

## PREVENTION

SURG 2022-2024 Recommendations by Subcommittee	Updates Provided by DHSS in 2023, 2024 and Spring 2025 (As Available)	Legislation/Legislative Updates (As Available)
<p><i>2024: Recommend to DHHS/DPBH/the Bureau of Behavioral Health Wellness and Prevention 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.</i></p> <p><i>2023: 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.</i></p> <p><i>2022: Require DHHS to allocate increased funding for the Prevention Coalitions to set aside funding for small grants to programs and grassroots efforts geared toward substance use prevention and education.</i></p> <p><i>2022: Increase school-based mental health professionals through a multi-disciplinary, cross-department school-based behavioral health team.</i></p>	<p><b>Relevant Funding or Grants:</b> 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</p> <p><b>5/7/25 Update</b></p> <ul style="list-style-type: none"> <li>- Frontier Community Coalition Peer Recovery and Support Specialists (PRSS) deliver harm reduction and recovery education in rural communities, including school-based prevention, harm reduction education, connection to housing, trx, and mental health services.</li> <li>- SNHD Bridge to Wellness project will expand access to harm reduction supplies, pilot a naloxone distribution program, and implement an OD prevention ambassador program. It will reduce stigma among healthcare providers, preventing spread of substance-related infectious diseases, and support re-entry of justice-involved through linkage to treatment MOUD. Includes targeted youth prevention efforts to reduce substance misuse and build resilience.</li> <li>- Foundation for Recovery 12-week employment program in southern Nevada. Includes peer-led group support, job readiness workshops, digital literacy training, and wraparound services. To launch new cohort in Spring 2025 w/employment and life skills, emotional regulation, and self-sufficiency strategies.</li> <li>- Mission High School Recovery Support Partnership in partnership with FFR delivers school-based recovery services to youth impacted by substance use, pairing with PRSS for individualized plans, coaching, and structured recovery activities with family and community. Monthly engagement supports 6-9 students w/relapse re-engagement protocols.</li> </ul> <p><b>10/24 Update</b></p> <ul style="list-style-type: none"> <li>- BBHWP currently allocates a minimum carve-out of 20% for primary prevention dollars every FFY for the Block Grant, as required by SAMHSA. The Bureau also oversees a GFA that support primary prevention activities. The intention is to ensure this GFA 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.</li> </ul>	

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	<p>- DCFS: 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.</p> <p><b>6/24 Update</b></p> <p>- SUPTRS Update: NV Dept of Education is working to secure more funding for this issue. Currently these are tracked by the Opiod Response Team/The Nevada Overdose Data to Action (OD2A) Program/Nevada State Unintentional Drug Overdose Reporting System (SUDORS).</p> <p><b>2023 Update</b></p> <p>- DHHS Recommends expenditure of settlement funds to increase funding for prevention coalitions.</p>	
<p><i>2024: Create a bill draft request to amend the NRS for 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 &amp; Smoke-free Coalition and subject matter experts.</i></p> <p><i>2023: 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.).</i></p>	<p><b>10/24 Update</b></p> <p>- BBHWP works with BCFCW to allocate tobacco dollars. The SUPTRS block grant requires BBHWP to support tobacco related activities.</p>	<p>Funds are allocated in accordance with NRS 439.630  <a href="https://www.leg.state.nv.us/nrs/nrs-439.html#NRS439Sec630">https://www.leg.state.nv.us/nrs/nrs-439.html#NRS439Sec630</a></p>

