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Annual Report of the Statewide Substance Use Response Working Group (SURG) 2023

Report Date: January 31, 2024

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

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Executive Summary

Purpose

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

Methods

Recommendations were established initially by each of the SURG subcommittees to include:



These recommendations were then brought to the full SURG steering committee for adoptions.

2023 Recommendations

(INSERT DRAFT RECOMMENDATIONS)

Recommendation
1. Recommend to DHHS/DPBH/the Bureau of Behavioral Health Wellness and Prevention to double the amount of investment in primary prevention programming every two years for ages 0-24 and review the funding allocations annually.
2. Allocate tobacco control and prevention funding using local lead agencies model to reach \$2 per capita recommended funding using a combination of funding sources (e.g., cigarette tax, other tobacco tax, Juul settlement, tobacco master settlement agreement, future vaping settlements, other tobacco related settlements, etc.).
3. Recommendation to the DHHS (Office of Analytics/or the appropriate entity) to create a data dashboard or other type of regularly updated report on alcohol outlet, tobacco outlet, and cannabis outlets density.
4. Expand Medicaid billing opportunities for preventive services and allow blended and braided funding to facilitate services to expand access to care for youth and adults.
5. Support Harm Reduction through: Make a recommendation to DHHS to utilize opioid settlement dollars to designate a baseline level of identification and overdose reversal medication for the next 10 years in Nevada (base this on the state naloxone saturation plan) to create a stable, sustainable source of overdose reversal medication throughout the state.
6. Support Harm Reduction through: Create a recommendation to the legislature modeled on Maryland's STOP Act which authorizes certain emergency medical services providers to dispense naloxone to

Recommendation

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.

7. Support Harm Reduction through: Implement changes to recruitment, retention, and compensation of health and behavioral health care workers and enhance compensation in alignment with the Commission on Behavioral Health Board's letter to the Governor of June 22nd. Additionally, continue to sustain and expand investment in Community Health Workers, Peer Recovery Specialists, and Certified Prevention Specialists by implementing changes to recruitment, retention, and compensation.
8. Establish a statewide initiative for community drug checking that incorporates qualitative and quantitative drug checking and includes specific parameters (as listed in full recommendation).
9. Harm Reduction Shipping Supply: Provide travel costs for pickup of used products to be returned for destruction. Increase advertising about shipping programs. Establish alternative strategy if people can't receive delivery of the supplies.
10. Increase support for harm reduction based post-overdose outreach with public safety, including wrap-around services for surviving family members and/or postmortem services for families (for example, the services could be funeral related, housing needs, health care, counseling, or a warm handoff to treatment for substance use disorder).
11. Create a bill draft request at the legislature to change the language around drug paraphernalia as it relates to smoking supplies.
12. Provide support to community coalitions to support community health workers to expand Harm Reduction throughout the state of Nevada and prioritize funding for Community Health Workers to provide community-based harm reduction services.
13. Expand access to MAT and recovery support for SUD, limit barriers to individuals seeking treatment regardless of the ability to pay, and encourage the use of hub and spoke systems, as well as recovery support, including use and promotion of telehealth, considering the modifications that have been made under the emergency policies, and pursuing innovative programs such as establishing bridge MAT programs in emergency departments.
14. Implement follow ups and referrals and linkage of care for justice involved individuals, including individuals leaving the justice system.
15. Implement a specialized child welfare service delivery model with follow up and referral and linkage to care that improves outcomes for children and families affected by parental substance use and child maltreatment and pregnant or birthing persons with opioid use disorder.
16. Establish priority funding areas to ensure entry into treatment and/or recovery, ensure that Black, Latinx/Hispanic, Indigenous, and people of color and LGBTQIA communities are receiving culturally and linguistically appropriate overdose prevention (naloxone, vending machines, media), drug checking

Recommendation

supplies to reduce fatal overdoses among Black, Latinx/Hispanic, Indigenous individuals, and people of color in Nevada.

17. Significantly increase capacity; including access to treatment facilities and beds for intensive care coordination to facilitate transitions and to divert youth under the age of 18 at risk of higher level of care and/or system involvement.

