

## MEETING NOTES

### Statewide Substance Use Response Working Group Response Subcommittee Meeting

Monday May 9, 2022

12:30 p.m.

Zoom Meeting ID: 876 9799 8209

Call In Audio: 669-900-6833

No Public Location

#### Members Present via Zoom or Telephone

Shayla Holmes, Christine Payson, Gina Flores-O'Toole, Assemblywoman Jill Tolles, and Dr. Stephanie Woodard

#### Members Absent

Dr. Terry Kerns

#### Washoe County Sheriff's Office

Sergeant Lars Christensen, Deputy Mark Kester, Deputy Ray Kester, Sergeant Jason Walker

#### Attorney General's Office Staff

Rosalie Bordelove, Ashley Tackett

#### Social Entrepreneurs, Inc. Support Team

Crystal Duarte and Laura Hale

#### Members of the Public via Zoom

Tray Abney (Abney Tauchen Group), Sarah Adler (Belz and Case Government Affairs), Jeanette Belz, (Belz and Case Government Affairs, on behalf of the Nevada Psychiatric Association); Lea Case (Belz and Case Government Affairs), Kimber Davis (Nevada High Intensity Drug Trafficking Areas), Rhonda Fairchild (Behavioral Health Group), Madalyn Larson, (UNR Master of Public Health Program); Tyler Shaw (FRPA), Lea Tauchen (Abney Tauchen Group, on behalf of the Recovery Advocacy Project).

### **1. Call to Order and Roll Call to Establish Quorum**

Chair Tolles called the meeting to order at 12:30 p.m. Crystal Duarte called the roll with five members present for a quorum.

### **2. Public Comment (*Discussion Only*)**

None

### **3. Review and Approve Minutes from April 2022 Response Subcommittee Meeting (*For Possible Action*)**

There were no questions or comments. Chair Tolles asked for a motion:

- Dr. Woodard made a motion to approve;
- Ms. Flores-O'Toole seconded the motion;
- The motion passed unanimously

#### 4. **Presentation from Law Enforcement Agencies** (*For Possible Action*)

Chair Tolles explained the purpose of presentations is to help members make recommendations for policy, statutory and budgetary changes that may impact state or federal funding, as well as opioid settlement funds. The scope of issues from law enforcement includes types of substance use, arrest statistics, co-occurring disorders and other economic, social, or crime-related issues in the community. She noted that members would have an opportunity to ask questions to support the development of recommendations.

Ms. Payson introduced herself as the Drug Intelligence Officer for Nevada High Intensity Drug Trafficking Area ([HIDTA](#)) and noted that the Manager of the Investigative Support Center, Kimber Davis, would be joining the meeting later to answer data-related questions. Ms. Payson presented slides, highlighting where they are finding gaps and areas for improvement. Their Crisis Intervention Team (CIT) and Overdose Response Team (ORT) go to scenes of overdoses and conduct investigations. There is also outreach to schools and an overdose response strategy, with collaboration between public health and public safety. Each of these teams reaches out to special populations.

Law Enforcement Intervention for Mental Health and Addiction (LIMA) gives low-level non-violent offenders the option of connecting to resources and treatment rather than incarceration, and if they choose to take advantage of it and complete the program, the charges are dismissed. This is a 9 to 12-month pre-booking diversion.

The Homeless Outreach Team (HOT) deploys officers with specialized knowledge and resources to provide analysis within Clark County to lower the number of unconscious individuals requiring law enforcement or medical response, and they also make referrals to LIMA.

The CIT also has specialized training to provide direction and guidance to officers and family on the scene where persons are in crisis, as well as the individual who may have a mental illness or developmental disability. The goal is to deescalate with care and referral to proper services.

The ORT detectives go to fatal or non-fatal overdose scenes to start developing investigative leads and identifying the drug sellers and traffickers that are responsible for creating the deadly situation. Four elements of their strategy are: creating a cross disciplinary collaboration between public health and public safety at the federal, state, and local levels; reducing the drug availability; preventing the drug overdose; and making treatment and recovery available to the victims and the families impacted by overdoses. The team in Las Vegas developed a triage system where Tier One is a case with the most probability for successful prosecution, Tier Two with limited probability of success, and Tier Three with little or no probability of success.

