

Sponsoring Member(s)	Recommendation	AB374 Section 10 requirements	Cross-cutting elements (B,C,H,Q)	Special Populations (Please cut and paste from the list below, include all that apply)	Justification	Research/Links	Action Step (e.g., BDR request, expend. of settlement funds, DHHS Policy, etc.)	Short Term or Long Term?	Fiscal Note? If yes, approximate amount.	Member Comments and Feedback	Urgency	Impact
EXAMPLE												
Tolles	Improve data sharing between Law Enforcement and Public Health	I. Develop LE-PH prevention strategies	H,Q	b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems; e. People who inject drugs; (as revised); f. Children who are involved with the child welfare system; g. Other populations disproportionately impacted by substance use disorders.	Current systems limit data sharing There are gaps in being able to collect data to evaluate: Programs Participation Recidivism Success rates	https://www.samhsa.gov/criminal-juvenile-justice/sim-overview/intercept-1	BDR	Long	Yes, \$1,000,000			
Victoria Gonzalez, Executive Director Nevada Department of Sentencing Policy	Collaborate with the Coordinating Council, other stakeholders and partners to collect data and measure criminal justice outcomes	M. Study SUD effect on CJ-LE-Corrections	H	b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems;								
Presentation at February Interim Health - Elyse Monroy	A statewide forensic lab that would support surveillance sample testing and other types of bio-surveillance using standardized protocol	D. Criminal Justice System Supports	B									
Presentation at February Interim Health - Elyse Monroy	Standardized data sharing agreements between public safety and public health that support data sharing and allow for redisclosure to inform risk messaging,	I. Develop LE-PH prevention strategies	H, Q	This would likely help all populations experiencing SUD and overdoses	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.	https://www.cdc.gov/phlp/docs/forensic_epidemiology/coursemguide.pdf	Create and implement a joint forensic epidemiology course for drug overdose investigations similar to the forensic epidemiology course for investigative responses to bioterrorism events (see research link).	Long term	Likely yes for developing course and then to provide funding for participants to attend. Not sure of exact dollar amount.	I have taught and participated in the referenced course as well as responses and found that those who have participated in the course are more open and understand the need to share data/joint responses. This course opens lines of communication and has often led to those who participated to data sharing agreements.	Mid-level urgency	High impact
Presentation at February Interim Health - Elyse Monroy	1) Review existing state funding formulas for antemortem and toxicology testing.	I. Develop LE-PH prevention strategies	Q	This would likely help all populations experiencing SUD and overdoses								
Presentation at February Interim Health - Keith Carter	Study the outcomes of mixing various drugs together	K. Recommend LE-PH coordination	Q	b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems								
Presentation at February Interim Health; Dr. Woodard	Reform criminal justice services to include MAT, peers, social determinants of health, harm reduction strategies, reduce criminalization and punitive practices towards individuals with OUD.	I. Develop LE-PH prevention strategies	Q	b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems								
Presentation at February Interim Health; Dr. Woodard	Implement follow-up and referral with linkage of care for incarcerated and court-involved individuals.	D. Criminal Justice System Supports	Q	b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems								
Presentation at February Interim Health; Dr. Woodard	Recognize the decision to initiate and maintain MAT should be made collaboratively by the individual and the provider; not the court systems. Coordinate with specialty courts to provide front-end comprehensive evaluations to determine co-occurring disorders and provide comprehensive treatment.	O. Study effectiveness of criminal and civil penalties	B	b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems								
Presentation at February Interim Health; Dr. Woodard	Identify which treatments are essential services within the criminal justice system, and develop corresponding policies.	D. Criminal Justice System Supports	C	b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems								
Presentation at February Interim Health; Dr. Woodard	Identify which treatments are essential services within the criminal justice system, and develop corresponding policies.	I. Develop LE-PH prevention strategies	C	b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems								

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Presentation at February Interim Health; Dr. Wagner	Increase targeted Naloxone distribution	D. Criminal Justice System Supports	Q	b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems								
Presentation at February Interim Health; Dr. Wagner	Harmonize criminal justice and public health responses to promote access to treatment and medical care	O. Study effectiveness of criminal and civil penalties	Q	b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems								
Presentation at March Interim Health; Misty Allen	Develop safe spaces for people who are LGBTQ and gather data.		B, C, H	d. Lesbian, gay, bisexual, transgender and questioning persons;								
Health: Misty Allen	Partner with Project Aware and DCFS		B, C, H	a. Veterans, elderly persons and youth								
Presentation at March Interim Health: Catherine Lowden	Violence prevention communication on shared risk and protective factors to address gangs, SUD, and suicide (overlap)	I. Develop LE-PH prevention strategies	H	a. Veterans, elderly persons and youth								
Presentation at March Interim Health: Dr. Andrew Freeman	Employ safety checks within mobile crisis teams through technology. (overlap)	I. Develop LE-PH prevention strategies	B	a. Veterans, elderly persons and youth								
Presentation at March Interim Health: Dr. Andrew Freeman	Develop and encourage public-private partnerships for crisis response team services (overlap)	K. Recommend LE-PH coordination		g. Other populations disproportionately impacted by substance use disorders.								
