

**Joe Lombardo**  
*Governor*



**Richard Whitley**  
*Director*

# Advisory Committee for a Resilient Nevada (ACRN)

March 12, 2024



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**Department of Health and Human Services**

*Helping people. It's who we are and what we do.*



# Agenda Item I

**Call to Order, Roll Call of Members, and Establish Quorum**



# Agenda Item II

## Public Comment #1

*Public comment will be taken during this agenda item regarding any item appearing on the agenda. To provide public comment telephonically, dial (775) 321-6111. When prompted to provide the Meeting ID, enter 481 559 024# Please note: if joining by phone press \*6 to mute/unmute and press \*9 to raise hand. In consideration of others who may also wish to provide public comment, please avoid repetition and limit your comments to no more than three (3) minutes. No action may be taken on a matter discussed under this item until the matter is included on an agenda as an item on which action may be taken.*



# Agenda Item III

*(For Possible Action)*

**Review and Approve Minutes from February 13, 2024, ACRN Meeting**



# Agenda Item IV

## ***(Informational)* Highlights from Funded Providers (10 Minutes Each)**

Washoe County Department of Alternative Sentencing

Sergeant Andrew Sherbondy, Nicole Schauwecker

Carson City Community Counseling Center Regional Wellness Center

Caroline Basagoitia, Jacqueline Shott

Jail Medication for Opioid Use Disorder (MOUD) Program

Bill Teel

Opioid Technical Assistance Training and Coordination Center (O-TACC)

Center for the Application of Substance Abuse Technologies (CASAT)



# Agenda Item V

*(For Discussion)*

## Review of Statewide Opioid Goals

**Dawn Yohey, Clinical Program Planner, Director's Office, Department of Health and Human Services  
(DHHS)**

Funded

Provider Funded per ACRN Recommendations

Internal Ongoing

Earmarked dollars in budget

Not yet funded



# Goal 1: Ensure Local Programs Have the Capacity to Implement Recommendations Effectively and Sustainably

## Strategy 1.1: Build State Infrastructure to Assist in Local Capacity-Building and Ongoing Monitoring

Objective 1.1.1: Build Capacity to Provide Training and Technical Assistance for Local Entities

Activities:

- Establish a Nevada opioid training and technical assistance hub to support local communities to build capacity, identify and implement best practices, and coordinate training and technical assistance opportunities from state and national subject matter experts (SME) **Opioid Technical Assistance and Coordination Center (O-TACC) through CASAT**
- Create a website to serve as a central repository for training and technical assistance materials **O-TACC**



# Goal 1: Ensure Local Programs Have the Capacity to Implement Recommendations Effectively and Sustainably

## Strategy 1.1: Build State Infrastructure to Assist in Local Capacity-Building and Ongoing Monitoring

Objective 1.1.2: Facilitate Coordination of Funding and Efforts across the State

Activities:

- Evaluation and mapping of currently funded opioid and substance use disorder projects
- Establish positions for regional opioid training and technical assistance to facilitate information sharing on opioid-related activities between local, regional, and state entities **O-TACC**
  - Establish a quarterly meeting for coordinators





# Goal 1: Ensure Local Programs Have the Capacity to Implement Recommendations Effectively and Sustainably

## Strategy 1.2: Support Funding Recipients in Planning and Implementation of Evidence-Based and/or Evidence-Informed Activities

### Objective 1.2.1: Support Local Planning Efforts

#### Activities:

- Entity needs assessment/gaps – Plan for implementation using findings from implementation science
- Provide technical assistance around evidence-based practices (EBPs) and evidence-informed services and projects O-TACC
- Offer technical assistance for developing baseline, outcome measures, and reporting
- Technical assistance for target population identification
- Convene statewide pharmacist round table event Nevada Public Health Foundation



# Goal 1: Ensure Local Programs Have the Capacity to Implement Recommendations Effectively and Sustainably

## Strategy 1.2: Support Funding Recipients in Planning and Implementation of Evidence-Based and/or Evidence-Informed Activities

Objective 1.2.2: Support Initial Implementation of EBPs and Best Practices

Activities:

- Train on EBPs and evidence-informed services and projects during implementation O-TACC
- Provide ongoing training as needed O-TACC
- Offer technical assistance while monitoring the implementation O-TACC
- Establish initial reporting requirements and process for funded programs
- Develop quality assurance activities that can braid across organizations



# Goal 1: Ensure Local Programs Have the Capacity to Implement Recommendations Effectively and Sustainably

## **Strategy 1.3: Monitor Implementation and Fidelity to Program Models and Requirements**

Objective 1.3.1: Timely Monitoring of Program Progress and Outcomes Activities:

- Gather process reporting and financial reports from local entities – Gather baseline and outcome data
- Provide technical assistance on remediation and quality improvement

Objective 1.3.2: Ensure Entities are Performing with Fidelity to the Chosen Model of Services or Programs

Activities:

- Conduct quality assurance and fidelity reviews
- Provide technical assistance to remediate any negative findings
- Monitor corrective actions plans
- Provide technical assistance on EBP or national best practices



## Goal 2: Prevent the Misuse of Opioids

### Strategy 2.1: Prevent Opioid Use from Progressing to Misuse and Overdose

#### Objective 2.1.1: Identify Risk Factors for Opioid Misuse and Overdose

##### Activities:

- Identify risk factors through implementation of a disease investigation model for non-fatal overdoses and fatality review committees
- Identify substances involved in overdoses quickly (e.g., distribute hand-held drug testing equipment) Nevada Division of Emergency Management
- Objective 2.1.2: Educate the General Public on Opioid Prevention and Treatment

##### Activities:

- Educate the public on the identification of treatment needs and treatment access and resources NyE Communities Coalition
- Leverage 211 to decrease stigma
- Promote available resources NyE Communities Coalition; Quest Counseling



## Goal 2: Prevent the Misuse of Opioids

### Strategy 2.1: Prevent Opioid Use from Progressing to Misuse and Overdose

#### Objective 2.1.3: Equip Providers to Prevent Opioid Misuse and Overdose

##### Activities:

- Educate providers and pharmacists on alternative pain management and on educating patients on patient pain management expectations and safe opioid use Nevada Public Health Foundation
- Increase opioid prescribing training in graduate schools for providers
- Decrease stigma/offer anti-stigma training for providers, including pharmacists Nevada Public Health Foundation
- Establish physician champions for addiction treatment training
- Standardize clinical guidelines for non-pharmacological pain management

#### Objective 2.1.4: Promote Safe Pain Management for Patients with Chronic Pain or Opioid Prescriptions

##### Activities:

- Educate patients on safe use, storage, and disposal of opioids
- Inform patients on addictive potential of opioids and alternative therapies for chronic pain



## Goal 2: Prevent the Misuse of Opioids

### Strategy 2.1: Prevent Opioid Use from Progressing to Misuse and Overdose

Objective 2.1.5: Educate Youth and Families in the Community to Reduce the Risk of Adverse Childhood Experiences (ACEs), Child Welfare Involvement, Opioid Misuse, and Overdose

Activities:

- Educate parents and the public on ACEs prevention and intervention Implement family-based prevention strategies and expand activities under the Family First Prevention Act **NyE Communities Coalition**
- Offer ACEs screening and referral to treatment in schools and medical settings **NyE Communities Coalition**

Objective 2.1.6: Support Youth and Adolescents Who Have Experienced ACEs and are At-Risk

Activities:

- Implement child welfare best practices for impacted families
- Implement safe baby courts for families impacted by SUD
- Ensure family-related efforts are coordinated across agencies
- Provide home visit programs for families impacted by SUD



## Goal 2: Prevent the Misuse of Opioids

### Strategy 2.1: Prevent Opioid Use from Progressing to Misuse and Overdose

#### Objective 2.1.7: Prevent Opioid Misuse and Overdose in Schools

##### Activities:

- Embed prevention specialists in K-12 schools
- Implement trauma-informed schools
- Increase access to aftercare, summer, and intramural programs Boys & Girls Club of So NV (Statewide Program including six organizations and thirty-four locations)
- Increase prevention in schools UNR – Multi-Tiered Systems of Support (MTSS)
- Require prevention education and educator training UNR – Multi-Tiered Systems of Support (MTSS)
- Provide school survey results on drug trends/issues to school leaders
- Provide access to prevention activities for the transitional aged youth (TAY) to ensure all youth/adolescent populations are targeted Boys & Girls Club of So NV (Statewide Program including six organizations and thirty-four locations)