Several school presentations were made in response to requests from schools with children who overdosed. They are currently working with the [PACT Coalition](#) and the school district to formalize school presentations for consistent messaging. A “Teach the Teacher” version will help disseminate to all the schools to reach more students. Videos were made for younger audiences with a more upbeat message, and more sobering messages are for older kids; but both specifically warn of the dangers of fentanyl. There is also a social media campaign with snapchat and other youth-oriented platforms, where they know youth are connecting with dealers. A pop-up message would warn them about who they are talking to.

HIDTA was created in 1988 to coordinate with federal, state, local and tribal law enforcement agencies on regional drug threats to reduce drug trafficking and drug production in the United States.

The overdose response strategy (ORS) is an unprecedented and unique collaboration between public health and public safety to help local communities reduce drug overdoses and save lives by sharing timely data, pertinent intelligence, and innovative strategies. Funded by the Office of National Drug Control Policy and the Centers for Disease Control, ORS connects public health and public safety with Drug Intelligence Officers with Public Health Analysts. Every state has at least one team, and they all are part of a nationwide network sharing information and data, such as new substances and mixtures they are seeing.

Successes with the LIMA team include very low recidivism for people who make it through the program. ORT is putting together a solid base for prosecution and eliminating the source of supply, while bringing some awareness to the community offenders and the people who use drugs. Dr. Kerns works on [ODMAP](#) which provides nationwide syndrome surveillance with near real-time suspected overdose data and links information from the first responders. This mapping tool tracks response and strategic analysis across jurisdictions. Nevada is one of only a few states to have every county represented in the ODMAP system.

Limited staffing for these various teams impacts their ability to respond, so they prioritize based on number of fatalities, linked overdose incidents, multiple persons involved, a witness to the overdose, telephonic or electronic evidence of contact with a source of supply, if one or more victims wish to cooperate, or if there is a substantial amount of heroin, fentanyl or counterfeit pills that would support immediate action to identify the drug supplier. If these programs were expanded, they could expand their response criteria.

Another gap is related to public safety threats stemming from the increased weights involved with deadlier drugs. [AB236](#) focused on addressing Nevada's growing prison population, but impacted overdose victims and their families because it doesn't separate drugs like fentanyl from heroin, methamphetamine, or cocaine, even though only two milligrams of fentanyl can be a lethal dose. Previously, less than four grams of fentanyl was considered low level trafficking, but now it's less than 14 grams, but that's enough to kill 6995 people. Amounts for mid-level trafficking went from 14 to 28 grams, and the penalty for between 42 and 100 grams is only two to fifteen years, but the potential to kill is almost 50,000 people. So, an amendment with steeper penalties for fentanyl would be appropriate and is recommended.

Additional recommendations include funding for an Independent Medical Examiner to verify the cause of death in overdose cases. These expensive reports are wanted to support prosecution, particularly in cases where there are poly drugs in the victim's system, which is most of the time.

Funding to continue an application program interface (API) for the ODMAP system would support better communications among first responder agencies.

Dr. Woodard reported upwards of 92 pounds of fentanyl was recently confiscated in Alameda County, underscoring the implications for amending AB236. She asked about the impact of law enforcement on the Good Samaritan law when family members or others are using along with the overdose victim. They need to feel safe about contacting law enforcement or 911 in the event of an overdose.

Ms. Payson said there is no "free get out of jail card," but there was an overdose case where someone was brought back with Narcan and was combative, so he was booked, but the [DEA](#) subsequently dismissed the charges because of the Good Samaritan law.

Chair Tolles added that the subcommittee will do a deeper dive into this issue in August.

Ms. Payson attended the [Rx Summit](#) in Atlanta where one state said this was a discretionary situation for first responders, but she thought "that's not good enough; we can't just have random officer discretion on whether or not we're going to implement or go check it out with extra charges. It would be nice if everybody had the same idea of what discretion is. So yes, a deeper dive and some more clarification is needed."

Chair Tolles asked for clarification as to whether the recommendation regarding fentanyl weight limits to revert to previous limits before AB236 is the formal DEA recommendation.

