

## MEETING NOTES

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

June 04, 2024  
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

Tray Abney, Linda Anderson, Jordan Baez, Lauren Beal, Morgan Biaselli, Allison Cladianos, Olivia GrafMank, Morgan Green, Elyse Monroy, Christine Payson, CLPearson, Cherylyn Rahr-Wood, Sabrina Shur, Katie M. Snider, Ph.D., Lea Tauchen, Teresa Thompson, Joan Waldock

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

Chair Kerns called the meeting to order at 11:03 am.

Ms. Duarte called the roll and established a quorum.

### **2. Public Comment (11:05 am) (Discussion Only)**

Chair Kerns asked for public comment and read the public comment guidance.

No public comment was provided.

### **3. Review and Approve Minutes from May 07, 2024 Response Subcommittee Meeting (11:04 am) (For Possible Action)**

Chair Kerns had three changes and/or clarifications to the minutes from May 07, 2024. She found a typo on page three that explains recommendation 11. The word "personal" is included multiple times. Secondly, on page four, she noted a recommendation about the 1115 waiver, says recommendations are currently being worked on by the Department of Health and Human

Services and the Division of Health Care Financing and Policy. It should state that rather than updating Nevada Revised Statutes, it involves making amendments with the Centers for Medicare and Medicaid Services, not Nevada Revised Statutes. Finally, the last amendment was on page six, and it was about law enforcement carrying intranasal naloxone and it being easier for them to provide intranasal naloxone rather than intramuscular naloxone, but Chair Kerns wants to clarify that to her knowledge, law enforcement only carries intranasal naloxone, which is 4 milligrams and it would be challenging for them to titrate down with intranasal naloxone.

Chair Kerns asked for a motion to approve the May 07, 2024 Response Subcommittee meeting minutes as amended.

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

#### **4. Presentation on Building Consensus: Defining Recidivism in State Law (11:07 am) (For Possible Action)**

Dr. Katie Snider explained her experience in deflection and diversion program across Nevada. Cherylyn Rahr-Wood is a Regional Behavioral Health Coordinator in Nevada.

Ms. Rahr-Wood explained the importance of having a definition of recidivism. This would provide a measurable way to explain outcomes in deflection and diversion.

Dr. Snider defined recidivism as “repeating or returning to criminal behavior; committing new offenses after being punished for a crime.” She said this definition is a lot more complicated in practice and when used to define outcomes.

Dr. Snider explained Nevada needs a statutory definition for recidivism for multiple reasons: various departments define recidivism differently (i.e. drug courts versus veteran’s courts), different definitions of recidivism make it a challenge to make comparisons, and to be able to measure success of our programs.

Dr. Snider noted multiple other states and national programs with definitions of recidivism. She said there are four components of a good definition:

- 1) Precursor: Arrest (regardless of outcome), Program Enrollment (i.e., specialty court, Mobile Outreach Safety Team [MOST]), Court Supervision, Probation, Incarceration (jail or prison), Parole
- 2) Recidivism events: Misdemeanors vs. Criminal Accusations, Failure to Appear, Violations/Status Offenses, Calls for Service or Arrests (regardless of outcome), Program Enrollment, Convictions or Pleas, Sentence (suspended?), Incarceration
- 3) Location/System: Same State/City/County, Same justice system/program
- 4) Recidivism timeline: Within a specified period of time? (the most common is three years).

Dr. Snider said one of the big challenges is to actually make this definition work across different departments and stakeholders.

Ms. Rahr-Wood went over best practices from other states and organizations including Vermont and the National Institute of Justice (NIJ).

For Vermont, “Under 28 V.S.A 4 (Standard measure of recidivism), Public Institutions and Corrections departments shall determine the rate of recidivism “based upon offenders who are sentenced to more than one year of incarceration who, after release from incarceration, return to prison within three years for a conviction for a new offense or a violation of supervision resulting, and the new incarceration sentence or time served on the violation is at least 90 days.””

For the NIJ, “According to the NIJ, recidivism is defined as “a person’s relapse into criminal behavior, often after the person receives sanctions or undergoes intervention for a previous crime.” NIJ uses recidivism data to inform parole and probation initiatives to grow the population of justice involved individuals who desist.

Slide 15 included a link to the [National Governor’s Association Center for Best Practices Memorandum](#).

