M E E T I N G N O T E S

Statewide Substance Use Response Working Group **May 07, 2024**
Response Subcommittee Meeting **11:00 a.m.**

Zoom Meeting ID: 868 3331 1069
Call in audio: (669) 444-9171
No Public Location

Members Present via Zoom or Telephone
Dr. Terry Kerns
Shayla Holmes
Christine Payson
Nancy Lindler

Members absent
None

Attorney General's Office Staff
Rosalie Bordelove and Ashley Tackett

Social Entrepreneurs, Inc. Support Team
Crystal Duarte and Madalyn Larson

Members of the Public via Zoom
Sabrina Shur – Belz & Case, Joan Waldock, Hannah Branch, Angela Borror, Alex Tanchek – Silver State Government Relations, Linda Anderson, Ezra Rose, Bill Teel, Lea Tauchen, Lauren Beal, Tray Abney, Dr. Stephanie Woodard – Guinn Center, Trey Delap, Morgan Biaselli – SSGR, Pwhelan. Members of the public are listed as they are named on the zoom participant list.

1. Call to Order and Roll Call to Establish Quorum
Chair Kerns called the meeting to order at 11:02 am.

Ms. Duarte called the roll and established a quorum.

2. Public Comment (11:02 am) *(Discussion Only)*
Chair Kerns asked for public comment.

Chair Kerns read the public comment guidance.

No public comment was made.

3. Review and Approve Minutes from March 25, 2024 Response Subcommittee Meeting (11:04 am) *(For Possible Action)*
Chair Kerns asked for a motion to approve the March 25, 2024 Response Subcommittee meeting minutes.

- Ms. Holmes made the motion;
- Ms. Payson seconded the motion;
- The motion passed unanimously.

4. Presentation on Organ Donation Relative to the Narcotic Epidemic (11:06 am) *(For Possible Action)*

Ms. Borror introduced her presentation about the effects of fentanyl and other narcotics on organ donation. She explained narcotic related deaths by demographics (race, gender, age) with data on slides 12-17. She mentioned many people who use drugs do not make it to be organ donors because they pass away from an overdose before they can be donors. There were 29 organ donors in Nevada in 2023. Ms. Borror noted substance use effects on organ systems for donation on slide 18. She noted a gap is the need for treatment for a diverse population because this is a problem nationwide among various different demographics.

Ms. Borror concluded with the following recommendation:

- The Nevada Donor Network would recommend additional funding and resources be considered for those who are left behind by those who succumb to this epidemic
    - Example include grief counseling, treatment facilities, family support groups, and contributions to local charities supporting survivors to help them find their voice.
    - The Nevada Donor Network's After Care program focuses on the loved ones of Organ Eye and Tissue donation by providing said resources, support groups and outreach for a minimum of two years post donation.

Chair Kerns thanked Ms. Borror for her presentation.

Chair Kerns asked Ms. Borror about when you approach the coroner or medical examiner for organ donation have there been any issues or problems with releasing for organ donation?

Ms. Borror said they reach out to the coroner who will then provide all of the information about the mechanism of death. When someone becomes a donor, the first thing they do is get the authorization and reach out to the coroner's office to provide all relevant information that relates to the mechanism of death. When a donor tests positive for substances this will automatically be a coroner's case. However, depending on certain factors like age and if that individual was in custody, there may be limitations in the authorizations for donation – it is very rare that the coroner will say no, but they do have certain restrictions based on the patients cause of death. If the patient has something like fentanyl in their system (the hospitals didn't start testing for this in Las Vegas until about six months ago) it may have restrictions, but every case is evaluated by the coroner.

Chair Kerns asked if there is one organ or specific organs you can't use due to fentanyl exposure?

Ms. Borror said it is on a case by case basis for each different type of drug exposure on the organs. They have to do different tests to show effects on different organ systems to see if they can be used or not. For example, cocaine can cause vegetation on the heart and severe

arrhythmias and dysfunction and on these organ donations we would do a cardiac cath to rule out vegetation, which would rule out the use of the donor's heart.

Chair Kerns asked if a prior opioid use disorder diagnosis disallows people from being a recipient of an organ donation?

Ms. Borror said it does not necessarily mean they cannot get a transplant, but they cannot be actively using, they need to be stable, and they need to have housing to be considered for a transplant. Having a history of opioid use does not negate them from getting a transplant but it cannot be a current practice in their life. She noted it is a very intricate process.

Chair Kerns said there has been a disparity in organ donations across some populations – she asked Ms. Borror if there still is problem with this?

Ms. Borror said the Nevada Donor Network has an extensive outreach program to make sure all populations are aware of and are well informed about organ donation, so they know their options.

