

**CLARK COUNTY REGIONAL OPIOID TASK
FORCE**

Assembly Bill 132

82nd Session of the Nevada Legislature

DRAFT

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Introduction

The Clark County Regional Opioid Task Force was created by AB132 from the 82nd Session of the 2023 Nevada Legislature and is comprised of fifteen (15) individuals appointed by the Board of Clark County Commissioners. The task force shall include a representative from a social service agency, a representative from the Department of Family Services,, a representative from the Department of Juvenile Justice Services, a representative from the Southern Nevada Health District, a member with experience in the field of primary health care, a member with experience in the field of mental health, a representative from the Clark County School District, a member who represents law enforcement from the Las Vegas Metropolitan Police Department, one member with experience in the field of behavioral health, one member with experience in the field of addition medicine, one member who represents a provider of emergency medical services, one member that represents public health educators or community health workers who represent or serve persons with limited-English proficiency, one member that represents a substance prevention coalition and the Clark County Coroner or their designee.

The Task Force reviewed data relating opioid overdose fatalities and near fatalities in Clark County. This information was utilized to identify gaps in community services relating to opioids and opioid overdose fatalities. Using existing state and community databases and, in particular, information relating to harm reduction and substance abuse. Task Force members identified trends in the social determinants of health relating to opioid overdose fatalities and identified opportunities for prevention to promote recovery and to encourage collaboration leveraging existing resources to prevent substance misuse.

Background

Clark County, the nation's 11th most populous county, it is home to more than 2.3 million citizens and has more than 45 million visitors each year.

Covering both urban and rural communities, there are also five (5) incorporated cities - Boulder City, Henderson, Las Vegas, Mesquite, and North Las Vegas - within its boundaries.

Jurisdiction	Population 2023 ¹
Clark County (Unincorporated)	1,036,864
Boulder City	15,023
Henderson	343,486
Las Vegas	669,679
Mesquite	22,810
North Las Vegas	283,724

¹ Clark County, NV 2023 Population Estimates – Clark County Department of Comprehensive Planning

Total	2,371,586
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Presentations Received by Committee

Nevada Department of Health and Human Services' Office of Analytics
A presentation was provided on available state databases and resource tracking substance use. This presentation included an overview of dashboards, reports, and gaps.

Attorney General's Substance Use Response Working Group
A presentation was provided to provide an overview of the Statewide Substance Use Response Working Group (SURG). It further presented information on other agencies working on opioid related challenges, reporting structures, and guidelines and toolkits.

Southern Nevada Opioid Advisory Council (SNOAC)
A presentation was provided on the Southern Nevada Opioid Advisory Council (SNOAC). It provided an overview of the structure of this team, meeting requirements, and its leadership and members. This presentation also described the four-pillar approach utilized to address the substance use crisis. These pillars are prevention, rescue, treatment, and recovery.

Clark County Office of the Coroner/Medical Examiner
A presentation was provided to describe the office of the coroner/medical examiner. It described their function, turn around time, limitations and current trends. It further described the death certification process and how drug related deaths are determined.

Southern Nevada Health District
A presentation was provided that described opioid overdose indicators in Clark County, NV. It covered the data sources that are utilized to produce information, statistics, and to identify trends. It further described the social vulnerability index and how these factors impact overdose risk.

City of Henderson on Fentanyl Awareness campaign
A presentation was provided to describe the outreach campaign being utilized in Henderson, NV to target the opioid crisis. It described the priorities of prevention, treatment, peer support, and crisis intervention, harm reduction and the use of training and supplies.

Individual/families seeking or have utilized community service related to opioids

A summary was provided by an individual that has a history of substance use disorder. This person described their experience with addition to opioids and their journey to recovery.

Nevada Opioid Treatment Association (NOTA)

A presentation was provided to describe the Nevada Opioid Treatment Association. This presentation covered their mission, providers, and the goals of their program. It described their treatment platform and provided information on some of the gaps they have encountered.

