MEETING NOTES

Statewide Substance Use Response Working Group Meeting

Wednesday, July 10, 2024
1:00 p.m.

Meeting Locations: Offices of the Attorney General:
Carson Mock Courtroom, 100 N. Carson St., Carson City, NV
No public meeting location in Las Vegas

Zoom Webinar ID: 841 1615 6896

Note: All presentation materials for this meeting are available at the following link:
https://ag.nv.gov/About/Administration/Substance_Use_Response_Working_Group_(SURG)/

Members Present via Zoom or Telephone
Chelsi Cheatom (1:04), Dr. Lesley Dickson, Dorothy Edwards, Jessica Johnson, Nancy Lindler (1:06), Debi Nadler, Angela Nickels, Christine Payson (1:06), Erik Schoen, Steve Shell, Assemblywoman Claire Thomas

Members Present in Carson City
Shayla Holmes

Members Absent
Senator Fabian Doñate, Attorney General Aaron Ford, Assemblywoman Melissa Hardy, Jeffrey Iverson, Dr. Beth Slamowitz, and Senator Jeff Stone

Attorney General's Office Staff
Teresa Benitez-Thompson, Rosalie Bordelove, Dr. Terry Kerns, Mark Krueger, and Ashley Tackett

Social Entrepreneurs, Inc. (SEI) Support Team
Crystal Duarte, Laura Hale, Madalyn Larson, Kelly Marschall, and Emma Rodriguez

Other Participants via Zoom or in person
Trey Abney, Linda Anderson, Dave Baer, Brandon Beckman, Morgan Biaselli (SSGR), Natalie Bladis, Isabelle Cisco, Allison Cladianos, Takesha Cooper, Vanessa Diaz, Joseph Filippi, Olivia GrafMank, Steven Hammonds, Noelle Hardt, Sara Hunt, Donna Lafey, Giuseppe Mandel, Roberta Miranda-Alfonzo (BeHERE NV), Elyse Monroy, David Orentlicher, Chyna Parker (SUPTRS), Kristen Pendergrass, Megan Quintana, Cherylyn Rahr-Wood, Katie M Snider, Alex Tanchek (SSGR), Lea Tauchen, Breanna Van Dyne (DHHS), Joan Waldock (DHHS), Haven Wheelock, Pauline Whelan, and Dawn Yohey (DHHS)

1. **Call to Order and Roll Call to Establish Quorum**
   Acting Chair Shell called the meeting to order at 1:05 p.m. Ms. Rodriguez called the roll and confirmed a quorum.

2. **Public Comment**
   Ms. Nadler announced that International Overdose Awareness Day was coming up on August 31st, and bereaved family members are paying for signage to be lit purple to remember those we have lost, and all those in recovery or still suffering. Every state except Nevada, with Las Vegas as the city of light, lights up purple at airports, bridges and other landmarks. It's not right that the families must pay for this in Nevada. It had been $795, but now it costs $1000 to light the Las Vegas sign purple, with a separate sign to recognize International Overdose Awareness Day. It happens to fall on Labor Day this year, when there will be hundreds of thousands of visitors to Las Vegas and every city except Las Vegas is lighting up in purple in recognition of this.

   Ms. Nadler believes that the SURG members should consider this or make a recommendation for the future, noting that it is embarrassing that they (advocates) must pay out of pocket to do it. She would appreciate anyone reaching out to her with ideas for how to pay for this.

Giuseppe Mandel from Desert Hope and American Addiction Treatment Center thanked members for everything they have done and noted that he is celebrating five years of sobriety, and it is also the three-year anniversary of the death of his brother to Fentanyl this month. He recommended Ms. Nadler contact him to access private funds for the Overdose Awareness Day event, until they can get the City on board. He encouraged more advocacy and funding for inpatient treatment, for which he is a walking example of the results. There is a lot of harm reduction going on, but there is a gap for inpatient treatment.

3. **Review and Approve Minutes for April 10, 2024, SURG Meeting**
Acting Chair Shell asked for a motion to approve the minutes. Dr. Kerns referenced a correction to the minutes as requested by Erik Schoen on page 3, to replace the reference to "14 Coalitions across rural Nevada" to the "Formidable 14 Coalition" which represents Nevada's 14 rural counties.

- Ms. Nadler made the motion to approve the minutes as amended.
- Ms. Holmes seconded the motion.
- The motion carried unanimously.