5. **Overview of Prior and New Recommendations Received and Next Steps (11:23 am) (***For Possible Action)*

Chair Kerns noted places to find prior recommendations in slide 24. She also mentioned that item (l) has not been addressed in any of the 2023 recommendations – **Evaluate current systems for sharing information between agencies**. Chair Kerns noted recommendation number 11 from the 2023 SURG Annual Report:

> *Leverage existing programs and funding to develop outreach response provider(s) and/or personnel that can respond to any suspected overdose or to those who are provided treatment for an overdose in a hospital/emergency room/EMS and offer follow up support, referrals, and services to the individual and those impacted by the overdose (for example, other persons with a personal and/or emotional connection to the victim, surviving family members and/or postmortem services for families) following an overdose. Provider(s) and/or personnel to be deployed to anyone being released from institutional and community settings (e.g. hospitals, carceral facilities, and other institutional settings) who is being discharged post overdose or suspected overdose. Ensure this recommendation is included as the build out of Nevada's Crisis Response System is occurring so that tailored intervention for individuals who have survived a non-fatal overdose is included.*

From Ms. Borror's presentation she mentioned support for family and loved ones from the Nevada Donor Network. Chair Kerns noted we should continue to look at this through the crisis response system.

Vice Chair Holmes said she wasn't sure about this but that 988 and crisis response centers may be a part of a response such as this, but she does not know the exact details.

Ms. Payson noted the Southern Nevada Health District Support Team is working on this in some capacity to help support and provide a warm handoff and resources. She noted this program is

still in its infancy, but there is some kind of follow up for overdose outcomes for families and individuals.

Chair Kerns said there is a Mobile Outreach Safety Team (MOST) in Northern Nevada that provides mobile response efforts. They focus on the individual rather than the family/loved ones.

Vice Chair Holmes noted their rural MOST team has mechanisms in place for people who live with another person but if they live alone then family members may not get the same follow up. We should encourage MOST teams to reach out to family and loved ones like other crisis response systems do. Right now, MOST teams receive referrals via dispatch and they could also work with hospitals on discharge. Right now, we only work with individuals who are taken to the hospital on a hold. She said by involving family members and loved ones would be a good way to allow crisis response teams to respond better and to provide better wraparound services.

Chair Kerns said this should include MOST teams for the support systems. It sounds like recommendation number 11 from the 2023 Annual Report is something the subcommittee should follow up on.

Chair Kerns also noted recommendation number 9:

> *Evaluate current availability and readiness to provide comprehensive behavioral health services to include but not limited to screening, assessment, treatment, recovery support, and transitions for reentry in local and state carceral facilities (for example, implement follow up and linkage to care for individuals leaving the justice system) Recommend the allocation of funding to support the development of a Medicaid Reentry Section 1115 Waiver to increase healthcare for people leaving carceral facilities and to support readiness of carceral facilities to implement the 1115 waiver. Recommend legislation to require DHCFP to apply for and implement the 1115 waiver to increase health care for people leaving carceral facilities and ensure there is an evaluation of readiness for planning and implementation*.

Chair Kerns said this recommendation is currently being worked on by the Department of Health and Human Services (DHHS) and the Department of Health Care Financing and Policy (DHCFP). She discussed this with Sarah Dearborn, Social Services Chief at DHCFP, that this would require an amendment with the Center for Medicaid and Medicare Services (CMS) concerning cost reimbursements. She said this may not be something that can happen right away but may be something more long term.

Vice Chair Holmes said there is a grant open right now for peer support specialists in the Forensic Assessment Services Triage Team (FAST), as long as they are still enrolled in Medicaid (and the peers would be Medicaid billable). But not everyone incarcerated is eligible for Medicaid, so we also need to find ways to get this funded long term for people that are not Medicaid eligible. There is funding available via grants for organizations that are interested in this but there needs to be desire and engagement with this.

Mr. Teel noted this is being talked about with the different counties and more specifically, the sheriff's offices and leadership so they know what the Medicaid 1115 waiver is. There is state representation who are also present at these meetings.

Chair Kerns thanked Bill for that update. She also mentioned the Legislative Analysis and Public Policy Association (LAPPA) next steps based on the survey results from the entire Substance Use Response Working Group (SURG) was to require state and local correctional facilities to provide withdrawal management services. She wanted to see if withdrawal management was a part of the survey that Bill worked on for Medication for Opioid Use Disorder (MOUD) in correctional facilities? (As a note, the SURG members were surveyed on LAPPA next steps and this recommendation was one of the ones discussed at the April 10th 2024 SURG meeting).

Mr. Teel responded in that most organizations had some sort of withdrawal monitoring. For Esmerelda county, he noted they do a really great job at thinking outside the box for people who have substance use disorder, and they will take them to the nearest hospital to get them the care they need. In addition, they will help with re-entry in the community.

Chair Kerns talked about information sharing with overdose fatality review teams. She said we are waiting on Clark County Opioid Task Force report. The subcommittee will continue to look at this.

Chair Kerns noted recommendation number 12 from the 2023 SURG Annual Report:

> *Recommend that a compliance study be completed on NRS 259.050 (number 3) and 259.053. Provide adequate funding for medical examiner offices to include death scene investigators, forensic pathologists, forensic epidemiologists, and toxicology testing to determine specific cause of death*.

