

[Nevada Revised Statute 458.460](#) designates specific members to serve on the SURG and other members are appointed by the Attorney General, Department of Health and Human Services, Nevada Senate, and Nevada Assembly.

This document provides details and justifications for adding members to the Attorney General's Substance Use Response Working Group. Proposed members fall under the following five categories.

- 1. Member of the general public**
- 2. Fire/EMS**
- 3. Family Services/Foster Care**
- 4. Director of the Department of Indigent Defense Services, or her designee (Public Defender)**
- 5. Nevada's District Attorney Association**

1. Member of the general public, submitted by SURG Attorney General Appointee Dr. Terry Kerns

There have been numerous requests from members of the public to participate in the SURG. Some are prior SURG members whose terms have expired but others are people interested in or who have a personal experience applicable to the work of the SURG. This was the reason for suggesting a member of the public as a SURG member.

2. Fire/EMS, submitted by SURG Attorney General Appointee Dr. Terry Kerns

Fire/Emergency Medical Services (EMS) are on the frontlines of response to specifically the opioid epidemic but more broadly the drug crisis currently occurring in the United States. Fire/EMS have seen an increase in the number of overdose calls over the years. Fire/EMS are uniquely positioned to not only administer naloxone and transport to hospitals for overdose patients but also to provide leave behind naloxone to others at the scene of overdose responses, to conduct follow up and referral to treatment, and in some places in the US to administer MOUD until a patient can get into a treatment provider if there are delays in their ability to get into a treatment program (Bridge programs). Currently law enforcement is represented on the SURG but there is no representation from this important first responder community of fire/EMS, who are partners in responding to overdose calls.

1. Response to overdose and request for calls has increased (all hazards)
2. Post overdose interventions (public health model)availability of naloxone and MAT referral (safe station referral for treatment at fire stations) and interagency approach
3. Opioid Epidemic as a fire prevention activity

[CHJ-TASC San Antonio FD Mobile Integrated Health Division January2024.pdf \(cossup.org\)](#)

[Why fire, EMS agencies should make the opioid epidemic their top priority \(firerescue1.com\)](#)

[Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States | Drug Overdose | CDC Injury Center](#)

[Pages - EMS Naloxone Leave-Behind \(maryland.gov\)](#)

[Q&A: Why the opioid epidemic is a fire service issue \(firerescue1.com\)](#)

[Emergency medical services targeting opioid user disorder: An exploration of current out-of-hospital post-overdose interventions - PMC \(nih.gov\)](#)

[Funding the fire, EMS response to the opioid epidemic \(firerescue1.com\)](#)

[Microsoft PowerPoint - CHJ_IAFC Webinar April 2023.pptx](#)

[Why fire, EMS agencies should make the opioid epidemic their top priority \(ems1.com\)](#)

[EMS Bridge to MAT | Durham County \(dconc.gov\)](#)

[CA Bridge - Public Health Institute \(phi.org\)](#)

[Q&A: Why the opioid epidemic is a fire service issue \(firerescue1.com\)](#)

3. Family Services/Foster Care, submitted by SURG Member Chelsi Cheatom

A sizeable number of children involved in the child welfare system are children who were removed due to some type of substance use involvement. Approximately 74,000 children in the United States were removed from homes and entered foster care due to parental substance use in 2021. This represents 36% of child removals.¹ Funding priorities for families and children affected by the opioid epidemic could be stronger with representation from people who serve children that have been affected by substance use. Foster Kinship is a specialized group of foster parents that are related to the child ensuring that family connections are prioritized for placements. Another option for this category would be a representative from either the State or a large county's Division of Family Services who could advocate for the needs of children and families impacted by substance use.

If you feel we need more data, I can request some from Foster kinship. Their website says that 33,000 children live in kinship care in Nevada. I would just need to request a citation for that data that is located here: Helping Children of the Opioid Crisis - Foster Kinship

4. Director of the Department of Indigent Defense Services, or her designee (Public Defender), submitted by Marcie Ryba, Director, Department of Indigent Defense Services

The Department of Indigent Defense Services was created by AB81 in 2019 and has been tasked to provide oversight and resources for our public defenders.