4. **Behavioral Health Education, Retention, and Expansion Network of Nevada**
Dr. Sara Hunt, PhD, Executive Director, BeHERE Nevada, University of Nevada Las Vegas, reviewed slides (available on the SURG website) on the implementation of AB 37 from the 2023 Legislative Session, authorizing the establishment of the Behavioral Health Workforce Development Center of Nevada. The focus is to build a robust pipeline to recruit, educate, and retain future behavioral health providers in our state. Outreach to K-12 students and adult learners will introduce them to mental health careers and connect them to the Nevada System of Higher Education programs. They also hope to strengthen the bridge from graduation to Nevada licensure and offer business and technical assistance.

The proposal for BeHERE Nevada under UNLV was approved in September 2023 and they now have five full time staff and one graduate assistant position, including both northern and southern Nevada. They are developing and conducting outreach, working with a similar model from Nebraska, developing scholarships through an ARPA grant, and working with employers on recruitment and retention efforts. Upcoming efforts include strategic planning and development of an advisory consortium.

Dr. Hunt invited everyone to reach out to info@beherenv.org to be added to their monthly newsletter distribution.

Ms. Nadler thanked Dr. Hunt for the work she is doing, and asked if there is anything that focuses on behavioral health programs for kids suffering in schools, with crime and suicide numbers going up. Dr. Hunt acknowledged the need, noting the shortage for school-based mental health professionals. They partner with community providers through career fairs and can make referrals for students in need.

Assemblywoman Thomas asked about scholarships for licensed alcohol and drug students, on behalf of one of the public participants. Dr. Hunt referenced grant-funded scholarship training opportunities under UNR/CASAT for Peer Support Specialists, Certified Alcohol and Drug Counselors, and Licensed Alcohol and Drug Counselors. BeHERE was also funded under this grant opportunity but will use it for master's programs for social work, marriage and family therapy, and professional counseling.

Ms. Edwards referenced other workforce bills submitted by the Washoe Regional Behavioral Health Board: AB69 which failed, while AB45 was passed to create a program to repay student education loans of certain providers of health care. She asked if additional legislation is anticipated specifically for BeHERE Nevada. Dr. Hunt thought there might be future policy initiatives around the business technical assistance piece.

Acting Chair Shell thanked Dr. Hunt for her presentation and applauded all her efforts and what she is doing for our state.

5. **Addiction Medicine Fellowship Training Program.**
Dr. Takesha Cooper, MV, MS, FAPA, Chair, Department of Psychiatry and Behavioral Sciences, Professor of Psychiatry, University of Nevada, Reno, School of Medicine, Chief, Behavioral Health – Renown Health,

presented slides (available on SURG website) with issues and recommendations. Dr. Cooper expressed appreciation for Acting Chair Shell, with whom she works closely to expand the behavioral health workforce. She was drawn to working in Nevada to address the healthcare crisis due to a shortage of addiction specialists. A one-year accredited addiction medicine fellowship program is proposed to start July 1, 2025, training two health care providers annually - from any specialty - to become addiction medicine specialists. Outreach to rural Nevada will use both telehealth and in-person rotations. Target populations include pregnant birthing people, children exposed to substances in utero, and adolescents and youth, as well as adults. Prevention and harm reduction will include outreach to impacted family members.

Dr. Cooper cited the positive correlation between where medical students do their residency training and/or specialized fellowship training and where they stay and go into medical practice, with high retention rates. The national demand for addiction specialists is very high with 20 million people struggling with addiction, but only 4,400 specialists, resulting in an average caseload of 4,445 patients. Further federal guidelines call for board certification of medical directors for both their primary specialty and in addiction medicine.

With Nevada's high rates of addiction and at-risk demographics, they are seeking support for the development of a UNR Med/Renown Addiction Medicine Fellowship Training Program with recruitment outreach to a broad range of social work, medical, and public health students. They plan to expand outreach to the School of Public Health at UNR and UNLV, as well as to rural and indigenous communities. (Dr. Cooper's internet connection failed intermittently at this point.)

They will work to engage students within their communities to stay and serve there, offering loan repayment and adjunct faculty positions. They are partnering with multiple sites and programs throughout Nevada to support fellowship rotations.

Assemblywoman Thomas raised a question about racial breakdowns for drug overdose death rates from Dr. Cooper's slides. Dr. Kerns noted there is a tab for Demographics on the website for the Office of Analytics, within the report on Monitoring Substance Use in Nevada. Dr. Kerns provided a contact in the chat messages for Assemblywoman Thomas regarding demographic data from the Office of Analytics.

