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Annual Report of the

Statewide Substance Use Response Working Group (SURG)

2023

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For submission to the Governor, the Attorney General, the Joint Standing 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:

Subcommittees' work is aligned with AB 374 as follows:

Subcommittee Alignment with AB374 Section 10, Subsection 1, Paragraphs a-q. [1]

• Prevention (primary, secondary, and tertiary):
  ○ (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**;

• 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**

[1] 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.

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.

Subcommittee recommendations were then brought to the full SURG steering committee for adoption and ranking in order by priority.

2023 Recommendations

Recommendation
1. Recommend to DHHS/DPBH/the Bureau of Behavioral Health Wellness and Prevention to double the amount of investment in SAPTA primary prevention programming (i.e., increase from current $12 million to $24 million for this biennium) for ages 0-24 and review the funding allocations annually. This funding should not be at the expense of existing programming.
2. 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.
3. 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.
4. 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.
5. Create a bill draft request to amend the NRS for a 15 percent set aside of tobacco control and prevention funds from the Fund for a Healthy Nevada. This would be distributed using a local lead agencies model to reach $2 per capita, a recommended funding goal from the Nevada Tobacco Control & Smoke-free Coalition and subject matter experts.
6. 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 substance use disorder.
7. 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.
8. 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

Recommendation
Specialists, and Certified Prevention Specialists by implementing changes to recruitment, retention, and compensation.
9. 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 (for example implement follow up and linkage to care for individuals leaving the justice system). 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.
10. Create a bill draft request at the legislature to change the Nevada paraphernalia definition as it relates to smoking supplies. (See proposed draft language change to N.R.S. 453.554 in justification.)
11. 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 those impacted by the overdose (for example, other persons with a personal and/or emotional connection to the victim, surviving family members and/or postmortem services for families) 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.
12. Recommend that a compliance study be completed on NRS 259.050 (number 3) and 259.053. Provide adequate funding for medical examiner offices to include death scene investigations, forensic pathologists, forensic epidemiologists, and toxicology testing to determine specific cause of death.
13. Establish a statewide initiative for community drug checking that incorporates qualitative and quantitative drug checking and includes the following parameters: • Work with harm reduction community to identify partners/ locations and provide guidance and training. • Start all sites with mail-based testing while piloting on-site drug checking in a subset of early adopters to refine implementation needs. • Standardize the data collection, entry, testing, mailing, analysis, reporting as a best practice. Make this as transparent of a process as possible. • Articulate principles and plans for what will happen to the data.
14. Harm Reduction Shipping Supply: Provide for shipping costs for evidence-based harm reduction supplies (e.g., naloxone, sharps, fentanyl test strips, etc.) and for travel costs for the pickup of used sharps products to be returned for destruction. Increase advertising about shipping programs to rural Nevada. In collaboration with local agencies and through community conversations, establish local

Recommendation
support for harm reduction efforts. Establish an alternative strategy for harm reduction supply delivery if people can't receive delivery of the supplies directly.
15. Recommend a bill draft request to equalize PRSS so it is equal to or exceeds CHW reimbursement. Add an educational requirement around evidence-based harm reduction to both PRSS and CHW certification.
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.
17. 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: • ensure adequate funding for these priorities, • target special populations, • increase reimbursement rates, and • offer standalone service provision opportunities.
18. Support Harm Reduction through: Create a recommendation to the legislature modeled on Maryland's STOP Act which authorizes certain emergency medical services providers to dispense naloxone to individuals who received treatment for a nonfatal drug overdose or were evaluated by a crisis evaluation team, and requires certain community services programs, certain private and public entities, and hospitals to have a protocol to dispense naloxone to certain individuals free of charge under certain circumstances.
(Unranked)[2] 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.
(Unranked) Recommend the Nevada System of Higher Education (NSHE) conduct a feasibility study to understand the true cost of implementing wastewater-based epidemiology (WBE) in Nevada and its ability to support community response plans. Funding for this study may be available through the Fund for a Resilient Nevada.

[2] Unranked recommendations were not prioritized by any SURG members during the ranking process but are included as they were part of the slate adopted by the SURG.

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)/

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 includes Recommendations, Justifications, Action Steps, and additional supporting information developed for each recommendation. See Appendix A for research links and other supporting information.

Recommendation #1

Recommend to DHHS/DPBH/the Bureau of Behavioral Health Wellness and Prevention to double the amount of investment in SAPTA primary prevention programming (i.e., increase from current $12 million to $24 million for this biennium) for ages 0-24 and review the funding allocations annually. This funding should not be at the expense of existing programming.

- Justification/Background:
  - While there are strong, evidence-based primary prevention programs that are in place in Nevada along with a robust coalition network, there is not enough financial support to reach all students with primary prevention programming. The most effective interventions target salient risk and protective factors at the individual, family, and/or community levels and are guided by relevant psychosocial theories on substance use. This funding should be allocated on a per pupil basis to ensure maximum reach within the state.

    Nevada was not selected for the Strategic Prevention Framework – Partnership for Success funding from SAMHSA this year, which historically has provided funding for primary prevention (Nevada received an annual $2,260,000 award for the past five years).

    The 2022 National Drug Control Strategy report on cost effectiveness of prevention states that "Prevention is not only effective, it is also cost effective approach to prevent later SUD have been identified as an underutilized response to the opioid crisis. The 2016 Surgeon General's Report on Alcohol, Drugs, and Health also noted that prevention science demonstrates that effective prevention interventions exist, can markedly reduce substance use, and evidence-based programs and policies are underutilized. There are multiple examples of cost-effective prevention programs. For example, the average effective school-based prevention program is estimated to save $18 per dollar invested… There are also cost-benefit assessments of individual programs. Too Good for Drugs, a school-based prevention program for students in kindergarten through 12th grade, was designed to increase social competencies (e.g., develop protective factors) and diminish risk factors associated with alcohol, tobacco, and other drug use. It has a benefit-to-cost ratio of + $8.74 and it is estimated that there is a 94-percent chance that benefits will exceed costs. Other effective and cost-effective programs include Botvin Life Skills which has benefit-to-cost ratio of $13.49, and the Good Behavior Game with a benefit-to-cost ratio of $62.80."
- Action Step:
  - Expenditure of Opioid Settlement Funds
  - DHHS Policy
  - Other – Expenditure of other funds/reappropriation of general fund dollars
- Impact, capacity & feasibility of implementation, urgency, and how the recommendation advances racial and health equity:
  - **Impact**: This long-term investment in Nevada's youth can reduce substance use and risk behavior in our state.

- **Capacity & feasibility of implementation**: We have a strong coalition infrastructure that is already engaging stakeholders and schools in primary prevention programming; additional resources are needed to reach saturation.
- **Urgency**: This is an emerging crisis and an ongoing need for youth.
- **Racial and health equity**: Equitable education to learn about substance use and health risk improves opportunities for healthy choices and reduces risk over time.

Recommendation #2

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.

- Justification/Background:
  - This recommendation needs to stay at the top of the list. We have a long way to go in terms of getting folks with OUDs 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.
- Action Step:
  - Expenditure of Opioid Settlement Funds
  - DHHS Policy
- Impact, capacity & feasibility of implementation, urgency, and how the recommendation advances racial and health equity:
  - **Impact**: High impact as the opportunity to save lives for people who are increasingly using heroin and fentanyl.
  - **Capacity & feasibility of implementation**: There are not enough prescribers and agencies providing MAT. We need people trained and comfortable prescribing MAT. Also need to be comfortable working with persons with OUD. Crossroads of So. NV has a 75-bed detox facility and beds are full every day, increased from 55 beds and they don't seem enough. Need to engage clients in a continuum for a chance at long term success. Also, WestCare just closed their detox unit. There is also a lack of access for providers of psychiatry and there are health professional shortage areas across the state.
  - **Urgency**: The problem is getting worse, hasn't gone away.
  - **Racial and health equity**: There is very little outreach to the population regarding the efficacy of MAT and where to get it. Some populations are being overlooked entirely.

Recommendation #3

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.

- Justification/Background:
    - There is a body of research that indicates investing in Tier 1 and Tier 2 services saves money and provides better outcomes and prevents people from needing Tier 3.
- Action Step:
    - Support efforts to expand Provider Type 60 to include reimbursement for preventive services
    - Require DHHS to revise reimbursement rates and utilize expenditure funds to match the national average reimbursement rate for services
    - Require DHHS to identify any gaps in Medicaid reimbursement for the delivery of care to support prevention
- Impact, capacity & feasibility of implementation, urgency, and how the recommendation advances racial and health equity:
    - **Impact**: This would help Medicaid embrace health and wellness alongside the medical model which would give us tools to get ahead of these important issues. We need to have the ability to be proactive. This will have a profound impact in the long term.
    - **Capacity & feasibility of implementation:** Will need to look at different CPT codes/billing options for facilities to exist. Will need to identify where the gaps are, and opportunities will be. There is quite a bit of infrastructure building that will need to take place.
    - **Urgency**: There is a need to continue to work on this, but it will take some time. It is vital to work on this now.
    - **Racial and health equity**: Addressing gaps in provider services can help improve health outcomes.

Recommendation #4

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.

- Justification/Background:
    - 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.

      Parental substance use increases the risk for child maltreatment and child welfare involvement, which increases risk of intergenerational substance use.
- Action Step:
    - Direct DHHS to create grant opportunities and pursue public and private partnerships, including capital and operational costs, to open or expand bed capacity.
- Impact, capacity & feasibility of implementation, urgency, and how the recommendation advances racial and health equity:

- **Impact**: This recommendation would save lives.
- **Capacity & feasibility of implementation**: Need more treatment beds and programs. Some facilities that are already operational have the capacity to expand with adequate financial assistance to support the implementation.
- **Urgency**: 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.
- **Racial & health equity**: The increased access also ensures racial and health equity and eliminates existing barriers to treatment.

Recommendation #5

Create a bill draft request to amend the NRS for a 15 percent set aside of tobacco control and prevention funds from the Fund for a Healthy Nevada. This would be distributed using a local lead agencies model to reach $2 per capita, a recommended funding goal from the Nevada Tobacco Control & Smoke-free Coalition and subject matter experts.

- Justification/Background:
  - This funding recommendation was recommended and supported by the Nevada Tobacco Control & Smoke-free Coalition. With the $2 per capita support, this brings the total to $6.2 million for tobacco control and prevention statewide in Nevada. This would move Nevada's national ranking for tobacco control and prevention funding to 24th instead of its current position at 47th in the nation. The CDC recommendation for Nevada Tobacco Control and Prevention is $30 million to mitigate morbidity and mortality (Ahlo, M., (7/17/23). Presentation to the SURG Prevention Subcommittee).

    Fifteen percent set aside of the approximate $41 million received annually for the State of Nevada would be about $6.15 million, which gets close to the $2 per capita.