Crossroads of Nevada

A presentation was provided to describe Crossroads of Southern Nevada and the services they provide. These services include inpatient treatment, outpatient treatment, and follow-up care. They further described their goals of harm reduction, medication assisted treatment, fentanyl testing, and programs including peer support.

Bridge Counseling

A presentation was provided to Bridge Counseling and their services. They described their approaches to inpatient treatment, outpatient treatment, community outreach and crisis intervention. They provided an overview of their services and approaches to treatment. They further described plans for the future.

Clark County Fire Department

A presentation was provided to describe what the current experience is for first responders during the opioid epidemic. This presentation covered current trends related to treatment and call volume.

Las Vegas Metropolitan Police Department Overdose Response Team

A presentation was provided regarding the opioid response team and the trends they have been observing. This presentation covered their organizational structure, achievements and collaborations as well as what they are currently observing during scene responses.

The Southern Nevada Post Response Team (SPORT)

A presentation was provided to describe the Southern Nevada Post Response Team and how they collaborate with community partners to provide follow-up to survivors of overdose and others impacted by overdose. They further discussed the Social Vulnerability Index and how they have incorporated this into their practice.

Trac-B Exchange

A presentation was provided by Impact Exchange, a non-profit organization that aims to provide resources for harm reduction and harm minimization. This program provides community resources to decrease negative consequences related to drug use and sexual activities. It described their structure, facilities, and services provided.

PACT Coalition

A presentation was provided to an overview of the PACT Coalition and their mission to reduce substance misuse. This presentation described their approaches to prevention and projects they have dedicated to this mission.

Overdose Fatality Review

A review was provided by the Coroner and Southern Nevada Health District on current trends and an in-depth analysis was completed for deaths that meet the conditions of the trends identified. This analysis provided key insight on social determinants of health and gaps in the current system.

Presentation from Staff on Recommendations from Prior Presentations

A presentation was given by staff summarizing all of the presentations received by the task force and provided a list of recommendations that have been provided by task force members, presenters, and staff.

Current Trends and Issues Identified

Unequal access to treatment based on the social determinants of health.

Often individuals that need services the most lack permanent housing, reliable transportation, and job security.

There is a significant stigma regarding drug use (JJ). There is a fear of criminal prosecution for seeking help.

The following zip codes were identified as having the highest crude opioid overdose death rate.

Top Resident ZIP Codes with the Highest Crude Opioid Overdose Death Rate per 100,000 Clark County Residents, 10/2023-08/2024			
ZIP	Count of Deaths	Population	Rate per 100,000
89101	32	41479	77.147
89104	21	36516	57.509
89106	12	30811	38.947
89119	15	47594	31.517
89121	19	67609	28.103
89103	12	45170	26.566
89011	11	41693	26.383
89123	13	58026	22.404
89115	13	73305	17.734

Deaths from Methamphetamine and Fentanyl have increased by 137.50% for individuals aged 30-34 and by 90.91% for individuals aged 40-44.

Deaths from Fentanyl have increased by 77.5% for individuals aged 30 to 34 and by 50% for individuals age 45-49.

Drug trends have been shifting the route of administration (JJ) from injection to inhalation. This is often done in combination with smoking methamphetamine.

New emerging novel substances have been identified in deaths involving Clark County residents. Deaths from carfentanil have risen from 0 in Clark County residents in the past 5 years to 15 in 2024. Deaths involving xylazine have risen from 1 death in 2020 to 12 in 2024.

Historically, fentanyl was primarily found in adulterated drugs and users were unaware of its presence. Now individuals are seeking fentanyl as their drug of choice as they have adapted to the illicit drug supply (JJ).

Hospitals are inconsistent in conducting urine drug screens on patients with histories of drug use (JJ) and in patients being prescribed narcotics.

Drug deaths increase significantly in high temperature months. Opioids cause a body to lose its ability to conduct thermoregulation.

Gaps in Current System

Lack of funding for agencies to provide or expand (JJ) the services needed to address this issue. |

Limited services and resources are available to address the issue. Hours of operation may prevent individuals from seeking help.