18. Engage individuals with living and lived experience in programming design considerations and enhance Peer Support for underserved populations to be delivered through representatives of underserved communities by increasing reimbursement rates, implementing train the trainer models, and enacting policy changes to address limitations to the use of Peers in some settings through specific strategies (as listed in full recommendation).

19. Evaluate current availability and readiness to provide comprehensive behavioral health services to include but not limited to screening, assessment, treatment, recovery support, and transitions for reentry in local and state carceral facilities.

Recommend the allocation of funding to support the development of a Medicaid Reentry Section 1115 Waiver to Increase Health Care For People Leaving Carceral Facilities and to support readiness of carceral facilities to implement the 1115 waiver.

Recommend legislation to require DHCFP to apply for and implement the 1115 Waiver to Increase Health Care For People Leaving Carceral Facilities and ensure there is an evaluation of readiness for planning and implementation.

20. Understand the true cost of implementing wastewater-based epidemiology (WBE) in Nevada and its ability to support community response plans.

21. Leverage existing programs and funding to develop outreach response provider(s) and/or personnel that can respond to any suspected overdose or to those who are provided treatment for an overdose in a hospital/emergency room/EMS and offer follow-up support, referrals, and services to the individual (and loved ones) following an overdose. Provider(s) and/or personnel to be deployed to anyone being released from institutional and community settings (e.g., hospitals, carceral facilities, and other institutional settings) who is being discharged post overdose or suspected overdose. Ensure this recommendation is included as the build out of Nevada's Crisis Response System is occurring so that tailored intervention for individuals who have survived a non-fatal overdose is included.

22. Review the operations and lessons learned from Clark County's Overdose Fatality Review Task Force when that body's report is released in December 2024 and take this into account when supporting legislation to establish regional Overdose Fatality Review (OFR) Committees allowing flexibility as to the makeup and practice and for the OFR to remain at the county or regional level, as needed, to effectively identify system gaps and innovative community-specific overdose prevention and intervention strategies in accordance with established best practices such as the Bureau of Justice Assistance's Overdose Fatality Review: A Practitioner's Guide to Implementation.

23. Understand what coroners and medical examiners currently test for and make recommendation to a specific agency or other sources to fund personnel and resources for independent medical examiner(s) for investigations and reports to specify the cause of death in overdose cases.

Methodology

In 2022 Subcommittees for Prevention, Treatment and Recovery, and Response were created to support focused presentations and in-depth discussions on issues as outlined in Assembly Bill (AB) 374. Members identified their preferred subcommittees to serve on and Chairs were appointed and approved through the full SURG.

In 2023, legislators were excused from subcommittee work during the legislative session, and new Subcommittee Chairs were appointed as follows:

Prevention

- Jessica Johnson, Chair
- Erik Schoen, Vice Chair

Treatment and Recovery

- Lisa Lee, Chair
- Steve Shell, Vice Chair

Response

- Terry Kerns, Chair
- Shayla Holmes, Vice Chair

The Subcommittee leadership members were instrumental in driving forward the process to develop recommendations with comprehensive justifications and support from the substantial contributions of all members. Their expertise, skills, and commitments are essential to the success of the SURG.

Following presentations to the full SURG in April, the Prevention Subcommittee agreed to develop separate recommendations for Harm Reduction within their meeting schedule.

Support from a contractor, Social Entrepreneurs, Inc (SEI) included survey development, distribution, and analysis; coordination of presentations from subject matter experts (SME); development of agendas and related materials; and support for justification of recommendations.

The Office of the Attorney General provided legal guidance for all meetings, and administrative guidance for all activities and materials. All meeting materials are posted on the SURG website:

[https://ag.nv.gov/About/Administration/Substance_Use_Response_Working_Group_\(SURG\)/](https://ag.nv.gov/About/Administration/Substance_Use_Response_Working_Group_(SURG)/)

Ranking Recommendations

Members specifically requested that recommendations be ranked by the full SURG, with rankings included in the 2023 report to reflect the relative importance of different recommendations. At the October SURG meeting, SEI polled members for preliminary ranking of recommendations. Each member ranked their top five recommendations through a live survey link with weighted scores aggregated to generate the top 20 recommendations for the SURG, overall. Members then had an opportunity to review and discuss the results. Some individual recommendations were remanded back to the subcommittees for further revisions before the December SURG meeting. A final review, revision as needed, and ranking of recommendations was conducted at the December SURG meeting. The recommendations found in this report are the result of this process.