    The intent of this recommendation is that it should not be at the expense of current Prevention programming/funding or existing NRS set aside for the millennium scholarship.
  - Other relevant background information:
    - 1 in 6 Nevada teens use electronic vapor products.
    - This is important because we know that tobacco use is the number 1 cause of preventable illness and death in the United States.
    - Tobacco kills more than 480,000 people annually. More than alcohol, car accidents, illegal drugs, murders, suicides, and HIV/AIDS - COMBINED.
    - Use of electronic cigarettes often lead to co-use or commercial tobacco use.
    - Prevention is key. 90% of adult smokers started before the age of 18.
    - Nevada’s Youth Vaping Prevalence Rate:
    - Current ever tried rate for high schoolers 36.7% (2021)
    - Current ever tried rate for middle schoolers 12.6% (2021)
    - Current past 30 days user high school 17.6% (2021)
    - Current past 30 day user middle school 13.4% (2021)

    - (programs were implemented in high schools across Nevada for vaping prevention and demonstrated a reduction on the YRBS between 2019 - 2021 for all groups except middle school 30-day use (group that was not the focus of the intervention)).
    - In 2023, Youth Vaping Prevention Funding was eliminated.
  - Nevada Tobacco Revenue
    - The overall total of $231+ Million from Cigarette Taxes, Other Tobacco Taxes and Settlement Funding is broken down below to demonstrate how much is allocated for tobacco control and prevention.
    - $145.2 million of Cigarette Taxes / $0 for tobacco control and prevention
    - $30.8 million of Other Tobacco Taxes / $0 for tobacco control and prevention
    - $14.6 million Juul Settlement / $0 for tobacco control and prevention
    - $41 million Master Settlement Funding / $950,000 for tobacco control and prevention
    - This equals .004% allocated in Nevada to Tobacco Control and Prevention efforts.
  - To reiterate: CDC Recommendation for Nevada Tobacco Control and Prevention is $30mil. This ranks Nevada currently as 47th in the country for Tobacco Control and Prevention funding. According to the CDC, 2.55 million U.S. middle and high school students reported current (past 30-day) e-cigarette use in 2022, which includes 14.1% of high school students and 3.3% of middle school students. Nearly 85% of those youth used flavored e-cigarettes, and more than half used disposable e-cigarettes. In Nevada, funds for youth vaping prevention have been reduced in 2023.
- <u>Action Step</u>:
  - Identifying funding sources alternative to FRN that can support these statewide programs
- <u>Impact, capacity & feasibility of implementation, urgency, and how the recommendation advances racial and health equity</u>:
  - **Impact**: Vaping prevention efforts focus on youth, which is a population of focus for the SURG, and is relevant to the impact of this recommendation.
  - **Capacity & feasibility of implementation**: There is capacity and feasibility to implement this.
  - **Urgency**: This should be considered urgent, given the statistics shared by Malcolm Ahlo, Tobacco Control Coordinator at SNHD:
    - Tobacco kills at a higher rate than alcohol, car accidents, illegal drugs, murders, suicides, and AIDS combined.
    - Tobacco use remains the leading cause of preventable death, even though traditional tobacco or commercial use has declined.
    - Cannabis/marijuana/tobacco and other mechanisms such as vaping.
  - **Racial & health equity**: Many tobacco companies target communities of color.

Recommendation #6

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 substance use disorder.

- Justification/Background:
  - 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.
- Action Step:
  - Expenditure of Opioid Settlement Funds
- Impact, capacity & feasibility of implementation, urgency, and how the recommendation advances racial and health equity:
  - **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.
  - **Capacity & feasibility of implementation**: 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.
  - **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.
  - **Racial & 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.

Recommendation #7

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.

- Justification/Background:
  - While the Bureau has made strides to utilize grant funding to identify naloxone, fentanyl test strips, and xylazine test strips, it remains imperative that a baseline level of access to overdose reversal medication (such as naloxone) exists in order to meet on-going needs of community members. Reliance on grant funding alone can leave gaps in access to overdose reversal medications and increases risk for fatal overdose. Other states have utilized past distribution

efforts, modeling, and other statistical formulas to project estimated number of naloxone doses needed for sustainable overdose reversal planning and engagement.

- Action Step:
  - Expenditure of Opioid Settlement Funds
- Impact, capacity & feasibility of implementation, urgency, and how the recommendation advances racial and health equity:
  - **Impact**: Access to opioid overdose reversal medication during time of overdose (like naloxone) is an evidence-based best practice that is associated with saving lives.
  - **Capacity & feasibility of implementation**: This initiative aligns directly with legislation on opioid litigation funds; expertise on overdose reversal medication, purchase, and distribution already exists within DHHS and affiliates; a naloxone saturation plan has been developed for the state.
  - **Urgency**: Moderate urgency - current naloxone access in the state relies solely on grant funding (e.g., SAMHSA State Opioid Response), which creates vulnerability for long-term sustainable access.
  - **Racial & health equity**: Multiple publications have outlined the current system (nationally) inequitably distributing naloxone across populations at risk, however, research on addressing the gaps is limited. One study on the cascade of care for naloxone engagement (and re-engagement) among people who use drugs found disparities in the re-engagement continuum such that White persons who inject drugs (PWID) were most likely to have ever and recently received naloxone, while Latino/a/x and Black PWID were least likely (https://www.sciencedirect.com/science/article/pii/S0376871621002544). Identifying opportunities to engage and re-engage PWID and PWUD in naloxone access with an eye toward reducing disparities, such as using peer networks to distribute naloxone and equitable access across neighborhoods.

Recommendation #8

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 (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.

- Justification/Background:
  - As detailed in the August 2023 meeting of the SURG Prevention Subcommittee, there has been tremendous movement and momentum for recognizing the important contributions of CHWs by ensuring that the funds (i.e., Medicaid reimbursements) are at a high enough level to provide competitive and livable wages.

    Those working as Peer Recovery Specialists and Certified Prevention Specialists deserve similar compensation levels for their unique and important contributions to supporting our fellow Nevadans.
- Action Step:

- Bill Draft Request (BDR)
- There may be pathway for PRSS's and Prevention Specialists in the "slipstream" of the momentum and pathway carved by CHWs in the 2023 legislative session. Perhaps leverage this for the 2025 session.

- Impact, capacity & feasibility of implementation, urgency, and how the recommendation advances racial and health equity:
  - **Impact**: HIGH -- If successful in having PRSSs and Prevention Specialists at parity with CHWs, we would have onboard all of the Big Three paraprofessional professions that are key to building strong, effective, and sustainable strategies for mitigating harm from substance abuse.
  - **Capacity & feasibility of implementation**: Because of the trailblazing done by CHW advocates, there is already demonstrated capacity and feasibility for implementation of incorporating PRSSs and Prevention Specialists.
  - **Urgency**: HIGH -- It is vitally important that we get all of the needed workforce pieces in place so that we don't unintentionally handicap efforts going forward.
  - **Racial & health equity**: These sorts of services advance racial and health equity. This is done in two ways. On the workforce development side, these are considered "attainable" professions for folks who might otherwise want to work in healthcare but feel that the barrier of entry is too high for more traditional points of entry (i.e., nurses, doctors). Indeed, data from the NV Community Health Worker Association demonstrates that their most recent training cohort are primarily people of color. Secondly, because paraprofessionals are not as expensive as more traditional supports (i.e., masters-level mental health counselors, psychologists), they are more often utilized and deployed to provide services to people of color where funds are not widely available.

Recommendation #9

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 (for example implement follow up and linkage to care for individuals leaving the justice system).

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.

- Justification/Background:
  - The Federal government is encouraging states to apply for the new 1115 waiver. Readiness of the state jails and prisons to implement EHR's, billing systems, services and supports need to be assessed. States must ensure systems are ready to bill for 1115 services. A needs assessment is currently being done to understand the availability and capacity to provide and bill for services.

    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. Individuals should be inducted and treated in the jail and prison systems with continuity of care prior to and upon release.

- Action Step:
  - Bill Draft Request (BDR)
  - Expenditure of Opioid Settlement Funds
  - Budget request for next biennium
- Impact, capacity & feasibility of implementation, urgency, and how the recommendation advances racial and health equity:
  - **Impact**: 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.
  - **Capacity & feasibility of implementation**: While feasible as every county has a jail, and some programs have been implemented in Washoe and Clark counties, the capacity to implement in the jails statewide is low and dependent on acceptability and implementation in the jail or prison systems. Caseloads in the jail and prisons is high which is a barrier to moving individuals toward coping skills and recovery in these systems.
  - **Urgency**: An enormous number of people's introduction to treatment happens in the jail.
  - **Racial & health equity**: See disproportionate representative of racial subpopulations in jails and prisons and the impact of incarceration on health equity.

Recommendation #10

Create a bill draft request at the legislature to change the Nevada paraphernalia definition as it relates to smoking supplies. (See proposed draft language change to N.R.S. 453.554 in justification.)

- Justification/Background:
  - Fentanyl has rapidly become a primary opioid in the illicit drug supply. Fentanyl, especially in its pill form, is most often smoked rather than injected, both by individuals who are new to opioid use and by those experienced in injecting black tar heroin. Along with a parallel increase in the use of methamphetamine, which is also commonly smoked, the prevalence of opioid and stimulant smoking is quickly overtaking injection as a primary and frequent route of administration. This strategy is a significantly less risky mode of administration for people who are unwilling or unable to stop using drugs. A person's overall drug-related risk is lowered every time they choose to smoke instead of inject. Studies have found that participants who inject drugs are often willing to switch to smoking or other modes of administration when feasible, and that non-injection routes of administration may pose less risk of overdose. Many of the harms of injection drug use, such as endocarditis, skin infections, and vein damage, are injection specific. In addition to being harmful to individual health, endocarditis, HIV, and HCV are expensive to treat, and place a considerable economic burden on the public health system. Expansion of access to these supplies for public health purposes are additionally important for reducing risk for exposure to tuberculosis outbreaks and COVID-19. Harm reduction services for people who use drugs are almost entirely focused on injection. Access to safer smoking supplies creates safer-use options for people who don't inject, or who prefer stimulants as a primary drug. This

broadens the reach of harm reduction services and offers an additional pathway into care and recovery.