Ms. Rahr-Wood went over the next steps for defining recidivism in Nevada: resource allocation, public safety and transparency, development process, and stakeholder engagement. If we have a definition of recidivism we can use the data we collect in Nevada more effectively. She noted it is important for the public to know what is going on within our state to understand recidivism.

Ms. Rahr-Wood says to do this we need to look at the research, talk with stakeholders, have SURG Subcommittee support, a bill draft request, create an advisory committee, and engage policy makers. The presenters’ call to action is for the SURG Response Subcommittee to support this initiative. She wanted to note Nevada has always struggled with accurate data collection and we must bring evaluation and research to the table to identify the gaps within the 17 Nevada counties.

Vice Chair Holmes asked if there are recommendations they are making from this presentation as to what the definition should be? She noted the Vermont definition would not work for county facilities in Nevada. As a follow up, Vice Chair Holmes asked if they had a recommendation for what the measure of recidivism should be.

Dr. Snider isn’t sure how to word it into a bill draft but thinks it would make sense for recidivism to be defined at or above the entry level of that program that a person begins with. For example, she said to be enrolled in the FASTT (Forensic Assessment Services Triage Team) program, if this is the program measuring recidivism, you have to at least be incarcerated in jail. Whether someone is incarcerated in the shorter- or longer-term sentences (up to a year) this would then count toward the total time incarcerated, lending to the recommended definition of recidivism. Defining it this way would allow for consistent measurements across the same intercept of justice involvement.

Vice Chair Holmes asked how we would show outcomes within a definite period of time?

Dr. Snider said the most common timeframe is three years. She said the most beneficial part of this structure is the data sharing piece. Having a statutory definition of recidivism would facilitate data requests, which would help with data sharing across the state. She thinks three years would be an appropriate amount of time. The programs can look at the average time of recidivism to see if they are working.

Chair Kerns asked what a bill draft request would look like for the definition of recidivism and arrest across different counties? Individuals who are involved with the MOST (Mobile Outreach Safety Team) and FASTT programs go to different counties, and she wanted to get the presenter's thoughts on this.

Ms. Rahr-Wood said we could bring together stakeholders from various counties to talk to one another and then bring those people to the table to see understand more from their perspective and what their optimal data sharing would look like.

Dr. Snider said she would encourage the state of Nevada to be encompassed within the geographic limits of the data sharing agreement so that this data can be shared across all county lines in Nevada.

Chair Kerns asked Christine Payson if she has addressed this with the Sheriffs and Chiefs.

Ms. Payson's said she has not addressed this with them but would put it out to them. Chair Kerns stated the Sheriffs and Chiefs are a big stakeholder in this.

Ms. Lindler asked if the different levels of incarceration need to have a distinction? Ridge House is a prison re-entry program and she sees clients who have done extensive periods of time in prison.

Dr. Snider replied that it would be important to have a distinction and it would be good to have Ms. Lindler's input on it. Under the proposed common definition, to count as recidivism it would have to meet the level for re-entry into that level of the justice system, or the intercept of the sequential intercept model. This would separate prison and jail into two different categories. With the way it is currently defined by the Nevada Department of Corrections, 300 days in jail would not count toward recidivating; they would have to come back into the prison system.

Chair Kerns asked Ms. Rahr-Wood for an update on the Medicaid 1115 waiver and allowing for the provision of benefits up to 90 days prior to leaving a carceral facility. This was a recommendation made by the Response Subcommittee and included in the 2023 SURG Annual Report.

Ms. Rahr-Wood said we are collaborating across various counties in Nevada and we are working on a handbook for FASTT programs. There is a technical bulletin being created for after the Medicaid 1115 waiver is implemented. She said we are about six to seven months away from getting the bulletin out, but it will be a statewide brochure to get the 1115 waiver pushed forward.

## **5. Presentation from the Center for the Application of Substance Abuse Technologies (CASAT) (11:37 am) (For Possible Action)**

Morgan Green gave an update on the newly formed Nevada Opioid Center of Excellence (NOCE). She noted this center is meeting the needs of the community and includes activities such as targeted training, opioid regional coordinators assistance, Project ECHO, self-paced training, and listening sessions.

Ms. Green gave a rundown of the NOCE website which includes resources for harm reduction supplies, substance use treatment and behavioral health treatment options, and other resources available.

Ms. Green provided information about NOCE upcoming live events. These include listening sessions, a Good Samaritan and drug induced homicide law webinar, and community response and best practices for opioid antagonist webinars. She noted the purpose of these events is to inform and to reduce stigma and misinformation.