Ms. Payson said it was based on conversations she had with local law enforcement, but she couldn't speak for the DEA.

Chair Tolles asked for follow up with HIDTA on regional drug threats and trends they are seeing with arrests per year, drug related crimes, property crimes, trafficker arrests, etc. She also asked for data resources available to the public.

Ms. Payson will get the link for the ORS website<sup>1</sup> which has a lot of information. She will also clear the request with her Director for access to a public version of the Annual Threat Assessment that Nevada HIDTA does.<sup>2</sup>

Chair Tolles wants this information available at the next meeting with links for the public. Education outreach links and the press release should also be made available;<sup>3</sup> she would like to look at those videos and share with the prevention subcommittee and the whole SURG Committee at the next public meeting.

Chair Tolles also asked how many officers are on the ORT, full-time and part-time, and how that compares to other jurisdictions. Nevada is a tourism-based state, so we deal with millions of tourists in addition to our own population. A comparable jurisdiction could give us a reference for how understaffed we are.

Ms. Payson said she would get the exact numbers for Nevada, along with comparisons from other states.<sup>4</sup>

Chair Tolles moved to presentations from Sergeant Christensen, who introduced Deputies Ray and Mark Kester with the Washoe County Sheriff's Office (WCSO).

Deputy Mark Kester is assigned with the Detention Services Unit (DSU) at the Washoe County Jail, which was established to help and assist vulnerable populations and individuals at high risk, including for substance use disorder (SUD), homelessness, and mental health issues. Some individuals are court-ordered for treatment, but they also work with other individuals, for medication assisted treatment (MAT) court, drug court, mental health court, etc. They work with both the municipal court and justice courts, as well as parole and probation, to provide resources and referrals in the community.

Deputy Kester continued, explaining that prior to detention services and the inmate assistance program, they primarily worked with court-ordered individuals. When the DSU started, they added individuals under sentence at the jail into case management services prior to being released back into the community. Coordination with community providers includes inpatient, outpatient, residential and transitional living programs. Transportation directly to programs may also be provided to avoid gaps in treatment.

Special populations are prioritized including veterans, individuals who inject drugs, and pregnant women.

The Washoe County Jail is certified as an opioid treatment program and they offer MAT for individuals that can be inducted while in their care-custody, including case management, discharge planning, and also therapy and counseling sessions. A wrap around approach helps individuals with substance abuse as well as mental health problems. They see a lot of cocaine dependencies, as well as homelessness, so they link individuals with support services upon discharge, including housing, transitional-living or Medicaid providers. An onsite welfare representative coordinates getting them signed up for Medicaid benefits prior to leaving custody.

The jail population had decreased during the pandemic, and the current average daily population is around 1,200, but the mental health population continues to rise, with close to 50% receiving some kind of mental health services, psychotropic medication or being seen by mental health providers.

Long term housing assistance and case management is often needed once they are engaged in treatment services.

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<sup>1</sup> ORS Overdose Response Strategy <https://www.hidtaprogram.org/ors.php>

<sup>2</sup> The NV HIDTA Threat Assessment cannot be reproduced or shared outside the group or posted online.

<sup>3</sup> In partnership with HIDTA, LVMPD put out the press release below via social media and to several news outlets on 5/9/22 to warn teens about the threat of fentanyl. Included in the press release are three 15-second videos that will be shared online to educate different age groups. <https://twitter.com/LVMPD/status/1523701831154552832?ext=HHwWgMCi2cKvo6UqAAAA>; 1) [https://www.youtube.com/watch?v=wzTbX9d\\_fDI](https://www.youtube.com/watch?v=wzTbX9d_fDI); 2) [https://www.youtube.com/watch?v=wzTbX9d\\_fDI](https://www.youtube.com/watch?v=wzTbX9d_fDI); and 3) <https://www.youtube.com/watch?v=FBtrSuIAMgI>

<sup>4</sup> LVMPD has 1 OTR Overdose Response Team, which investigates OD scenes with hope of identifying the source of supply. The Team is made up of 1 Sergeant, 1 Special Agent and 5 detectives.

