

Joe Lombardo
Governor



Richard Whitley
Director

Advisory Committee for a Resilient Nevada (ACRN)

May 12, 2024



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 846 416 202#. Please note: if joining by phone press *6 to mute/unmute and press *5 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 April 9, 2024, ACRN Meeting



Agenda Item IV

(For Possible Action)

Review, Prioritize, and Approve Substance Use Response Working Group (SURG) Funding Recommendations for Possible Inclusion in Advisory Committee for a Resilient Nevada (ACRN) Report to the Director's Office

Chair David Sanchez



SURG Recommendations

1. 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.
2. 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.
3. 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.



SURG Recommendations

4. 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.

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.



SURG Recommendations

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.

7. 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.

8. 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.



SURG Recommendations

9. 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.

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.



Agenda Item V

(For Possible Action)

Review, Prioritize, and Approve ACRN Funding Recommendations for Inclusion in ACRN Report to the Director's Office

Chair David Sanchez



ACRN Goals

- Goal 1: Ensure Local Programs Have the Capacity to Implement Recommendations Effectively and Sustainably
- Goal 2: Prevent the Misuse of Opioids
- Goal 3: Reduce Harm Related to Opioid Use
- Goal 4: Provide Behavioral Health Treatment
- Goal 5: Implement Recovery Communities across Nevada
Social Determinants of Health (SDOH)
- Goal 6: Provide Opioid Prevention and Treatment Consistently across the Criminal Justice and Public Safety Systems
- Goal 7: Provide High Quality and Robust Data and Accessible, Timely Reporting



Agenda Item VI

Public Comment #1

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Agenda Item VII

Public Comment #2

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Agenda Item VIII

Adjournment