Ms. Green noted the types of on-demand videos on the NOCE website. These include existing videos: Overdose Education & Naloxone Distribution for Law Enforcement and Overdose Education and Harm Reduction (Community Focused). Additionally, there are upcoming videos which include: Spanish Overdose Education and Harm Reduction, Introduction to Medication for Opioid Use Disorder (MOUD), Overdose Education for Pharmacists, and AB156 Review.

Ms. Green also noted compassionate overdose response is intertwined within NOCE framework.

As a side note, Ms. Green talked about how multiple law enforcement agencies in Nevada are participating in Leave Behind Programs. The agencies bring up the point of being “second responders” to overdoses, as the first responders tend to be the fire departments. So, NOCE is trying to expand the leave behind programs with first responders like fire departments and emergency medical services.

Ms. Green explained there have been three mobile units purchased that will be provided to three treatment agencies in Nevada. They are currently working on their budgets and scopes of work. The units have been wrapped with UNR logos on them to decrease stigma. Mobile units include a restroom, exam room, and a bed. Services available within the mobile units comprise:

- Administering medications for opioid use disorder treatment;
- Collecting samples for drug testing or analysis;
- Conducting intake/initial psychosocial and appropriate medical assessments, with a full physical examination to be completed or provided within 14-days of admission, in units that provide appropriate privacy and adequate space;
- Administering an FDA approved MOUD after an appropriate medical assessment has been performed;
- Counseling and other services, in units that provide appropriate privacy and have adequate space, may be provided directly or when permissible through use of telehealth services; and
- Distribution of naloxone and/or other harm reduction supplies

Chair Kerns asked if the mobile units will be in the Nevada rural counties and what the routes will be like?

Ms. Green said the mobile units will go to a section of Northeast Nevada, the Quad Counties (Carson, Douglas, Lyon, and Storey counties), and Southern Nevada. The routes will be a part of the assessment piece and will be determined once they identify the resource gaps. The routes will be based on the established relationships in the community. Once the budget and scopes of work are in place they will start to make their rounds throughout Nevada. Ms. Green said the timeline is to be determined and will depend on how long the staffing process takes.

## **6. Overview of New Recommendations Received and Next Steps (11:50 pm) (For Possible Action)**

Chair Kerns went over recommendation #1: *Recommend a Bill Draft Request to have recidivism defined in the Nevada Revised Statutes.*

Chair Kerns noted there is work to be done on this such as defining the timeline of recidivism (will it be within three years, what offenses will be included?) and figuring out how this is addressed across county lines. She said we need more information on this to move forward with this recommendation. Additionally, Chair Kerns noted there are some questions to be answered and stakeholders to be involved in this recommendation. Chair Kerns said we will have to convene as a subcommittee and get more information on recommendation #1.

Vice Chair Holmes went over recommendation #2: *Recommend research into implementation of statewide Data Sharing Agreements with the Chief Data Officer of the State of Nevada and implementation of a cross-sector database housing multiple points of data across prevention, treatment, recovery, and criminal justice.*

Vice Chair Holmes talked about the mandated datasets that go into one data system in Virginia and how this could be utilized in Nevada to help with data sharing. She said it took Memoranda of Understanding with state data departments, which would be a great way to start data sharing. This would also take legislation to mandate departments to participate in this system.

Chair Kerns said she likes this recommendation and a next step should be getting a presentation from experts on this policy in Virginia policy – either Ken Pfeil from Virginia or Jason Benschopf from Nevada.

Chair Kerns said these two recommendations would be good to present to the Sheriffs and Chiefs.

Chair Kerns said there is also a recommendation for a presentation for wastewater-based epidemiology for this subcommittee.

Ms. Duarte will send the prior recommendation about the wastewater based epidemiology and see if there are any updates needed by Vice Chair Holmes.

Chair Kerns said we are going to wait on the overdose fatality review recommendation from the Clark County Opioid Taskforce. She asked if we should wait on this until next year?

In response to Chair Kerns, Vice Chair Holmes asked about the final date of recommendations for the SURG? She said we should hold off until we have more information on this. If we have new information to add we can resubmit but if not, then we can hold off.

Chair Kerns said October may be the deadline for recommendations to be presented to the larger SURG.