Recommendations

This section is limited to Recommendations, Justifications, and Action Steps developed for each recommendation. See Appendix for research links and other supporting information.

Appendix

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

Appendix A

Additional Information Regarding Recommendations – Research Links: [Insert Description](#)

Appendix B

Additional Information Regarding Recommendations – Target Population Impacted: [Insert Description](#)

Appendix C

Additional Information Regarding Recommendations – Legislation Addressed: [Insert Description](#)

Appendix D

Status of 2022 Recommendations (As of mm/dd/yy): [Insert Description](#)

Appendix E

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

Appendix F

Information Regarding Opioid Settlement Funds

Opioid Litigation Tracker <http://www.vitalstrategies.org/wp-content/uploads/Nevada-Opioid-Settlement-Fact-Sheet.pdf>

Appendix A: Additional Information for Recommendations - Research Links

Appendix B: Additional Information for Recommendations – Target Population Impacted

Recommendation	Veterans, Elderly Populations, and Youth	Persons who are involved in the criminal justice/juvenile systems ¹	Pregnant women and the parents of dependent children	Lesbian, gay, bisexual, transgender and questioning persons	People who inject drugs; (as revised)	Children who are involved with the child welfare system	Other populations overly impacted by substance use disorders
1. Recommend to DHHS/DPBH/the Bureau of Behavioral Health Wellness and Prevention to double the amount of investment in primary prevention programming every two years for ages 0-24 and review the funding allocations annually.							
2. Allocate tobacco control and prevention funding using local lead agencies model to reach \$2 per capita recommended funding using a combination of funding sources (e.g., cigarette tax, other tobacco tax, Juul settlement, tobacco master settlement agreement, future vaping settlements, other tobacco related settlements, etc.).							

¹ 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

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<p>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.</p>							
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15. Implement a specialized child welfare service delivery model with follow up and referral and linkage to care that improves outcomes for children and families affected by parental substance use and child maltreatment and pregnant or birthing persons with opioid use disorder.							
16. Establish priority funding areas to ensure entry into treatment and/or recovery, ensure that Black, Latinx/Hispanic, Indigenous, and people of color and LGBTQIA communities are receiving culturally and linguistically appropriate overdose prevention (naloxone, vending machines, media), drug checking supplies to reduce fatal overdoses among Black, Latinx/Hispanic, Indigenous individuals, and people of color in Nevada.							
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coordination to facilitate transitions and to divert youth under the age of 18 at risk of higher level of care and/or system involvement.							
18. Engage individuals with living and lived experience in programming design considerations and enhance Peer Support for underserved populations to be delivered through representatives of underserved communities by increasing reimbursement rates, implementing train the trainer models, and enacting policy changes to address limitations to the use of Peers in some settings through specific strategies (as listed in full recommendation).							

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<p>19. Evaluate current availability and readiness to provide comprehensive behavioral health services to include but not limited to screening, assessment, treatment, recovery support, and transitions for reentry in local and state carceral facilities. Recommend the allocation of funding to support the development of a Medicaid Reentry Section 1115 Waiver to Increase Health Care For People Leaving Carceral Facilities and to support readiness of carceral facilities to implement the 1115 waiver.</p> <p>Recommend legislation to require DHCFP to apply for and implement the 1115 Waiver to Increase Health Care For People Leaving Carceral Facilities and ensure there is an evaluation of readiness for planning and implementation.</p>							
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<p>21. Leverage existing programs and funding to develop outreach</p>							

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<p>response provider(s) and/or personnel that can respond to any suspected overdose or to those who are provided treatment for an overdose in a hospital/emergency room/EMS and offer follow-up support, referrals, and services to the individual (and loved ones) following an overdose. Provider(s) and/or personnel to be deployed to anyone being released from institutional and community settings (e.g., hospitals, carceral facilities, and other institutional settings) who is being discharged post overdose or suspected overdose. Ensure this recommendation is included as the build out of Nevada's Crisis Response System is occurring so that tailored intervention for individuals who have survived a non-fatal overdose is included.</p>							
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<p>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>							
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for investigations and reports to specify the cause of death in overdose cases.							

