

Revised 2022 Treatment and Recovery Subcommittee Recommendations

<p>Recommendation #1 Revised from 2022 SURG Recommendation #11</p>	<p>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. (Treatment and Cross Cutting) Sponsor: Dr. Dickson</p>
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Recommendation Submission on September 11, 2023:

Survey Question	Survey Response
<p>Recommendation submitted by Treatment and Recovery Subcommittee member Dr. Lesley Dickson.</p>	<p>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. (Treatment and Recovery #1 and Prevention #8c) Treatment and Cross Cutting</p>
<p>Please describe your justification/background information for this recommendation.</p>	<p>This recommendation needs to stay and at the top of the list. We have a long way to go in terms of getting folks with OUD's into treatment. One of the problems is the cost of treatment, particularly since so many of the folks in need are now being dropped from Medicaid roles. Facilities and prescribers may need financial augmentation to care for these individuals.</p>
<p>Please include any associated research or links for your recommendation.</p>	<p>Frequent media reports of overdose data. Media reports from Nevada Medicaid regarding the culling of Medicaid recipients.</p>

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<p>Please select AB374 Section 10 Requirement(s) that have been assigned to the Treatment and Recovery Subcommittee that aligns with your recommendation. Please select all that apply.</p>	<p>(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. (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.</p>
<p>Please select the AB374 Section 10 Requirement(s) that are cross-cutting elements assigned to all three subcommittees that aligns with your recommendation. Please select all that apply.</p>	<p>(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. (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</p>

Survey Question	Survey Response
	<p>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.</p>
<p>If your recommendation focuses on a special population, please select all that apply. If your recommendation does not focus on a special population, please select that response.</p>	<p>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 c. Pregnant women and the parents of dependent children d. Lesbian, gay, bisexual, transgender and questioning persons e. People who inject drugs; (as revised) g. Other populations disproportionately impacted by substance use disorders</p>
<p>Please describe the Action Step aligned with your recommendation.</p>	<p>Expenditure of Opioid Settlement Funds DHHS Policy</p>
<p>Is this a short-term or long-term recommendation?</p>	<p>Long-term (2+ years)</p>
<p>If your recommendation requires a fiscal note, please approximate the amount.</p>	<p>Estimated fiscal note amount: \$5,000,000</p>
<p>On a scale of 1-3, please rate the urgency of your recommendation.</p>	<p>3</p>
<p>On a scale of 1-3, please rate the impact of your recommendation.</p>	<p>3</p>
<p>On a scale of 1-3, please rate the current capacity to implement your recommendation.</p>	<p>2</p>
<p>Please provide a description of the following regarding your recommendation (this will be discussed in more detail at the next subcommittee meeting): Impact, capacity & feasibility of implementation, urgency, how the recommendation advances racial and health equity.</p>	<p>There are not enough prescribers and agencies providing MAT. There is very little outreach to the population regarding the efficacy of MAT and where to get it. Some populations are being overlooked entirely.</p>

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Recommendation #2 Revised from 2022 SURG Recommendation #12	Implement follow ups and referrals and linkage of care for justice involved individuals, including individuals leaving the justice. (Recovery Supports) Sponsor: Dr. Dickson
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Recommendation Submission on September 11, 2023:

Survey Question	Survey Response
Recommendation submitted by Treatment and Recovery Subcommittee member Dr. Lesley Dickson.	Implement follow ups and referrals and linkage of care for justice involved individuals, including individuals leaving the justice system (Treatment and Recovery #3) (Recovery Supports)
Please describe your justification/background information for this recommendation.	Many individuals with SUD's end up in jail and prison which rarely provide effective treatment of their addiction. AB156 of the 2023 legislative session attempted to mandate treatment but the bill was changed instead to requiring studies and reports of all justice system entities regarding their data and treatment efforts, due June of 2024. Therefore, these reports should be used to design a new bill to again address this problem.
Please include any associated research or links for your recommendation.	AB156 EN version, from the 2023 Legislative session
Please select AB374 Section 10 Requirement(s) that have been assigned to the Treatment and Recovery Subcommittee that aligns with your recommendation. Please select all that apply.	(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. (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.