## Goal 2: Prevent the Misuse of Opioids

### Strategy 2.2: Detect Potential Misuse Early and Intervene to Prevent Increased Severity

Objective 2.2.1: Monitor the Prescription of Opioids and Related Substances

Activities:

- Provide enhanced PDMP analytics (including demographics and additional prescribed substances) information to providers
- Ensure PDMP data is obtained from all bordering states

Objective 2.2.2: Implement Screening and Early Intervention for All Nevadans

Activities:

- Prevent, screen for, and treat those with Adverse Childhood Experiences (ACEs) NyE Communities Coalition
- Implement ages zero to three programming to support families impacted by substance use EMPOWER
- Increase Screening, Brief Intervention and Referral to Treatment (SBIRT) statewide and train providers in integrated care
- Educate providers on the signs of trauma and appropriate referral options





## Goal 2: Prevent the Misuse of Opioids

### **Strategy 2.3 Define immediate solutions to reduce the risks for overdose and prepare for responses**

Objective 2.3.1 Implement a Cross-sector Task Force to address overdose Activities:

- Determine necessary action to reduce the risk of overdose in Nevada's communities.
- Prepare responses for the State and local jurisdictions in the event an increase in overdoses occurs
- Provide technical assistance, guidance, and resources to rapidly implement best practices to reduce risk for overdoses, enhance capacity to respond to events, and recover should such overdose events occur.



## Goal 3: Reduce Harm Related to Opioid Use

### **Strategy 3.1: Prevent Opioid Overdoses among Those Already Using Opioids and Other Substances**

Objective 3.1.1: Increase the Availability of Naloxone and Fentanyl Testing Supplies across Nevada

Activities:

- Implement Mobile Crisis Teams with naloxone leave-behind
- Provide access to fentanyl testing
- Increase naloxone distribution, targeting populations in need using data, including those using drugs and MAT clinics

Objective 3.1.2: Prevent Suicide-Related Overdoses

Activities:

- Implement Zero Suicide prevention efforts
- Establish crisis stabilization units, expand mobile crisis teams statewide, and ensure 988 funding



## Goal 3: Reduce Harm Related to Opioid Use

### Strategy 3.1: Prevent Opioid Overdoses among Those Already Using Opioids and Other Substances

Objective 3.1.3: Support Safe Harm Reduction Behaviors among People Using Opioids

Activities:

- Establish safe places for opioid use that include harm reduction resources
- Expand the availability of harm reduction products in vending machines **Trac B Exchange**

Objective 3.1.4: Implement Statewide Harm Reduction Philosophy

Activities:

- Include people in recovery and those with lived experience with opioid use in planning efforts, to include peer programming **EMPOWER; Carson City Community Counseling Center (CCCCC)**
- Educate on the addictive potential of opioids and alternative therapies for chronic pain
- Promote public support for harm reduction efforts



## Goal 3: Reduce Harm Related to Opioid Use

### **Strategy 3.2: Decrease the Spread of Injection-related Morbidity and Mortality**

#### Objective 3.2.1: Support Safe Intravenous Use

##### Activities:

- Expand accessibility of needle exchanges across the state **Trac B Exchange**
- Use exchange sites for additional harm reduction efforts **Trac B Exchange**



## Goal 4: Provide Behavioral Health Treatment

### Strategy 4.1: Increase the Availability of Evidence-Based Treatment

Objective 4.1.1: Increase Training and Implementation Support for EBPs:

Activities:

- Improve upon evidence-based SUD and OUD treatment and recovery support training and resources for providers, including for subpopulations (e.g., children and families, tribal members) who need tailored treatment – Increase evidence-based suicide interventions and trauma-informed care **O-TACC**
- Increase the availability of evidence-based treatment for co-occurring disorders (COD) and use of multiple substances for adults and children through training and reimbursement for use of specific evidence-based models
- Monitor outcomes from the Association of State and Territorial Health Officials (ASTHO) Opioid Use, Maternal Outcomes, and Neonatal Abstinence Syndrome Initiative and State Opioid Response grant, especially identifying health disparities
- Improve OUD screening, referral, and treatment for pregnant women through Project ECHO



