

**CLARK COUNTY REGIONAL OPIOID TASK
FORCE**

Assembly Bill 132

82nd Session of the Nevada Legislature

DRAFT

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Section 1: 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 addiction 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 use. 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.

Section 2: 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
Total	2,371,586

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

Section 3: Presentations Received by Task Force

The Clark County Regional Opioid Task Force held a total of six (6) in person public meetings and three (3) virtual public meetings conducted via Zoom, from January 2024 through November 2024, that included multiple presentations and educational sessions from community partners and providers.

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, their function, turnaround 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 addiction 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 Southern 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 describe 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 (ORT)

A presentation was provided regarding the Overdose 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 Overdose Response Team (SPORT)

A presentation was provided to describe the Southern Nevada Post Overdose 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.

Impact 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 by this group to give 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 the presentations received by the task force and provided a list of recommendations that have been provided by task force members, presenters, and staff.

Section 4: Existing Statewide and Community Databases

The review process included a review of state databases, local health district data, presentations received, the prescription monitoring program database, and internal data provided by the Clark County Coroner's Office. Additionally, an all-area medical record search was completed for the cases requiring an in-depth review.

- I. **Current Applications:** The Southern Nevada Health District (SNHD) employs a range of applications to monitor overdose morbidity and mortality, enabling both immediate and near-term insights into substance use morbidity and mortality. These tools are categorized based on their data timeliness, with some offering real-time updates and others providing retrospective data that become available after being reported.

A. Real-time Systems

1. **Overdose Detection Mapping Application (ODMAP):** Developed by HIDTA, ODMAP is a national tool tracking both fatal and nonfatal overdoses through a live API linked with Nevada's State EMS database, providing up-to-date overdose data for Clark County.
2. **ESO:** This platform captures EMS data in real-time and links it with hospital outcome data, allowing for on-demand reports and dashboards. SNHD has leveraged ESO since 2021 to track non-fatal opioid overdoses
3. **Electronic Surveillance System for the Early Notification of Community Based Epidemics (ESSENCE):** A surveillance system monitoring emergency department visits across Clark County with customizable queries to detect and analyze overdose-related cases in real time.

B. Near-term Systems

1. **Electronic Death Registry System (EDRS):** Managed by SNHD's Office of Vital Records, EDRS records confirmed drug-related deaths using ICD-10 codes, with a data finalization period of approximately three months.

2. Center for Health Information Analysis (CHIA): Operated through UNLV's School of Public Health under contract with Nevada DHHS, CHIA gathers specific hospital billing data from inpatient, outpatient, and ambulatory surgical centers.

3. Nevada EMPOWER Program: A wastewater-based surveillance system monitoring opioid, benzodiazepine, stimulant, and emerging substance levels to assess community substance use trends over time.

4. Naloxone Distributions & Administrations: SNHD's naloxone program tracks the number of naloxone doses distributed and administered across the community, following comprehensive training for first responders and key stakeholders in opioid overdose response.

Together, these applications offer a combination of immediate data for rapid response and aggregate data for broader trend analysis, balancing speed with comprehensive, confirmed insights to inform timely interventions.

II. **Substance Use Dashboards:** Substance use dashboards provide a centralized view of substance use data, trends, and demographic breakdowns to support public health monitoring and response. Both the DHHS Office of Analytics and the Southern Nevada Health District (SNHD) offer substance use dashboards that serve different but complementary roles in tracking and addressing substance use in Nevada.

A. **SNHD's Substance Use Dashboard:** The [SNHD Substance Use Dashboard](#) updates monthly and offers accessible data on overdose deaths and hospitalizations as well as drug checking data within Clark County. Additionally, it provides resources for harm reduction, such as information on obtaining naloxone and fentanyl/xylazine test strips, helping the community to be informed about substance use issues.

B. **DHHS Office of Analytics Dashboard:** The [DHHS Office of Analytics Substance Use Dashboard](#) offers a state-wide and county-level overview on substance use, including demographic details by age, sex, and race/ethnicity. This dashboard tracks overall trends and provides a comprehensive breakdown of substance use patterns across Nevada, enabling better-targeted public health interventions.

Together, these dashboards support a coordinated approach by providing both local and state-level insights into substance use and overdose trends.