Sergeant Jason Walker added that there had been fentanyl introduction into the secure portion of the facility. Just this last quarter they had four overdose incidents with one being fatal. Protocols and procedures when legally supported include unclothed searches or body scans which conducted on inmates prior to housing. Decontamination protocols will be adopted for inmates and staff as well; naloxone is available throughout the facility and staff are trained in its application. He agrees with Ms. Payson that they need to recommend some amendments to AB236, because it's a dangerous drug that's out there.

Sergeant Christensen has been working with Morgan Green under the [state opioid response \(SOR\)](#) grant to provide fentanyl test strips to inmates at their request, along with Narcan and naloxone they can request to prevent some of the overdoses for those still suffering from substance abuse or who are re-exposed to drugs with fentanyl. He gives a lot of credit to the MAT team working diligently to induct new clients and give them good referrals for continued treatment. It has been relatively successful, and they can provide data at a later time.

Dr. Woodard thanked Sergeant Christensen and Deputy Kester for their presentations and applauded Washoe County Detention Center for establishing their abuse treatment program, demonstrating some innovation and leadership to ensure quality treatment and programming for those who are incarcerated who have an opioid use disorder. She is looking forward to seeing some of the data, particularly the conversion from withdrawal management only to induction and bridging services out in the community. She asked if they are collecting information as it relates to recidivism and the impact on re-incarceration for those who have engaged in the OTP (opioid treatment program) services. She also asked for any information to determine if any individuals referred to treatment have reached a maintenance stage. Also, she wanted to know what transportation services look like for those who voluntarily engage in services around re-entry and how they are being paid for.

Deputy Mark Kester said for court-ordered individuals they look at the drug and alcohol assessment to determine if they're requiring inpatient or outpatient services, what the court recommends, and what is agreed to by the DEA and the public defender on program eligibility. Programs include Bristlecone, Vitality (in Elko or Carson City), and New Frontier in Fallon. If the court supports outpatient services or transitional housing, they work with Battle Born Crossroads. For approved individuals, they review criminal history against program criteria to identify any disqualifying factors, such as violent sex offenses. Grant funding through the programs or Medicaid may pay for certain treatment and transitional living, and they are transported directly to the program upon approval. Specialty Court judges may authorize individuals' release upon acceptance in a program, giving ample time for staff to transition them from the facility to the program.

For individuals not court-ordered, who want a program upon release, the process is relatively the same. However, they work in conjunction with the time served date, as well as the program's bed availability. Some individuals in custody have "good time work time," based on their sentence structure, although some say they would rather stay in jail three or four days longer to get transport directly to a program.

Deputy Ray Kester reiterated Mark's statement regarding Medicaid payment for some programs, but he said there may be rent charges for transitional housing, although programs also connect individuals with jobs to support those costs with sliding fee scales. He has been doing the court-ordered version for about seven years, and it works very well. They are seeing a lot of changes with the opioid problem, as the DSU program builds rapport with clients through outreach on the dangers of opioids. Many want to continue talking with them and accessing their services after they leave the job.

Deputy Mark Kester reported the number of participants between the Specialty Courts, inpatient and self-referrals as being anywhere from 50 to 80 people per month that they transport and transition out of custody into programs. It's a fairly heavy workload for the five deputies assigned.

Ms. Flores-O'Toole asked about barriers they encounter when transitioning from detention to treatment, that might be addressed by the Subcommittee.

Sergeant Christensen said programs are unable to take individuals with violent charges including battery or domestic violence, or felony offenders with deadly weapons assault or substantial bodily harm. Serious offenses

are becoming increasingly difficult, especially with severe mentally ill (SMI) or mental health issues or impairment. Finding programs that can take them is increasingly difficult.

Deputy Mark Kester agreed that mental health factors are a significant barrier for community-based programs, but their site doctor, nurses, and director of mental health are still able to stabilize people and work with them, building rapport. Ultimately, it's up to them to continue with mental health treatment. The transitional living, work programs, substance abuse programs, and mental health support are such a significant amount of their population, that they have an entire mental health team and discharge planner solely dedicated to transitioning people back to the community. In addition to those with mental health issues, there are also people with intellectual disabilities who work with caseworkers and assisted outpatient treatment and so many other services available to them. Now providers in the community who are familiar with this work reach out directly to the DSU to work with the courts and the judges to assure them of available transport for community services to maintain established treatment and services. They don't want that going away, simply because they happen to be incarcerated for trespassing or a simple misdemeanor.