- Proposed draft language to change NRS 453.554:

N.R.S. 453.554

453.554. "Drug paraphernalia" defined

1. Except as otherwise provided in subsection 2, as used in NRS 453.554 to 453.566, inclusive, unless the context otherwise requires, "drug paraphernalia" means all equipment, products and materials of any kind which are used, intended for use, or designed for use in planting, propagating, cultivating, growing, harvesting, manufacturing, compounding, converting, producing, preparing, testing, analyzing, packaging, repackaging, storing, containing, concealing or ingesting, ~~inhaling or otherwise introducing into the human body~~ a controlled substance in violation of this chapter. The term includes, but is not limited to:

(a) Kits used, intended for use, or designed for use in planting, propagating, cultivating, growing or harvesting of any species of plant which is a controlled substance or from which a controlled substance can be derived;

(b) Kits used, intended for use, or designed for use in manufacturing, compounding, converting, producing or preparing controlled substances;

(c) Isomerization devices used, intended for use, or designed for use in increasing the potency of any species of plant which is a controlled substance;

(d) Testing equipment, other than testing products, used, intended for use, or designed for use in identifying, or in analyzing the strength, effectiveness or purity of controlled substances;

(e) Scales and balances used, intended for use, or designed for use in weighing or measuring controlled substances;

(f) Diluents and adulterants, such as quinine hydrochloride, mannitol, mannite, dextrose and lactose, used, intended for use, or designed for use in cutting controlled substances;

(g) Separation gins and sifters used, intended for use, or designed for use in removing twigs and seeds from, or in otherwise cleaning or refining marijuana;

(h) Blenders, bowls, containers, spoons and mixing devices used, intended for use, or designed for use in compounding controlled substances;

(i) Capsules, balloons, envelopes and other containers used, intended for use, or designed for use in packaging small quantities of controlled substances; and

(j) Containers and other objects used, intended for use, or designed for use in storing or concealing controlled substances~~; and~~

~~(k) Objects used, intended for use, or designed for use in ingesting, inhaling or otherwise introducing marijuana, cocaine, hashish or hashish oil into the human body, such as:~~

~~(1) Metal, wooden, acrylic, glass, stone, plastic or ceramic pipes with or without screens, permanent screens, hashish heads or punctured metal bowls;~~

~~(2) Water pipes;~~

~~(3) Smoking masks;~~

~~*(4) Roach clips, which are objects used to hold burning material, such as a marijuana cigarette, that has become too small or too short to be held in the hand;*~~

~~*(5) Cocaine spoons and cocaine vials;*~~

~~*(6) Carburetor pipes and carburetion tubes and devices;*~~

~~*(7) Chamber pipes;*~~

~~*(8) Electric pipes;*~~

~~*(9) Air-driven pipes;*~~

~~*(10) Chillums;*~~

~~*(11) Bongs; and*~~

~~*(12) Ice pipes or chillers.*~~

2. The term does not include:

(a) Any type of hypodermic syringe, needle, instrument, device or implement intended or capable of being adapted for the purpose of administering drugs by subcutaneous, intramuscular or intravenous injection; or

(b) Testing products.

3. As used in this section:

(a) "Fentanyl test strip" means a strip used to rapidly test for the presence of fentanyl or other synthetic opiates.

(b) "Testing product" means a product, including, without limitation, a fentanyl test strip, that analyzes a controlled substance for the presence of adulterants.

- Note that the proposed suggested changes to NRS are based on the changes the Maine legislature made in 2021 to remove many items from the drug paraphernalia law, including smoking equipment.

- Action Step:
  - Bill Draft Request (BDR)
- Impact, capacity & feasibility of implementation, urgency, and how the recommendation advances racial and health equity:
  - **Impact**: Studies have found that participants who inject drugs are often willing to switch to smoking or other modes of administration when feasible, and that non-injection routes of administration may pose less risk of overdose. Many of the harms of injection drug use, such as endocarditis, skin infections, and vein damage, are injection specific. In addition to being harmful to individual health, endocarditis, HIV, and HCV are expensive to treat, and place a considerable economic burden on the public health system. Expansion of access to these supplies for public health purposes are additionally important for reducing risk for exposure to tuberculosis outbreaks and COVID-19.
  - **Capacity & feasibility of implementation**: Nevada already has multiple laws and policies supporting access to harm reduction services, such as syringe services/harm reduction programs and reduced drug-paraphernalia for drug checking equipment for personal overdose prevention (e.g., fentanyl test strips). Making safer smoking equipment more widely available in partnership with harm reduction programs can provide more opportunities for effective health communication. This can reduce health care barriers and improve health outcomes.

- **Urgency**: Fentanyl has rapidly become a primary opioid in the illicit drug supply. Fentanyl, especially in its pill form, is most often smoked rather than injected, both by individuals who are new to opioid use and by those experienced in injecting black tar heroin. Along with a parallel increase in the use of methamphetamine, which is also commonly smoked, the prevalence of opioid and stimulant smoking is quickly overtaking injection as a primary and frequent route of administration. This strategy is a significantly less risky mode of administration for people who are unwilling or unable to stop using drugs.
- **Racial & health equity**: Harm reduction services for people who use drugs are almost entirely focused on injection. Access to safer smoking supplies create safer-use options for people who don't inject, or who prefer stimulants as a primary drug. This broadens the reach of harm reduction services and offers an additional pathway into care and recovery. Harm reduction programs can connect people who smoke drugs (PWSD) to a wider array of harm reduction education, materials, and linkage with health care and substance use treatment. In addition, engaging PWSD, especially with younger adults, may slow the development or escalation of substance use disorder and/or transition into injection.

Recommendation #11

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 those impacted by the overdose (for example, other persons with a personal and/or emotional connection to the victim, surviving family members and/or postmortem services for families) 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.

- Justification/Background:
  - Those released from facilities are at high risk of overdose. It is an evidence-based practice to provide harm reduction supplies to those who have experienced an overdose.
  - The 2018 Overdose Response Strategy Cornerstone Project details Public Safety-Led Linkage to Care Programs in 23 States. Methods and strategies in this project can serve as guidance in how linkage to care can be provided starting at an overdose scene.
- Action Step:
  - Expenditure of Opioid Settlement Funds
  - Collaboration with existing programs such as crisis response
  - DHHS Policy
- Impact, capacity & feasibility of implementation, urgency, and how the recommendation advances racial and health equity:
  - **Impact**: The impact of this recommendation would be to provide support, wraparound services, and continuity of care for those who experience an overdose and have contact with Nevada institutions.

    From a family member perspective, there are a lot of impacts, including:

- Ongoing grief counseling/mental health services for all members of the family to deal with the grief and trauma.
- Grief alone is complicated enough, but there is a lot of trauma associated with this kind of death. Family members often were the ones to find their loved one deceased, and the trauma of seeing them that way runs very deep. There is always ongoing, reoccurring guilt and questions of what one could have done to prevent this from happening.
- There is ongoing grief and pain with every holiday, significant date such as the deceased loved one's birthday or the date of their passing. It never ends –any family gathering, event or holiday is a constant reminder that one's own family is no longer complete. There is a deep void that can never be filled.
- Family members should be provided with Narcan kits if they have a family member with a substance use disorder.
- Some family members have been known to turn to drugs or alcohol themselves as a means of coping (escaping their pain), or some may already suffer with substance use disorders. They need access to mental health services and treatment services, so they do not relapse, and find healthy ways of living with the pain.
- The incidence of suicide with grief is heightened, and many with substance use disorders have been known to commit suicide. There needs to be preventative mental health services to assist with this.
- Family members need ongoing support to honor and remember their loved ones, which is one method of helping to cope with such loss. There needs to be funding to add such things as memorial plaques in the park, and reservations for parks for various memorial events.
- There needs to be funding for billboards and other campaigns to raise awareness and address the drug crisis both as a preventative measure to hopefully save lives, but also as a means of healing for the family members so they don't feel their loved one died in vain.
- Family members need to be included on committees and panels designed to develop programs and preventative measures. They have lived with addiction firsthand usually for years, so they know the tiny little details of what occurs and the kind of help that is needed.

- **Capacity & feasibility of implementation**: Not all places throughout the state have the capacity to implement these services while some areas currently do provide these services - multiple areas of the state have already demonstrated how these types of interventions can help connect people to care. A suggestion was made to ensure this is included in the crisis response plan.
- **Urgency**: Post-overdose response teams respond timely to people and we are in the midst of an overdose crisis and need more of these expedited services to people. Many people who leave institutions do not receive support. There are scattered programs throughout the state such as peers in emergency settings to provide this type of assistance. Additionally, the subcommittee chair has been told by a few MOST team members they are not provided information concerning people who experienced an overdose due to HIPAA issues.
- **Racial & health equity**: This would address people who use drugs as well as other populations that disproportionately experience overdose. Additionally, people who use drugs that are released from institutions such as jails/prisons have a higher incidence of overdose death due to decreased tolerance.

Public safety led outreach programs have been shown to reduce overdose risk for participants through their engagement with health care providers. There is an opportunity to better evaluate how these programs reduce health disparities and improve racial and health equity.

Recommendation #12

Recommend that a compliance study be completed on NRS 259.050 (number 3) and 259.053.

Provide adequate funding for medical examiner offices to include death scene investigations, forensic pathologists, forensic epidemiologists, and toxicology testing to determine specific cause of death.

- Justification/Background:
  - District Attorneys want these causation experts to provide reports before they will go forward with prosecution, particularly in cases where there are poly-drugs in the victim's system.

    With input from the Washoe County Medical Examiner, the recommendation was revised to include funding for positions key to determining the cause of death. This information can be used for both public health and law enforcement purposes.

    Funding for these positions will improve real-time reporting capabilities.

    Given differences in resources and approaches across the state, the recommendation was made to study the compliance with specific NRS sections intended to provide more consistency in death investigations.
- Action Step:
  - Bill Draft Request
  - Expenditure of Settlement Funds
- Impact, capacity & feasibility of implementation, urgency, and how the recommendation advances racial and health equity:
  - **Impact**: This is rated midlevel.
  - **Capacity & feasibility of implementation**: This recommendation would improve current capacity, which was rated low.
  - **Urgency**: This is rated midlevel.
  - **Racial & health equity**: The impact on racial and health equity could be significant on a number of fronts. For example, more timely reporting would be the biggest impact. As outlined by Dr. Knight, the role of the coroner/medical examiner is to find the correct cause of death, regardless how that information is used. If used in the criminal justice system, it could provide for quicker turn around so those in the criminal justice system would not be experience delays due to slower cause of death and toxicology results. The reporting of cause of death also feeds the public health reporting. So, again, more timely reporting would provide for more timely public health reporting/actions. Also, it should not be lost that family/persons of concern may receive death certificates in a timelier manner so this may assist with death benefits/life insurance/referral for services. So, this recommendation would help an array of persons.

Recommendation #13

Establish a statewide initiative for community drug checking that incorporates qualitative and quantitative drug checking and includes the following parameters:

- ***Work with harm reduction community to identify partners/ locations and provide guidance and training.***
- ***Start all sites with mail-based testing while piloting on-site drug checking in a subset of early adopters to refine implementation needs.***
- ***Standardize the data collection, entry, testing, mailing, analysis, reporting as a best practice. Make this as transparent of a process as possible.***
- ***Articulate principles and plans for what will happen to the data.***

- Justification/Background:
  - There is an increasingly unstable drug supply, and potency can vary significantly from batch to batch. There is a wide range of cutting agents, some of which can be quite harmful, including Xylazine, Levamisole and synthetic opioids. The unpredictability of the drug supply has a direct impact on overdose rates and negative health effects. Currently, people who use drugs in Nevada lack broad access to quantitative drug checking services, which has been shown to prevent overdoses and change drug using behavior. Additionally, collection of this data as a dashboard reported to the public could inform tailored community interventions and resources.
  - This recommendation was workshopped by the Prevention subcommittee from recommendation submissions by Prevention Vice Chair Schoen, Chair Jessica Johnson, and SURG committee member Lisa Lee. (See SURG Prevention and Harm Reduction Recommendations August 2023 for earlier submissions).
- Action Step:
  - Work with harm reduction community to identify partners/ locations and provide guidance and training.
  - Start all sites with mail-based testing while piloting on-site drug checking in a subset of early adopters to refine implementation needs.
  - Standardize the data collection, entry, testing, mailing, analysis, reporting as a best practice. Make this as transparent of a process as possible.
  - Articulate principles and plans for what will happen to the data.