Section 5: Current Trends and Issues Identified

The following zip codes were identified in data provided by both the Office of the Coroner and the Southern Nevada Health District as having the highest crude opioid overdose death rate.

Zip Codes of Highest Crude Opioid Overdose Death Rates

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

- Drug trends have been shifting the route of administration 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.
- Hospitals are inconsistent in conducting urine drug screens on patients with histories of drug use and in patients being prescribed narcotics.

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Trends in Social Determinants of Health

- 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 deaths increase significantly in high temperature months. Opioids, methamphetamine and other drugs cause a body to lose its ability to conduct thermoregulation.
- Histories of unemployment and lack of permanent housing was identified as a social determinant impacting drug fatalities.
- 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. There is a fear of criminal prosecution for seeking help.
- Recent incarceration and reentry.
- Comorbidities related to behavioral health
- The use of illicit polysubstance.
- Illicit drug supply that would contain fentanyl and the user is unaware.
- Individuals who have no idea how to recognize the signs of **overdosing**.

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Section 6: Gaps in Current System

The Committee has identified the following gaps in the systems of care serving Clark County residents, identified through presentations and data provided to the committee, fatality data review led by the Clark County Coroner and Southern Nevada Health District. [Add Funding limitations](#)

Workforce

- Licensed mental health professionals, family services workers, and other human services professionals are facing workforce challenges including staffing shortages, retention of staff and turnover in difficult positions
- There is a lack of peer support, mental health resources, and treatment options for the prevention of burnout, compassion fatigue and vicarious trauma for human service professionals working with this population.

- These professionals also face significant challenges related to reimbursement from insurance, often have to implement a sliding scale for providing services, this creates challenges for these professionals to make a living wage that is comparable for their education and training

Training

- Limited number of providers with specialized training for the treatment of substance use disorders with training in culturally sensitive trauma informed care
- Limited participation in project ECHO by local medical providers
- 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 a comprehensive analysis to identify drug content
- Stigma often prevents individuals from seeking treatment.

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Lack of Service and Treatment

- Lack of funding for agencies to provide or expand the services needed to address the availability of naloxone (NARCAN) kits.
- The Nevada Division of Public and Behavioral Health set a goal for naloxone to be used in 80% of witnessed overdoses. To achieve this, approximately 115,000 two-dose naloxone kits would need to be distributed annually across Nevada.
- Since Clark County accounts for 73% of the state's population, it would require distributing 83,950 two-dose kits each year to meet this saturation goal.
- From October 2023 through August 2024, SNHD further increased distribution, providing 32,259 two-dose kits due to increased funding availability from the Center for the Application of Substance Abuse Technologies (CASAT) within the School of Public Health at the University of Nevada, Reno (UNR).
- Despite this significant progress, there was still a deficit of 51,691 kits required to reach the saturation point and meet the state's target for naloxone use in 80% of witnessed opioid overdoses.

Naloxone Distribution by SNHD, 10/2023 – 08/2024	
Year	Number of Doses Distributed
10/2023 – 08/2024 *	64,517
*2024 data are preliminary and subject to change	

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Naloxone Administrations from Naloxone Distributed Through SNHD's Linkage to Action (L2A) Team, 10/2023 – 08/2024	
10/2023 – 08/2024 *	358 (349 successful reversals)
*2024 data are preliminary and subject to change	

Naloxone Administrations from Naloxone Distributed Through FR-CARA and SOR Funds Managed at SNHD, 10/2023 – 08/2024	
10/2023 – 08/2024 *	183 (177 successful reversals)
*2024 data are preliminary and subject to change	