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<p><i>2024: Require the state office of Medicaid to develop a state plan amendment to implement changes to support the recommendation requesting rates &amp; billing standards for CHWs and Peers be increased to align with the national average and CMS standard.</i></p> <p><i>2023: Expand Medicaid billing opportunities for preventive services &amp; allow blended &amp; braided funding to facilitate services to expand access to care for youth &amp; adults.</i></p> <p><i>2022: Support prevention &amp; intervention in K-20 schools by investing in multi-tiered system of supports (MTSS) &amp; provide a robust platform of services at schools to connect families to prosocial education, early intervention, counseling services, &amp; other resources to help mitigate Adverse Childhood Experiences (ACES).</i></p> <p><i>2022: Provide age appropriate, innovative and/or evidence-based prevention education and programming that is based on best practices and invest in certified prevention specialists in schools.</i></p>	<p><b>10/24 Update</b></p> <p>- DHCFP: 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.</p> <p><b>6/24 Update</b></p> <p>- SUPTRS Update: Evidenced-based prevention education already provided by The Department of Education Behavioral Health liaison.</p>	<p>2025: AB340 Requires certain health insurance to include coverage for the screening, assessment and diagnosis of fetal alcohol spectrum disorders (among others) (Exempt)</p> <p>2025: SB300 Requires Medicaid cover services provided by a psychiatrist, psychologist, advanced practice registered nurse, MFT, LCSW at FQHC; and newly requires Medicaid to cover services provided by a mental health counselor (Exempt) ADP 4/7/25 and 5/21/25.</p>

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<p><i>2024: 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 &amp; Smoke-free Coalition and subject matter experts.</i></p> <p><i>2023: Create a bill draft request at the legislature to change the language around drug paraphernalia as it relates to smoking supplies.</i></p> <p><i>2022: Expand Medicaid billing opportunities for preventive services &amp; allow blended &amp; braided funding to facilitate services to expand access to care for youth and adults.</i></p>		

## HARM REDUCTION

SURG 2022-2024 Recommendations by Subcommittee	Updates Provided by DHSS in 2023, 2024 and Spring 2025 (As Available)	Legislation/Legislative Updates (As Available)
<p><i>2024: 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.</i></p>	<p><b>4/30/25 Update</b></p> <p>- The SOR team has drafted a comprehensive Nevada Opioid Antagonist Saturation Plan, which is currently under review by leadership within the BBHWP. This draft is grounded in the most current guidance outlined in SAMHSA's January 2025 report, Community Opioid Overdose Reversal Medications (OORMs) Planning Toolkit, which provides a national framework for overdose reversal saturation planning.</p> <p><b>10/24 Update</b></p> <p>- BBHWP: 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).</p> <p><b>6/24 Update</b></p> <p>SUPTRS</p> <p>*Connect with SOR. The state has increased orders for all testing strips mentioned. SAMHSA has recently approved the state for the order of Xylazine strips.</p> <p>**There is a 20% carve out for prevention dollars in our Block Grant. In Fiscal Year 23 SAMHSA has extended the Partnership for Success Grant. Prevention efforts are supported through the General Fund, federal dollars, and other resources.</p> <p>***SAMHSA sent out an RFA to all coalitions nationally all 10 of Nevada's were informed and asked to apply. Nevada applied as a state entity (on behalf of the state); our funding was cut 50% from the prior year with the expectation that the coalitions would apply directly to SAMHSA. This would be a new grant application, not an extension. Awarded for 5 years.</p>	