- Impact, capacity & feasibility of implementation, urgency, and how the recommendation advances racial and health equity:
  - **Impact:** This could have a profound impact for public health and safety. If we provide accessible drug checking services they empower people to make informed decisions and reduce their risk of overdose. At the community level, it would allow public health entities and community based organizations and harm reduction organizations to have a more comprehensive approach to addressing substance use and overdose prevention.
  - **Capacity & feasibility of implementation:** There is an existing infrastructure through harm reduction advocates to implement this. However, due to recent changes to state law that increased penalties for people who possess drugs that contain fentanyl, there is a risk for criminal penalty. One additional challenge is distributing the needed funding to smaller community based harm reduction organizations.

- **Urgency:** This is urgent, because of escalating overdoses, particularly around fentanyl. These innovative “boots on the ground" approaches are needed to promote evidence-based strategies to keep people safe. This can negate risks associated with substance use and create safer communities.
- **Racial & health equity:** Offering accessible drug checking services helps to address system inequities by providing a community-based intervention for all people who use drugs to engage in harm reduction measures, and access to information to make an informed choice. BIPOC communities have historically not been connected to the same resources and do not have the same social supports that alleviate substance use related harms within their communities. Involving community members who are harm reductionists in the design and implementation can help make sure this program is attuned to the unique needs and challenges based on disproportionately impacted populations, making it more inclusive and equitable.

Recommendation #14

Harm Reduction Shipping Supply: Provide for shipping costs for evidence-based harm reduction supplies (e.g., naloxone, sharps, fentanyl test strips, etc.) and for travel costs for the pickup of used sharps products to be returned for destruction. Increase advertising about shipping programs to rural Nevada. In collaboration with local agencies and through community conversations, establish local support for harm reduction efforts. Establish an alternative strategy for harm reduction supply delivery if people can't receive delivery of the supplies directly.

- Justification/Background:
    - Syringe exchanges and harm reduction programs are not available throughout most of the state and distance should not be a barrier for people to receive harm reduction services and products. Trac-B Exchange has served 13 counties with naloxone shipping and 16 counties with harm reduction supply shipping. They have had 24 reported reversals with shipped naloxone, and over 1100 requests for harm reduction supplies. These efforts could be scaled up to serve more people in all counties.
- Action Step:
    - Expenditure of Opioid Settlement Funds
- Impact, capacity & feasibility of implementation, urgency, and how the recommendation advances racial and health equity:
    - **Impact**: Harm reduction shipping will allow people that do not have easy access to life-saving supplies such as fentanyl test strips, naloxone and sterile harm reduction supplies to have them mailed directly to them. Supporting the collection of used sharps focuses on supporting safe disposal and protects individuals and communities. This recommendation supports the scale up of an existing program with an incorporation of working with communities/community coalitions to develop additional strategies for disposal and delivery to people in need of naloxone and other harm reduction items.
    - **Capacity & feasibility of implementation**: Currently, Trac-B Exchange in Las Vegas works with NextDistro and ships supplies, but their efforts could be supported to allow for growth across the state. Shipping from one location costs less than opening a "brick-and-mortar" storefront but allows for clients to receive many of the same services. Because these services exist already in the state, it is possible to expand quickly. Trac-B Exchange has been shipping since February 2019. This would be a scale up of existing operations, funding an unfunded program, and supporting additional syringe disposal.
    - **Urgency**: Getting supplies to people who are currently using substances saves lives. People who use substances are dying of overdose in our communities and naloxone availability would save lives. Syringe disposal would allow people to prevent improperly disposing of sharps.
    - **Racial & health equity**: Shipping is for everyone and would serve populations without the ability to travel to or purchase supplies or get to a public health vending machine, storefront or van syringe exchange or pharmacy. Shipping allows for all people to receive products that can save their life, regardless of location or access to services. With the addition of alternative strategies if people can't receive delivery of supplies, this would expand harm reduction equity statewide. Incorporating community conversations allows for communities to participate.

Recommendation #15

Recommend a bill draft request to equalize PRSS so it is equal to or exceeds CHW reimbursement. Add an educational requirement around evidence-based harm reduction to both PRSS and CHW certification.

- Justification/Background:
    - Nevada has a robust peer recovery specialist credentialing program and the community prevention coalitions utilize both peers and community health workers on staff that provide support to their communities in various ways which could include harm reduction efforts that are for the communities they serve. Peers are every bit as effective as community health workers in providing therapeutic social support(s); as such, it is important for them to be reimbursed through Medicaid at a similar, if not higher, level.
- Action Step:
    - Expenditure of Opioid Settlement Funds
- Impact, capacity & feasibility of implementation, urgency, and how the recommendation advances racial and health equity:
    - **Impact**: HIGH - If there were a contender for "most impactful strategy" with respect to workforce development, the widespread utilization of CHWs (and Peers and Prevention Specialists) would be at the top of the list. From recruitment to sustainability, these paraprofessionals are the most widely accessible and easily deployable -- not to mention the most eager -- members of the workforce to utilize and mobilize in providing Nevadans with the supports they need to mitigate any harm from possible substance use or abuse, including harm reduction efforts.
    - **Capacity & feasibility of implementation**: The good news is that many of the community coalitions throughout Nevada are already utilizing CHWs and Peers in harm reduction efforts like Naloxone training and distribution, and other strategies. These coalitions have also done the hard work of helping the communities they serve be more receptive to the importance of considering and utilizing harm reduction strategies.
    - **Urgency**: HIGH - Time is of the essence -- the longer we delay in standing up this very important strategy, the slower we will be to bring the full benefits to Nevada residents.
    - **Racial & health equity**: The use of paraprofessionals helps to promote diversity within the workforce (according to the NCHWA, the most recent cohort of CHW trainees is more than 50% people of color). As well, they are uniquely positioned to be able to have an outsize positive influence relative to more traditional professions (i.e., masters-level therapists, psychiatrists, etc.).

Recommendation #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.

- Justification/Background:
    - Surveillance data in Nevada indicate racial disparities in overdose and drug poisoning fatalities across Nevada.
    - 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.
    - Local outreach efforts in Nevada that have been successful include Black Wall Street.
- Action Step:
    - Expenditure of Opioid Settlement Funds
- Impact, capacity & feasibility of implementation, urgency, and how the recommendation advances racial and health equity:
    - **Impact**: 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.
    - **Capacity & feasibility of implementation**: Providers in the state are already doing this work and it is a low cost and effective strategy. 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.
    - **Urgency**: Nevada's BIPOC population has been disproportionately affected by the opioid epidemic. High, given state overdose data.
    - **Racial & health equity**: 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.

Recommendation #17

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:

- ***ensure adequate funding for these priorities,***
- ***target special populations,***
- ***increase reimbursement rates, and***
- ***offer standalone service provision opportunities.***

- Justification/Background:
  - Relevant and timely information about current substance use trends in communities, at the level where these trends occur.
    - 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.
  - 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.)
  - 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.

- Action Step:
  - Expenditure of Opioid Settlement Funds
  - DHHS Policy

- Impact, capacity & feasibility of implementation, urgency, and how the recommendation advances racial and health equity:
  - **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).
  - **Capacity & feasibility of implementation**: 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.
  - **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).
  - **Racial & health equity**: Including perspectives of impacted persons would advance racial and health equity as this would create sensible and pragmatic solutions.

Recommendation #18

Support Harm Reduction through: Create a recommendation to the legislature modeled on Maryland's STOP Act which authorizes certain emergency medical services providers to dispense naloxone to individuals who received treatment for a nonfatal drug overdose or were evaluated by a crisis evaluation team, and requires certain community services programs, certain private and public entities, and hospitals to have a protocol to dispense naloxone to certain individuals free of charge under certain circumstances.

- Justification/Background:
    - While the Bureau has made considerable strides to develop MOST/FAST teams and crisis stabilization centers, there is still considerable work to ensure naloxone is provided to individuals when they are vulnerable to overdose (e.g., when being released from incarceration, being released from the hospital, etc.) Maryland's legislation requires evaluation of individuals experiencing non-fatal overdose at these key junctures and requires dispensation of naloxone to these individuals. Further, exploring how to give medication free of charge (and in-hand from hospital discharge) is imperative to ensure access to people at risk of overdose.

      From the 2022 Annual Report: One harm reduction tool to address the increase in fatal opioid overdoses is naloxone, a safe and highly effective Food and Drug Administration-approved medication that reverses opioid overdoses. In studies, naloxone efficacy has ranged between 75 and 100 percent. One study from Brigham and Women's hospital in Massachusetts concluded that of those individuals given naloxone, 93.5 percent survived opioid overdose.

      In Maryland, the STOP Act legislation expanded access to naloxone in two ways. First, it authorized emergency medical services (EMS) personnel, including emergency medical technicians (EMTs) and paramedics, to dispense naloxone to an individual who experienced a nonfatal overdose or who was evaluated by a crisis response team for possible overdose symptoms. Second, the legislation established that within 2-years of passage, community services programs, including those specializing in homeless services, opioid treatment, and reentry, must develop protocols to dispense naloxone free of charge to individuals at risk of overdose. Both approaches help get naloxone into the hands of those who are most at risk. It is worth noting that Nevada leaders in the legislature and governor's administration have already taken many steps to increase naloxone availability across the state, such as with the passage of The Good Samaritan Drug Overdose Act of 2015 (Senate Bill 459, Chapter 26, Statutes of Nevada 2015 NRS 453C.120). This Act allows greater access to naloxone, an opioid overdose reversal drug and has saved countless lives across Nevada since its passage. This proposed policy would expand these laws to allow health providers to dispense naloxone "leave-behind" or "take-home" kits so that people who use drugs have ready access to them if needed. Dispensing naloxone into the hands of people who use drugs has been found to be effective. One meta-analysis found that in the case of overdose, a take-home kit reduced fatality to one in 123 cases.

- Action Step:
    - Bill Draft Request (BDR)
- Impact, capacity & feasibility of implementation, urgency, and how the recommendation advances racial and health equity:

- **Impact**: Access to opioid overdose reversal medication during time of overdose (like naloxone) is an evidence-based best practice that is associated with saving lives.
- **Capacity & feasibility of implementation**: This initiative aligns directly with legislation on opioid litigation funds; expertise on overdose reversal medication, purchase, and distribution already exists within DHHS and affiliates; DHHS has expanded capacity in 2022/2023 with MOST/FAST and crisis stabilization, these entities can be the first groups to engage in provision of naloxone for non-fatal overdoses.
- **Urgency**: Opioid overdose reversal medication during time of overdose (like naloxone) is an evidence-based best practice that is associated with saving lives.
- **Racial & health equity**: Research on addressing gaps in naloxone access is limited. One study on the cascade of care for naloxone engagement (and re-engagement) among people who inject drugs (PWID) found disparities in the re-engagement continuum such that White PWID were most likely to have ever and recently received naloxone, while Latino/a/x and Black PWID were least likely (https://www.sciencedirect.com/science/article/pii/S0376871621002544). Identifying opportunities to engage and re-engage PWID and PWUD in naloxone access with an eye toward reducing disparities, such as using peer networks to distribute naloxone and equitable access across neighborhoods is imperative to save lives. The impact of this recommendation will be dependent on the extent to which these crisis stabilization services have been impactful at addressing racial disparities in their services and programs.