She said she has reached out to the Legislative Counsel Bureau and Dr. Knight, who presented to the Subcommittee in 2023 to see if they would be the ones to operationalize this recommendation. She said the majority of the positions that do this work are not supported by grant funding.

Chair Kerns noted an unranked recommendation about wastewater-based epidemiology. She said this is one we are going to have to continue to look at and reach out to those who are working on this in other states.

Vice Chair Holmes agreed we should continue to investigate this as there is a lot of potential within this data.

Chair Kerns submitted a recommendation for a Bill Draft Request (BDR) for Nevada to have a definition of recidivism in Nevada Revised Statutes. This came out of work from the Attorney General's office for evaluating FAST teams – it is defined differently in different counties. We have possible presenters on this: Cherylyn Rahr-Woods and Katie Snyder.

Vice Chair Holmes brought up that people recidivate across county lines and we need to be able to define this across county lines in a standardized way. A FAST team needs to know about

recidivism and they don't know unless people self-report this. The state needs this data sharing piece.

Vice Chair Holmes is going to submit a recommendation at the end of this call, which may aid this conversation on recidivism.

Ms. Payson noted she really liked this recommendation for a BDR for a definition on recidivism statewide and would be good to have nation-wide too.

Chair Kerns said there are only five states with a statewide definition of recidivism. We need a better comparison for this.

Mr. Teel said he likes what Vice Chair Holmes is talking about across county lines and information sharing across the state. We need access to information in order to break someone's recidivism cycle. We can use resources/information to our advantage to make it a part of the effort for an individual's plan moving forward out of incarceration. There is an issue related to confidentiality. But, where the legal team drew the line was that for anything connecting an individual to a jail will violate their constitutional rights. He noted Chicago was successful in changing language in law to be able to allow consenting individuals to allow information sharing to break the cycle of recidivism.

Chair Kerns appreciated Mr. Teel's thoughts on this.

Chair Kerns asked if the subcommittee wants to provide recommendations on compassionate overdose response? Chair Kerns noted that compassionate overdose response means if someone overdoses they do not need a larger dose of an opioid antagonist. This may put someone into precipitated withdrawal and at a higher risk for overdose later. Additionally, often people responding to an overdose don't know that they were putting people in withdrawal when using high doses of naloxone. Chair Kerns has requested the Opioid Technical Assistance Center to come talk to the subcommittee about the Good Samaritan Law, mobile response, and compassionate overdose response.

Vice Chair Holmes said she is interested in hearing more about this. At the cross-sector task force meeting she brought up that the Center for the Application of Substance Abuse Technologies (CASAT) is purchasing higher dose naloxone as well as injectable naloxone– this may have inhibiting factors for a lay person wanting to have access to naloxone for family/friends.

Chair Kerns said it is easier for law enforcement to provide intranasal naloxone rather than intramuscular. To Chair Kerns' knowledge law enforcement carries intranasal that is 4 grams and would be difficult to titrate to a lower dose with intranasal administration. But with the higher doses this makes it harder to do a lower dose for people experiencing an overdose.

Ms. Payson will take this back to her team (Sheriffs and Chiefs) and see what they say. She is waiting to hear what they say about their recommendations for the SURG. They are interested in

the vulnerable counties study and the top five counties that are considered most vulnerable. She hopes after providing this she will get more recommendations from her law enforcement team.

6. Planning for 2024 Response Subcommittee Meetings (11:57 am) (*For Possible Action)*

Chair Kerns asked if any subcommittee members want to suggest presentations for future meetings. She also remined subcommittee members to submit recommendations.

See slide 28 for upcoming presentations for the Response subcommittee.

Chair Kerns said we would like to add a presentation about compassionate overdose response.

Vice Chair Holmes said she will find someone from the data company in Virginia to report on how they were able to get their data sharing to where it is in Virginia. She suggested we use this information for a future subcommittee presentation.

7. Discuss Report Out for July 10 SURG Meeting (12:00 pm) (*For Possible Action)*

Vice Chair Holmes said we will report our work done by the subcommittee so far at the July 10 SURG meeting. We will talk about the status of our recommendations. We will also be able to incorporate discussion from the June Response meeting.

Chair Kerns asked Ms. Payson if the Sheriff's and Chief's Office will have recommendations?

Ms. Payson said she isn't sure when she will get these, but she will hope to have something by the next meeting.

Vice Chair Holmes reminded everyone Attorney General Ford will be doing a report out for the Interim Health and Human Service Joint Interim Committee and the Washoe Regional Behavioral Health Policy Board meeting on May 13.

Link for the Joint Interim Standing Committee on Health and Human Services May 13th Meeting:
https://www.leg.state.nv.us/App/InterimCommittee/REL/Interim2023/Meeting/34456

Vice Chair Holmes noted the new address for the Attorney General's Office for future SURG meetings will be at a new location.

Chair Kerns said this move is scheduled for June but if anything changes they will let everyone know.

8. Public Comment (12:05 pm) *(Discussion Only)*
Chair Kerns asked for public comment.

Chair Kerns read the public comment guidance.

9. Adjournment
The meeting was adjourned at 12:06 pm.