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<p>Please select the AB374 Section 10 Requirement(s) that are cross-cutting elements assigned to all three subcommittees that aligns with your recommendation. Please select all that apply.</p>	<p>(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.</p> <p>(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.</p> <p>(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.</p>

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<p>If your recommendation focuses on a special population, please select all that apply. If your recommendation does not focus on a special population, please select that response.</p>	<p>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</p>
<p>Please describe the Action Step aligned with your recommendation.</p>	<p>Bill Draft Request (BDR) Expenditure of Opioid Settlement Funds</p>
<p>Is this a short-term or long-term recommendation?</p>	<p>Long-term (2+ years)</p>
<p>If your recommendation requires a fiscal note, please approximate the amount.</p>	<p>Unsure</p>
<p>On a scale of 1-3, please rate the urgency of your recommendation.</p>	<p>3</p>
<p>On a scale of 1-3, please rate the impact of your recommendation.</p>	<p>3</p>
<p>On a scale of 1-3, please rate the current capacity to implement your recommendation.</p>	<p>1</p>
<p>Please provide a description of the following regarding your recommendation (this will be discussed in more detail at the next subcommittee meeting): Impact, capacity & feasibility of implementation, urgency, how the recommendation advances racial and health equity.</p>	<p>It would be very impactful if individuals in the criminal justice system with SUD's were treated for their Substance use problem in the facility and referred to treatment on discharge. This would decrease significantly their risk of relapse, overdose and return to criminal activity.</p>

Recommendation #3 Revised from 2022 Recommendation #12 and #14	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. (Treatment and Recovery Supports) Sponsor: Lisa Lee
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Recommendation Submission on September 4, 2023:

Survey Question	Survey Response
Recommendation submitted by Treatment and Recovery Subcommittee Chair Lisa Lee.	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. (Combined SR 12 and 14 from 2022.)
Please describe your justification/background information for this recommendation.	<ul style="list-style-type: none"> - Improve birth outcomes among pregnant and birthing persons. - Parental substance use increases the risk for child maltreatment and child welfare involvement, which increases risk of intergenerational substance use. - Treatment of SUD in parents decreases exposure to adverse childhood experiences.
Please include any associated research or links for your recommendation.	https://www.samhsa.gov/data/sites/default/files/report_3223/ShortReport-3223.html https://ncsacw.acf.hhs.gov/files/toolkitpackage/topic-prenatal/topic-prenatal-slides-508.pdf https://ncsacw.acf.hhs.gov/files/statistics-2020.pdf https://www.sciencedirect.com/science/article/abs/pii/S0190740921003327?via%3Dihub https://www.journalofsubstanceabusetreatment.com/article/S0740-5472(21)00289-0/fulltext https://www.sciencedirect.com/science/article/abs/pii/S0145213421003331?via%3Dihub

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<p>Please select AB374 Section 10 Requirement(s) that have been assigned to the Treatment and Recovery Subcommittee that aligns with your recommendation. Please select all that apply.</p>	<p>(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.</p> <p>(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.</p> <p>(f) Examine support systems and programs for persons who are in recovery from opioid use disorder and any co-occurring substance use disorder.</p> <p>(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.</p>
<p>Please select the AB374 Section 10 Requirement(s) that are cross-cutting elements assigned to all three subcommittees that aligns with your recommendation. Please select all that apply.</p>	<p>(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.</p> <p>(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.</p> <p>(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</p>

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	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.
If your recommendation focuses on a special population, please select all that apply. If your recommendation does not focus on a special population, please select that response.	c. Pregnant women and the parents of dependent children f. Children who are involved with the child welfare system
Please describe the Action Step aligned with your recommendation.	Expenditure of Opioid Settlement Funds
Is this a short-term or long-term recommendation?	Long-term (2+ years)
If your recommendation requires a fiscal note, please approximate the amount.	No fiscal note
On a scale of 1-3, please rate the urgency of your recommendation.	2
On a scale of 1-3, please rate the impact of your recommendation.	3
On a scale of 1-3, please rate the current capacity to implement your recommendation.	2