Recommendation (Unranked)

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.

- Justification/Background:
  - Overall, there is evidence from U.S. studies to suggest that higher outlet density is associated with alcohol-related harm. Greater alcohol outlet density is associated with higher rates of intimate partner violence and child abuse and neglect. There is strong scientific evidence that regulating alcohol outlet density is an effective intervention for reducing excessive alcohol consumption and related harms.
- Action Step:
  - DHHS data recommendation
- Impact, capacity & feasibility of implementation, urgency, and how the recommendation advances racial and health equity:
  - **Impact**: This would provide a baseline of information needed to complement information at the state level to inform better decisions about interventions. This would have a notable impact and is a first step in identifying opportunities for communities to identify additional policies or program/interventions around outlets and how they correlate with other health outcomes.
  - **Capacity & feasibility of implementation**: here is high capacity and feasibility for implementation.
  - **Urgency**: This is urgent.

- **Racial & health equity**: There is currently no coordinated effort to collect this information on a regular basis and cross-mapping where people live will help to identify if, and to what degree, there are higher alcohol, tobacco, and cannabis density in communities of color relative to other communities. This can help to advance racial and health equity.

Recommendation (Unranked)

Recommend the Nevada System of Higher Education (NSHE) conduct a feasibility study to understand the true cost of implementing wastewater-based epidemiology (WBE) in Nevada and its ability to support community response plans. Funding for this study may be available through the Fund for a Resilient Nevada.

- Justification/Background:
  - This has been utilized at UNR for COVID on an opt in voluntary basis. This similar technology is being used for tracking substance use at a community/neighborhood level. "Wastewater-based epidemiology (WBE) has emerged as a powerful tool for monitoring public health trends by analysis of biomarkers including drugs, chemicals, and pathogens.

    Wastewater surveillance downstream at wastewater treatment plants provides large-scale population and regional-scale aggregation while upstream surveillance monitors locations at the neighborhood level with more precise geographic analysis.

    WBE can provide insights into dynamic drug consumption trends as well as environmental and toxicological contaminants.

    Applications of WBE include monitoring policy changes with cannabinoid legalization, tracking emerging illicit drugs, and early warning systems for potent fentanyl analogues along with the resurging wave of stimulants (e.g., methamphetamine, cocaine)"
- Action Step:
  - Expenditure of Opioid Settlement Funds
- Impact, capacity & feasibility of implementation, urgency, and how the recommendation advances racial and health equity:
  - **Impact and Capacity & feasibility of implementation**: This recommendation was rated lower for impact and capacity due to the potential positive impact but the true outcomes and capacity are unknown which is why the recommendation is to fund a feasibility study.
  - **Urgency**: This recommendation is not immediately urgent but would improve longer term goals of understanding population-level characteristics.
  - **Racial & health equity**: The state may obtain additional data from areas that are currently lacking, such as rural areas, that can serve to understand the impacts of substance use on different communities. There are also recent efforts that could be leveraged.

Appendix

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

Appendix A

Additional Information Regarding Recommendations – Research Links: Where research was used to support a recommendation, links to said research are provided.

Appendix B

Additional Information Regarding Recommendations – Target Population Impacted: AB 374 includes provisions to focus on special populations and members were asked to note which special populations a proposed recommendation would target. Information received from members is included in this appendix.

Appendix C

Additional Information Regarding Recommendations – Legislation Addressed: Legislation requires the Working Group to comprehensively review various aspects of substance misuse and substance use disorders and programs and activities to combat substance misuse and substance use disorders in this State. Each subcommittee was assigned specific mandates. Mandates from the legislation covered by each recommendation are noted.

Appendix D

Status of 2022 Recommendations (As of 12/31/2023): Recommendations from 2022 are outlined along with updates provided by the Division of Public and Behavioral Health (DPBH) to illustrate the current status of previous recommendations brought forward by the SURG.

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: The Opioid Litigation Tracker provides updates on all states participating in the Opioid Settlement Agreement. http://www.vitalstrategies.org/wp-content/uploads/Nevada-Opioid-Settlement-Fact-Sheet.pdf

Appendix A: Additional Information for Recommendations - Research Links

Where research was used to support a recommendation, links to said research are provided in the table below.

Recommendation	Links
1. Recommend to DHHS/DPBH/the Bureau of Behavioral Health Wellness and Prevention to double the amount of investment in SAPTA primary prevention programming (i.e., increase from current $12 million to $24 million for this biennium) for ages 0-24 and review the funding allocations annually. This funding should not be at the expense of existing programming.	• SAPTA 9/26/2023 "Funding Update: SPF-PFS Grant for Nevada" email • Griffin, K. W., & Botvin, G. J. (2010). Evidence-based interventions for preventing substance use disorders in adolescents. Child and adolescent psychiatric clinics of North America, 19(3), 505–526. https://doi.org/10.1016/j.chc.2010.03.005 • American Medical Association (AMA) Substance Use and Pain Task Force (2023). *Overdose Epidemic Report 2023.* AMA Overdose Epidemic Report (ama-assn.org), p. 19.
2. 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.	Frequent media reports of overdose data. Media reports from Nevada Medicaid regarding the culling of Medicaid recipients. • https://www.nevadacurrent.com/2023/03/20/as-opioids-overdose-deaths-keep-rising-report-urges-lawmakers-to-develop-new-approaches/ • https://thenevadaindependent.com/article/reno-has-drug-overdose-problem • https://www.nevadacurrent.com/2023/03/03/200000-nevadans-will-need-to-re-qualify-for-medicaid-as-pandemic-provision-winds-down/ • https://nvopioidresponse.org/wp-content/uploads/2023/05/OD-Surveillance-May-2023-Statewide_ADA.pdf https://nida.nih.gov/news-events/news-releases/2023/03/Buprenorphine-initiation-in-ER-found-safe-and-effective-for-individuals-with-OUD-using-fentanyl • https://www.nevadacurrent.com/2023/03/03/200000-nevadans-will-need-to-re-qualify-for-medicaid-as-pandemic-provision-winds-down/ • http://hdl.handle.net/11714/8472 • https://academyhealth.confex.com/academyhealth/2022di/mediafile/Handout/Paper55430/Implementing%20ED%20Initiated%20Buprenorphine%20Treatment%20for%20Opioid%20Use%20Disorder%20in%20Nevada.pdf • https://nida.nih.gov/nidamed-medical-health-professionals/discipline-specific-resources/emergency-physicians-first-responders/initiating-buprenorphine-treatment-in-emergency-department • https://store.samhsa.gov/sites/default/files/pep21-pl-guide-5.pdf • https://ag.nv.gov/uploadedFiles/agnvgov/Content/About/Administration/Model-Substance-Use-Disorder-Treatment-in-Emergency-Settings-Act-2.pdf

Recommendation	Links
	• https://www.leg.state.nv.us/App/NELIS/REL/81st2021/Bill/8095/Text# • https://www.leg.state.nv.us/App/NELIS/REL/81st2021/Bill/8095/Text#
3. 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.	American Medical Association (AMA) Substance Use and Pain Task Force (2023). *Overdose Epidemic Report 2023*. AMA Overdose Epidemic Report (ama-assn.org), p. 19.
4. 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.	Intensive Care Coordination for Children and Youth with Complex Mental and Substance Use Disorders https://www.justice.gov/d9/press-releases/attachments/2022/10/04/2022.10.04_report_of_nevada_investigation_0.pdf https://thenevadaindependent.com/article/hospitals-adopt-expanded-provider-tax-to-help-fund-behavioral-health-services
5. Create a bill draft request to amend the NRS for a 15 percent set aside of tobacco control and prevention funds from the Fund for a Healthy Nevada. This would be distributed using a local lead agencies model to reach $2 per capita, a recommended funding goal from the Nevada Tobacco Control & Smoke-free Coalition and subject matter experts.	• Nevada YRBS Data https://www.unr.edu/public-health/research-activities/nevada-youth-risk-behavior-survey • CDC Tobacco Funding Recommendations https://www.cdc.gov/tobacco/stateandcommunity/tobacco-control/program-funding/index.htm • CDC Tobacco Control Best Practices https://www.cdc.gov/tobacco/stateandcommunity/guides/index.htm • Nevada Legislature 2023 Session • From earlier submission: https://www.cdc.gov/media/releases/2022/p1007-e-cigarette-use.html
6. 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 substance use disorder.	• 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

Recommendation	Links
	• https://www.sciencedirect.com/science/article/abs/pii/S0145213421003331?via%3Dihub https://content.govdelivery.com/accounts/USNIHNIDA/bulletins/37c5a41
7. 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.	• This article summarizes the process for establishing naloxone saturation. Likely underestimates true need as it does not include non-fatal overdoses and drug checking data: https://www.thelancet.com/article/S2468-2667(21)00304-2/fulltext • This article summarizes the net benefit of naloxone access over the counter, and highlights the continued barrier of affordability for people at risk of opioid overdose: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7894851/ • Summary from national experts on overdose education and naloxone distribution (OEND) programs on best practices for community based naloxone distribution: https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-022-00639-z
8. 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.	The value of Peer Recovery Specialists is widely acknowledged for the "lived experience" that informs the interactions of each and every Peer Recovery Specialist. According to SAMHSA's "National Model Standards for Peer Support Certification" page on their website, a primary goal of President Biden's 2022 Presidential Unity Agenda (which indicates strategies for addressing the nation's mental health crisis), "A primary goal outlined within this strategy is accelerating the universal adoption, recognition, and integration of the peer mental health workforce across all elements of the healthcare system." Peer support offers a level of acceptance, understanding, and validation not found in many other professional relationships (Mead & McNeil, 2006). By sharing their own lived experience and practical guidance, peer support workers help people to develop their own goals, create strategies for self---empowerment, and take concrete steps towards building fulfilling, self---determined lives for themselves. (From "Value of Peers", 2017, SAHMSA) According to SAHMSA ("Value of Peers," 2017), the Peers appear to provide the following benefits to clients: • Increased confidence and self-esteem • Increased sense of control and ability to bring about changes in their lives • Raised empowerment scores • Increased sense that treatment is response and inclusive of needs • Increased sense of hope and inspiration • Increased empathy and acceptance (camaraderie)

Recommendation	Links
	• Increased engagement in self care and wellness • Increased social support and social functioning • Decreased psychotic symptoms • Reduced hospital admission rates and longer community tenure • Decreased substance use and depression As for Certified Prevention Specialists, these are folks with specialized training in providing evidence-based curricula and programs for the purposes of dissuading the substance use or abuse. As we move towards acknowledging the importance of offering comprehensive school-based programs that can help to address all factors including those that contribute to elevated ACE scores, it is important that we have a trained workforce able to do this very important work. Per the IC&RC's website, "Today's communities face a myriad of challenges – violence, drug abuse, crime, illness – but those problems, and the long-term damage they can cause, can be prevented, with appropriate education and intervention. Prevention-based programs are taking that message to schools, workplaces, faith-based organizations, and community centers in the U.S. and 22 countries around the world. The success of these programs relies on a competent, well-trained, ethical and professional workforce of Prevention Specialists. "The Affordable Health Care for America Act of 2010, Substance Abuse and Mental Health Services Administration's (SAMHSA) "8 Strategic Initiatives," and the 2011 National Drug Control Strategy have placed prevention in the forefront of health care reform efforts across the country. Local, state, and national organizations are struggling to keep up with the tremendous demand for new prevention professionals. "Credentialed prevention staff ensure that programs and their funders are delivering on their mission of ensuring public safety and well-being. A thorough understanding of prevention and the latest evidence-based practices for treatment is the hallmark of a qualified professional. The Prevention Specialist credential requires professionals to demonstrate competency through experience, education, supervision, and the passing of a rigorous examination. "Adopted in 1994, the Prevention Specialist (PS) is one of the fastest growing credentials in the field of addiction-related behavioral health care. There are now more than 50 U.S. states, territories, and countries that offer a reciprocal PS credential."