INSERT Legend

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

- (a) Leverage and expand efforts by state and local governmental entities to reduce the use of substances which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants, and identify ways to enhance those efforts through coordination and collaboration.*
- (b) Assess evidence-based strategies for preventing substance use and intervening to stop substance use, including, without limitation, the use of heroin, other synthetic and non-synthetic opioids and stimulants. Such strategies must include, without limitation, strategies to:*
- (1) Help persons at risk of a substance use disorder avoid developing a substance use disorder;*
 - (2) Discover potentially problematic substance use in a person and intervene before the person develops a substance use disorder;*
 - (3) Treat the medical consequences of a substance use disorder in a person and facilitate the treatment of the substance use disorder to minimize further harm; and*
 - (4) Reduce the harm caused by substance use, including, without limitation, by preventing overdoses.*
- (c) Assess and evaluate existing pathways to treatment and recovery for persons with substance use disorders, including, without limitation, such persons who are members of special populations.*
- (d) Work to understand how residents of this State who are involved in the criminal justice system access supports for treatment of and recovery from substance use disorders at various points, including, without limitation, by reviewing existing diversion, deflection and reentry programs for such persons.*
- (e) Evaluate ways to improve and expand evidence-based or evidence-informed programs, procedures and strategies to treat and support recovery from opioid use disorder and any cooccurring substance use disorder, including, without limitation, among members of special populations.*
- (f) Examine support systems and programs for persons who are in recovery from opioid use disorder and any co-occurring substance use disorder.*
- (g) Make recommendations to entities including, without limitation, the State Board of Pharmacy, professional licensing boards that license practitioners, other than veterinarians, the State Board of Health, the Division, the Governor and the Legislature, to ensure that controlled substances are appropriately prescribed in accordance with the provisions of NRS 639.2391 to 639.23916, inclusive.*
- (h) Examine qualitative and quantitative data to understand the risk factors that contribute to substance use and the rates of substance use and substance use disorders, focusing on special populations.*
- (i) Develop strategies for local, state and federal law enforcement and public health agencies to respond to and prevent overdoses and plans for implementing those strategies.*
- (j) Study the efficacy and expand the implementation of programs to:*
- (1) Educate youth and families about the effects of substance use and substance use disorders; and*

(2) Reduce the harms associated with substance use and substance use disorders while referring persons with substance use disorders to evidence-based treatment.

(k) Recommend strategies to improve coordination between local, state and federal law enforcement and public health agencies to enhance the communication of timely and relevant information relating to substance use and reduce duplicative data collection and research.

(l) Evaluate current systems for sharing information between agencies regarding the trafficking and distribution of legal and illegal substances which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants.

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

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

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

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

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

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

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18. Engage individuals with living and lived experience in programming design considerations and enhance Peer Support for underserved populations to be delivered through representatives of underserved communities by increasing reimbursement rates, implementing train the trainer models, and enacting policy changes to address limitations to the use of Peers in some settings through specific strategies (as listed in full recommendation).																		

Recommendation	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q		
<p>19. Evaluate current availability and readiness to provide comprehensive behavioral health services to include but not limited to screening, assessment, treatment, recovery support, and transitions for reentry in local and state carceral facilities.</p> <p>Recommend the allocation of funding to support the development of a Medicaid Reentry Section 1115 Waiver to Increase Health Care For People Leaving Carceral Facilities and to support readiness of carceral facilities to implement the 1115 waiver.</p> <p>Recommend legislation to require DHCFP to apply for and implement the 1115 Waiver to Increase Health Care For People Leaving Carceral Facilities and ensure there is an evaluation of readiness for planning and implementation.</p>																			
<p>20. Understand the true cost of implementing wastewater-based epidemiology (WBE) in Nevada and its ability to support community response plans.</p>																			