Dr. Cooper reviewed the projected costs of the Addiction Medicine Fellowship program, with annual costs of about $600,000 for five years. They are requesting support from the Fund for Resilient Nevada. With their affiliation with Renown and UNR Medical, they want to provide compassionate, equitable, high-quality care with evidence-based medicine, expanding clinical and translational research. She is also passionate about community-based participatory approaches, ensuring that lived experience is equally valued, and supporting youth and their families.

Ms. Nadler asked if there would be support for bereaved family members of children or siblings struggling with addiction. Could they bring on someone who has expertise in dealing with grief? She must pay out of pocket, as do a lot of her friends. Dr. Cooper acknowledged this need and referenced counselors and agencies that focus on grief, and the importance of medicine fellows to appreciate the full impact of addiction on the individual and the family.

Ms. Nadler noted references to partnering sites in northern Nevada, and asked if this could be replicated in southern Nevada, with its huge population and huge need. Dr. Cooper said absolutely, noting that there is one addiction medicine fellowship in Southern Nevada, and one of their graduates, Dr. Charlene Letchford, will be coming on as program director for this fellowship training program. She will work together with Dr. Strong who is a program director for the Las Vegas program.

Ms. Johnson asked for more information regarding incentives for Nevada residents to complete the fellowship program. Dr. Cooper talked about ongoing engagement through pipeline pathway programs and mentoring students through the process and various options for teaching, research, and faculty. Research should be done in a way to positively impact the community and see the outcomes. Things like loan repayment, reimbursement for fees, benefits and other incentives are very impactful.

Dr. Dickson referenced the Addiction Medicine Fellowship in southern Nevada where she has been on the faculty from the beginning, and they are now in the fourth year with their fourth group of fellows. Two of their graduates have stayed in Las Vegas and one went to Reno to work with Dr. Cooper. The fourth is temporarily out of state, but she suspects he will be back later. But with the huge population in southern Nevada, it feels like they are just barely making a dent in the treatment that people need.

Acting Chair Shell thanked Dr. Cooper for her great presentation and for choosing Nevada and wished her a well-deserved vacation in Costa Rica.

6. **Oregon Drug Decriminalization and Overdose Response Strategy – Lessons Learned**
Isabelle Cisco, Public Health Analyst, Centers for Disease Control and Prevention Foundation described her role to bring public health and public safety together around fatal, overdose prevention in the states. (Slides available on SURG website) Ms. Cisco outlined measure 110 and decriminalization of possession of low-level amounts of drugs in the state of Oregon between November 2020 and February 2024. Three goals were to 1) acknowledge drug addiction as a serious problem; 2) educate voters on the need to expand and increase capacity for drug treatment and recovery services; and 3) educate voters on the efficacy, compassion, and cost efficiency of a health-based approach over criminal punishment. Separately, SB755 created behavioral health resource networks (BHRN) and mandated access for every county and jurisdiction. Additionally, cannabis tax revenue was reallocated to support these networks and to support workforce development for substance use disorder work. Counties received funding starting in June of 2022, and it has continued since then.

The BHRNs usher people into social services, rather than into the criminal justice system, to reduce risks of overdose and mortality related to incarceration. Holistic support includes screening and assessment, treatment and recovery services, and harm reduction services. Mentorship and supportive housing and employment services are also important pathways for long-term recovery. Outcome data is fairly limited with just five quarters, but shows increased client counts in virtually every service area. The change in the number of clients and encounters for various services from quarter 1 to quarter 5 shows significant increases, except for assessment encounters, which are typically only needed one time.

Outcomes Data Cont.

CHANGES IN THE NUMBER OF CLIENTS AND ENCOUNTERS (Q1-Q5)

Service Area	% Change in Clients	% Change in Encounters
Screening	346%	384%
Assessments	183%	2%
SUD Treatment	216%	258%
Peer Support Services	258%	134%
Harm Reduction	173%	70%
Housing Services	299%	1309%
Supported Employment	422%	245%

Table source: Measure 110 Data Dashboard

While the data show success getting people into service and expanding the continuum of care, the public discourse did not reflect this success, possibly due to unintended consequences such as an increase in public consumption and limited insight into drug supply trends resulting from limited search and seizure. Ms. Cisco projected this issue

beyond Oregon to the national level. There was also difficulty engaging public safety agencies in collaboration through the change from the carceral model to the treatment system of care. Finally, disparate infrastructure across counties from urban to rural areas impacted their ability to fund and implement systems of care.