Recommendation	Links
9. 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 (for example implement follow up and linkage to care for individuals leaving the justice system). 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.	• https://www.medicaid.gov/federal-policy-guidance/downloads/smd23003.pdf • https://www.kff.org/medicaid/issue-brief/state-policies-connecting-justice-involved-populations-to-medicaid-coverage-and-care/ • https://www.dhcs.ca.gov/CalAIM/Documents/CalAIM-JI-a11y.pdf • The Common Wealth Fund: State Pushes for Innovative Ways to Improve Health Outcomes for Justice-Involved Individuals • https://legiscan.com/NV/text/AB156/2023 • https://dhhs.nv.gov/uploadedFiles/dhhsnvgov/content/Programs/FRN/R_Updated%20Nevada%20Opioids%20Needs%20Assessment%20and%20Statewide%20Plan%202022(1).pdf • American Medical Association (AMA) Substance Use and Pain Task Force (2023). *Overdose Epidemic Report 2023.* AMA Overdose Epidemic Report (ama-assn.org), pp 16, 20.
10. Create a bill draft request at the legislature to change the Nevada paraphernalia definition as it relates to smoking supplies. (See proposed draft language change to N.R.S. 453.554 in justification.)	• Example briefing from Washington State: https://adai.uw.edu/wordpress/wp-content/uploads/SaferSmokingBrief_2022.pdf • CDC: Issue Brief: Smoking Supplies for Harm Reduction. • Maine legislation: https://www.mainelegislature.org/legis/bills/getPDF.asp?paper=HP0732&item=1&snum=130
11. 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	• Post-overdose Response Team (PORT) Toolkit - PHAST • Community Paramedicine and Post Overdose Response Teams-Julota • Post-Overdose Response Teams (naco.org) • Innovations in Overdose Response: Strategies Implemented by Emergency Medical Services Providers (astho.org) • Post-Overdose Response Team (PORT) Toolkit | RCORPTA (rcorp-ta.org) • Public Health and Public Safety Resources | Drug Overdose | CDC Injury Center

Recommendation	Links
individual and those impacted by the overdose (for example, other persons with a personal and/or emotional connection to the victim, surviving family members and/or postmortem services for families) 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.	• Model Substance Use Disorder Treatment in Emergency Settings Act | LAPPA (legislativeanalysis.org) • Peer Support and Recovery Services | LAPPA (legislativeanalysis.org) • Mobile Outreach Vans | LAPPA (legislativeanalysis.org) • Connecting Communities to Substance Use Services: Practical Approaches for First Responders (samhsa.gov) • TIP 64: Incorporating Peer Support Into Substance Use Disorder Treatment Services | SAMHSA • Advisory: Peer Support Services in Crisis Care | SAMHSA • Use of Medication-Assisted Treatment in Emergency Departments | SAMHSA • What Are Peer Recovery Support Services? | SAMHSA • Innovations in Overdose Response: Strategies Implemented by Emergency Medical Services Providers (astho.org) • https://www.hidtaprogram.org/pdf/cornerstone_2018.pdf
12. Recommend that a compliance study be completed on NRS 259.050 (number 3) and 259.053. Provide adequate funding for medical examiner offices to include death scene investigations, forensic pathologists, forensic epidemiologists, and toxicology testing to determine specific cause of death.	• CDC's State Unintentional Drug Overdose Reporting System (SUDORS) | Drug Overdose | CDC Injury Center • Forensic Pathologists Shortage is Worsening Across the U.S. (forensicmag.com) • Drugs, Death, and Data | CDC • Death certificates and death investigations in the United States - UpToDate • A Reference guide for completing the death certificate for drug toxicity deaths (cdc.gov) • Intentional vs. Unintentional Overdose Deaths | National Institute on Drug Abuse (NIDA) (nih.gov) • Prosecuting Drug Overdose Cases: A Paradigm Shift - National Association of Attorneys General (naag.org) • 20210202-Quick-Guide-Opioid-Death-Investigations.pdf (pceinc.org)
13. Establish a statewide initiative for community drug checking that incorporates qualitative and quantitative drug checking and includes the following parameters:	• Nextdistro is a national Harm Reduction Program that partners with local programs to ship overdose prevention supplies to individuals that need it. Trac-B/Impact Exchange in Las Vegas is a partner. Www.nextdistro.org • American Medical Association (AMA) Substance Use and Pain Task Force (2023). *Overdose Epidemic Report 2023.* AMA Overdose Epidemic Report (ama-assn.org), pp. 15, 16, 20.

Recommendation	Links
• Work with harm reduction community to identify partners/ locations and provide guidance and training. • Start all sites with mail-based testing while piloting on-site drug checking in a subset of early adopters to refine implementation needs. • Standardize the data collection, entry, testing, mailing, analysis, reporting as a best practice. Make this as transparent of a process as possible. • Articulate principles and plans for what will happen to the data.	
14. Harm Reduction Shipping Supply: Provide for shipping costs for evidence-based harm reduction supplies (e.g., naloxone, sharps, fentanyl test strips, etc.) and for travel costs for the pickup of used sharps products to be returned for destruction. Increase advertising about shipping programs to rural Nevada. In collaboration with local agencies and through community conversations, establish local support for harm reduction efforts. Establish an alternative strategy for harm reduction supply delivery if people can't receive delivery of the supplies directly.	• Nextdistro is a national Harm Reduction Program that partners with local programs to ship overdose prevention supplies to individuals that need it. Trac-B/Impact Exchange in Las Vegas is a partner. Www.nextdistro.org • American Medical Association (AMA) Substance Use and Pain Task Force (2023). *Overdose Epidemic Report 2023*. AMA Overdose Epidemic Report (ama-assn.org), pp. 15, 16, 20.
15. Recommend a bill draft request to equalize PRSS so it is equal to or exceeds CHW reimbursement. Add an educational requirement around evidence-based harm reduction to both PRSS and CHW certification.	None provided
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	• https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9098250/ • https://nvopioidresponse.org/wp-content/uploads/2022/10/SUDORS-Report-2021-All-Statewide.pdf

Recommendation	Links
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.	• https://legislativeanalysis.org/wp-content/uploads/2022/02/Model-Syringe-Services-Program-Act.pdf
17. 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: • ensure adequate funding for these priorities, • target special populations, • increase reimbursement rates, and • offer standalone service provision opportunities.	• https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-019-0306-6 • https://substanceabusepolicy.biomedcentral.com/articles/10.1186/s13011-021-00406-6 • https://www.samhsa.gov/grants/applying/guidelines-lived-experience • https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6585590/ • https://psycnet.apa.org/record/2010-14450-003
18. Support Harm Reduction through: Create a recommendation to the legislature modeled on Maryland's STOP Act which authorizes certain emergency medical services providers to dispense naloxone to individuals who received treatment for a nonfatal drug overdose or were evaluated by a crisis evaluation team, and requires certain community services programs, certain private and public entities, and hospitals to have a protocol to dispense naloxone to certain individuals free of charge under certain circumstances.	• Link to a copy of the bill (HB0408): https://mgaleg.maryland.gov/mgawebsite/Legislation/Details/hb0408 Copy of the fiscal and policy note: https://mgaleg.maryland.gov/2022RS/fnotes/bil_0008/hb0408.pdf • Citations from the "justification" column: [1] Rachael Rzasa Lynn and JL Galinkin, “Naloxone dosage for opioid reversal: current evidence and clinical implications,” Therapeutic Advances in Drug Safety, 9:1 (Dec. 13, 2017), pp. 63-88. https://journals.sagepub.com/doi/10.1177/2042098617744161 [2] Nadia Kounang, “Naloxone reverses 93% of overdoses, but many recipients don’t survive a year,” CNN Health, Oct. 30, 2017.

Recommendation	Links
	https://www.cnn.com/2017/10/30/health/naloxone-reversal-successstudy/index.html [3] Rebecca McDonald and John Strang, "Are take-home naloxone programmes effective? Systematic review utilizing application of the Bradford Hill criteria," Addiction, 111:7 (July 2016), pp. 1177-87. https://onlinelibrary.wiley.com/doi/10.1111/add.13326 • American Medical Association (AMA) Substance Use and Pain Task Force (2023). *Overdose Epidemic Report 2023.* AMA Overdose Epidemic Report (ama-assn.org), pp. 5, 12.
(Unranked) 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.	• Sacks, J. J., Brewer, R. D., Mesnick, J., Holt, J. B., Zhang, X., Kanny, D., Elder, R., & Gruenewald, P. J. (2020). Measuring Alcohol Outlet Density: An Overview of Strategies for Public Health Practitioners. Journal of public health management and practice: JPHMP, 26(5), 481–488. https://doi.org/10.1097/PHH.0000000000001023 • County Health Rankings: https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/alcohol-outlet-density-restrictions
(Unranked) Recommend the Nevada System of Higher Education (NSHE) conduct a feasibility study to understand the true cost of implementing wastewater-based epidemiology (WBE) in Nevada and its ability to support community response plans. Funding for this study may be available through the Fund for a Resilient Nevada.	• https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8366482/pdf/13181_2021_Article_853.pdf

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[3]	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 SAPTA primary prevention programming (i.e., increase from current $12 million to $24 million for this biennium) for ages 0-24 and review the funding allocations annually. This funding should not be at the expense of existing programming.	X						X
2. 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	X	X	X	X	X		X

[3] Full definition of this target population: Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems

Recommendation	Veterans, Elderly Populations, and Youth	Persons who are involved in the criminal justice/juvenile systems[3]	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
emergency policies, and pursuing innovative programs such as establishing bridge MAT programs in emergency departments.							
3. 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.	X						X
4. 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.	X					X	
5. Create a bill draft request to amend the NRS for a 15 percent set aside of tobacco control and prevention funds from the Fund for a Healthy Nevada. This would be distributed using a local lead agencies model to reach $2 per capita, a recommended funding goal from the Nevada Tobacco	X			X		X	X