- Individuals seeking treatment may face a delay, and current provider capacity is insufficient to meet the current demand for substance use treatment services
- Individuals seeking substance use treatment services may experience extended wait times, due to delays and or barriers stemming from insurance utilization and approval processes
- Lack of access to resources, supports, and/or services in the community due to service hours or hours of operation by agencies, such as lack of availability of weekend and evening hours for service support.
- Lack of community programs targeting prevention. Including programs targeting youth and are provided with a culturally competent approach.
- There is an ongoing need for further community outreach to vulnerable populations including the unhoused.
- A lack of community prescription drug disposal programs.
- [A lack of effective patient education on the addictive potential of opioids.](#) Lack of education for patients on pain management expectations.
- [A lack of patient education related to polysubstance use.](#)
- A lack of available alternative therapies for chronic pain and chronic illnesses and a lack of insurance to support these alternatives.
- There is a lack of access to substance use treatment, particularly for youth
- Lack of centralized guide of existing resources/agencies currently available to the general public or those seeking resources
- Gaps in mental health support, such as providing culturally sensitive trauma informed care, and care in school settings.
- A variety of opioid treatment programs exist, but they are not sufficient to meet the growing needs or population of Clark County. Enhanced treatment options are essential to align with funding priorities and address service gaps related to the continuum of care, ensuring comprehensive care that is provided utilizing an approach that is wholistic and culturally competent for all residents.
- 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, peer recovery coaches, 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.

Lack of Access to Resources

- Inadequate access to affordable and available housing contributes to this community need.
- 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 and supportive 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.
- 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.
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- Individuals wanting treatment may experience significant delays in receiving it because of insurance, prior authorizations, and limited funding.

Lack of Data

- 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.
- Health authorities including the Southern Nevada Health district do not have access to Nevada Prescription Drug Monitoring Program (PMP)
- 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.
- [Behavioral health](#) ~~Mental health~~/trauma data at the local level is a gap.

Section 7: 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. The following recommendations can be divided into cross cutting issues areas, all suggested to address the gaps identified by the Committee.

Regional Oversight and Review

- RECOMMENDATION FOR THE ESTABLISHMENT OF A COMPREHENSIVE OPIOID OVERDOSE SURVEILLANCE AND PREVENTION COMMITTEE
- PURPOSE: To establish a Comprehensive Opioid Overdose Trends Review Committee ("Committee") comprising multidisciplinary experts and interagency representatives to address the critical public health concern of opioid overdoses in Clark County. This committee shall be bound by confidentiality to encourage information sharing but not compromising HIPAA compliance or privacy rights. All shared information from the committee shall be deidentified
- SCOPE AND OBJECTIVES: The Committee shall be charged with three primary responsibilities:
- Systematic Review and Analysis
 - Conduct comprehensive surveillance of all opioid-related overdose incidents within Clark County
 - Review a representative sample of ~~both~~ fatal overdose cases
 - Maintain detailed documentation of findings and trends
- Risk Factor Assessment - The Committee shall evaluate multiple dimensions of each case, including:
 - Individual-level risk factors
 - Social determinants of health
 - Housing stability and access
 - Criminal justice system involvement
 - Additional contributing factors as identified
- Policy Development and Resource Allocation - The Committee shall submit annual reports to the Board of Clark County Commissioners [and other community stakeholders](#), addressing:
 - Emerging drug trends that pose significant overdose risks
 - Identified systemic gaps in prevention and treatment
 - Evidence-based and promising practices for overdose prevention
 - Specific recommendations for:
 - Educational initiatives

- Prevention strategies
- Treatment program enhancements
- Resource allocation priorities

- Provide access to providers NRS 439.89 Health Information Exchange (HIE) mandates w/ options to break the glass in emergency treatment situations. Recommend legislative changes to make Nevada an Opt-Out model, allowing for a significant increase in information sharing.
- PMP access for public health (SNHD).
- Advocating for policies for preventative measures to target population health.
- Target large-scale distributors: Focus tougher penalties on major suppliers and organized crime networks, rather than low-level offenders.
- Enhance surveillance and intelligence: Increase the use of technology and cross-agency intelligence sharing to identify and disrupt drug trafficking networks.
- Monitor and evaluate: Continuously assess the impact of tougher penalties on reducing drug supply and overdose rates, adjusting as needed.
- Seize the assets of drug traffickers: Implement stronger forfeiture laws to confiscate assets linked to drug trafficking and use those funds for overdose prevention and treatment programs.