Chair Tolles referenced the four overdoses with one fatality and the safeguards they are putting in place, and she asked if they have identified how drugs are getting through the system and what can be done.

Sergeant Walker said they changed the inmate mail program to have it all scanned so that no paper is going through where drugs might be attached to a stamp, for example. They are more proactive with using electronics now, but it's only a matter of time before they will come up with another approach to mitigate these issues in the context of managing their 1,200 inmate population.

Chair Tolles asked Deputy Mark Kester to estimate the percentage of inmates with SUD. He estimated that 90% or more would have some kind of chemical dependency or SUD, as well as mental health issues. They have a lot of drug induced psychosis. They screen for mental health issues and also do urinary analysis that come up positive for various controlled substances. The numbers in March were 492 people being seen for mental health support, but that doesn't mean they are all unpredictable or not medication compliant. They also have a specific mental health unit with 150 to 180 unmedicated, violent, unpredictable individuals. But, they are able to stabilize the vast majority through medication and mental health services. By comparison, Dini-Townsend Hospital has 15 beds for their mental health hospital; so WCSO has the largest amount of the county's mental health population in their custody.

Deputy Mark Kester continued, noting addiction and SUD in conjunction with mental health disorders are huge contributors. In his 15 years on the job, he has seen deterioration of mental health with on and off again medications and substance use.

Chair Tolles tied the high percentage of drug use back to Ms. Payson's presentation regarding the ORT goal to reduce drug availability. She asked if they had specific language to recommend for reducing fentanyl in the community.

Sergeant Walker said this is a hot topic with other committees he is on, and they should have more specifics available in the future.

Chair Tolles asked for data on the ratio of men to women in their facility, both in terms of housing, and also specific to mental health and substance use.

Deputy Mark Hester reported the following data:

- for December there were 22 males and 9 females on the non-court ordered side;
- for January there were 26 males and 13 females;
- for February there were 14 males and 13 females;
- for March there were 24 males and 21 females.

He added that overall, there are only about 300 females in custody – including general population, mental health, and administrative status - out of the total population of approximately 1,200. Out of the 1,716 housing units that are currently active, only two are solely dedicated to females, so the vast majority of that population is male.

Chair Tolles restated that they are seeing a higher percentage of females taking advantage of the self-referred programs, compared to the number of males.

Deputy Mark Hester reported the following data for court-ordered participants:

- December – 27 males; 7 females;
- January - 11 males; 5 females;
- February – 8 males; 8 females
- March – 15 males; 7 females

He noted these numbers are more proportionate to their population. But, he would definitely say that females tend to be more willing to engage in services and ask for assistance. They bring in counseling groups, managed care organizations, and community providers for “walk and talks” with every single housing unit male or female to tell them about available services whether they are court-ordered or not. Individuals can just submit a piece of paper to sign up, without publicly asking for assistance.

Chair Tolles thanked the Officers for their presentations and how they are finding ways to help individuals get back into the community and their lives, and to reduce recidivism. She looks forward to seeing their recommendations as soon as they are available and she asked them to keep an open line of communication with herself or other members of the subcommittee

#### 5. **Review Subcommittee Recommendations** (*For Possible Action*)

Chair Tolles advised that this will be a standing item with members doing homework in between meetings to listen to subject matter experts, do research in their own fields of expertise nationally or internationally, as well as within Nevada, with evidence-based research, data and best practices. They will all submit recommendations between meetings and can add them during meetings through discussion, as well as revise and finalize recommendations for presentation to the SURG Committee as a whole.

Ms. Duarte shared an on-screen version of the recommendations entered to date, based on February and March meetings of the Interim Health Committee, as well as newer recommendations received between the last meeting and this one.

Chair Tolles referred to recommendations from Ms. Payson, that also related to her presentation. Ms. Payson reviewed the recommendation for an Independent Medical Examiner, and Chair Tolles pointed out the columns that identify which requirements are being satisfied, including special populations. She asked for any comments or feedback to consider for amending any recommendations.

