcommittee <i>(including harm reduction strategies)</i></p>	<ul style="list-style-type: none"> • (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
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⁴ The Attorney General’s Statewide Substance Use Response Working Group (SURG) is codified in NRS 458.460. To read NRS 458.460, visit the following link: <https://www.leg.state.nv.us/nrs/nrs-458.html#NRS458Sec450>.

⁵ To read Assembly Bill 374, visit the following link: <https://www.leg.state.nv.us/App/NELIS/REL/81st2021/Bill/7952/Overview>.

⁶ To read Assembly Bill 19, visit the following link: <https://www.leg.state.nv.us/App/NELIS/REL/83rd2025/Bill/11779/Overview>.

⁷ In 2021, guidance from prior Vice Chair Assemblymember Jill Tolles, prior Member and Department of Health and Human Services Designee Stephanie Woodard, and Attorney General Designee Terry Kerns determined subcommittee alignment.

	<p>substances are appropriately prescribed in accordance with the provisions of NRS 639.2391 to 639.23916, inclusive</p> <ul style="list-style-type: none"> • (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; (2) Reduce the harms associated with substance use and substance use disorders while referring persons with substance use disorders to evidence-based treatment.
<p>Treatment & Recovery Subcommittee</p>	<ul style="list-style-type: none"> • (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 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.
<p>Response Subcommittee</p>	<ul style="list-style-type: none"> • (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.

Support

The Attorney General chairs the SURG. Staff from the Office of the Attorney General serve as the Attorney General's designee and provide project and administrative direction for all activities and materials. Legal guidance for all meetings is provided by an assigned Deputy Attorney General.

Social Entrepreneurs, Inc. (SEI) provides additional support, including 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 assistance developing and documenting the justification and background for recommendations.

SURG PROCESS

Appointments and Subcommittee Membership

At the first meeting of each calendar year, the SURG elects from its members a Vice Chair and allows members to identify their preferred subcommittee. For the current reporting period, this occurred twice, once in January 2025 and again in January 2026. New members added via the expansion of membership roles outlined in AB19 were onboarded in October 2025 and selected subcommittees at that time.

From January 2025 through the published date of this report (August 1, 2026), Subcommittee Chairs and Vice Chairs were appointed as follows:

Prevention	
Prior Period (Jan-Dec 2025)	Current Period (Jan-Aug 2026)
<ul style="list-style-type: none"> • Jessica Johnson, Chair • Erik Schoen, Vice Chair 	<ul style="list-style-type: none"> • Jessica Johnson, Chair • Wendy Nelsen, Vice Chair
Treatment and Recovery	
Prior Period (Jan-Dec 2025)	Current Period (Jan-Aug 2026)
<ul style="list-style-type: none"> • Steve Shell, Chair • Dr. Lesley Dickson, Vice Chair 	<ul style="list-style-type: none"> • Steve Shell, Chair • Guiseppe Mandell, Vice Chair
Response	
Prior Period (Jan-Dec 2025)	Current Period (Jan-Aug 2026)
<ul style="list-style-type: none"> • Terry Kerns, Chair • Shayla Holmes, Vice Chair 	<ul style="list-style-type: none"> • Terry Kerns, Chair • Shayla Holmes, Vice Chair

Recommendations Development

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.

Subcommittee members submit recommendations and/or suggestions for presentations from subject matter experts via a survey submitted to SEI. Information submitted is then reviewed by subcommittee members during subcommittee meetings and revised throughout the year based on member research, presentations from subject matter experts, and meeting discussions. Recommendations may also be developed live in subcommittee meetings with supporting information being provided following the meeting and made public at future meetings of the subcommittees.

The SURG working group met in 2025 during the months of January, April, July, and October. Thus far in 2026, the group met in January, April, June, and July. A list of presentations contributing to recommendations received by the SURG and the three subcommittees are included in [Appendix E](#).

Recommendations Ranking

Recommendations were ranked within respective subcommittees at their May 2026 meetings prior to review by the full SURG in June. 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.