In the 2024 legislative session, HB 4002 addressed multiple elements relating to criminal penalties for drug possession, behavioral health workforce, and drug treatment programs. Although it was summarized as essentially recriminalizing low-level possession of illicit substances, there are also safety provisions to encourage law enforcement agencies to divert or deflect people into social services, or drug court, in lieu of citation or arrest. Records are expunged after about 90 days, following program completion.

Ms. Cisco continues to work toward bringing public health and public safety together in an integrated system of care, with self-referral, naloxone applications, and treatment services. Counties may opt in to a grant program to support integrated work with public health and public safety.

Ms. Nadler asked about the repeal of the bill and increased overdose rates in 2021, stating that all kids who are suffering from substance use sell [drugs], and asking how to get them into rehab versus jail. Ms. Cisco referred back to HB 4002 as an omnibus bill to change community safety provisions, build up the behavioral health workforce, and continue to expand treatment access. It also recriminalized low-level personal possession of illicit substances. However, Ms. Cisco referenced a JAMA study published in December 2023 showing no correlation between drug decriminalization in Oregon, and the increase in overdose deaths. Rather this increase in overdose deaths also occurred in Washington, California, and Colorado, while east coast states have shown significant declines in fatal overdoses (see CDC 2023 provisional data). She reiterated the harm reduction approach with navigation to whatever services people are ready for. Ms. Nadler thought getting people into detox was great, but she reported seeing many kids who can't get detox.

Dr. Dickson asked about how they used cannabis tax money for service programs, while Nevada cannabis funds go mostly for education. Ms. Cisco deferred to Ms. Wheelock who clarified that the cannabis tax was already in ballot measure 110, approved by voters. Then the legislature shifted money earlier than anticipated. They thought the funding would be capped, and the projected income was lower than actual income. If more people stop using substances the funding may change.

Haven Wheelock, Harm Reduction Manager, OutsideIn, disclosed that she was a chief petitioner on measure 110 and works for an agency funded under measure 110. She was also a co-author on the JAMA paper referenced by Ms. Cisco. She has been working in harm reduction for almost 20 years, seeing how hard access has been in Oregon with few resources available. Putting people in jail has not been an effective strategy, but only increases the risk of fatal overdose due to changes in levels of tolerance and the unpredictability of street drugs. Measure 110 passed with a lot of support, which she doesn't think has diminished. The carrot approach seems to be more common, but people who oppose decriminalization want both carrot and stick approaches.

Getting the money out the door to service providers was a slower process than they would have liked, under the Oregon Health Authority. The year 2020 was a hard time for people in health departments with vaccine rollouts and moving money around for Covid relief. They could not have anticipated that in 2019 when the bill was written. Also, when Fentanyl moved to the west coast, people were intentionally consuming it versus avoidance when it was first available on the east coast. Every state saw an increase in overdose death related to Fentanyl over a three to five- year period. All of this combined led to a lot of pushback on measure 110.

Ms. Wheelock reiterated that measure 110 was not fully repealed because funding for services was preserved, although small possession was recriminalized. There was also the Boyd decision in Oregon that sometimes gets conflated with measure 110, which required more concrete evidence for law enforcement to intervene in drug selling and was later reversed when small amounts of drug possession were recriminalized.

Ms. Wheelock agrees that public use of drugs in Portland is problematic, but she doesn't think that putting people in jail is going to make that stop. They will continue to research this issue, and she noted that whereas heavy heroin users might use it four or five times a day, Fentanyl users take it 20 to 30 times a day, so they're more likely

to use it in public places. Getting people into housing, or care, or other places where they can use it could be helpful.

Ms. Nadler appreciated Ms. Wheelock's empathy and compassion, noting that she had lost a cousin a few months ago who got his Xanax on the street, but the autopsy showed it was Fentanyl. Tablets may have Fentanyl and kids go to a party and take a pill. She lost her 12-year-old cousin three years ago from it. How do you distinguish between a high-level dealer and a person who is suffering from substance use?

Ms. Wheelock said she was sorry for Ms. Nadler's tragic loss, but she didn't know how to distinguish between someone selling to support their habit and predatory sellers. It is not just people who are seeking Fentanyl who are dying from Fentanyl. However, the large majority of people who are dying from overdose in Oregon have a history of substance use disorder.