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<p>Please provide a description of the following regarding your recommendation (this will be discussed in more detail at the next subcommittee meeting): Impact, capacity & feasibility of implementation, urgency, how the recommendation advances racial and health equity.</p>	<p>Urgency: In Nevada, 25.8% of children were removed from their families in 2022 with parental substance use as a factor for maltreatment and 2.5% due to prenatal substance exposure. Rated 2 for urgency due to only affecting pregnant and parenting with SUD.</p> <p>Impact: When pregnant and parenting people address their problematic/chaotic drug use, it positively impacts their children, the schools, and society as intergenerational cycles are broken. Rated 3 due to the intergenerational breadth of the impact, as well as the impact on child welfare, schools, and juvenile and adult justice and treatment systems. When families recover, communities recover.</p> <p>Capacity to implement: Child welfare is notoriously a difficult environment to retain staff, much of the state is a treatment desert, and we are hemorrhaging foster beds. Rated 2 due to these barriers.</p> <p>Advances racial and health equity: Racial disparities in child welfare have been widely noted in the literature and by organizations like the Annie E. Casey Foundation. The Sobriety Treatment and Recovery Team model has promising evidence that it promotes racial equity in the child welfare system. Interrupting intergenerational cycles advances health equity. There was no rating system for this above.</p>

<p>Recommendation #4 Revised from 2022 recommendation #13</p>	<p>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. (Harm Reduction) Sponsor: Chelsea Cheatom</p>
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Recommendation Submission on September 14, 2023:

Survey Question	Survey Response
<p>Recommendation submitted by Treatment and Recovery Subcommittee member Chelsea Cheatom.</p>	<p>Establish priority funding areas to ensure entry into treatment and/or recovery, and 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 (BIPOC) in Nevada.</p> <p>This could include:</p> <ul style="list-style-type: none"> • Prioritizing programming and funding specific to organizations reaching BIPOC community members • Promoting diversion and deflection programs for historically marginalized people and facilitating access to treatment for this population • Engage BIPOC people and organizations in campaigns, billboards, and messaging related to substance use • Support and implement the Trac B harm reduction model with funding for staff and infrastructure to stand up newsstands/vending machines for harm reduction to BIPOC populations • Stand up PRSS independently of treatment, with targeted funding (Let people who are directly impacted have resources to do work in communities, creating a more diverse workforce.) • Support PRSS training events including train-the-trainer programs with technical support for other trainers. <p>-Fund organizations that are already trusted entities within BIPOC communities to conduct Overdose Education and Naloxone Distribution (OEND) outreach.</p> <p>☑- Direct DPBH to create grant opportunities for organizations to provide overdose prevention,</p>

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	<p>recognition, and reversal training and overdose prevention supplies to BIPOC communities.</p> <p>☑- Direct DPBH to allocate funding to projects that are specifically conducting outreach to BIPOC communities to ameliorate the harms of substance use disorder.</p>
<p>Please describe your justification/background information for this recommendation.</p>	<p>Surveillance data in Nevada indicate racial disparities in overdose and drug poisoning fatalities across Nevada.☑</p> <p>Fatality data and opiate related hospital data support that there are growing racial and ethnic disparities not being fully addressed in the state of Nevada.</p> <p>Local outreach efforts in Nevada that have been successful include Black Wall Street.</p>
<p>Please include any associated research or links for your recommendation.</p>	<p>https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9098250/</p> <p>https://nvopioidresponse.org/wp-content/uploads/2022/10/SUDORS-Report-2021-All-Statewide.pdf</p> <p>https://legislativeanalysis.org/wp-content/uploads/2022/02/Model-Syringe-Services-Program-Act.pdf</p>
<p>Please select AB374 Section 10 Requirement(s) that have been assigned to the Treatment and Recovery Subcommittee that aligns with your recommendation. Please select all that apply.</p>	<p>(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.</p> <p>(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.</p>

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<p>Please select the AB374 Section 10 Requirement(s) that are cross-cutting elements assigned to all three subcommittees that aligns with your recommendation. Please select all that apply.</p>	<p>(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.</p> <p>(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.</p>
<p>If your recommendation focuses on a special population, please select all that apply. If your recommendation does not focus on a special population, please select that response.</p>	<p>a. Veterans, elderly persons and youth c. Pregnant women and the parents of dependent children d. Lesbian, gay, bisexual, transgender and questioning persons e. People who inject drugs; (as revised) g. Other populations disproportionately impacted by substance use disorders</p>
<p>Please describe the Action Step aligned with your recommendation.</p>	<p>Expenditure of Opioid Settlement Funds</p>
<p>Is this a short-term or long-term recommendation?</p>	<p>Short-term (Under 2 years)</p>
<p>If your recommendation requires a fiscal note, please approximate the amount.</p>	<p>Unsure</p>
<p>On a scale of 1-3, please rate the urgency of your recommendation.</p>	<p>3</p>
<p>On a scale of 1-3, please rate the impact of your recommendation.</p>	<p>3</p>
<p>On a scale of 1-3, please rate the current capacity to implement your recommendation.</p>	<p>3</p>