Recommendation	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q	
<p>21. Leverage existing programs and funding to develop outreach response provider(s) and/or personnel that can respond to any suspected overdose or to those who are provided treatment for an overdose in a hospital/emergency room/EMS and offer follow-up support, referrals, and services to the individual (and loved ones) following an overdose. Provider(s) and/or personnel to be deployed to anyone being released from institutional and community settings (e.g., hospitals, carceral facilities, and other institutional settings) who is being discharged post overdose or suspected overdose. Ensure this recommendation is included as the build out of Nevada’s Crisis Response System is occurring so that tailored intervention for individuals who have survived a non-fatal overdose is included.</p>																		
<p>22. Review the operations and lessons learned from Clark County’s Overdose Fatality Review Task Force when that body’s report is released in December 2024 and take this into account when supporting legislation to establish regional Overdose Fatality Review (OFR) Committees allowing flexibility as to the makeup and practice and for the OFR to remain at the county or regional level, as needed, to effectively identify system gaps and innovative community-specific overdose prevention and intervention strategies in accordance with established best practices such as the Bureau of Justice Assistance’s Overdose Fatality Review: A Practitioner’s Guide to Implementation.</p>																		
<p>23. Understand what coroners and medical examiners currently test for and make recommendation to a</p>																		

Recommendation	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q
specific agency or other sources to fund personnel and resources for independent medical examiner(s) for investigations and reports to specify the cause of death in overdose cases.																	

Appendix D: Status of 2022 Recommendations (As of mm/dd/yy)

In 2022, eighteen recommendations were made to DHHS and the ACRN including legislative, funding, and policy recommendations. Some progress has been made, to varying degrees, on many of those recommendations, as reported by ACRN and SAPTA staff and summarized below:

1. Revise penalties based on the quantity of Fentanyl, analogs, or other synthetic drugs of high potency that are trafficked.
 - ✓ SB35 revised penalties for trafficking fentanyl weights between 28 and 42 grams, and high-level tracking weights between 42 and 100 grams. It also requires medication assisted treatment (MAT) in prisons.
2. 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.
 - ✓ The Office of Analytics currently engages in these activities. This is supported by the (SAPTA) Block Grant. Trends are tracked by age, sex, race/ethnicity; metrics include maps and graphs; categories are dependence, poisoning, and death; sources are emergency department encounters, hospital admissions, electronic death registry system; substances include alcohol, opioids, and stimulants.
3. Support prevention and intervention in K-20 schools by investing in multi-tiered system of supports (MTSS) and provide a robust platform of services at schools to connect families to prosocial education, early intervention, counseling services, and other resources to help mitigate Adverse Childhood Experiences (ACES).
 - ✓ A grant of \$500,000 was awarded to support MTSS, with another \$250,000 to CASAT for education related to opioids.
4. 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.
 - ✓ Evidence-based prevention education is already provided by the Department of Education, Behavioral Health liaison.
5. Leverage existing programs and funding to develop outreach response provider(s) and/or personnel that can respond to any suspected overdose and offer follow-up support, referrals, and services to the individual (and loved ones) following an overdose. Provider(s) and/or personnel to be deployed to anyone being released from institutional and community settings (e.g., hospitals, carceral facilities, and other institutional settings) who is being discharged post overdose of suspected overdose.
 - ✓ A new Crisis Team has been established under the SAPTA. (Unclear if this is the Children's Mobile Crisis Response Team described at <https://knowcrisis.com/> contact scott@health.nv.gov)
6. Expand Medicaid billing opportunities for preventive services and allow blended and braided funding to facilitate services to expand access to care for youth and adults.
 - ✓ DHHS applied for and received an 1115 Demonstration Waiver for the Nevada Treatment of OUD/SUD Transformation Project
7. Support Harm Reduction through 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.