Ms. Wheelock added that the more potent drugs are, the more dangerous they are. She is an upstream thinker with a Master of Public Health degree, with a focus on overdose and addiction policy. So, she also looks at systems and working with people living with substance use disorders and addiction, with trauma, and she looks to primary prevention and doesn't think we're going to "treatment" our way out of this mess. We need to be thinking about supporting families and children and communities to be strong, resistant, resilient, and connected with tools to cope with the world. We know that people who experience trauma in childhood are more likely to live with addiction. She noted that primary prevention was not funded by measure 110 and related funding. Ms. Wheelock agreed to share her contact information with staff to pass on to Ms. Nadler.

David Baer, Public Information Officer – Central Neighborhood Response Team (NRT) Bike Squad provided an overview of the team with four bike officers who are a street level vice unit, four full-time NRT investigators who handle property crimes, and two supervisors. (Slides available on SURG website) Before Covid, the bike team focused on bike theft, public drinking, and breaking up fights in the park. During Covid, they had "some protest stuff going on in Portland." Then measure 110 went into effect just when Fentanyl was the predominant drug and was much more addictive and dangerous than black heroin or crystal meth.

For them the unregulated public use of drugs in downtown Portland when they were trying to recover from Covid was a problem. They were finding thousands of pills with oxycodone, fentanyl, and acetaminophen in them, but they had no investigative resources, so it was hard to prove drug trafficking or the intent to distribute. This changed crime in downtown Portland, which had become a kind of ghost town right after Covid, with a lot of closed restaurants and a reduction in foot traffic, and an increase in gun violence that was associated with the Fentanyl trade. A range of crimes from burglars to stolen vehicles had a nexus to Fentanyl sold in large open-air drug markets. They saw a clear line between local people selling drugs to basically use drugs for free or live a subsistence lifestyle, versus this influx of people who are part of organized drug trafficking enterprises, with armed dealers carrying huge amounts (5 ½ lbs. of Fentanyl in the middle of the day) and working in groups.

They could tell who the dealers were based on distinctive dress, but they were not able to search people. A new law classified possession of Fentanyl as a misdemeanor, but they saw a reduction in pills and now see compressed Fentanyl powder. Working with federal partners in the U.S. Attorney's Office they could leverage federal prosecution with significantly higher penalties for drug dealing.

At one time they had to handwrite tickets and issue treatment cards, advising people not to worry about court dates, but to call the number for treatment and they would pay for the ticket. They found that Fentanyl was so addictive that people couldn't sit through the phone screening for 30 minutes; they would start to go into withdrawals. It felt disingenuous to members of the Bike Squad because everyone knew it wasn't going to help. As overdoses went up, they started carrying five or six doses of Narcan in their pockets, getting additional supplies from homeless shelters. After giving Narcan to someone who they didn't think was going to make it, he survived only to smoke again 10 minutes later. With powdered Fentanyl, it was taking multiple hits of Narcan, plus paramedics with oxygen, to revive people.

Subsequently, they launched a Peer Police Pilot Project, which was funded to go full time in downtown Portland on July 24th. PIO Baer had suggested having ten outreach workers, such as peer support people, staff a response

hotline to come onsite within ten minutes, to make an immediate in-person connection and then provide follow-up support. This is in partnership with the Oregon State Police funding 10 state troopers to come out with the four Bike Squad members. Outreach is geared toward getting people talking about their needs for housing or other services, then connecting them with culturally and linguistically supportive personnel. Their rate for successful connection for same-day services is 46%. They reached 67 people in a six-hour period on the first day of the pilot. They are working with the Sheriff's Office in another county to support deflection efforts there. They are advocating for a 24/7 detox facility to extend beyond the current limits of day shelters. PIO Baer provided his contact information and a general tip line.

Ms. Nadler thanked PIO Baer saying she really loves the pilot program. She asked if they were dressed in uniform, and whether they were part of the police department. He confirmed wearing full uniform every day, clearly identified as a Portland Police Officer. He further responded to Ms. Nadler explaining that most of their interactions start with advising people they are being recorded and asking them for identification, then running a background check. If it's clear, they provide contact information for support and wait for treatment folks to show up. Most people are not fearful because they have had several years under measure 110; it's quite different from bike units under Las Vegas Metro, where one of their officers worked previously. They don't currently have a detox facility where they can take people, so they rely on peer support services for referral to available shelter beds and system navigation.