# Goal 4: Provide Behavioral Health Treatment

## Strategy 4.1: Increase the Availability of Evidence-Based Treatment

Objective 4.1.2: Provide a Variety of Evidence-Based and Best Practices Accessible to Nevada's Frontier, Rural, and Urban Populations

Activities:

- Increase withdrawal management services in the context of comprehensive treatment programs
- Implement Comprehensive Addiction and Recovery Act of 2016 (CARA) Plans of Care with resource navigation and peer support
- Use EBPs to support mothers, babies, and families impacted by opioid use **EMPOWER**
- Increase availability of peer recovery support services
- Ensure all providers prioritize best practices for patients, family/caregivers, and neonates/infants
- Require all SUD treatment programs to measure standard patient outcomes and implement best practices
- Implement community health workers throughout recovery supports, behavioral health, and social service agencies
- Provide grief counseling and support for those impacted by the fatal overdose by a family or friend
- Engage nontraditional community resources to expand treatment access in rural or underserved areas and target populations that experience health disparities
- Expand IOTRC hub classification beyond CCBHC, FQHC, and OTP
- Continue to work with tribal communities to meet their needs for prevention, harm reduction, and treatment **Nevada Indian Commission**
- Support referral to evidence-based practices
- Continue to expand MOUD in Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs)
- Increase longer-term and short-term rehabilitation program capacity **Living Free Health & Fitness; Washoe County DAS STAR Program**
- Provide continuity of care between levels of care



## Goal 4: Provide Behavioral Health Treatment

### Strategy 4.1: Increase the Availability of Evidence-Based Treatment

Objective 4.1.3: Expand Treatment Options for Special Populations, Including Adolescents and Individuals with Co-Occurring Disorders

Activities:

- Expand adolescent treatment options across all ASAM levels of care for OUD with cooccurring disorder integration
- Expand treatment options for transition-age youth – Provide specialty care for adolescents in the child welfare and juvenile justice systems **NyE Communities Coalition**
- Increase adolescent beds certified to treat young adolescent and transition-age youth, as well as capable of treating co-occurring disorders
- Establish Community Health Worker/Peer Navigator program for pregnant and parenting persons with OUD **EMPOWER**
- Increase parent/baby/child treatment options including recovery housing and residential treatment that allow the family to remain together **Living Free Health & Fitness**



## Goal 4: Provide Behavioral Health Treatment

### **Strategy 4.1: Increase the Availability of Evidence-Based Treatment**

Objective 4.1.4: Expand/Maximize Capacity of Current Services and Increase Workforce

Activities:

- Promote healthcare profession career tracks in high school
- Encourage and support medical school students from rural or frontier communities
- Evaluate provider enrollment process to ensure it is not a deterrent for providers
- Incentivize providers to serve in rural and underserved communities
- Create a scholarship fund dedicated to individuals directly affected by the epidemic





## Goal 4: Provide Behavioral Health Treatment

### Strategy 4.2: Increase Access to Evidence-Based Treatment

#### Objective 4.2.1: Expand Treatment Funding Options

##### Activities:

- Ensure funding for the array of OUD services for uninsured, underinsured, and tribal populations
- Offer sustainable funding for the IOTRCs
- Enforce parity across physical and mental health
- Modify or remove prior authorization requirement for selecting outpatient behavioral health services
- Align utilization management policies between Medicaid managed care and fee-for service
- Implement a reimbursement model that reduces the administrative burden on providers of administering grant funds
- Utilize FRN funding for state's share for 1115 SUD Waiver, room and board, and uncompensated care

#### Objective 4.2.2: Increase Effective Utilization of Telehealth

##### Activities:

- Partner with a TeleMAT service provider
- Increase provider training and education on the effective use of telehealth



## Goal 4: Provide Behavioral Health Treatment

### Strategy 4.3: Increase Availability of and Access to MOUD

Objective 4.3.1: Increase the Volume of Waivered Prescribers of Medications for Opioid Use Disorder (MOUD) Providing Treatment in Rural and Underserved Areas

Activities:

- Incentivize providers for Office-Based Opioid treatment (OBOT) through bonuses
- Implement a plan for expansion of mobile MOUD treatment for rural and frontier communities CASAT
- Monitor the capacity of SUD and OUD treatment providers
- Expand statewide Patient-Centered Opioid Addiction Treatment (PCOAT) model

Objective 4.3.2: Increase Access to MOUD

Activities:

- Create street outreach teams to provide street medicine programs, harm reduction, psychiatry, and care management
- Expand access to long-acting buprenorphine medications
- Increase education, adoption, and support for buprenorphine as a first-line treatment for reproductive/birthing/pregnant, etc., patients
- Initiate buprenorphine in the emergency department and during inpatient stays Quest Counseling
- Expand access to MOUD treatment for youth in primary care and behavioral health settings Quest Counseling
- Support low threshold prescribing for buprenorphine treatment
- Fully implement Nevada's hub-and-spoke system for MAT regardless of payer



## Goal 4: Provide Behavioral Health Treatment

### **Strategy 4.3: Increase Availability of and Access to MOUD**

Objective 4.3.3: Increase Provider Proficiency in Treatment with MOUD  
Activities:

- Expand use of Project ECHO<sup>®</sup> to increase provider capacity
- Establish addiction medicine fellowships
- Create a provider forum for treatment and other resource-sharing O-TACC



## Goal 4: Provide Behavioral Health Treatment

### Strategy 4.4: Increase Treatment for Neonatal Abstinence Syndrome (NAS)

Objective 4.4.1: Screening, Intervention, and Referral for Pregnant Women

Activities:

- Offer parenting programs and home visits for at-risk pregnant women  
**EMPOWER**
- Establish SBIRT in OBGYN offices and engage Project ECHO
- Continue to monitor and expand ASTHO programs for Neonatal Abstinence Syndrome (NAS) with special attention to preventing health disparities  
**EMPOWER**



## Goal 5: Implement Recovery Communities across Nevada Social Determinants of Health (SDOH)

### Strategy 5.1: Address Social Determinants of Health

Objective 5.1.1: Screen and Connect people to Social Determinants of Health (SDOH) Resources

Activities:

- Incorporate screening for standard SDOH needs as a routine intake procedure for all services
- Expand 211 to identify and match individuals to resources for SDOH
- Identify opportunities for faith-based organizations to provide recovery supports in local communities
- Include recovery support services such as recovery centers in the work of local community coalitions

Objective 5.1.2: Access to Housing

Activities:

- Develop housing and recovery supports for homeless youth with OUD
- Establish policies and funding to support evidence-based recovery housing
- Provide tenancy supports for individuals to maintain housing through the recovery process Washoe County DAS STAR
- Develop sober and affordable housing resources through partnerships Living Free Health & Fitness; Washoe County DAS STAR Program



## Goal 5: Implement Recovery Communities across Nevada Social Determinants of Health (SDOH)

### Strategy 5.1: Address Social Determinants of Health

#### Objective 5.1.3: Employment Supports

##### Activities:

- Develop employment supports for those in treatment and in recovery Living Free Health and Fitness
- Provide education for employers through Recovery Friendly Workplace Initiative

#### Objective 5.1.4: Access to Childcare

##### Activity:

- Expand access to childcare options for families seeking treatment/recovery supports

#### Objective 5.1.5: Access to Transportation

##### Activities:

- Address transportation needs as a SDOH Washoe County DAS STAR; CCCCC-RWC
- Support providers with start-up and transportation costs under Nevada's new, Medicaid-funded non-emergency Secure Behavioral Health Transport service



## Goal 6: Provide Opioid Prevention and Treatment Consistently across the Criminal Justice and Public Safety Systems

### **Strategy 6.1: Promote Safe Response to Opioid Use in the Community**

Objective 6.1.1: Ensure Laws and Law Enforcement Agencies Do Not Deter Interventions for People in Need of Harm Reduction Interventions

Activity:

- Train law enforcement on laws to increase appropriate enforcement to protect interventions for people who have overdosed
- Ensure state laws do not prevent harm reduction efforts



## Goal 6: Provide Opioid Prevention and Treatment Consistently across the Criminal Justice and Public Safety Systems

### Strategy 6.2: Prevent Overdose after Release from Jails and Prisons

Objective 6.2.1: Increase Access to Quality Care for Justice-Involved Individuals