Should subcommittees meet in June to refine recommendations, this section will be updated.

DETAILED RECOMMENDATIONS

This section includes the list of recommendations, by subcommittee, as ranked as well as a more detailed list of the recommendations that includes the justification/background, action step(s), and additional information on the recommendations' impact, capacity, feasibility, urgency, and advancement of racial and health equity. Information is for the most part included as submitted via survey 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.

2025-2026 Recommendations

From March 2025 through June 2026, the subcommittees received presentations from subject matter experts and drafted the following ranked recommendations.

PREVENTION RECOMMENDATIONS

1.

2.

3.

TREATMENT & RECOVERY RECOMMENDATIONS

1.

2.

3.

4.

5.

RESPONSE RECOMMENDATIONS

1.

2.

3.

4.

5.

Detailed Recommendations by Subcommittee

Prevention Subcommittee

Recommendation #1

[Recommendation]

- Justification/Background:
 -
- Action Step:
 -
- Impact, Capacity & Feasibility of Implementation, Urgency, and How the Recommendation Advances Racial and Health Equity:
 - **Impact:**
 - **Capacity & feasibility of implementation:**
 - **Urgency:**
 - **Racial and health equity:**

Treatment & Recovery Subcommittee

Recommendation #1

[Recommendation]

- Justification/Background:
 -
- Action Step:
 -
- Impact, Capacity & Feasibility of Implementation, Urgency, and How the Recommendation Advances Racial and Health Equity:
 - **Impact:**
 - **Capacity & feasibility of implementation:**
 - **Urgency:**
 - **Racial and health equity:**

Response Subcommittee

Recommendation #1

[Recommendation]

- Justification/Background:
 -
- Action Step:
 -
- Impact, Capacity & Feasibility of Implementation, Urgency, and How the Recommendation Advances Racial and Health Equity:
 - **Impact:**
 - **Capacity & feasibility of implementation:**
 - **Urgency:**
 - **Racial and health equity:**

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(s) 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 2024 Recommendations (as of **DATE):** This table provides updates on recommendations included in the 2024 Annual Report, which immediately preceded this 2025-26 Annual Report.

Appendix E

Information Regarding SURG Membership and Presentations Received: This appendix summarizes SURG membership and presentations given during SURG and subcommittee meetings. Links are also provided that offer information about SURG related legislation, bylaws, past annual reports, and access to meeting materials.

Appendix F

Information Regarding Opioid Settlement Funds: This appendix provides details as to how up-to-date information on opioid settlement funded programs and services can be accessed online via the Fund for a Resilient Nevada Dashboard.

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 by the originating or other members.

Prevention Subcommittee

RECOMMENDATION	LINKS
1.	•
2.	•
3.	•

Treatment and Recovery Subcommittee

RECOMMENDATION	LINKS
1.	•
2.	•
3.	•
4.	•
5.	•

Response Subcommittee

RECOMMENDATION	LINKS
1.	•
2.	•
3.	•
4.	•
5.	•

Appendix B: Additional Information for Recommendations – Target Population(s) 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 by the originating or other members. “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 any special population(s).

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

Prevention Subcommittee

Recommendation	Veterans, Elderly Persons, and Youth	Persons who are involved in the criminal justice/juvenile systems ⁸	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.							
2.							
3.							

⁸ 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.

Treatment & Recovery Subcommittee

Recommendation	Veterans, Elderly Persons, and Youth	Persons who are involved in the criminal justice/juvenile systems ⁹	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.							
2.							
3.							
4.							
5.							

Response Subcommittee

Recommendation	Veterans, Elderly Persons, and Youth	Persons who are involved in the criminal justice/juvenile systems ¹⁰	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.							
2.							

⁹ 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.

¹⁰ 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 ¹⁰	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.							
4.							
5.							

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 3 through 5 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.

NRS 458.480 Duties [Effective July 1, 2026.]

(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.