- ✓ DHHS budgeted \$1,350,000 statewide for Naloxone, Fentanyl and Xylazine Test Strips. The Interim Finance Committee approved FRN funding in August, 2023. A notice of funding opportunity was scheduled for publication in October.
9. Support Harm Reduction through 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.
- ✓ AB277 approved DHHS endorsement for rural emergency hospitals to serve as crisis stabilization centers providing behavioral health services, leveraging Medicaid payment source.
10. Support legislation to establish a statewide and regional Overdose Fatality Review (OFR) committee and recommend an allocation of funding to support the OFR 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.
- ✓ AB132 requires establishment of a regional opioid overdose task force in Clark County.
 - ✓ "This is already in place, and the state participates from a supporting perspective." A state epidemiological workgroup collects data on targeted substances and deaths related to substance use.
11. Expand access to MAT and recovery support for SUD, limit barriers to individuals seeking treatment regardless of the ability to pay, and encourage the use of hub and spoke systems, as well as recovery support, including use and promotion of telehealth, considering the modifications that have been made under the emergency policies, and pursuing innovative programs such as establishing bridge MAT programs in emergency departments.
- ✓ AB156 ensures availability of MAT in jails, detention centers, and correctional facilities, for people diagnosed with OUD, and continuation of treatment on release or transfer.
 - ✓ SB119 extends coverage for telehealth services.
 - ✓ ACRN grants include the following:
 - A grant of \$1,438,419 was awarded for an Opioid Technical Assistance and Training Center.
 - A grant of \$271,844 was awarded to Frontier Treatment and Transitional Housing.
12. Implement follow ups and referrals to support and care; linkage of care for justice involved individuals, including individuals leaving the justice system, and pregnant or birthing persons with opioid use disorder.
- ❖ Implement a specialized child welfare service delivery model with follow up and referral and linkage to care that improves outcomes for children and families

affected by parental substance use and child maltreatment and pregnant or birthing persons with opioid use disorder. (Revised in 2023)

- ✓ AB156 ensures availability of MAT in jails, detention centers, and correctional facilities, for people diagnosed with OUD, and continuation of treatment on release or transfer.
 - ✓ AB389 requires Medicaid program to provide coverage for incarcerated persons, including case management, consultation, MAT, and services of CHW.
 - ✓ SB439 Requires Medicaid to cover Rx used to provide MAT for OUD
 - ✓ ACRN grants include the following:
 - \$230,360 to EMPOWERED RISE, Recovery, Integration, Support and Empowerment for Neonatal Abstinence Syndrome treatment pre- and postpartum.
 - \$292,268 to Carson City Community Counseling Center
 - 182,560 to Department of Alternative Sentencing STAR Program Expansion
13. To facilitate opportunities for entry into treatment and/or recovery, ensure that Black, Latinx/Hispanic, Indigenous, and people of color communities are receiving overdose prevention, recognition, and reversal training, and overdose prevention supplies such as fentanyl test strips and naloxone to reduce fatal overdose among Black, Latinx/Hispanic, Indigenous individuals, and people of color in Nevada.
14. Significantly increase capacity; including access to treatment facilities and beds for intensive care coordination to facilitate transitions and to divert youth at risk of higher level of care and/or system involvement. Implement a specialized child welfare service delivery model that improves outcomes for children and families affected by parental substance use and child maltreatment.
- i. Implement a specialized child welfare service delivery model with follow up and referral and linkage to care that improves outcomes for children and families affected by parental substance use and child maltreatment and pregnant or birthing persons with opioid use disorder. (Revised in 2023)
- ✓ AB156 Ensure availability of MAT in jails, detention centers, and correctional facilities, for people diagnosed with OUD, and continuation of treatment on release or transfer.
 - ✓ DHHS is working with the 8th Judicial District Court on this issue.
15. Implement changes to recruitment, retention, and compensation of health and behavioral health care workers and enhance compensation in alignment with the Commission on Behavioral Health Board's letter to the Governor on June 22, 2022. 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.
- ✓ AB37 requires the Behavioral Health Workforce Development Center to consist of (1) a main hub located at an institution within the system; and (2) regional hubs in each of the five behavioral health regions into which this state is divided.
 - ✓ AB138 requires state to pay for nonfederal share of behavioral health services, including treatment of a substance used disorder, including collaborative care management services.
 - ✓ SB117 expands Medicaid coverage to Certified Prevention Specialists.