Recommendation	Veterans, Elderly Populations, and Youth	Persons who are involved in the criminal justice/juvenile systems[3]	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
Control & Smoke-free Coalition and subject matter experts.							
6. 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 substance use disorder.			X			X	
7. 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.		X			X		X
8. Support Harm Reduction through: Implement changes to recruitment, retention, and compensation of health and							

Recommendation	Veterans, Elderly Populations, and Youth	Persons who are involved in the criminal justice/juvenile systems[3]	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
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.	X	X	X	X	X	X	X
9. 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 (for example implement follow up and linkage to care for individuals leaving the justice system). Recommend the allocation of funding to support the development of a Medicaid Reentry Section 1115 Waiver to		X			X		X

Recommendation	Veterans, Elderly Populations, and Youth	Persons who are involved in the criminal justice/juvenile systems[3]	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
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.							
10. Create a bill draft request at the legislature to change the Nevada paraphernalia definition as it relates to smoking supplies. (See proposed draft language change to N.R.S. 453.554 in justification.)		X			X		X
11. 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	X		X	X	X		X

Recommendation	Veterans, Elderly Populations, and Youth	Persons who are involved in the criminal justice/juvenile systems[3]	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
and offer follow-up support, referrals, and services to the individual and those impacted by the overdose (for example, other persons with a personal and/or emotional connection to the victim, surviving family members and/or postmortem services for families) 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.							
12. Recommend that a compliance study be completed on NRS 259.050 (number 3) and 259.053.	X	X			X		X

Recommendation	Veterans, Elderly Populations, and Youth	Persons who are involved in the criminal justice/juvenile systems[3]	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
Provide adequate funding for medical examiner offices to include death scene investigations, forensic pathologists, forensic epidemiologists, and toxicology testing to determine specific cause of death.							
13. Establish a statewide initiative for community drug checking that incorporates qualitative and quantitative drug checking and includes the following parameters: • Work with harm reduction community to identify partners/ locations and provide guidance and training. • Start all sites with mail-based testing while piloting on-site drug checking in a subset of early adopters to refine implementation needs. • Standardize the data collection, entry, testing, mailing, analysis, reporting as a best practice. Make this as transparent of a process as possible.					X		X

Recommendation	Veterans, Elderly Populations, and Youth	Persons who are involved in the criminal justice/juvenile systems[3]	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
• Articulate principles and plans for what will happen to the data.							
14. Harm Reduction Shipping Supply: Provide for shipping costs for evidence-based harm reduction supplies (e.g., naloxone, sharps, fentanyl test strips, etc.) and for travel costs for the pickup of used sharps products to be returned for destruction. Increase advertising about shipping programs to rural Nevada. In collaboration with local agencies and through community conversations, establish local support for harm reduction efforts. Establish an alternative strategy for harm reduction supply delivery if people can't receive delivery of the supplies directly.					X		X
15. Recommend a bill draft request to equalize PRSS so it is equal to or exceeds CHW reimbursement. Add an educational requirement around evidence-based harm reduction to both PRSS and CHW certification.		X					X

Recommendation	Veterans, Elderly Populations, and Youth	Persons who are involved in the criminal justice/juvenile systems[3]	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
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.	X		X	X	X		X
17. 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	X	X	X	X	X		X

Recommendation	Veterans, Elderly Populations, and Youth	Persons who are involved in the criminal justice/juvenile systems[3]	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
settings through strategies including: • ensure adequate funding for these priorities, • target special populations, • increase reimbursement rates, and • offer standalone service provision opportunities.							
18. Support Harm Reduction through: Create a recommendation to the legislature modeled on Maryland's STOP Act which authorizes certain emergency medical services providers to dispense naloxone to individuals who received treatment for a nonfatal drug overdose or were evaluated by a crisis evaluation team, and requires certain community services programs, certain private and public entities, and hospitals to have a protocol to dispense naloxone to certain individuals free of charge under certain circumstances.		X			X		X

Recommendation	Veterans, Elderly Populations, and Youth	Persons who are involved in the criminal justice/juvenile systems[3]	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
(Unranked) 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.							X
(Unranked) Recommend the Nevada System of Higher Education (NSHE) conduct a feasibility study to understand the true cost of implementing wastewater-based epidemiology (WBE) in Nevada and its ability to support community response plans. Funding for this study may be available through the Fund for a Resilient Nevada.	X	X	X	X	X	X	X

Appendix C: Additional Information for Recommendations – Legislation Addressed

To understand the extent to which recommendations do or do not address the founding legislation, the following information is provided:

- Legislative language
- Summary table presenting the recommendations according to their priority and the component of the legislation that is addressed
- Comprehensive table presenting full recommendation according to priority and the component of the legislation that is addressed

Legislative Language

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.***

Summary Table

Recommendation	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q
1.		X					X	X		X							
2.		X	X		X					X							X
3.	X		X														
4.			X		X												
5.	X	X								X							
6.		X	X		X					X							X
7.		X					X										
8.	X	X	X							X							
9.		X	X	X	X	X		X	X	X			X			X	X
10.										X							
11.	X	X	X	X	X	X			X	X	X						X
12.			X	X					X				X	X	X		X
13.		X								X							
14.		X								X							
15.		X								X							
16.		X	X							X							
17.			X		X	X											X
18.																	
Unranked		X					X										
Unranked									X		X			X		X	X

Full Recommendation Text Table

Recommendation	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q
1. Recommend to DHHS/DPBH/the Bureau of Behavioral Health Wellness and Prevention to double the amount of investment in SAPTA primary prevention programming (i.e., increase from current $12 million to $24 million for this biennium) for ages 0-24 and review the funding allocations annually. This funding should not be at the expense of existing programming.		X					X	X		X							
2. 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.		X	X		X					X							X
3. 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.	X		X														
4. 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.			X		X												

Recommendation	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q
5. Create a bill draft request to amend the NRS for a 15 percent set aside of tobacco control and prevention funds from the Fund for a Healthy Nevada. This would be distributed using a local lead agencies model to reach $2 per capita, a recommended funding goal from the Nevada Tobacco Control & Smoke-free Coalition and subject matter experts.	X	X								X							
6. 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 substance use disorder.		X	X		X					X							X
7. 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.		X					X										
8. 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	X	X	X							X							

Recommendation	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q
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.																	
9. 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 (for example implement follow up and linkage to care for individuals leaving the justice system). 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.		X	X	X	X	X		X	X	X			X			X	X
10. Create a bill draft request at the legislature to change the Nevada paraphernalia definition as it										X							

Recommendation	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q
relates to smoking supplies. (See proposed draft language change to N.R.S. 453.554 in justification.)																	
11. 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 those impacted by the overdose (for example, other persons with a personal and/or emotional connection to the victim, surviving family members and/or postmortem services for families) 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.	X	X	X	X	X	X			X	X	X						X
12. Recommend that a compliance study be completed on NRS 259.050 (number 3) and 259.053.			X	X					X				X	X	X		X

Recommendation	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q
Provide adequate funding for medical examiner offices to include death scene investigations, forensic pathologists, forensic epidemiologists, and toxicology testing to determine specific cause of death.																	
13. Establish a statewide initiative for community drug checking that incorporates qualitative and quantitative drug checking and includes the following parameters: • Work with harm reduction community to identify partners/ locations and provide guidance and training. • Start all sites with mail-based testing while piloting on-site drug checking in a subset of early adopters to refine implementation needs. • Standardize the data collection, entry, testing, mailing, analysis, reporting as a best practice. Make this as transparent of a process as possible. • Articulate principles and plans for what will happen to the data.		X								X							
14. Harm Reduction Shipping Supply: Provide for shipping costs for evidence-based harm reduction supplies (e.g., naloxone, sharps, fentanyl test strips, etc.) and for travel costs for the pickup of used sharps products to be returned for destruction. Increase advertising		X								X							

Recommendation	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q
about shipping programs to rural Nevada. In collaboration with local agencies and through community conversations, establish local support for harm reduction efforts. Establish an alternative strategy for harm reduction supply delivery if people can't receive delivery of the supplies directly.																	
15. Recommend a bill draft request to equalize PRSS so it is equal to or exceeds CHW reimbursement. Add an educational requirement around evidence-based harm reduction to both PRSS and CHW certification.		X								X							
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.		X	X							X							
17. 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			X		X	X											X

Recommendation	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q
changes to address limitations to the use of Peers in some settings through strategies including: • ensure adequate funding for these priorities, • target special populations, • increase reimbursement rates, and • offer standalone service provision opportunities.																	
18. Support Harm Reduction through: Create a recommendation to the legislature modeled on Maryland's STOP Act which authorizes certain emergency medical services providers to dispense naloxone to individuals who received treatment for a nonfatal drug overdose or were evaluated by a crisis evaluation team, and requires certain community services programs, certain private and public entities, and hospitals to have a protocol to dispense naloxone to certain individuals free of charge under certain circumstances.																	
(Unranked) 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.		X					X										
(Unranked) Recommend the Nevada System of Higher Education (NSHE) conduct a feasibility study to understand the true cost of									X		X			X		X	X

Recommendation	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q
implementing wastewater-based epidemiology (WBE) in Nevada and its ability to support community response plans. Funding for this study may be available through the Fund for a Resilient Nevada.																	

Appendix D: Status of 2022 Recommendations (As of 12/31/2023)

2022 SURG Recommendation	2023 Updates
1. Revise penalties based on the quantity of Fentanyl, analogs, or other synthetic drugs of high potency that are trafficked. (NRS 453.3385, NRS 453.336, 453.339, 453.3395).	**Legislation**: SB35 Changes penalties for fentanyl trafficking. Possession of 28 grams or more of a mixture containing fentanyl establishes the crimes of trafficking and high-level trafficking. Passed with changes. 1) Fentanyl weights trafficking 28-42 grams, high level 42-100 grams, 2) MAT to prisoners, 3) possession of controlled substances (scheduled). **FRN Grant Award**: NV Public Health Foundation for Criminal Justice ($25,517); NV EMS - Mass Spectrometers ($558,857); DPBH EMS ODMAP ($5,000). • **Progress Update December 2023:** DEM has started to purchase handheld mass spectrometers (purchased 17 units and 10 kits) and will be doing regional trainings and distribution of devices. The intention behind the devices is public safety and not for the purpose of arrest and incarceration. **Captain Bill Teel has completed the first phase of research and interviews of 23 jails and will present to the SURG in 2024. **Policy Work July 2023**: Governor's office conducting feasibility study on quantitative fentanyl testing by forensic labs. **Related legislation**: AB137 - Expands confidentiality of reporting on fetal alcohol spectrum disorders which may not be used for criminal prosecution. • **Progress Update December 2023**: The DHCFP is researching the Health Home model and where this will live in the State Plan and will develop a State Plan Amendment to be submitted to the Centers for Medicare and Medicaid Services.