Survey Question	Survey Response
<p>Please provide a description of the following regarding your recommendation (this will be discussed in more detail at the next subcommittee meeting): Impact, capacity & feasibility of implementation, urgency, how the recommendation advances racial and health equity.</p>	<p>Nevada's BIPOC population has been disproportionately affected by the opioid epidemic. Special focus on providing this population with harm reduction programs and supplies and entry into treatment will hopefully help to alleviate the racial/ethnic inequity. This recommendation is based on racial disproportionality in our state's overdose fatality data. Harm Reduction programs have been implemented in several counties Nevada as well as other states and can easily be implemented in communities and areas of need. Providers in the state are already doing this work and it is a low cost and effective strategy. Urgency is high given state overdose data.</p> <p>Working with Prevention coalitions and harm reduction organizations as well as treatment agencies, Nevada has the capacity to focus efforts on specific highly impacted populations such as LGBTQIA+ and BIPOC.</p>

<p>Recommendation #5 Revised from 2022 SURG Recommendation #14</p>	<p>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. (Treatment) Sponsor: Steve Shell</p>
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Recommendation Submission on August 31, 2023:

Survey Question	Survey Response
<p>Recommendation submitted by Treatment and Recovery Subcommittee member Steve Shell.</p>	<p>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.</p>
<p>Please describe your justification/background information for this recommendation.</p>	<ol style="list-style-type: none"> i. Consider and adopt accordingly the recommendations for remediation from report of the Investigation of Nevada's Use of Institutions to Serve Children with Behavioral Health Disabilities issued by the United States DOJ Civil Rights Division on Oct. 4, 2022. ii. Parental substance use increases the risk for child maltreatment and child welfare involvement, which increases risk of intergenerational substance use.

Survey Question	Survey Response
<p>Please include any associated research or links for your recommendation.</p>	<ul style="list-style-type: none"> i. Children Living with Parents who have Substance Use Disorder ii. Intensive Care Coordination for Children and Youth with Complex Mental and Substance Use Disorders iii. Comparative outcomes for Black children served by the Sobriety Treatment and Recovery Teams program for families with parental substance abuse and child maltreatment iv. Sobriety treatment and recovery teams for families with co-occurring substance use and child maltreatment: A propensity score-matched evaluation v. The Sobriety Treatment and Recovery Teams program for families with parental substance use: Comparison of child welfare outcomes through 12 months post-intervention vi. Children Living with Parents who have a Substance Use Disorder
<p>Please select AB374 Section 10 Requirement(s) that have been assigned to the Treatment and Recovery Subcommittee that aligns with your recommendation. Please select all that apply.</p>	<p>(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.</p>
<p>Please select the AB374 Section 10 Requirement(s) that are cross-cutting elements assigned to all three subcommittees that aligns with your recommendation. Please select all that apply.</p>	<p>(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.</p>
<p>If your recommendation focuses on a special population, please select all that apply. If your recommendation does not focus on a special population, please select that response.</p>	<ul style="list-style-type: none"> a. Veterans, elderly persons, and youth f. Children who are involved with the child welfare system
<p>Please describe the Action Step aligned with your recommendation.</p>	<p>Other (please specify): Direct DHHS to create grant opportunities and pursue public and private partnerships, including capital and operational costs, to open or expand bed capacity.</p>
<p>Is this a short-term or long-term recommendation?</p>	<p>Short-term (Under 2 years)</p>

SURG Treatment and Recovery Subcommittee Recommendations September 2023

Survey Question	Survey Response
If your recommendation requires a fiscal note, please approximate the amount.	Unsure
On a scale of 1-3, please rate the urgency of your recommendation.	3
On a scale of 1-3, please rate the impact of your recommendation.	3
On a scale of 1-3, please rate the current capacity to implement your recommendation.	2
Please provide a description of the following regarding your recommendation (this will be discussed in more detail at the next subcommittee meeting): Impact, capacity & feasibility of implementation, urgency, how the recommendation advances racial and health equity.	Increased access to treatment facilities is extremely urgent and will have a significant and immediate impact on getting youth the help they need in a more timely manner. Many youth are being transported to facilities in other cities and states due to limited bed availability or programs in Nevada. The increased access also ensures racial and health equity and eliminates existing barriers to treatment. Some facilities that are already operational have the capacity to expand with adequate financial assistance to support the implementation.