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<p><i>2024: Establish a statewide initiative for community drug checking that incorporates qualitative and quantitative drug checking and includes the following parameters:</i></p> <ul style="list-style-type: none"> <li>• <i>Utilize a regional implementation approach with standardized, statewide indicators, since local jurisdictions are best equipped to respond to findings from community drug checking.</i></li> <li>• <i>Work with harm reduction community to identify partners/ locations and provide guidance and training.</i></li> <li>• <i>Start all sites with mail-based testing while piloting on-site drug checking in a subset of early adopters to refine implementation needs.</i></li> <li>• <i>Standardize the data collection, entry, testing, mailing, analysis, reporting as a best practice. Make this as transparent of a process as possible.</i></li> <li>• <i>Articulate principles and plans for what will happen to the data.</i></li> </ul> <p><i>2023: Establish a statewide initiative for community drug checking that incorporates qualitative and quantitative drug checking and includes specific parameters.</i></p>	<p><b>5/7/25 Update</b></p> <ul style="list-style-type: none"> <li>- UNR School of Public Health launching drug checking initiative in Washoe County. Monitor local drug supply w/timely, actionable info. Staff training and syringe service programs to collect and analyze drug samples, track drug trends; share w/stakeholders. Tracking of samples tested, identify adulterants, evaluate OD risk reduction.</li> </ul> <p><b>10/24 Update</b></p> <ul style="list-style-type: none"> <li>- 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.</li> </ul>	
<p><i>2024: 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.</i></p>	<p><b>5/7/25 Update</b></p> <ul style="list-style-type: none"> <li>- Expand syringe access through vending machines and statewide mail-order syringe exchange; 241 shipments completed in 1st half of SOR 4 Year 1. Vending machines active in five regions w/planned expansion. Safe sharps disposal @ vending sites. Educational outreach through health fairs and community events.</li> <li>- Toni's House harm reduction education and naloxone distribution for unhoused and transitional housing residents. Disseminate backpacks w/harm reduction tools and QR-coded resources, expanding awareness and service connection across Clark County.</li> </ul>	

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<p><i>2023: 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.</i></p>	<p><b>10/24 Update</b></p> <p>- BBHWP: 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.</p>	
<p><i>2024: 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.</i></p> <p><i>2023: Support Harm Reduction through: changes to recruitment, retention, and compensation of health and BH care workers and enhance compensation in alignment with the Comm on BH Board's 2023 letter to Governor. Additionally, continue to sustain and expand investment in CHWs, PRSS, and CPSs by implementing changes to recruitment, retention, and compensation.</i></p> <p><i>2023: 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.</i></p>	<p><b>10/24 Update</b></p> <p>- 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 it's 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.</p> <p>- 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.</p>	<p>2025: AB60 requires certification of prevention specialists; prohibits minors from providing or supervising PRSS in most circumstances.</p> <p>Status: ADP 3/21/25 and 5/13/25.</p>



## CROSS-CUTTING

SURG 2022-2024 Recommendations by Subcommittee	Updates Provided by DHSS in 2023, 2024 and Spring 2025 (As Available)	Legislation/Legislative Updates (As Available)
<p><i>2024: 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.</i></p> <p><i>2023: 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.</i></p> <p><i>2022: Support a backbone agency that specializes in data collection, evaluation, analysis, and assessment, and provides consultation to entities across Nevada to help improve internal local data collection systems and create a comprehensive statewide data sharing system that includes all State dashboards and public data.</i></p>	<p><b>10/24 Update</b></p> <p>- 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.</p> <p><b>6/24 Update</b></p> <p>- SUPTRS: The Office Of Analytics currently does these activities. This is supported by the Block Grant. In the future you could provide a future agency with foundation level of information with support from the Office of Analytics.</p>	
<p><i>2023: 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.</i></p> <p><i>2022: Same as 2023</i></p>	<p><b>5/7/25 Update</b></p> <p>- UNR CASAT oversees distribution of SOR funded naloxone and other harm reduction supplies w/training for distribution sites and website maintenance for access information. Spanish translation of materials and online courses. Saturation planning.</p> <p>- Direct-Funded Tribal Efforts partnership w/SOR and Inter-Tribal Council of NV to fund and facilitate installation of 10 naloxboxes across tribal communities ensure free access in remote or high-need areas. 100 medication lock-boxes to Owyhee Community Health Facility to store medication and reduce accidental or intentional misuse in homes. Commitment to culturally appropriate OD prevention strategies respectful of tribal sovereignty and health priorities.</p>	<p>2025: AB394 was amended to change dosage from 4mg to lowest effective dosage to restore breathing. It also would prohibit disciplinary action for obtaining opioid antagonists.</p> <p>Status: ADP 4/1/25; 5/7/25</p>