Chair Kerns noted the recommendation about the Good Samaritan Law and the Drug Induced Homicide Law and that the NOCE webinar may have more information on this.

Chair Kerns noted these two recommendations were the only two the subcommittee has been previously looking at putting forward.

Chair Kerns asked Ms. Payson if the Sheriffs and Chiefs had any recommendations to bring forward?

Ms. Payson mentioned the concern about the opioid litigation funds and getting Medication Assisted Treatment (MAT) in carceral facilities such as in Storey County. She was contacted by someone in the county and wants to know what this person's first steps would be to access money for MAT treatment in carceral facilities? Or would we turn this into a recommendation at the subcommittee level?

Chair Kerns said we could reach out to Bill Teel and get funding information about his Medication for Opioid Use Disorder (MOUD) program in carceral facilities which may help with answering questions for Storey County.

Chair Kerns said that some counties in Nevada are pushing out applications for funding as well as the Advisory Committee for a Resilient Nevada (ACRN) has released funding which may be able to fund this initiative that Ms. Payson is talking about.

Ms. Payson asked if she should connect her law enforcement contacts with Bill Teel and the ACRN?

Chair Kerns said we can look into this for Ms. Payson.

Chair Kerns noted we have two solid recommendations and a possible third with an update to the wastewater-based epidemiology recommendation.

Chair Kerns said the subcommittee would also like to look into compassionate overdose response and whether this is already being done and how we can fill gaps in this. Dr. Wagner will be presenting at the NOCE webinar and the subcommittee can also explore ways to learn more about this through presentations.

Related to compassionate overdose response, Ms. Green said the standard naloxone dosage is 4 milligram (mg) and the state is pushing to purchase 8 mg naloxone but there is no evidence-based research on 8mg naloxone dosages.

Vice Chair Holmes said we should stay in the know about what NOCE is doing on this and how we can support it through the Response Subcommittee.

Chair Kerns would recommend Dr. Wagner to talk about compassionate overdose response. We could also have her address questions related to xylazine. We will invite Ms. Green back later to report back on the NOCE listening sessions.

### **7. Planning for 2024 Response Subcommittee Meetings (12:09 pm) *(For Possible Action)***

Chair Kerns noted the remaining 2024 Response Subcommittee presentations. These include potential presentations on workforce, wastewater-based epidemiology, and the Clark County Opioid Task Force. Please see slide 31 for the breakdown of all presentation topics.

Chair Kerns suggested an update on the 988 crisis response program. She talked about the overdose response teams, the family/loved one's support and that this may be a component of the 988 crisis response system and relate to the subcommittee's prior recommendation on mobile response.

Vice Chair Holmes suggested we get presentations about the data service agreements, modeled off of Virginia.

Chair Kerns noted it would be good to have a presentation about compassionate overdose response by Dr. Karla Wagner at one of the upcoming Response Subcommittee.

Ms. Duarte said the subcommittee could move the workforce presentation to the September meeting after we hear about workforce at the July SURG meeting.

### **8. Discuss Report Out for July SURG Meeting (12:14 pm) *(For Possible Action)***

Vice Chair Holmes said we will talk about our two recommendations during the full SURG meeting in July.

Chair Kerns said we may want to talk about the other three recommendations we are getting more information on during this meeting. We may want to update or put these recommendations forward again.

Vice Chair Holmes agreed with Chair Kerns on this and said we should keep the whole SURG in the loop about what our potential plans are for this. For example, the recommendation on the fatality review boards is in a holding pattern right now so we aren't sure where it is going but we can still keep the full SURG updated on this.



Chair Kerns asked if adding SURG members will be a recommendation by the SURG or if it needs a Bill Draft Request?

Vice Chair Holmes asked if the Response Subcommittee would be the best place for this type of recommendation? We are a community engaging subcommittee, which may make this subcommittee a good one to push out a recommendation related to expanding the SURG.

Chair Kerns noted the July SURG meeting will not have a physical location in Southern Nevada because the Attorney General's Office is still in the process of moving.

**9. Public Comment (12:17 pm) *(Discussion Only)***

Chair Kerns asked for public comment and read the public comment guidance.

Vice Chair Holmes noted that Joan Waldock posted the Notice of Funding Opportunity for the Fund for Resilient Nevada in the chat: <https://dhhs.nv.gov/Programs/FRN/NOFO/>.

**10. Adjournment**

The meeting was adjourned at 12:19 pm.