Limited number of providers with specialized training for the treatment of substance use disorders.

Medical records are not always available in a central repository which can cause significant delays in determining if an incident is drug related.

The Nevada Prescription Monitoring Program (PMP) only allows a 2-year history and there is a gap in the collaborative practice agreements and communication between prescribing providers.

Workforce challenges including staffing shortages, retention of staff, and turnover in difficult positions.

Commented [GU1]: Jessica Johnson - does methamphetamine also cause this? would be worth noting here as well, since there are so many additional methamphetamine deaths.

Commented [GU2]: (DM) (DM) I've lost track of each section so, added to header. Naloxone Distribution & Treatment Accessibility: Provide statistics on the distribution and utilization of naloxone (Narcan) kits. Include figures on delays in accessing treatment services due to insurance or service capacity, and quantify the average wait times for treatment programs.
Example:
From 2022 to 2024, X number of naloxone kits were distributed across Clark County, reversing Y number of overdoses. However, individuals seeking treatment face an average delay of Z days, with current capacity being insufficient to meet the demand for opioid treatment services.

Commented [GU3]: (DM) I've lost track of each section so, added to header.
Naloxone Distribution & Treatment Accessibility: Add specific data about the distribution and use of naloxone kits within Las Vegas, as well as their effectiveness in reversing opioid overdoses. Include information on the availability of treatment facilities in Las Vegas and any delays in access due to insurance, funding, or service capacity.
Example:
Between 2022 and 2024, over X naloxone kits were distributed in Las Vegas, reversing Y opioid overdoses. However, individuals seeking treatment in the city face an average delay of Z days due to insurance approvals and limited treatment capacity.

Data lag times and a lack of available data. There is significant lag time in the reporting of opiate related deaths. This is due to standard turnaround times, ancillary testing, report requests, medical records requests, and staffing shortages.

Lack of community programs targeting prevention. Including programs targeted youth and are provided with a culturally competent approach.

Lack of community outreach to vulnerable populations including the unhoused. Lack of housing (JJ).

A lack of community prescription drug disposal programs.

A lack of effective patient education on the additive potential of opioids. Lack of education for patients on pain management expectations.

A lack of available alternative therapies for chronic pain and chronic illnesses.

Stigma often prevents individuals from seeking treatment.

Individuals wanting treatment may experience significant delays in receiving it because of insurance, prior authorizations, and limited funding.

Limited participation in project ECHO by local medical providers (JJ).

Law enforcement currently does not complete comprehensive drug screens on impaired drivers if they already failed a breathalyzer.

A very small portion of seized drugs get an analysis.

Lack of centralized guide of existing resources/agencies currently available. - gh

three (3) virtual public meetings conducted via Zoom, from January 2024 through November 2024, that

Clark County Regional Opioid Task Force Recommendations

The Clark County Regional Opioid Task Force's efforts highlight the significant and collaborative cross-jurisdictional efforts and current outcome-based programming in place to reduce the impacts of opioids on our community.

Commented [GU4]: Healthcare Provider Training & Prevention Programs: Include metrics on how many healthcare providers in Las Vegas have received specialized training in opioid addiction treatment and harm reduction strategies. Also, add data on youth-targeted prevention programs in the city and whether they have seen success in reducing opioid misuse.
Example:
Only X% of healthcare providers in Las Vegas have received formal training in opioid addiction treatment, and the city currently lacks widespread youth-focused prevention programs, especially in high-risk neighborhoods

Regional Oversight

Implement an Overdose Fatality Review Team(s) to provide key insight to social determinants of health and system gaps. The implementation of ongoing Overdose Fatality Reviews (OFRs) at the Clark County level. These multi-disciplinary reviews can provide insights into individual-level factors that contribute to fatal overdoses, identify system gaps, and help develop targeted intervention strategies. Regular OFR meetings, involving health professionals, law enforcement, social services, and other stakeholders, will allow for continuous improvement in overdose prevention efforts across Clark County.