- ✓ SB191 Expands Medicaid coverage to behavior analysts and registered behavior technicians for recipients under 27 years of age.
16. Increase school-based mental health professionals through a multi-disciplinary, cross-department school-based behavioral health team.
17. Fund personnel and resources for independent medical examiner(s) for investigations and reports to specify the cause of death in overdose cases
- ✓ Currently these are tracked by the Opioid Response Team/The Nevada Overdose Data to Action (OD2A) program/Nevada State Unintentional Drug Overdose Reporting System (SUDORS).
18. Engage individuals with lived experience in programming design considerations.
- ✓ AB403 changes requirements for recovery houses from licensure to certification and preserving certain immunity from liability for volunteers of a recovery house for persons recovering from alcohol or other substance use disorders.
 - ❖ Engage individuals with living and lived experience in programming design considerations and enhance Peer Support for underserved populations to be delivered through representatives of underserved communities by increasing reimbursement rates, implementing train the trainer models and enacting policy changes to address limitations to the use of Peers in some settings through strategies including: (Revised 2023)
 1. Ensure adequate funding for these priorities,
 2. Target special populations,
 3. Increase reimbursement rates, and
 4. Offer standalone service provision opportunities.

Subcommittee Alignment with AB374 Section 10, Subsection 1, Paragraphs a-q.²
<ul style="list-style-type: none"> • Prevention (primary, secondary, and tertiary): <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 substances are appropriately prescribed in accordance with the provisions of NRS 639.2391 to 639.23916, inclusive ○ (j) Study the efficacy and expand the implementation of programs to: (1) Educate youth and families about the effects of substance use and substance use disorders;

² In 2021, guidance from Vice Chair Tolles, Dr. Woodard, and Dr. Kerns determined subcommittee alignment. The addition of a fourth subcommittee for Harm Reduction was approved by the full SURG in 2023, and it was staffed under the Prevention Subcommittee to process recommendations.

- Harm Reduction
 - (j) Study the efficacy and expand the implementation of programs to: (2) **Reduce the harms associated with substance use and substance use disorders** while referring persons with substance use disorders to evidence-based treatment.
- Treatment and Recovery
 - (c) **Assess and evaluate existing pathways to treatment and recovery** for persons with substance use disorders, including, without limitation, such persons who are members of special populations.
 - (e) Evaluate ways to improve and expand evidence-based or evidence-informed programs, procedures, and strategies to **treat and support recovery from opioid use disorder and any co-occurring substance use disorder**, including, without limitation, among members of special populations.
 - (f) **Examine support systems and programs for persons who are in recovery** from opioid use disorder and any co-occurring substance use disorder.
- Response
 - (d) Work to understand how residents of this State who are involved in the criminal justice system access supports for treatment of and recovery from substance use disorders at various points, including, without limitation, by **reviewing existing diversion, deflection, and reentry programs** for such persons.
 - (i) Develop **strategies for local, state, and federal law enforcement and public health agencies to respond to and prevent overdoses** and plans for implementing those strategies.
 - (k) Recommend strategies to **improve coordination between local, state, and federal law enforcement and public health agencies** to enhance the communication of timely and relevant information relating to substance use and reduce duplicative data collection and research.
 - (l) **Evaluate current systems for sharing information between agencies regarding the trafficking and distribution of legal and illegal substances** which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids, and stimulants.
 - (m) **Study the effects of substance use disorders on the criminal justice system**, including, without limitation, law enforcement agencies and correctional institutions.
 - (n) **Study the sources and manufacturers of substances which are associated with substance use disorders**, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants, and methods and resources for preventing the manufacture, trafficking, and sale of such substances.
 - (o) **Study the effectiveness of criminal and civil penalties at preventing the misuse of substances and substance use disorders and the manufacture, trafficking and sale of substances** which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids, and stimulants.
 - (p) **Evaluate the effects of substance use disorders on the economy of this State.**
- The following items were considered cross-cutting:
 - (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.

Chair, Substance Use Response Working Group Date

Appendix E: Information Regarding SURG Membership, Structure & Activities

SURG Membership, Bylaws, and Meeting Materials are available online at [https://ag.nv.gov/About/Administration/Substance_Use_Response_Working_Group_\(SURG\)/](https://ag.nv.gov/About/Administration/Substance_Use_Response_Working_Group_(SURG)/)