Summary Tables | Recommendations by Legislative Components

Asterisks denote components that were assigned to the subcommittee in 2021 as described on page 3 of this report. Components b, h, and q are considered cross-cutting across all subcommittees.

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

Treatment & Recovery	a	b	c*	d	e*	f*	g	h	i	j	k	l	m	n	o	p	q
1.																	
2.																	
3.																	
4.																	
5.																	

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

Full Recommendation Text Tables | Recommendations by Legislative Components

Asterisks denote components that were assigned to the subcommittee in 2021 as described on page 3 of this report. Components b, h, and q are considered cross-cutting across all subcommittees.

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

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

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

Appendix D: Status of 2024 Recommendations (as of DATE)

Staff from various Divisions of the Department of Human Services as well as the Nevada Health Authority report annually to the SURG to provide updates on recommendations from previous years. Implementation of recommendations may include updating requests for applications to target specific populations and giving special consideration to shared goals such as enhancing funding levels and allowing greater flexibility in the allocation of resources.

2024 SURG Recommendation	2025-2026 Updates
Prevention	
<p>1. Recommend to DHS/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.</p>	
<p>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.</p>	

2024 SURG Recommendation	2025-2026 Updates
Prevention	
<p>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.</p>	
<p>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.</p>	

2024 SURG Recommendation	2025-2026 Updates
Harm Reduction <i>(developed the Prevention Subcommittee)</i>	
<ol style="list-style-type: none"> 1. Recommend to DHS to develop an annual or biannual saturation and distribution plan for overdose reversal medication. DHS 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. 	

2024 SURG Recommendation	2025-2026 Updates
Harm Reduction <i>(developed the Prevention Subcommittee)</i>	
<p>2. Establish a statewide initiative for community drug checking that incorporates qualitative and quantitative drug checking and includes the following parameters:</p> <ul style="list-style-type: none"> • 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. 	

2024 SURG Recommendation	2025-2026 Updates
Harm Reduction <i>(developed the Prevention Subcommittee)</i>	
<p>3. In collaboration with local agencies and through community conversations, DHS 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.</p>	
<p>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.</p>	

2024 SURG Recommendation	2025-2026 Updates
Treatment and Recovery	
<p>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.</p>	

2024 SURG Recommendation	2025-2026 Updates
Treatment and Recovery	
<p>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.</p>	
<p>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.</p>	

2024 SURG Recommendation	2025-2026 Updates
Treatment and Recovery	
<p>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.</p>	

2024 SURG Recommendation	2025-2026 Updates
Response	
<p>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.</p>	

2024 SURG Recommendation	2025-2026 Updates
Response	
<p>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.</p>	
<p>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.</p>	

2024 SURG Recommendation	2025-2026 Updates
Response	
<p>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.</p> <p>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.</p>	

2024 SURG Recommendation	2025-2026 Updates
Response	
<p>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.</p>	
<p>6. Implement a voluntary program to install “drug take back bins” in retail pharmacies.</p>	

Appendix E: Information Regarding SURG Membership and Presentations Received

Membership

Current SURG membership as of July 2026 includes:

Member Name	Role	Anticipated Term End Date
Attorney General Aaron Ford	The Attorney General or his or her designee	1/1/2027
Terry Kerns	Attorney General's designee to the Response Subcommittee	NA
Stephanie Cook	The Director of the Department of Human Services, or his or her designee from within the Division of Public and Behavioral Health	10/1/2027
Peter Handy	The Executive Director of the Department of Indigent Defense Services, or his or her designee	10/1/2027
Senator Dina Neal	One member of the Senate who is appointed by the Senate Majority Leader	1/1/2027
Senator Jeff Stone	One member of the Senate who is appointed by the Senate Minority Leader	1/1/2027
Assemblymember Heather Goulding	One member of the Assembly who is appointed by the Speaker of the Assembly	1/1/2027
Assemblymember Rebecca Edgeworth	One member of the Assembly who is appointed by the Assembly Minority Leader	1/1/2027
<i>The following members are appointed by the Attorney General</i>		
Jessica Johnson	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	1/1/2027
Stacey Lance	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	1/1/2027
Shayla Holmes	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	1/1/2027
Dr. Jose Maria Partida Corona	One provider of health care with expertise in medicine for the treatment of substance use disorders	1/1/2028