Presentation at March Interim Health: Dr. Andrew Freeman	Explore co-response models with para-professionals and caseworker training for children's mobile crisis (overlap)	K. Recommend LE-PH coordination	Q	a. Veterans, elderly persons and youth								
Presentation at March Interim Health: Dr. Andrew Freeman	Develop all-payers reimbursement for crisis services (overlap)	K. Recommend LE-PH coordination	Q	g. Other populations disproportionately impacted by substance use disorders.								
Presentation at March Interim Health: Dr. Andrew Freeman	Report metrics for system component functioning (overlap)	D. Criminal Justice System Support	H	g. Other populations disproportionately impacted by substance use disorders.								
Presentation at March Interim Health: Dr. Andrew Freeman	Establish youth crisis-stabilization units. (overlap)	K. Recommend LE-PH coordination	Q	a. Veterans, elderly persons and youth								
Presentation at March Interim Health - Dr. Megan Freeman, DCFS	Invest in a multi-disciplinary, cross Department School Based Behavioral Health team. (overlap)	and expand the implementation of programs to educate and reduce harm	B	a. Veterans, elderly persons and youth								
Presentation at March Interim Health: Elizabeth Manley	Establish oversight group for residential interventions with links for aftercare	K. Recommend LE-PH coordination	B	f. Children who are involved with the child welfare system,								
Presentation at March Interim Health: Elizabeth Manley	Establish single assessment tool across youth populations, e.g., CANS		C	f. Children who are involved with the child welfare system,								
Presentation at March Interim Health: Elizabeth Manley	Build system of care incorporating all funding sources		Q	f. Children who are involved with the child welfare system,								
Christine Payson	Funding for an independent medical examiner reports that verify the specific cause of death in overdose cases where the source of the drug supply has been identified, and can be prosecuted	D. Criminal Justice System Support I. Develop LE/PH prevention strategies M. Study SUD effect on CJ/LE/Corrections N. Study source and Mfg of substances O. Study preventive effectiveness of criminal and civil penalties	C, Q	a. Veterans, elderly persons and youth; b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems; e. People who inject drugs; (as revised) g. Other populations disproportionately impacted by substance use disorders.	DA wants these causation experts to provide the reports before they'll go forward with prosecution, particularly in cases where there are poly-drugs in the victim's system.		Bill Draft Request Expenditure of Settlement Funds	Long Term	Yes			

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Christine Payson	Funding an API for the ODMAP system	D. Criminal Justice System Support I. Develop LE/PH prevention strategies M. Study SUD effect on CJ/LE/Corrections N. Study source and Mfg of substances O. Study preventive effectiveness of criminal and civil penalties	C, Q	a. Veterans, elderly persons and youth; b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems; e. People who inject drugs; (as revised) g. Other populations disproportionately impacted by substance use disorders.	This is currently grant funded, only through 2022. No new funds have been allocated or awarded	https://www.cdc.gov/drug-overdose/foa/state-opioid-mm.html	Bill Draft Request Expenditure of Settlement Funds	Long Term	Yes		3-Urgent	3-High Impact