Ms. Johnson thanked all the presenters and asked for confirmation that there were only 18 months of implementation for this legislation, and clarification of the implementation process including barriers and facilitators. Ms. Wheelock distinguished between the decriminalization of [low level] drug possession being implemented early, and the beginning of service provision that required pushing money out, to the recent vote to repeal, that was the 18-month mark. However, people have not been going to jail for possession since February of 2021. Ms. Cisco added that massive systems change takes a really long time – a decade, minimum, to switch from a carceral system of care to a treatment system of care. They need to build the infrastructure with treatment facilities where people can go.

Acting Chair Shell thanked all the presenters, noting the tremendous work they are doing in Oregon, and called for a break at 3:22. The meeting was called back to order at 3:33 p.m.

7. Nevada Opioid Treatment Association (NOTA)

Steven Hammonds, LMSW, CSW-Intern, LADC, Nevada Opioid Treatment Association (NOTA) appreciated the deep and thoughtful work of the SURG and also thanked the Social Entrepreneurs team. He took note of the need for grief counseling for bereaved family members and appreciated Mr. Mandel raising concern about the need for more treatment resources.

Mr. Hammonds reviewed his slides (available on SURG website). NOTA is an association with 12 facilities including both for profit and non-profit entities with varied funding and operational models, aligning clinical activities with some of the SURG 2023 Recommendations. Eight of their facilities are in southern Nevada, including where Dr. Dickson works, and four are in northern Nevada. A variety of withdrawal management medications are offered along with harm reduction services, supporting patients' daily responsibilities with work and family. The Patient Journey of Care includes intake with a toxicology screening, a treatment plan to reduce withdrawal symptoms and teach skills for relapse prevention, a recovery journey with daily medication, and maintenance with ongoing support.

Significant issues are driven by insufficient payment rates unchanged since 1980, with limited clinic hours and unstable staffing. The reimbursement rates for peer support specialists are also very low and need to be reassessed. Field practicum students from UNR conduct various surveys, finding multiple barriers, including transportation and lack of services, particularly in rural areas. Collaboration with other organizations helps support special populations experiencing poverty and/or homelessness, support for pregnant persons and families, support for IV drug users, veterans, elderly persons, persons who are incarcerated or recently discharged, and persons with co-occurring mental health disorders.

They provide multiple medications, contingency management, counseling, psychiatric and behavioral healthcare, case management, and peer recovery support services. Gaps include insufficient Medicaid reimbursement for medications, and for staff compensation. Recommendations include to increase reimbursement rates, pair outpatient treatment providers (OTP) with other forms of harm reduction and treatment, inclusion of peer recovery support specialists (PRSS) under Medicaid, create service "bundles" for OTP billing, and increase access to rural communities.

Mr. Hammonds encouraged SURG members to tour their facilities to see what they do and offered to answer their questions. He clarified for Ms. Nadler that they do Level 1 Outpatient Opioid Treatment as part of the hub and spoke model, integrating with other resources for inpatient services. It's difficult to know how long clinical services are indicated depending on how long patients have used drugs and what type of drugs. Some may be on methadone or buprenorphine for the rest of their lives while being productive members of society. They work with individuals to stabilize their dose and then to titrate, using things like blind dosing, going down to just one milligram at a time over three to six months. They do accept Medicaid and offer a sliding fee scale, as well as accepting private insurance. He noted the difficulty of getting detox services in Las Vegas where people may get kicked out of some facilities with no follow up. Different facilities have different intake days and procedures, so calling in advance is advised. Treatment facilities are listed on the slides and members can also reach out to Mr. Hammonds via email for more details.

Ms. Johnson asked about how to increase low-barrier access to treatment care despite extensive intake requirements, versus models like Seattle's buprenorphine hotline for expedited access. Mr. Hammonds cited regulatory requirements under SAMHSA, even for patients that aren't feeling well. They work to reduce any redundancies in the process and sometimes they split up some of the administrative paperwork to a subsequent follow-up day within seven days of the initial intake. They work to develop "no wrong door" policies, such as required under the National Health Service Corps, which some of their facilities engage. They also have a sliding fee scale and offer transportation support or hotline support in some cases. Memorandums of understanding with other organizations as part of the hub and spoke model facilitate access to care.