Recommendations:

- Providing funding to offset costs and fill gaps related to Medicaid/Medicare reimbursements. (BO) Seek alternatives to supplement grant funding for medical interventions including medication for community distribution. (JJ) Increase funding percentage for Medicaid/Medicare reimbursements for substance use disorder.
- Provide community education on risks of opioids, Narcan use, and harm reduction.
- Provide youth (BO) and families (MNJ) education around substance use disorders, awareness of the opioid epidemic, and naloxone use, and overcoming the stigma related to discussing these topics with health care providers
- Increase access to substance use treatment for youth (MNJ)
- (RO) Provide parents with information on how to talk with their youth about the dangers of substance use and how to get them the help they need
- (RO) Increase awareness among coaches who work with youth on the potential dangers of prescription pain medication
- Increase community health workers and peer support specialists to provide community outreach to diverse and vulnerable populations and address stigma reduction. (BD)
- Increase community awareness surrounding trauma and provide education on trauma informed care (MNJ)
- Provide research and education on holistic and complementary and alternative treatment therapies for chronic pain and chronic illnesses (i.e. acupuncture, neuromuscular massage therapy, etc.) (BD)
- Increase culturally relevant (BD) educational outreach and preventative services through community-based participatory research (CBPR) (BD). (CC) including education on the Good Samaritan Drug Overdose Act and overdose risk to people at high-risk of overdose.
- Increase the system's ability to provide real time data gathering and sharing. Reduce turn-around times for suspected drug related death reporting. Provide community notifications timely when new drugs are identified in the community.
- Provide programs to reduce the stigma surrounding substance use disorders with cultural sensitivity (BD). Target the public, healthcare providers, and anyone that is likely to work with this population.
- Provide community education on options for the treatment of opioid use disorders.
- Increase public education using public campaigns through multiple media channels on factual data of drug trends and statistics of deaths resulting from drugs.
- Utilize existing prevention coalitions to engage diverse communities and stakeholders in the development of policies, processes, program planning, implementation and evaluation. (BD)

Commented [MR5]: Recommend building capacity for timely review of drug analysis.

Commented [MR6R5]: Recommend a requirement for UDSs on all patients receiving medications in hospitals

Commented [MR7R5]: Recommend any patient self-disclosing a history of drug abuse is provided with resources aimed at treatment and recovery.

Commented [MR8R5]: Increase community outreach to vulnerable populations such as the unhoused to provide opportunities for receiving services for Substance Abuse Disorders

Commented [GU9]: Jessica Johnson Recommendations (also posted at the end of the document):

Overdose Fatality Review Teams: Establish or enhance multidisciplinary teams to review overdose deaths and recommend prevention strategies to reduce future fatalities.

Availability of Treatment Programs: Increase the number and accessibility of treatment facilities, recruit more providers, and fund ED bridge programs to connect overdose survivors to treatment immediately.

Education on Good Samaritan Law and Naloxone Access: Raise awareness about Nevada's Good Samaritan Law and expand naloxone distribution to achieve greater harm reduction.

Peer Support Services: Invest in peer support programs to enhance recovery outcomes and build a sustainable, trained workforce of individuals with lived experience in substance use recovery.

Focused outreach to BIPOC (Black, Indigenous, People of Color) Communities: Develop harm reduction and treatment strategies that address the unique challenges of BIPOC communities, particularly with a focus on those with a history of incarceration. Outreach should be culturally sensitive, and trauma informed.

Commented [GU10]: (DM) I've lost track of each section so, added to headers.

Provide detailed data about ongoing harm reduction efforts in Las Vegas, such as syringe exchange programs and educational campaigns. Add metrics about community

Commented [GU11]: Brandon Delise's Recommendations:

The implementation of ongoing Overdose Fatality Reviews (OFRs) at the Clark County level. These multi-disciplinary reviews can provide insights into individual-level factors that contribute to fatal overdoses, identify system gaps, a

Commented [GU12]: (DM) Harm Reduction Efforts & Community Education: Provide detailed data about ongoing harm reduction efforts in Las Vegas, such as syringe exchange programs and educational campaigns. Add metrics about community outreach programs that have targeted opioid misuse prevention.