Christine Payson	Funding for additional police Overdose Response Teams, to respond to and investigates overdose related crimes	D. Criminal Justice System Support I. Develop LE/PH prevention strategies M. Study SUD effect on CJ/LE/Corrections N. Study source and Mfg of substances O. Study preventive effectiveness of criminal and civil penalties	C, Q	a. Veterans, elderly persons and youth; b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems; e. People who inject drugs; (as revised) g. Other populations disproportionately impacted by substance use disorders.	By arresting the source of supply; dealers and traffickers who bring this poison to our communities are removed from the streets. While the intent of AB 236 was to address Nevada's growing prison population and the expense of that growth to Nevada taxpayers, it did not consider the public safety threat stemming from increased weights involving deadlier drugs like fentanyl being trafficked in the community and the impact to overdose victims and their families. It also fails to separate drug users from drug dealers which allows the latter to manipulate the justice system for	https://www.cdc.gov/drug-overdose/foa/state-opioid-mm.html	Bill Draft Request Expenditure of Settlement Funds	Long Term	Yes		3-Urgent	3-High Impact
Christine Payson	An amendment to AB 236 should be implemented which would assign lengthier prison sentences to dealers that sell fentanyl, with or without knowledge, in the state of Nevada. If a dealer's drug sales are directly correlated to an overdose event, fatal or non-fatal, additional charges should be applied. Trafficking weights of fentanyl should also be lowered to previous law standards	D. Criminal Justice System Support I. Develop LE/PH prevention strategies M. Study SUD effect on CJ/LE/Corrections N. Study source and Mfg of substances O. Study preventive effectiveness of criminal and civil penalties	C, Q	a. Veterans, elderly persons and youth; b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems; e. People who inject drugs; (as revised) g. Other populations disproportionately impacted by substance use disorders.	Individuals re-entering the community frequently face many barriers around their convictions making it difficult to create a sustainable healthy lifestyle. An expungement program for those with substances use related convictions would benefit, it could also increase peer specialist employment and utilization.	Vincenzen, K.A., McMahon, B., Lange, J., Forziat-Pytel, K., (2019). Systemic Issues in the Opioid Epidemic: Supporting the Individual, Family, and Community. International Journal of Mental Health and Addiction (17: 12414-1228). https://doi.org/10.1007/s11228	Bill Draft Request Expenditure of Settlement Funds	Long Term			3-Urgent	3-High Impact
Shayla Holmes	Create an expungement program to make community re-entry from criminal justice systems less traumatizing and for finding quality jobs sooner.	D. Criminal Justice System Support M. Study SUD effect on CJ/LE/Corrections	Q	b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems	Individuals re-entering the community frequently face many barriers around their convictions making it difficult to create a sustainable healthy lifestyle. An expungement program for those with substances use related convictions would benefit, it could also increase peer specialist employment and utilization.	White, M., Perron, D., Watts, S., Malm, A., (July 3, 2021). Moving Beyond Narcan: A Police, Social Service, and Researcher Collaborative Response to the Opioid Crisis. American Journal of Criminal Justice (46:626-643). https://doi.org/10.1007/s12103-021-09625-w	Bill Draft Request DHHS Policy	Long Term	Unsure		1-Not urgent	3-High Impact
Shayla Holmes	Crisis outreach response team (similar to or enhancing MOST, ACT, LEAD teams), to "respond to any suspected overdoses and offers follow-up support, referrals, and services to the individual (and loved ones) for up to 45 days after the overdose". Teams to be dispatched to anyone being released from an institutional setting that is being discharged post overdose or suspected overdose.	I. Develop LE/PH prevention strategies K. Recommendations for LE/PH coordination	Q	c. Pregnant women and the parents of dependent children; e. People who inject drugs; (as revised)	The research and pilot program has been utilized in Arizona, Texas, and Missouri.	https://doi.org/10.1007/s12103-021-09625-w	Expenditure of Opioid Settlement Funds	Long Term	Cost of local teams increased capacity		2-moderate	3-High Impact