<p>Recommendation #6 Revised from 2022 SURG Recommendation #18</p>	<p>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:</p> <ul style="list-style-type: none"> • ensure adequate funding for these priorities, • target special populations, • increase reimbursement rates, and • offer standalone service provision opportunities. (Recovery Supports and Harm Reduction) <p>Sponsor: Lisa Lee</p>
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Recommendation Submission on September 4, 2023:

Survey Question	Survey Response
<p>Please describe your justification/background information for this recommendation.</p>	<p>Relevant and timely information about current substance use trends in communities, at the level where these trends occur.</p> <ul style="list-style-type: none"> • Alignment of services to needs and preferences of the persons seeking or receiving services. • To include diverse perspectives, to ensure culturally and linguistically relevant service delivery to people with substance use disorders. <p>Stand up PRS independently of treatment, with targeted funding. (Let people who are directly impacted have resources to do work in communities. Think outside the box working with those who have historically been left out, creating a more diverse workforce.)</p> <p>Support PRSS training events including train-the-trainer programs with technical support for other trainers. This would support a more diverse PRSS workforce within underrepresented communities.</p>

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<p>Please include any associated research or links for your recommendation.</p>	<p>https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-019-0306-6</p> <p>https://substanceabusepolicy.biomedcentral.com/articles/10.1186/s13011-021-00406-6</p> <p>https://www.samhsa.gov/grants/applying/guidelines-lived-experience</p> <p>https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6585590/</p> <p>https://psycnet.apa.org/record/2010-14450-003</p>
<p>Please select AB374 Section 10 Requirement(s) that have been assigned to the Treatment and Recovery Subcommittee that aligns with your recommendation. Please select all that apply.</p>	<p>(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.</p> <p>(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.</p> <p>(f) Examine support systems and programs for persons who are in recovery from opioid use disorder and any co-occurring substance use disorder.</p>

Survey Question	Survey Response
<p>Please select the AB374 Section 10 Requirement(s) that are cross-cutting elements assigned to all three subcommittees that aligns with your recommendation. Please select all that apply.</p>	<p>(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. (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.</p>
<p>If your recommendation focuses on a special population, please select all that apply. If your recommendation does not focus on a special population, please select that response.</p>	<p>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 c. Pregnant women and the parents of dependent children d. Lesbian, gay, bisexual, transgender and questioning persons e. People who inject drugs; (as revised) g. Other populations disproportionately impacted by substance use disorders</p>
<p>Please describe the Action Step aligned with your recommendation.</p>	<p>Expenditure of Opioid Settlement Funds DHHS Policy</p>
<p>Is this a short-term or long-term recommendation?</p>	<p>Long-term (2+ years)</p>
<p>If your recommendation requires a fiscal note, please approximate the amount.</p>	<p>No fiscal note</p>
<p>On a scale of 1-3, please rate the urgency of your recommendation.</p>	<p>3</p>

Survey Question	Survey Response
On a scale of 1-3, please rate the impact of your recommendation.	2
On a scale of 1-3, please rate the current capacity to implement your recommendation.	2
<p>Please provide a description of the following regarding your recommendation (this will be discussed in more detail at the next subcommittee meeting): Impact, capacity & feasibility of implementation, urgency, how the recommendation advances racial and health equity.</p>	<p>Urgency: People continue to die as policymakers (who are removed from the boots on the ground struggles) play catch up with old data and try to guess what people need. People with living and lived experience have experiential knowledge to guide them. The people closest to the problem, are always the ones closest to the solution. Rated 3 due to the urgency (life/death).</p> <p>Impact: Including a diversity of perspectives of people with living/lived experience will have a positive impact on policy, funding, and programmatic decisions. Rated as a 2 due to bureaucratic red tape and competing funding priorities (treatment industry).</p> <p>Capacity to implement: Given funding, there would be capacity to pay people with living/lived experience as subject matter experts, pay PRSSs a living wage (increase reimbursement rates), and expand PRSS train the trainer offerings across the state (especially to underrepresented communities). Rated 2, as funding would be needed to increase capacity to implement.</p> <p>Advancing racial & health equity: Including perspectives of impacted persons would advance racial and health equity as this would create sensible and pragmatic solutions.</p>