- (BO) Prioritize legislative support for greater oversight of medication management and prescription tracking.
- (BO) Overcome mobility challenges in rural and underserved communities.
- Increase research and education on upstream approaches to prevention efforts. (BD)
- Provide evidence-based treatment protocols for those using multiple substances and for those with co-occurring mental health and physical health disorders
- Build system capacity for the treatment of substance use disorders (BO) including workforce development and expansion of fixed facilities.
- Provide educational incentives for diverse providers to enter the workforce to address workforce shortage (BD).
- Prioritize policy development around requirement for clinicians to discuss with patients the realistic benefits and known risks of opioid therapy with alternative options (BD).
- (BO) Prioritize non emergency critical response teams as an alternative to emergency response resources accessed through the 911 system when applicable.
- Mandate participation in the electronic medical records database (HIE). Provide a break-the-glass feature for providers to access hidden information during emergencies. Input records into the HIE, even for patients that have opted out and only make them visible to authorized break the glass providers. NRS 439.538

Thomas Alfreda: Added Continuing medical education credits through both Clark county Geoconda Hughes: medical society as well as the Nevada Osteopathic Medical Association. Reaching out Resident programs at local hospitals and two local medical schools. And a community outreach to local PCPs

Increase in Treatment Facilities consistent with our population growth. GH

Centralized guide of services to be updated regularly. GH

Align new services with zip codes identified as high incidence areas. GH

Chelsi Cheatom: Increase participation in planning overdose prevention education amongst people who use drugs (PWUD) and people who are at risk of overdose.

Recommendation to reconvene a task force periodically (define the period) to evaluate recommendations as the opioid overdose landscape changes quickly. GH

Enhance care coordination in emergency rooms for individuals who arrive after an overdose.

The Clark County Regional Opioid Task Force recognizes that limited options exist for expanded funding. The following recommendations were offered:

Conclusion

Commented [BO13]: I was thinking NRS 414.270- expanded wording for local authority

Commented [GU14]: NRS 439.538

Commented [GU15]: Geoconda Hughes: Centralized guide of services to be updated regularly.

Commented [GU16]: JJ - State: Fund for Resilient Nevada (One Nevada Agreement); State Opioid Response (SAMHSA); ODTA-States (CDC Funding).

Local: Clark County Opioid Settlement Funding (One Nevada Agreement); City of Las Vegas Opioid Settlement Funding (One Nevada Agreement); City of Henderson Funding (One Nevada Agreement); City of North Las Vegas Funding (One Nevada Agreement); Boulder City Funding (One Nevada Agreement); SNHD ODTA:LOCAL (CDC Funding)

Commented [MR17]: Suggested addition or revision

Commented [GU18]: (DM) Funding & ROI: Provide specific information about funding sources available to Las Vegas for opioid prevention and treatment. Include an ROI analysis showing how funding certain programs (e.g., naloxone distribution, harm reduction) can yield cost savings in healthcare and law enforcement.

Example:

An investment of \$X in Las Vegas's opioid prevention programs could result in long-term savings of \$Y by reducing the number of overdose-related emergency room visits and law enforcement interventions. Studies show that every dollar invested in treatment yields a return of \$Z in reduced healthcare costs.

The efforts of the Clark County Regional Opioid Task Force highlight not just the shortfalls of the current system, but those things that are working well in Southern Nevada. The long-standing application of a regional framework, the effectiveness of a tiered service delivery model and, most importantly, the community's commitment to address the issue of homelessness have created a solid foundation for success. Within this structure, focusing attention on reducing burgeoning caseloads, expanding capacity and identifying ways to bridge funding gaps would allow even more individuals to be successful.

The Clark County Regional Opioid Task Force would like to thank the Legislature for their interest in this very important issue and for the opportunity to serve on this committee. We look forward to working together as a community to continue to identify ways to improve the lives of our fellow Southern Nevadans.