Ms. Flores-O’Toole supports the recommendation for an Independent Medical Examiner to produce a report that verifies the specific cause of death in overdose cases where the source of the drug supply has been identified and can be prosecuted. She asked how many examiners there would be. Ms. Payson said they would probably start with one or two depending on the caseload.

Chair Tolles asked if there was an estimate for a fiscal note. Ms. Payson said each independent report can cost up to \$10,000. She didn’t know the cost for the position, but she said she could find out.<sup>5</sup>

Chair Tolles referenced Dr. Woodard may get more specific data related to a budgetary request and an appropriate funding source to include in the next biennial budget, whether its grants, opioid settlement funds or another source. Dr. Woodard wants to make sure they are also thinking statewide, with considerable challenges in rural communities where sheriffs make the cause of death determinations, to ensure equitable resources across the state.

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<sup>5</sup> The Causation Experts would be a pool of approximately 5 qualified individuals. There is no need to fund a salaried position, but according to the DEA each case report would cost \$10,000-\$12,000.

Chair Tolles reviewed remaining recommendations from Ms. Payson, including ODMAP related funding, and asked for specific recommendations for the amount of funds needed, which can be a more helpful and successful approach.

Regarding the recommendation for more police for the ORT, Chair Tolles asked how many they have today and how many do they think are needed, compared to similar size jurisdictions. Also, as Dr. Woodard noted, statewide considerations are needed.

For the recommendation to revisit fentanyl amounts and related penalties, Chair Tolles reminded members that she asked presenters to come back with any specific language in conjunction with Dr. Woodard, for recommended levels, which may be the levels prior to AB236.

Ms. Holmes provided a brief overview of recommendations she submitted. The expanded grant program aligns with rural areas using peers to respond as a community. Getting people back on their feet quickly is hard, so a program that helps folks work through how they seal their records and close criminal charges quicker, helps them become stable faster and puts that part of their recovery behind them. Creating an experimental program with some identified requirements for low-level offenses – not high-level drug trafficking – for people in recovery working towards stabilizing, will help communities. Ms. Flores-O’Toole supports this recommendation.

Ms. Holmes described the next recommendation as being similar to Mobile Outreach Safety Teams (MOST), with a slightly different approach, utilizing response teams for overdose. They would be dispatched upon discharge from an inpatient setting to help the individual connect with services in the community. This would be a midline solution to avoid possible conflicts with the Good Samaritan law because the responder teams could go out with the purpose of resource connections and preventing future overdose. They could potentially identify additional information for law enforcement, as well.

Chair Tolles noted Ms. Holmes’ inclusion of references to pilot programs that could provide subject matter expertise with best practices models, for possible future presentations. She encouraged other members to include these kinds of references with their recommendations, as well.

Dr. Woodard commented on teams that have launched in Nevada that would be very valuable subject matter experts regarding issues and barriers they have experienced, and they could advise how to take some of these programs to scale.

Chair Tolles referenced Ms. Holmes’ recommendation for having lock boxes at public locations, suggesting that they have a more in-depth conversation at the next meeting. Also, creating community higher education partnerships to support professional continuing medical education sessions could be discussed with more time at the next meeting in August when they have the deeper dive discussion scheduled. There is also more time scheduled for discussion as they get closer to the deadline to vote on recommendations. If members have specific questions or comments for Ms. Holmes, they can fill out the forms Ms. Duarte sends. Members will be able to see each other’s questions and comments once the materials are made public online or through public meetings.

## 6. Public Comment

Rhonda Fairchild, Behavioral Health Group (formerly Center for Behavioral Health) commented that they do jail dosing at the Center for Behavioral Health for the southern area where about 95% of all clients that they provide jail-dosing to return back to their home clinics for continued care. She loves the idea of what the WCSO is doing. Also, she noted that the spreadsheet reference to special populations and people who inject drugs should say *people who inject illicit drugs*, because people who inject insulin aren’t necessarily in this population. She also advised it should reference *substance use*, not *abuse*.

The meeting was adjourned at 2:05 p.m.