2022 SURG Recommendation	2023 Updates
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.	**FRN Grant Award**: DHCFP Medicaid All Payers Claims Database ($109,448). • **Progress Update December 2023**: FRN funded match in order to support the DHCFP Medicaid All Payer Claims Database- No funds have been drawn down from FRN at this time. In accordance with NRS 439B.800 through 439B.875, an All Payers Claims Database (APCD) is a large database that includes medical claims, pharmacy claims, dental claims, eligibility, and provider files collected from private and public payers. Insurers will report data directly to the APCD. The DHCFP has drafted and submitted regulations to the Legislative Counsel Bureau (LCB) in order to implement the legislation. The Division has contracted with a vendor to establish the APCD and will begin efforts once the funding is approved by the Centers for Medicare and Medicaid Services (CMS). The Division has established a webpage to communicate updates on the APCD to the public: https://dhcfp.nv.gov/Providers/APCD/All-Payer_Claims_Database/
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).	**FRN Grant Award**: MTSS Multi-Tiered Systems of Support ($500,000); CASAT/UNR Education/Opioids ($250,000). • **Progress Update December 2023**: FRN is funding MTSS in FY 24 for the following goals: Create robust training offerings for Nevada MTSS; Provide statewide training in MTSS to 250 schools in at least 10 LEAs; Integrate opioid prevention and treatment activities into the MTSS framework. Sustainable funding will need to be identified as this funding source will not be able to sustain the project after goals are complete.
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.	

2022 SURG Recommendation	2023 Updates
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 or suspected overdose.	**Question December 2023**: Is there potential to leverage the NAMI warmline/Caring Contacts for post overdose discharges?
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.	**Policy Work**: Nevada Treatment of OUD/SUD Transformation Project 1115 Demonstration Waiver approved 12/29/22 • **Progress Update December 2023**: AB 389 (2023): The DHCFP is contracting with staff to support the design, submission, approval, and management of the 1115 Waiver that will be submitted to the Centers for Medicare and Medicaid Services.
7. 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.	**FRN Grant Award**: Naloxone, Fentanyl and Xylazine Test Strips ($1,350,000 Statewide). • **Progress Update December 2023**: FRN funds approved in August; FRN will do a PO with direct delivery to CASAT once they report they are low on supplies.
8. Require the Department of Health and Human Services (DHHS) to allocate increased funding for the Prevention Coalitions to set aside funding for small grants to programs and grassroots efforts geared toward substance use prevention and education.	**Progress Update December 2023**: FRN is currently in an open and competitive NOFO process and cannot discuss this topic at this time.

2022 SURG Recommendation	2023 Updates
9. Support Harm Reduction through: Create a recommendation to the legislature modeled on Maryland's STOP Act which authorizes certain emergency medical services providers to dispense naloxone to individuals who received treatment for a nonfatal drug overdose or were evaluated by a crisis evaluation team, and requires certain community services programs, certain private and public entities, and hospitals to have a protocol to dispense naloxone to certain individuals free of charge under certain circumstances.	**Legislation**: AB277 - DHHS endorsement for rural emergency hospitals to serve as crisis stabilization centers providing behavioral health services, leveraging Medicaid payment source. • **Progress Update December 2023**: The DHCFP is developing a State Plan Amendment to be submitted to the Centers for Medicare and Medicaid Services. The Bureau of Behavioral Health Wellness and Prevention monitors distribution of naloxone and other opioid antagonists in alignment with the goal of having an opioid antagonist present at 80% of witnessed overdoses, as outlined in the Nevada State Opioid Antagonist Medication Saturation Plan. Additionally, they oversee the newly created budget account (BA) 3169 established by the passage of Assembly Bill 156, an account not subject to the State Budget Act that allows for the bulk purchasing of opioid antagonists and pays the costs of the Division to distribute those items. The State Opioid Response section will likely play a part in supporting a comprehensive distribution requirement.
10. Support legislation to establish a statewide and regional Overdose Fatality Review (OFR) committees 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.	**Legislation**: AB132 Requires establishment of a regional opioid overdose task force in Clark County. **Policy Work**: Clark County Opioid Task Force has been formed and first meeting is scheduled for 2/16/2024. **FRN Grant Award**: Opioid Technical Assistance and Training Center ($1,438,419). • **Progress Update December 2023**: Project is set to start January 1. Sole sourced to UNR/CASAT as they are our regulatory authority for certifications and already part of the ORN, PTTC, MHTTC and other National Programs.

2022 SURG Recommendation	2023 Updates
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.	**Legislation**: AB156 - Ensure availability of MAT in jails, detention centers, and correctional facilities, for people dx with OUD, and continuation of treatment on release or transfer. **FRN Grant Award**: Increase the Availability of Evidence-Based Treatment/Living Free Health - Frontier Treatment and Transitional Housing ($271,844) Expenditure report will be public by January 31, 2024- reimbursing at $102.76/bed. • **Progress Update December 2023**: The DHCFP is developing a State Plan Amendment to be submitted to the CMS. The DPBH established a new budget account (3169) to receive funds to purchase opioid antagonists. **Legislation**: SB119 - Extends coverage for telehealth services. • **Progress Update December 2023**: The DHCFP is updating the Medicaid Services Manual to include requirements related to behavioral health telehealth service delivery.
12. Implement follow ups and referrals and linkage of care for justice involved individuals, including individuals leaving the justice system, and pregnant or birthing persons with opioid use disorder.	**Legislation**: AB156 - Ensure availability of MAT in jails, detention centers, and correctional facilities, for people dx with OUD, and continuation of treatment on release or transfer. **Legislation**: AB389 - Requires Medicaid program to provide coverage for incarcerated persons (under 18, dx mental illness, SUD, chronic disease, disability, TBI, HIV, or pregnant), including Case Management, consultation, MAT, and services of CHW. **Legislation**: SB439 - Requires Medicaid to cover Rx used to provide MAT for opioid use disorder. **FRN Grant Award**: Provide Opioid Prevention and Treatment Consistently Across Criminal Justice and Public Safety System/Carson City Community Counseling Center Regional Wellness Center - Increasing Wellness ($292,268)/Department of Alternative Sentencing - STAR Program Expansion ($182,560). **FRN Grant Award**: Increase Treatment for Neonatal Abstinence Syndrome (NAS)/Pre- and Postpartum Services/Roseman - EMPOWERED RISE: Recovery, Integration, Support and Empowerment ($230,360). • **Progress Update December 2023**: Some counties have FASTT and EMPOWER program in place and expanded to Reno. FRN funded Clark County expansion of EMPOWER.

2022 SURG Recommendation	2023 Updates
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 overdoses among Black, Latinx/Hispanic, Indigenous individuals, and people of color in Nevada.	**Legislation**: SB4 - Primarily expands Fund for a Healthy Nevada beyond previous target population (seniors and persons with disability), but DHHS regulations could target BIPOC populations. **FRN MOU Funding**: NV Indian Commission; Tribal Opioid Coordinator and work closely with the O-TTAC. • **Progress Update December 2023**: The Aging and Disability Services Division distributed a memorandum to community partners regarding the SRx/DRx Program ending 12/31/2023. The Division will be engaging with stakeholders regarding the program change and redesign.
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.	**Legislation**: AB156 - Ensure availability of MAT in jails, detention centers, and correctional facilities, for people dx with OUD, and continuation of treatment on release or transfer.

2022 SURG Recommendation	2023 Updates
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 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.	**Legislation**: 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. **Legislation**: AB138 - Requires state to pay for nonfederal share of behavioral health services, including treatment of a substance use disorder, including collaborative care management services. • **Progress Update December 2023**: The DHCFP is developing a State Plan Amendment to be submitted to the Centers for Medicare and Medicaid Services. **Legislation**: SB117 - Expands Medicaid coverage to Certified Prevention Specialists. • **Progress Update December 2023**: The DHCFP developed and submitted a State Plan Amendment to the Centers for Medicare and Medicaid Services on 9/28/23. The Division held a public hearing for Medicaid Services Manual updates, which were adopted on 11/1/23. **Legislation**: SB191 - Expands Medicaid coverage to behavior analysts, assistant behavior analysts and registered behavior technicians for recipients under 27 years of age. • **Progress Update 2023**: The DHCFP is developing a State Plan Amendment to be submitted to the Centers for Medicare and Medicaid Services, which will open up applied behavioral analysis (ABA) services to all Medicaid eligible individuals meeting the medical necessity for ABA. **Funding: Expenditure of settlement funds through grant dollars.** • This may want to be braided with the Bureau of Behavioral Health Wellness and prevention and/ or funded directly from them as this would be broader than opioid abatement.
16. Increase school-based mental health professionals through a multi-disciplinary, cross-department school-based behavioral health team.	**Action Step**: Expenditure of settlement funds to increase the hiring of mental health professionals and create scholarship opportunities for students in higher education programs. This would need to directly impact opioid abatement. **Action Step**: Expenditure of settlement funds geared toward workforce development programs. This committee may want to look at funds from the Bureau of Behavioral Health Wellness and Prevention as this would be broader than opioid abatement.

2022 SURG Recommendation	2023 Updates
17. Fund personnel and resources for independent medical examiner(s) for investigations and reports to specify the cause of death in overdose cases.	Expenditure of settlement funds to update curriculums and hire, train, and retain staff • It was recommended to DPS Investigations Unit to request GFUND dollars for this goal. This would need sustainability.
18. Engage individuals with lived experience in programming design considerations.	**Legislation**: AB403 - Changes requirements for recovery houses from licensure to certification and preserves certain immunity from liability for volunteers of a recovery house for persons recovering from alcohol or other substance use disorders.
For Future Consideration	
• Resolve the conflict between the Good Samaritan Drug Overdose Act and Drug Induced Homicide Law; immediate actions may include recommending community-level education using best practice guidelines, as well as education for law enforcement personnel.	Provided to the Cross Sector Joint Task Force for action on focused education campaign to public and a separate education campaign to law enforcement.
• Policy change to cover non-pharmacological or complementary treatments for pain, also to increase coverage of preventive and non-pharm/CAM modalities.	NV Public Health Foundation; Pharmacist Conference

Appendix E: Information Regarding SURG Membership, Structure & Activities

SURG Membership, Bylaws, and Meeting Materials are available online at http://ag.nv.gov/About/Administration/SURG_Info_Page/

Appendix F: Information Regarding Opioid Settlement Funds

The Office of the Attorney General does not distribute funds to organizations directly providing programs or services. The DHHS will compile reports from all signatories to the One Nevada Agreement regarding the use of opioid funds for programs and services. Updates will be available online under the Fund for Resilient Nevada https://dhhs.nv.gov/Programs/FRN/Home/. The Opioid Litigation Tracker provides updates on all states participating in the Opioid Settlement Agreement. http://www.vitalstrategies.org/wp-content/uploads/Nevada-Opioid-Settlement-Fact-Sheet.pdf

In accordance with NRS 458.480 https://www.leg.state.nv.us/nrs/nrs-458.html#NRS458Sec480, this report does not include accounting of opioid settlement funds. However, the Office of the Attorney General is working on a cloud-based application to support annual or real-time reporting of funded programs and services by all signatories under the One Nevada Agreement.

We are working to get the Annual Report finalized as soon as possible.

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Chair, Substance Use Response Working Group Date