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Commented [GU19]: (DM) Local Case Studies or Success Stories: Add a section highlighting success stories or case studies from Las Vegas programs that have effectively mitigated the opioid crisis, such as harm reduction or treatment initiatives. This could offer local solutions that can be scaled or replicated.

Example:

The Las Vegas Safe Use Program, which includes peer support and syringe exchanges, has significantly reduced overdose fatalities by X% over the past two years. Expanding this program citywide could further reduce opioid-related harm.

By including these specific, Las Vegas-focused data points and insights, the document will become more actionable and better suited to address the unique needs of the local community. Let me know if you'd like assistance adding any specific content!

Commented [GU20R19]: (JJ) I have a few examples of promising approaches that SNHD has utilized. They are detailed in the NACO Clark County plan on page 60, section titled, "Local Promising Programs" Link for reference: https://nvnaco.org/wp-content/uploads/Final_Opioid_Needs_Assessment_2024.pdf

Appendix

- A. Assembly Bill 132 – 82 Session
- B. Task Force Members
- C. Nevada Department of Health and Human Services’ Office of Analytics Presentation
- D. Attorney General’s Substance Use Response Working Group Presentation
- E. Southern Nevada Opioid Advisory Council (SNOAC) Presentation
- F. Clark County Office of the Coroner/Medical Examiner Presentation
- G. Southern Nevada Health District Presentation
- H. City of Henderson on Fentanyl Awareness campaign Materials
- I. Individual/families seeking or have utilized community service related to opioids Materials
- J. Nevada Opioid Treatment Association (NOTA) Presentation
- K. Crossroads of Nevada Presentation
- L. Bridge Counseling Presentation
- M. Clark County Fire Department Presentation
- N. Las Vegas Metropolitan Police Department Overdose Response Team Presentation
- O. The Southern Nevada Post Response Team (SPORT) Presentation
- P. Meeting Minutes

Jessica Johnson Recommendations:

- **Overdose Fatality Review Teams:** Establish or enhance multidisciplinary teams to review overdose deaths and recommend prevention strategies to reduce future fatalities.
- **Availability of Treatment Programs:** Increase the number and accessibility of treatment facilities, recruit more providers, and fund ED bridge programs to connect overdose survivors to treatment immediately.
- **Education on Good Samaritan Law and Naloxone Access:** Raise awareness about Nevada's Good Samaritan Law and expand naloxone distribution to achieve greater harm reduction.
- **Peer Support Services:** Invest in peer support programs to enhance recovery outcomes and build a sustainable, trained workforce of individuals with lived experience in substance use recovery.
- **Focused outreach to BIPOC (Black, Indigenous, People of Color) Communities:** Develop harm reduction and treatment strategies that address the unique challenges of BIPOC communities, particularly with a focus on those with a history of incarceration. Outreach should be culturally sensitive, and trauma informed.
- **Wound Care for Unhoused Populations:** Establish mobile wound care services or clinics to address the physical health needs of unhoused individuals. Improving physical health can mitigate the effects of substance use.
- **Support for Clark County Coroner's Office:** Provide funding for additional epidemiological support, forensic technicians, and enhanced drug testing to detect novel substances in overdose cases. This will increase the ability to track emerging drug trends and improve overdose prevention efforts.
- **Accessibility and Capacity of Treatment Facilities:** Existing facilities range from inpatient mental health hospitals to various rehabilitation centers offering detox, inpatient, and outpatient services. Many facilities are at capacity or unable to meet the high demand, particularly impacting uninsured individuals and residents in underserved areas. Expanding current treatment center capacity or establishing a new treatment center would expand access to opioid addiction services, addressing current capacity limitations.
- **Substance Use Treatment Services:** A variety of opioid treatment programs exist, but they are not sufficient to meet the growing needs or population of Clark County. Insufficient substance use treatment services across the county. Enhanced treatment options are essential to align with funding priorities and address service gaps, ensuring comprehensive care for all residents.
- **Long-Term Recovery Supports and Aftercare Services:** Existing treatment services often lack comprehensive long-term support for people within the community (i.e., a recovery-oriented system of care). There is a critical need for more long-term recovery and aftercare services such as recovery housing, sober living homes, ongoing counseling, and employment training. These services are vital for maintaining sobriety and preventing recurrence of use, thus improving health and wellness, reducing long-term healthcare costs, and improving public safety.
- **Youth Prevention Education:** Current efforts include some prevention programs, but there are not sufficient resources to for universal reach or comprehensive for all populations at risk. Need to expand age-appropriate prevention programming across various settings, including afterschool programs and for justice-involved youth. Prevention education helps reduce the