Activities:

- Provide MAT in all adult correctional and juvenile justice facilities Carson City Community Counseling Center
- Expand drug court treatment availability and include treatment for multiple substances
- Monitor outcomes related to SUD treatment for the criminal justice-involved population

Objective 6.2.2: Support Individuals with Opioid Use History Leaving Jails and Prisons

Activities:

- Connect people leaving jails and prisons to post-release treatment, housing, and other supports as well as educate about overdose risk Carson City Community Counseling Center
- Educate parole and probation officers on the need for treatment, recovery, housing, and employment





## Goal 7: Provide High Quality and Robust Data and Accessible, Timely Reporting

### **Strategy 7.1: Provide Consistent, High-Quality Data for Surveillance and Reporting**

#### Objective 7.1.1: Improve the Quality of Toxicology Data

##### Activities:

- Establish a statewide forensic toxicology lab and improve funding mechanisms
- Support a forensic pathology training program
- Standardize and improve toxicology testing procedures, including more detailed reporting of demographic characteristics
- Objective 7.1.2: Improve and Standardize Surveillance Reporting

##### Activities:

- Expand surveillance testing
- Standardize reporting and query code/logic across reporting agencies
- Establish minimum data set for suspected and actual overdose for use in all agencies, including demographic characteristics



## Goal 7: Provide High Quality and Robust Data and Accessible, Timely Reporting

### Strategy 7.2: Increase Availability of Data for Rapid Response to Opioid Trends

#### Objective 7.2.1: Increase Breadth of Data Collected

##### Activities:

- Ensure data elements include demographic characteristics to identify and address health disparities
- Collect data from the poison control hotline DPBH Public Health Preparedness Program
- Include demographics and methadone in the state prescription drug monitoring program
- Increase provider utilization of the Treatment Episode Data Set (TEDS)

#### Objective 7.2.2: Ensure Data is Shared Across Agencies and Providers

##### Activities:

- Implement the All-Payer Claims Database Division of Health Care Financing and Policy
- Increase Health Information Exchange (HIE) data sharing and utilization when prescribing opioids
- Create an Automated Program Interface (API) connection to Emergency Medical Services (EMS)/Image Trend DPBH Emergency Medical Services



## Goal 7: Provide High Quality and Robust Data and Accessible, Timely Reporting

### **Strategy 7.2: Increase Availability of Data for Rapid Response to Opioid Trends**

Objective 7.2.3: Provide Immediate Access to Critical Opioid-Related Data

Activities:

- Provide access to real-time SUD and OUD reports from various systems (e.g., EHR, PDMP, HIE, etc.)
- Facilitate prompt “bad batch” communications
- Connect public safety and local overdose spike monitoring agencies **Nevada Division of Emergency Management**



# Agenda Item VI

*(For Discussion and Possible Action)*

**Review and Prioritize Substance Use Response Working Group (SURG) Funding Recommendations**



# SURG Recommendations

## (Ranked based on 8 participants)

- 1: 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). (Goal 6)
  - 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.
- 2: Recommend to Department of Health and Human Services (DHHS)/Division of Public and Behavioral Health (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. (Goal 2)



# SURG Recommendations

## (Ranked based on 8 participants)

- 3: 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. (Goal 1)
- 4: 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. (Goal 3)
- 5: 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. (Goal 5)



# SURG Recommendations

## (Ranked based on 8 participants)

- 6: 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. (Goal 3)
- 7: 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. (Goal 1)
- 8: 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. (Goal 7)



# SURG Recommendations

## (Ranked based on 8 participants)

- 9: 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. (Goal 2/3)
- 10: 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. (Goal 7)





# Agenda Item VII

## Public Comment #2

*Public comment will be taken during this agenda item regarding any item appearing on the agenda. To provide public comment telephonically, dial (775) 321-6111. When prompted to provide the Meeting ID, enter 481 559 024# In consideration of other who may also wish to provide public comment, please avoid repetition and limit your comments to no more than three (3) minutes. No action may be taken on a matter discussed under this item until the matter is included on an agenda as an item on which action may be taken.*



# Agenda Item VIII

**Adjournment**