Acting Chair Shell thanked Mr. Hammonds for his presentation.

8. Update on Opioid Litigation, Settlement Funds, and Distribution

Mark Krueger, Chief Deputy Attorney General, Office of the Attorney General provided an update on the Purdue Pharma supreme court reversal of the bankruptcy confirmation. This allows for a period of 60 days for mediation for the parties to come to a resolution among themselves, which could provide some relief. The settlement monies that were promised through Purdue would have resulted in billions of dollars paid to all the states, but now, that will not go to services and programs during this time. They hope to get at least the minimum of what was projected the first time. Nevada and other states are actively involved with the mediators, but the process is confidential until the mediation is over.

Ms. Johnson asked for an update on the dashboard being developed in coordination with Dawn Yohey's team (Department of Health and Human Services). Chief Krueger reported communications with Ms. Yohey and being very close to getting a dashboard out. They are a little behind because of the move of the Attorney General's Office, but Ms. Yohey's team is moving forward to have it online in the near future.

Acting Chair Shell thanked Chief Krueger for his update.

9. Subcommittee Reports

Jessica Johnson, Chair, Prevention Subcommittee, reported meeting in March to determine a focus on refining previous recommendations from 2023 rather than generating new recommendations. The May meeting was rescheduled due to a lack of quorum, and then in June, they had two fantastic data presentations: one from Dr. Taylor Lynch on statewide data, and another from Brandon Delise on data from Southern Nevada. She encouraged members to check out the data dashboards that were referenced earlier for more detail on demographics, prevention information, and data gaps. There is also some data on naloxone administration from a program in southern Nevada. Two meetings are scheduled for August to focus on community health workers, and then harm reduction; other SURG members are invited to attend to lend subject matter expertise. In September, they

anticipate fewer presentations and a greater focus on full discussion and approval of recommendations to bring forward to the October SURG meeting, going back to the subcommittee for refinements in November.

Subcommittee Chair Shell provided highlights for the Treatment and Recovery Subcommittee, including doing a level set for expectations at their March meeting, agreeing to workshop some previous presentations on alternative medicine and safe conception sites. In May, they reviewed the 2023 On Point, New York City presentation and related information from Senator Orentlicher's AB345. They also reviewed recommendations received to date, including one from Dorothy Edwards for making Narcan available on all NSHE campuses. Chelsea Cheatom submitted a recommendation for access to trauma care and providing training for health care professionals. Chair Shell also submitted a recommendation related to employment guidelines for peer recovery support specialists in hospital settings, who have felony backgrounds. Dr. Kelly Morgan with the Nevada Bridge Association presented on hospital implementations at their June meeting. Dr. Lisa Dara, co-founder and Medical Director of the Las Vegas Integrative Medicine clinic presented on how acupuncture can help recovery and prevent substance abuse, as referred by Assemblywoman Thomas. Additional presentations may be given in September with follow-up discussion for approval of previous recommendations to bring to the full SURG in October.

Ms. Johnson asked about the recommendation related to the barriers for PRSS because outreach programs to jails in southern Nevada have similar barriers even for phone-based meetings to engage clients, which may align with the work of the Treatment and Recovery Subcommittee. Chair Shell thanked Ms. Johnson for her input for consideration at their next meeting.

Shayla Holmes, Vice Chair, Response Subcommittee, reported meeting in March with a similar focus on reviewing their charge and discussing previous recommendations, as well as new recommendations moving forward. In May they had a presentation on organ donation relative to the narcotic epidemic presented by Angela Borrer with the Nevada Donor Network. In June, presentations included building consensus and defining recidivism and state law from Dr. Katie Snyder, Justice Research, who works with FASTT and MOST programs, and from Cheryl Morrow, Nevada Rural Hospital Partnership. Another presentation came from Morgan Green, Center for the Application of Substance Abuse Technologies (CASAT). In August, presentations are planned for wastewater treatment surveillance of high-risk substances in Nevada, Mobile Overdose Response in Nevada Crisis Response System, and Virginia's framework for addiction analysis and community transformation. September's meeting will include a presentation on the Clark County Opioid Task Force, then discussion and approval of draft recommendations to forward to the October SURG meeting. Currently, they have two recommendations: one includes a bill draft request (BDR) to define recidivism in the Nevada Revised Statutes (NRS). Another is to research implementation of a statewide data sharing agreement 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. Following the October SURG meeting, they will refine recommendations in November.