Member Name	Role	Anticipated Term End Date
Christine Payson	One representative of the Nevada Sheriffs' and Chiefs' Association, or its successor organization	1/1/2027
Steve Shell	One advocate for persons who have substance use disorders and family members of such persons	1/1/2028
Guiseppe Mandell	One person who is in recovery from a substance use disorder	1/1/2028
John Firestone	One person who provides services relating to the treatment of substance use disorders	1/1/2028
Wendy Nelsen	One representative of a substance use disorder prevention coalition	1/1/2028
Chelsi Cheatom	One representative of a program to reduce the harm caused by substance misuse	1/1/2028
Bud Schawl	One representative of a hospital	1/1/2028
Rosa O'Bannon	One representative of a school district	1/1/2028
Rob Banghart	One member of the general public, with preference given to a person who is fluent in more than one language and resides in a household where more than one language is spoken	10/1/2027
Noël Chounet	One person who is an emergency response employee	10/1/2027
Kyra Morgan	One representative of the Division of Child and Family Services of the Department of Human Services	10/1/2027
Nicole Hicks	One representative of the Nevada District Attorneys Association, or its successor organization	10/1/2027

The following former SURG members also served in 2025-2026:

- **Dave Briggs**, in the role of a person who provides services relating to the treatment of substance use disorders
- **Senator Fabian Doñate**, in the role of a member of the Senate who is appointed by the Senate Majority Leader
- **Dr. Lesley Dickson**, in the role of a provider of health care with expertise in medicine for the treatment of substance use disorders
- **Dorothy Edwards**, in the role of a 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

- **Assemblymember Ken Gray**, in the role of a member of the Assembly who is appointed by the Assembly Minority Leader
- **Assemblymember Melissa Hardy**, in the role of a member of the Assembly who is appointed by the Assembly Minority Leader
- **Jeffrey Iverson**, in the role of a person who is in recovery from a substance use disorder
- **Nancy Lindler**, in the role of a person who provides services relating to the treatment of substance use disorders
- **Debbie Nadler**, in the role of an advocate for persons who have substance use disorders and family members of such persons
- **Angela Nickels**, in the role of a representative of a school district
- **Erik Schoen**, in the role of a representative of a substance use disorder prevention coalition
- **Dr. Beth Slamowitz**, in the role of a designee of the Director of the Department of Human Services

Presentations Received by the Full SURG

The SURG working group met in 2025 during the months of January, April, July, and October. In 2026, the group met in January, April, June, and July. In January of 2025 and 2026, members approved the 2024 Annual Report and the 2025 Progress Report, respectively. Presentations were made at the April, July, and October 2025, and April 2026, SURG meetings on the following topics:

April 2025

- **Compassionate Overdose Response** by Karla Wagner, Ph.D., University of Nevada, Reno School of Public Health
- **Presentation of Fund for a Resilient Nevada 2024 Annual Report** by Dawn Yohey, Nevada Department of Human Services, Director's Office, Fund for Resilient Nevada
- **Presentation on Legislative Bills from Behavioral Health Policy Boards** by Dorothy Edwards, Washoe Regional Behavioral Health Policy Coordinator; Valerie Haskin, Rural Regional Behavioral Health Policy Coordinator; Mark Funkhouser, Southern Regional Behavioral Health Policy Coordinator; and Cherylyn Rahr-Wood, Northern Regional Behavioral Health Policy Coordinator

July 2025

- The July meeting highlighted current trends in substance use and included the following presentations:
- **Update for Opioid/Overdose Prevention Activities from CASAT** by Michelle Berry, MBA, Associate Director, and Morgan Green, MA, Project Manager, Center for Application of Substance Abuse Technologies (CASAT)
- **Nevada Substance Use Trends and Public Health Implications** by James Dardis, MS, Biostatistician III, Fund for Resilient Nevada, Office of Analytics, Nevada Department of Human Services