initiation into opioid use, thereby addressing upstream factors that contribute to early age of first use.

- **Syndemic Integration for Infectious Diseases:** Some strategies exist to address infectious diseases among PWUD, but funding is limited or siloed in expanding whole-person care. Insufficient resources to address the "shared network" of PWUD at risk for infectious diseases (i.e., a "syndemic"). A person-centered approach is needed to reduce substance use-related harm and prevent disease transmission among underserved communities.
- **Stigma Reduction:** Stigma among the public and healthcare providers remains a significant barrier to care for SUD. SNHD offers harm reduction training, but resources are limited. Need for targeted media campaigns, stigma reduction trainings, and other strategies for professionals and community members. Reducing stigma is crucial to improve access to care and support for individuals with substance use disorders. Educating stakeholders about harm reduction science is essential to shift public perception and improve policymaking.
- **Overdose Prevention Strategies:** Current efforts include naloxone distribution and overdose education. Need for expanded strategies to achieve naloxone saturation and accessibility to all types of harm reduction supports. Expanded naloxone distribution and prevention sites can significantly reduce overdose fatalities.
- **Low-Barrier and Affordable Housing:** The housing market is challenging, further burdening those with opioid use disorder or those in recovery. There is some recognition of the need for recovery housing, but efforts are limited. Critical need for low-barrier and affordable housing for individuals with substance use disorders, especially as part of a comprehensive public health approach. Stable housing is a fundamental need that supports recovery and reduces vulnerability to recurrence of use. Addressing housing instability directly correlates with reducing overdose risks and promoting well-being.
- **Peer Recovery Support and Workforce Development:** Peer support programs exist but are not sufficiently scaled due to lack of resources. Need to expand workforce development and support for individuals with lived experience. Expanding peer support programs enhances the effectiveness of recovery efforts and builds a resilient support network.
- **Contingency Management Programs:** Few programs address polysubstance use with evidence-based interventions. Presently, no in-person Contingency Management services are available in Clark County. Need for resources to establish in-person Contingency Management programs. Contingency Management programs are effective in promoting abstinence and addressing co-occurring substance use disorders.
- **Linkage to Care:** Community providers, such as SNHD and partners provide linkage to care services in multiple settings, but resources are limited to achieve sufficient reach. Opportunities to increase outreach and support for people who use drugs, particularly in overdose hotspots. Effective linkage to care improves recovery outcomes and reduces overdose incidents; expansion of these teams and additional street and field medicine teams that meet people where they are at should be considered.
- **Specialized Programs for Parents in the Child Welfare System:** There is a recognized need but limited funding for these types of support. More resources are needed to create specialized programs for parents with children in the child welfare system. Tailored support services for parents can improve family stability and outcomes for children.
- **Urban and Rural Disparities across Clark County:** Efforts to address overdose prevention and opioids are primarily concentrated in urban areas of the county, like Las Vegas. Lack of

targeted collaboration and support for rural areas in Clark County. Ensuring equitable access to services across urban and rural areas is essential for comprehensive public health coverage.

- **Data System for Universal Care Plan:** There is no integrated data system in place across the health care and public health systems. Need for a data system that produces a universal care plan integrated across electronic health records and interfaces with the health department. An integrated data system enhances care coordination and ensures consistent support across various health services.

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