10. SURG Tracker for Selected Items Under the Joint Interim Standing Committee on Health and Human Services

Laura Hale, Social Entrepreneurs, Inc. (SEI), reviewed the Tracker (available on the SURG website.) highlighting items from the May and June meetings of the Committee, including SURG recommendations, and specifically those items related to funding or overlap with SURG presentations and recommendations. Members can link to specific agenda items through the committee webpage at the following link:

https://www.leg.state.nv.us/App/InterimCommittee/REL/Interim2023/Committee/1984/Meetings

Ms. Johnson gave a huge thank you to Dr. Kerns and others who have presented SURG recommendations to many subcommittees to get a wide acknowledgement across the state. Dr. Kerns noted that some policy boards are looking at the SURG recommendations, specifically on community health workers and peer support specialists, so members should feel good that they are being heard.

11. Review and Consider Items for Next Meeting

Dr. Kerns thanked members of the committee and the public for their stamina through this longer meeting to accommodate all the presentations. She reviewed potential agenda items for the October 2024, meeting of the SURG, including those listed on the slides:

- Subcommittee report out from August and September meetings
  - SURG expansion, for which a bill draft request would be required
    - This could come from the Attorney General's Office or elsewhere
- Initial ranking of draft recommendations
- Update on Opioid Litigation, Settlement Funds, and Distribution
- Updates from the Advisory Committee for Resilient Nevada, the Fund for Resilient Nevada, and SUPTRS (Substance Use Prevention, Treatment, and Recovery Services) data

12. Public Comment

Mr. Mandell commented on the great meeting, with special thanks to the Oregon drug decriminalization presenters. He said that we're doing great in this state with the way we handle it. He thought this was probably not a common misconception, but we're the opposite of decriminalization here, at least in Las Vegas and Clark County where any type of possession is a felony, if it's not marijuana. That includes cocaine, Fentanyl, heroin, etc. Just today he got five different calls, two from law enforcement parole and probation. A lot of people aren't getting thrown into jail for drug possession; those are trafficking possessions. Most of the possessions and stuff they do get referred to something like me [his organization] for treatment. They got probably five people into treatment over the course of the day today: two from law enforcement agencies. So, he thinks we're doing a great job. We've got great drug court programs here, and the LIMA (Law Enforcement Intervention for Mental Health and Addiction) program and the Metro homeless outreach team that he works hand in hand with every day. We've always got a lot to improve.

He provided his phone number to Ms. Nadler noting several ways to get guys in treatment and he encouraged members to think about it not being due to a lack of physical beds in the county, but due to the budget [challenges to accessing treatment]. It becomes a class thing with commercial insurance and private companies and Medicaid. They need higher reimbursement rates to pay healthcare professionals decent wages and treat patients properly. Medicaid rates are maybe not even half [what is needed] to support opening up those beds. The gap is for treatment with the inpatient model. Medicaid rates are just too low and reliance on county beds is limited. He knows there are a lot of brilliant people here; hopefully, we can figure it out and get ahead of that. If people want to take a tour of how a private company does it, they have done it very successfully for the last 12 years, and he encourages all to reach out to him.

13. Adjournment

Acting Chair Shell also thanked members for hanging in there and adjourned the meeting at 4:41 p.m.

Chat Record

01:01:07 Asm Claire Thomas: Thank you Kelly
01:07:03 Christine Payson: Im present on computer but need to call in for audio
01:12:32 Emma Rodriguez (she/her): try pressing *6 to unmute
01:23:30 Erik Schoen: So sorry. Need to step away for just a few minutes. I'll let you know when I return.
01:24:18 Christine Payson: FYI I was able to get in my laptop, and should be able to unmute when necessary
01:30:09 Erik Schoen: I'm back.
01:40:08 Emma Rodriguez (she/her): Here is the full slide deck for today, which is also posted on the SURG website: https://ag.nv.gov/About/Administration/Substance_Use_Response_Working_Group_(SURG)/
02:05:34 Terry Kerns: n.bladis@dhhs.nv.gov
02:34:13 Haven Wheelock: I can help with this question if you want me to
02:56:08 Haven Wheelock: Havenw@outsidein.org 503-535-3826
03:22:38 Haven Wheelock: Thank you all so much Everyone
03:22:49 Isabelle Cisco: Thank you, everyone!
03:23:09 Emma Rodriguez (she/her): We will reconvene at 3:32