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	<b>2024 DHHS Recommendations</b> * Expenditure of settlement funds to support the distribution of overdose reversal medications at the community level, including in schools and other institutions. * Require the Nevada Department of Education to collaborate with school districts on the distribution of overdose reversal medications and other services to support harm reduction.	2023: Legislation: AB132 Requires establishment of a regional opioid overdose task force in Clark County.
<p><i>2024: 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.</i></p> <p><i>2023: 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.</i></p> <p><i>2022: Same as 2023</i></p>	<b>6/24 Update</b> - SUPTRS Update: The State has approved certain projects such as the MOST/Crisis Teams to complete similar goals. Sub-awardees include state hospitals and harm reduction efforts are supported by the SOR team and SUPTRS prevention and treatment team. Not all hospitals in Nevada are receiving SAPTA Subgrant awards to act as crisis stabilization centers. - Northeastern Nevada Regional Hospital, William Bee Ririe Critical Access Hospital, Humboldt General Hospital, Battle Mountain General Hospital, Pershing General Hospital, Renown Hospital, Saint Mary's, Northern Nevada Medical Center, Carson Tahoe Mallory Crisis Center, Carson Tahoe Regional Medical Center, Banner Churchill Hospital, Carson Valley Medical Center, South Lyon Medical Center, Desert View Hospital.	<p>2025: AB394 was amended to change dosage from 4mg to lowest effective dosage to restore breathing. It also would prohibit disciplinary action for obtaining opioid antagonists.            Status: ADP 4/1/25; 5/7/25</p> <p>2023: Legislation: AB132            Requires establishment of a regional opioid overdose task force in Clark County.</p>

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<p><i>2022: Implement changes to recruitment, retention, and compensation of health and behavioral health care workers and enhance compensation in alignment with the Commission on BH Board's letter to Governor. 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.</i></p>	<p><b>5/7/25 Update</b></p> <ul style="list-style-type: none"> <li>-UNR Safer Nights statewide harm reduction focuses on nightlife and community settings. Social marketing and stakeholder training to educate venue staff, public safety professionals, and community partners to identify at-risk individuals and implement safety protocols. CHWs trained as Safer Nights Ambassadors, lead outreach efforts to distribute resources and connect individuals w/harm reduction services.</li> <li>- UNR CASAT oversees distribution of SOR funded naloxone and other harm reduction supplies w/training for distribution sites and website maintenance for access information. Spanish translation of materials and online courses. Saturation planning.</li> </ul> <p><b>10/24 Update</b></p> <ul style="list-style-type: none"> <li>- BBHWP: This has been identified as a priority for SOR as part of the latest award application (pending SAMHSA approval).</li> </ul>	<p>2023:</p> <ul style="list-style-type: none"> <li>- AB138 - Requires state to pay for nonfederal share of behavioral health services, including treatment of a substance use disorder, including collaborative care management services.</li> <li>- SB117 - Expands Medicaid coverage to CHWs</li> <li>- SB191 - Expands Medicaid coverage to behavior analysts, assistant behavior analysts an registered behavior technicians for recipients under 27 years of age.</li> </ul>
<p><i>2024: 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.</i></p> <p><i>2023: 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).</i></p>	<p><b>5/7/25 Update</b></p> <ul style="list-style-type: none"> <li>- Nye Communities Coalition links overdose survivors at Desert View Hospital to Trx/Recovery services using PRSS. Includes case management, screening for SDOH, and post-OD education, serving Nye and Esmeralda counties.</li> <li>- Adam's Place offers grief counseling, peer support, and recovery education for families affected by overdose loss. Grief and resilience programming in trauma-informed and culturally sensitive manner.</li> </ul> <p><b>10/24 Update</b></p> <ul style="list-style-type: none"> <li>- BBHWP: 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.</li> <li>- 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.</li> </ul>	