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Opportunities for Collaboration

- Utilize existing prevention coalitions to engage diverse communities and stakeholders in the development of policies, processes, program planning and implementation.
- Evaluation, such as community based participatory research.
- Increase participation in planning overdose prevention education amongst people who use drugs (PWUD) and people who are at risk of overdose.
- Provide support to Clark County Law Enforcement Organizations for collaboration with international partners:
 - Work with international law enforcement agencies to dismantle global drug trafficking operations.
 - Combine efforts in identifying countries that are funneling the necessary precursors to Mexico where illicit fentanyl is being manufactured and distributed to the United States.
- Work with schools and community organizations to 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

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need and to increase awareness among coaches who work with youth on the potential dangers of prescription pain medication.

- Collaborate with the Southern Nevada Health District to review data on overdoses, both fatal and non-fatal, and naloxone administrations.
- Provide hospitals with more resource information or establish protocols where staff will put a patient surviving an overdose, in contact with a liaison from mental health or drug addiction programs. In the case of minor patients ensure these practices are extended to their families or care providers.
- Expanding harm reduction programs like increasing the issuance of naloxone at the detention centers and areas highly impacted by overdoses.

Community Education Needs

The Committee recommends development of a centralized guide of services to be updated regularly, and targeted community education campaigns in the following areas.

- Provide community education on risks of opioids, naloxone use, and harm reduction. This should include targeted education to youth and families on substance use disorders, awareness of the opioid epidemic, and naloxone use, and overcoming the stigma related to discussing these topics with health care providers
- Educate parents on recognizing key signs that may indicate if their child is using substances,
- Provide parents and community members with information on the impact of trauma, adverse childhood experiences and the importance of trauma-informed care in understanding and addressing these behaviors.
- Parents should be provided resources to connect them to community-based resources and provided support if their child is struggling with substance use.
- Educate faith-based organizations who often drive in to areas with a high homeless population and provide food and clothing. These groups can look for individual signs of mental illness and addiction and offer information on resources and harm reduction supplies such as naloxone.
- Review available community-based programs to determine best practices for education and prevention that are founded in evidence-based and culturally sensitive practices. Review their availability to the zip codes with the highest crude rates.
- **Implement evidenced based social and emotional learning, social and emotional community-based programs.**
- Increase public education using public campaigns through multiple media channels for example by providing a campaign that presents factual data of drug trends and statistics on deaths resulting from drugs.
- Increase research and education on upstream approaches to prevention efforts.

- Increase community awareness surrounding trauma and provide education on trauma informed care.
- Provide community education on options for the treatment of opioid use disorders, including research and education on holistic and complementary and alternative treatment therapies for chronic pain and chronic illnesses (i.e. acupuncture, neuromuscular massage therapy, etc.)
- Increase culturally relevant educational outreach and preventative services such as methods for community-based participatory research (CBPR), including education on the Good Samaritan Drug Overdose Act and overdose risk.
 - Provide programs to reduce the stigma surrounding substance use disorders with cultural sensitivity. Target the public, healthcare providers, and anyone that is likely to work with this population.
 - Provide targeted interventions that address the stigma through culturally competent providers, peer supporters and community health professionals
- Launch public awareness campaigns [aligned with national best practices to decrease substance use.](#)
- ~~highlighting law enforcement's focus on curbing drug trafficking to deter criminal activity.~~
- Provide judges and prosecutors with specialized training on the opioid crisis to ensure consistent training.
- Strengthen law enforcement training in the areas of the opioid crises, adverse childhood experiences, trauma informed care, and mental illness.
- Increase opportunities for alternative sentencing that are based on rehabilitation and harm reduction.
-
- Naloxone should be made more available to family and friends of individuals with opioid addiction.
- 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.
- 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.
- Evaluate programs to identify evidence-based practices and implement programs in Clark County that demonstrate high success rates. Consider collaborative efforts with other professional organizations, private and public groups.

Address Provider Shortages and Increase Provider Outreach and Supports

The committee found several areas in which there is a need to address gaps in staffing and provider support and outreach.