According to the Office of Analytics of DHHS, from 2010 to 2020, emergency department encounters alone involving opioid use increased by 67%. During this same time, opioid-related overdose deaths increased by 5%. There is a high probability that these same individuals at some time relevant had one or more contacts with the criminal justice system. This is because people with substance abuse and mental health issues are

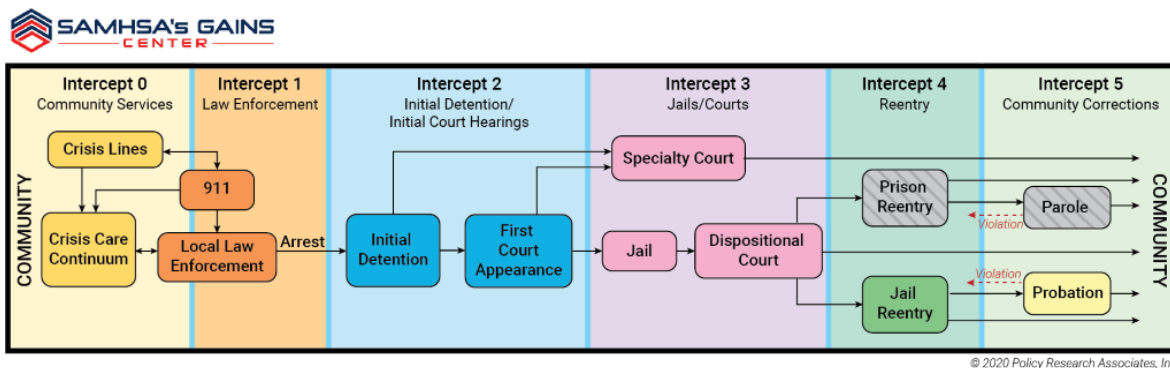
¹United States. Children's Bureau. (2021) The AFCARS report. U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau: Adoption and Foster Care Analysis and Reporting System FY 2021 data. <https://www.acf.hhs.gov/cb/report/afcars-report-29>

disproportionately represented in the incarcerated populations across the United States and Nevada. Perhaps more tragic, a percentage of these emergency visits and overdose deaths were preventable if there had been adequate intervention at an earlier intercept time frame.

A large percentage of individuals that are arrested and brought into the criminal justice system have underlying life circumstances and nonlegal issues that frequently play a role in landing them into the criminal justice system in the first place (such as drug addiction, mental illness, or family or housing instability). See Holistic Representation, “An Innovative Approach to Defending Poor Clients Can Reduce Incarceration and Save Taxpayer Dollars – without Harm to Public Safety,” https://www.rand.org/pubs/research_briefs/RB10050.html.

The traditional public defense model that we see in the rural counties of Nevada is one that, due to a scarcity of adequate resources, focuses almost exclusively on criminal representation, to the neglect of the underlying issues that resulted in the criminal charges. Public defenders in Nevada’s rural counties have limited access to licensed social workers (LSW) or other resources to address these underlying life circumstances. Because the underlying issues which brought the individual into the criminal justice system are not addressed, individuals are serving more time in custody (at the cost of taxpayers), may be rearrested in the future, or may become a statistic in the emergency room or in the morgue.

The Department of Indigent Defense Services believes that including public defenders in the solution will provide an opportunity for early intervention in opioid addiction. With appropriate resources, public defenders will be able to provide aid at Intercepts 2, 3 and 4 on the Sequential Intercept Model (SIM) developed by Substance Abuse and Mental Health Services Administration (SAMSHA) Gains Center. It should be noted that programs such as the Mobile Outreach Safety Team (MOST) and the Forensic Assessment Services Triage Team (FASTT) exist and have a similar goal. However, MOST provides services only at Intercept 0 on the SIM and FASTT should not provide services until Intercept 4 or 5. Public Defenders are uniquely situated to provide services at Intercept 2, 3 and 4, where no other intervention is provided, as counsel has been appointed in the case.



Again, we are respectfully requesting to include the Department of Indigent Defense Services on SURG as public defenders are not currently represented, yet they are uniquely situated to provide opioid interception/treatment, etc. at an Intercept Point where there are no other resources.

5. Nevada’s District Attorney Association (NDAA), submitted by R. Bryce Shields, Pershing County District Attorney

Nevada's District Attorney Association (“NDAA”) requests that a representative of the NDAA be appointed to serve as a voting member on the Substance Use Response Working Group (“SURG”). Beginning in 2007 with the creation of Governor Jim Gibbons’ Working Group on Methamphetamine Use and continuing through 2017 with Attorney General Catherine Cortez Masto's Substance Abuse Working Group, at least one representative of the NDAA has meaningfully served on statewide committees designed to combat substance abuse. We believe that allowing the NDAA to resume its traditional role will complete SURG's interdisciplinary mosaic and foster comprehensive strategic programs to address substance abuse and misuse in Nevada. Thank you for considering this proposal.