- **Current Drug Use and Seizure Trends in Nevada** by Christine Payson, Drug Intelligence Officer for Nevada High Intensity Drug Trafficking Area (HIDTA)
- **Drug Testing Performed by Public Health Programs** by Karla Wagner, Ph.D., University of Nevada, Reno, School of Public Health
- **Surveillance of the Clark County Illicit Drug Supply** by Marco G. Méndez, MPH, Public Health Evaluator, Division of Disease Surveillance & Control, Southern Nevada Health District

October 2025

- **Presentation of Strategic Plan from Division of Public and Behavioral Health** by Shannon Bennett, Bureau Chief, Bureau of Behavioral Health Wellness and Prevention, Division of Public and Behavioral Health
- **Update on MOUD (Medications for Opioid Use Disorder) in Rural Jails** by Bill Teel, GROWLER Consulting
- **Update on the Clark County Regional Opioid Task Force** by Melanie Rouse, Clark County Coroner and Opioid Task Force Chair
- **Fund for Resilient Nevada Assessment and State Plan** by Heather Kerwin, MPC, CPH, Opioid & Infectious Disease Epidemiologist, Contractor, Office of State Epidemiology, Division of Public and Behavioral Health

April 2026

- **Status Update from the Fund for Resilient Nevada** by Dawn Yohey, MFT, LCADC, Clinical Program Planner, Nevada Department of Human Services, Fund for a Resilient Nevada
- **Presentation on the State Budgeting Process** by Christina Hadwick, Deputy Director, Fiscal Services, Nevada Department of Human Services
- **Presentation on Peer Certification** by Anne-Elizabeth Northan, MPA, Program Director, Center for the Application of Substance Abuse Technologies

Each meeting, aside from April 2026, also included an update on Opioid Litigation, Settlement Funds, and Distribution by Chief Deputy Attorney General Mark Krueger, Office of the Attorney General.

Presentations Received by Subcommittees

Prevention Subcommittee members met in 2025 during the following months: March, May, June, and November. Note that the Subcommittee was scheduled to meet in August but did not have quorum; presentations were provided on this date but no action was taken. The subcommittee met in March and May 2026. Presentations were made on the following topics:

- **Low Barrier Emergency Department Based Naloxone Distribution** by Kelly Morgan, MD, Emergency Physician; Medical Director, Las Vegas Fire & Rescue; Cofounder/Chief Medical Officer, Elite 7 Sports Medicine and Josh Luftig, PA-C, Cofounder Bridge, CA Bridge
- **Update on Multi-Tiered System of Support (MTSS) Project** by Kaci Fleetwood, M. Ed, BCBA, LBA; Ashley Greenwald, Ph.D., BCBA-D, LBA; and Brooke Wagner, MSC-SC, M.Ed., BCBA, LBA
- **Boys and Girls Club of Nevada Alliance: Fund for Resilient Nevada SMART Moves Tween & Teen Initiative** by Noelle Hardt and Tamika Shauntee Rosales
- **Presentation on Naloxone Distribution in Nevada Hospital Emergency Departments** by Darla Zarley, Pharm.D., Nevada State Board of Pharmacy
- **Presentation on Substance Use Prevention Allocations** by Stephanie Cook, BSBM, State Opioid Treatment Authority
- **Tobacco and Cannabis Prevention Funding Landscape and Recommendation** by Lisa Sheretz, Health Educator, Northern Nevada Public Health, Nevada Tobacco Control & Smoke-free Coalition President; and Malcolm Ahlo, Tobacco Control Program Coordinator, Southern Nevada Health District, Nevada Tobacco Control & Smoke-free Coalition Immediate Past President

Treatment and Recovery Subcommittee members met in 2025 during the following months: March, May, June, August, and November. The subcommittee met in 2026 during February, March, and May. Presentations were made on the following topics:

- **A Retrospective Assessment or/and Prospective Study to Assess the Outcomes of Patients Following Discharge From Detoxification and Examine Mortality and Overdose** by John Hamilton, Liberation Programs, Connecticut
- **Code of Federal Regulations (CFR) 42, Part 8: Updating Regulations for Opioid Treatment Programs** by John Firestone, Executive Director, Life Change Center, Reno
- **Trends and Opportunities Related to Substance Misuse Treatment** by Dr. José Maria Partida Corona, Partida Corona Medical Center, Las Vegas
- **Presentation on Contingency Management** by Michelle Berry, MBA, Executive Director, Center for the Application of Substance Abuse Technologies (CASAT), School of Public Health, University of Nevada, Reno

Response Subcommittee members met in 2025 during the following months: March, May, June, August, and November. The subcommittee met in 2026 during February, March, and May. Presentations were made on the following topics:

- **Good Samaritan Drug Overdose Act Community Education and Prescription Take-Back Programs** by Jamie Ross, CEO, PACT Coalition, Director, Nevada Statewide Coalition Partnership and Daria Singer, Executive Director, Partnership of Douglas County
- **Emergency Bridge Program** by Kelly Morgan, MD, Emergency Physician; Medical Director, Las Vegas Fire & Rescue; Cofounder/Chief Medical Officer, Elite 7 Sports Medicine
- **Medication Assisted Treatment (MAT)/Medications for Opioid Use Disorder (MOUD) Access in Certified Community Behavioral Health Clinics (CCBHCs)** by Mark Disselkoen, MSW, LCSW, LADC Project Manager, CASAT, University of Nevada, Reno, and Lori Follett, Social Services Chief II, Nevada Department of Human Services, Division of Health Care Financing and Policy (DHCFP), Behavioral Health Benefits Coverage Team
- **Update on Wastewater Surveillance of High-Risk Substances in Nevada** by Daniel Gerrity, Ph.D., P.E., Principal Research Scientist, Southern Nevada Water Authority, and Edwin Oh, Ph.D., Associate Professor, Neurogenetics and Precision Medicine Lab, University of Nevada, Las Vegas
- **Presentation on Behavioral Health Education, Retention & Expansion Network of Nevada (BeHERENV)** by Sara Hunt, PhD, Executive Director BeHERE Nevada and Roberta A. Miranda-Alfonzo, PhD, CPC-S (NV), LCADC-S (NV), NCC, ACS, CPCG-I (NV), Associate Director of Recruitment and Outreach, Kirk Kerkorian School of Medicine, University of Nevada, Las Vegas
- **Drug and Alcohol Prevention, Education, and Enforcement** by Officer Jermaine Galloway, Tall Cop Says Stop
- **Presentation on the Nevada Recovery Friendly Workplace Initiative** by Jonathon Lambson, Recovery Friendly Workplace Ambassador, Foundation for Recovery and Sean O'Donnell, MS, Executive Director, Foundation for Recovery

Appendix F: Information Regarding Opioid Settlement Funds

In accordance with NRS 458.480, this report does not include accounting of opioid settlement funds.¹¹ However, the Nevada Health Authority Office of Analytics has developed a cloud-based application to support annual and real-time reporting of opioid settlement funded programs and services by all signatories under the One Nevada Agreement. That information can be found on the Fund for Resilient Nevada Dashboard.¹²

¹¹ To read NRS 458.480, visit the following link: <https://www.leg.state.nv.us/nrs/nrs-458.html#NRS458Sec480>.

¹² To review the Fund for a Resilient Nevada Dashboard, visit the following link: <https://app.powerbigov.us/view?r=eyJrIjoiaMzg2MDYzYzEtNmQwYy00NjYwLTk1MDgtYzJiY2VjOGVjZmJkliwidCI6ImU0YTM0MGU2LWI4OWUtNGU2OC04ZWZhLTE1NDRkMjcwMzk4MCJ9>.

Appendix G: Signature

Chair, Substance Use Response Working Group

Date