- Increase community health workers and peer support specialists to assist in efforts to provide community outreach to diverse and vulnerable populations and efforts to reduce stigma.
- Provide evidence-based treatment protocols for those using multiple substances and for those with co-occurring mental health and physical health disorders
- Enhance care coordination in emergency rooms for individuals who arrive after an overdose.
- Seek opportunities to provide continuing medical education credits through both Clark County Medical society as well as the Nevada Osteopathic Medical Association and consider outreach to Resident programs at local hospitals and two local medical schools, as well as local primary care community.
- Provide educational incentives – such as scholarships, loan repayment programs, tuition reimbursement, and continuing education grants – to attract and retain diverse providers, including primary care physicians, addiction specialists, psychiatrists, nurse practitioners, physician assistants, licensed social workers, certified addiction counselors, and certified community health workers. These incentives will address workforce shortages across prevention, treatment, and recovery services, ensuring communities have access to the specialized care needed to combat substance use disorders and related challenges. Increase availability for the continuum of care including long term treatment, outpatient care, and available access to all age groups.
- Enhance harm reduction programs:
 - Broaden the availability of needle exchanges, safe and free naloxone distribution.
 - Offer naloxone to subjects being released from jail or other incarceration setting.
- Create a system within our detention centers to identify individuals showing signs of mental illness and provide support and 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.
- 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.
- 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

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treatment center would expand access to opioid addiction services, addressing current capacity limitations.

Data Initiatives

- To improve timeliness in reporting and ensure prompt community notifications during overdose spikes, it is recommended to enhance the integration, responsiveness, and real-time capabilities of existing overdose surveillance applications. Currently, tools such as Overdose Detection Mapping Application (ODMAP), ESO, Electronic Surveillance System for the Early Notification of Community Based Epidemics (ESSENCE), and Electronic Death Registry System (EDRS) provide essential data on overdose incidents, yet opportunities exist to further streamline data-sharing and reduce reporting delays.
 1. **Enhance ODMAP Functionality:** Introduce substance-specific filtering to ODMAP, allowing users to differentiate between substances involved in overdose incidents. This enhancement would improve data accuracy and utility, addressing a current limitation of the application.
 2. **Reduce Data Finalization Delays for Mortality Reporting:** While EDRS captures confirmed drug-related deaths, the current 3-month data finalization period can limit its effectiveness in real-time notification efforts. Exploring ways to accelerate reporting and incorporating preliminary data as available could improve the timeliness of overdose mortality reports.
 3. **Enable Predictive Analytics for Proactive Alerts:** Implementing machine learning models to analyze historical and real-time overdose data could enable predictive analytics, allowing systems to issue preemptive alerts when data suggests an impending spike. This approach can help shift efforts from reactive to proactive, allowing agencies to deploy resources more strategically.
 4. **Incorporate Preliminary Data and Rapid Toxicology:** Incorporating preliminary data, such as unconfirmed overdose cases or provisional toxicology results, can provide earlier insights. This practice helps capture trends before data is finalized. Developing policies to release preliminary overdose data responsibly can enhance prompt notifications while still preserving accuracy.

Implementing these enhancements can improve the reliability of immediate reporting, minimize the trade-offs between speed and accuracy, and support timely, coordinated responses to overdose spikes.

- To support local health authorities further, access to currently unavailable datasets is essential:
 1. **Prescription Drug Monitoring Program (PDMP) Data:** Expanded access to individual-level PDMP data for local health authorities could enhance the tracking of prescription trends, aiding in the early detection of potential misuse.

This insight could help inform timely public health interventions. Establishing a data-sharing agreement with the Nevada State Board of Pharmacy is a key step to secure this access.

Commented [MR13]: Consider revision suggestion to NRS

- Having access to PDMP data could greatly improve the ability to identify emerging patterns in prescription misuse and respond proactively with targeted interventions to **Aptos** prevent overdose events.
- Provide more training on opioid misuse, overdose prevention, and the **safe-use-of naloxone** **compassionate overdose response**.
- To promote existing data platforms among law enforcement, fire departments, ambulance services, and other emergency responders. ODMAP presents a valuable tool for tracking and monitoring overdose incidents among first responders and could serve as a central resource for real-time data integration. Additionally, SNHD's Substance Use Dashboard complements ODMAP by offering monthly updated, accessible data on substance use trends, overdose deaths, and hospitalizations, as well as resources for harm reduction tools like naloxone and fentanyl/xylazine test strips. This dashboard provides a comprehensive view of overdose patterns, drug-checking insights, and locations for obtaining preventive resources, keeping responders and the public informed on substance use issues in Clark County.
- Continue to monitor geographical locations where hotspots are located and share information with community providers.

Commented [MR14]: Move to community education

Funding

The Clark County Regional Opioid Task Force recognizes that limited options exist for expanded funding and **intends to work with the County and Southern Nevada Health District proactively to try to address areas identified in the recently completed Clark County Opioid Needs Assessment submitted to the State, a copy of which is attached to this report in the Appendix.**

The following additional recommendations were offered:

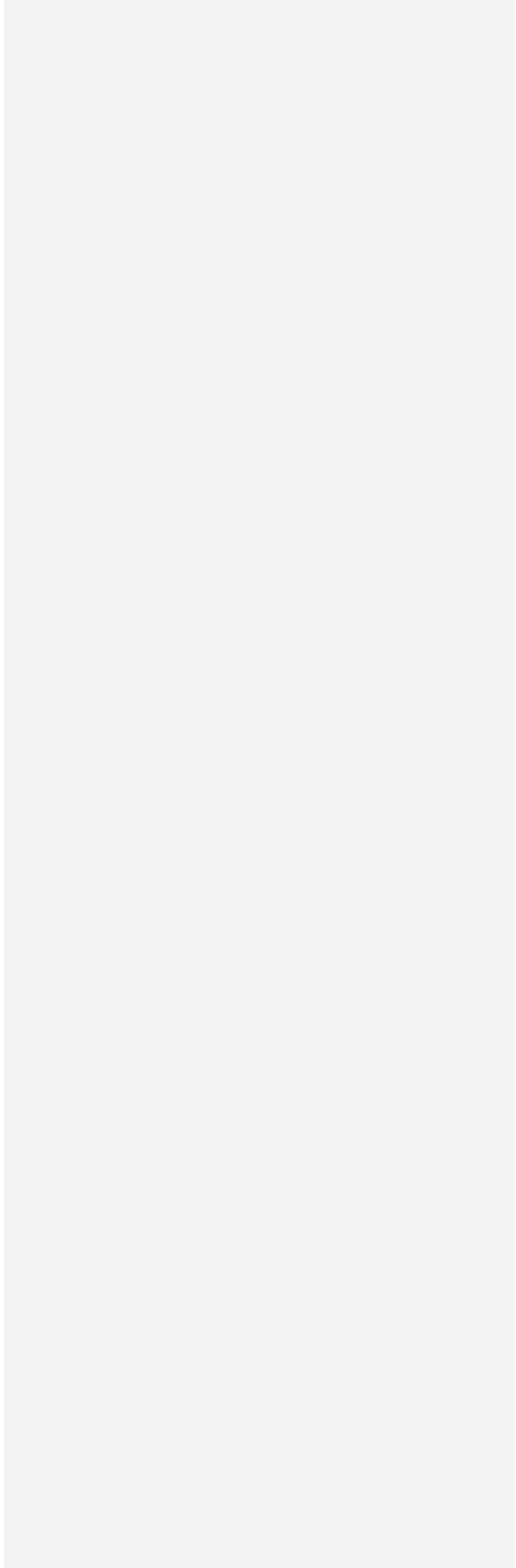
- **Medicaid/Medicare:** This could include an increase funding percentage for Medicaid/Medicare reimbursements for substance use disorder **and** consider funding to offset costs and fill gaps related to Medicaid/Medicare reimbursements.
- **Targeted Grant Opportunities** The Committee also recommends seeking alternatives to supplement grant funding for medical interventions including medication for community distribution.

Section 8: Conclusion

The efforts of the Clark County Regional Opioid Task Force

Staff to draft

DRAFT



Section 9: Appendix

- A. Assembly Bill 132 – 82nd 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. Nevada Opioid Treatment Association (NOTA) Presentation
- J. Crossroads of Nevada Presentation
- K. Bridge Counseling Presentation
- L. Clark County Fire Department Presentation
- M. Las Vegas Metropolitan Police Department Overdose Response Team Presentation
- N. The Southern Nevada Post Response Team (SPORT) Presentation
- O. Impact Exchange Presentation
- P. PACT Coalition Presentation
- Q. Overdose Fatality Review
- R. Staff Presentation on Recommendations from Prior Presentations
- S. Meeting Minutes
- T. Clark County Opioid Needs Assessment