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Statewide Substance Use Response Working Group Meeting

January 19, 2022



1. Call to Order and Roll Call to Establish Quorum



2. Public Comment

(Discussion only.)



Public Comment

- Public comment shall be limited to three (3) minutes per person. We will begin with comments from Las Vegas and then invite comments from Carson City, followed by online participants.

In Person

- Please form a line.
- Before commenting, please state your full name for the record.



Public Comment Cont.

Attending Online

- Please use the “raise hand” feature to indicate you would like to provide public comment so the host can prompt you to unmute.
- If you are dialing in from a telephone and would like to provide public comment, please press *9 so the host can prompt you to unmute.
- Before commenting, please state your full name for the record.
- *Comments can also be emailed to lhale@socialent.com. These comments and questions will be recorded in meeting minutes.



3. Review and Approve Minutes for November 16, 2021 SURG Meeting

(For Possible Action.)



4. Annual Report on the Use of State and Local Money to Address Substance Misuse and Substance Use Disorders

(For Possible Action.)

5. Review Initial Findings and Provide Feedback for the Statewide Needs Assessment for the Advisory Committee for Resilient Nevada

(For Possible Action.)

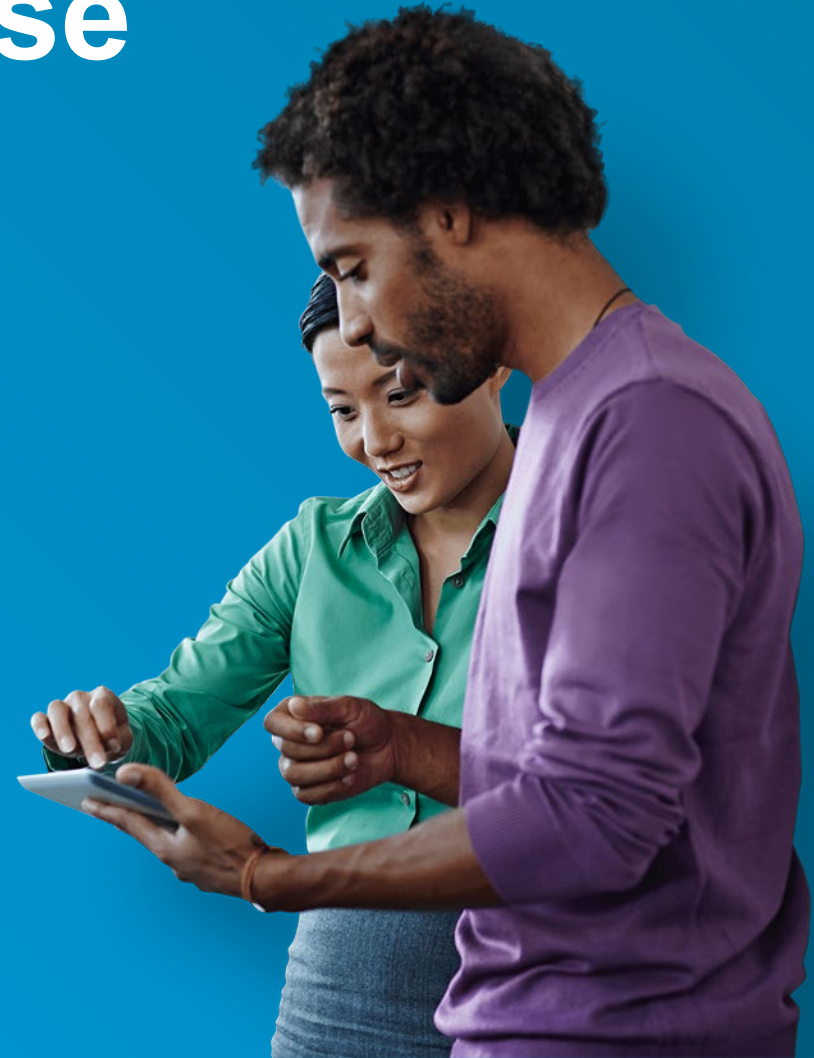
Statewide Substance Use Working Group (SURG)

Needs Assessment

Mercer Government
Ready for next. Together.

State of Nevada
January 19, 2022
Dr. Courtney Cantrell, PhD
Jordan Bublik, MS
Kathy Nichols, LCSW

A business of Marsh McLennan

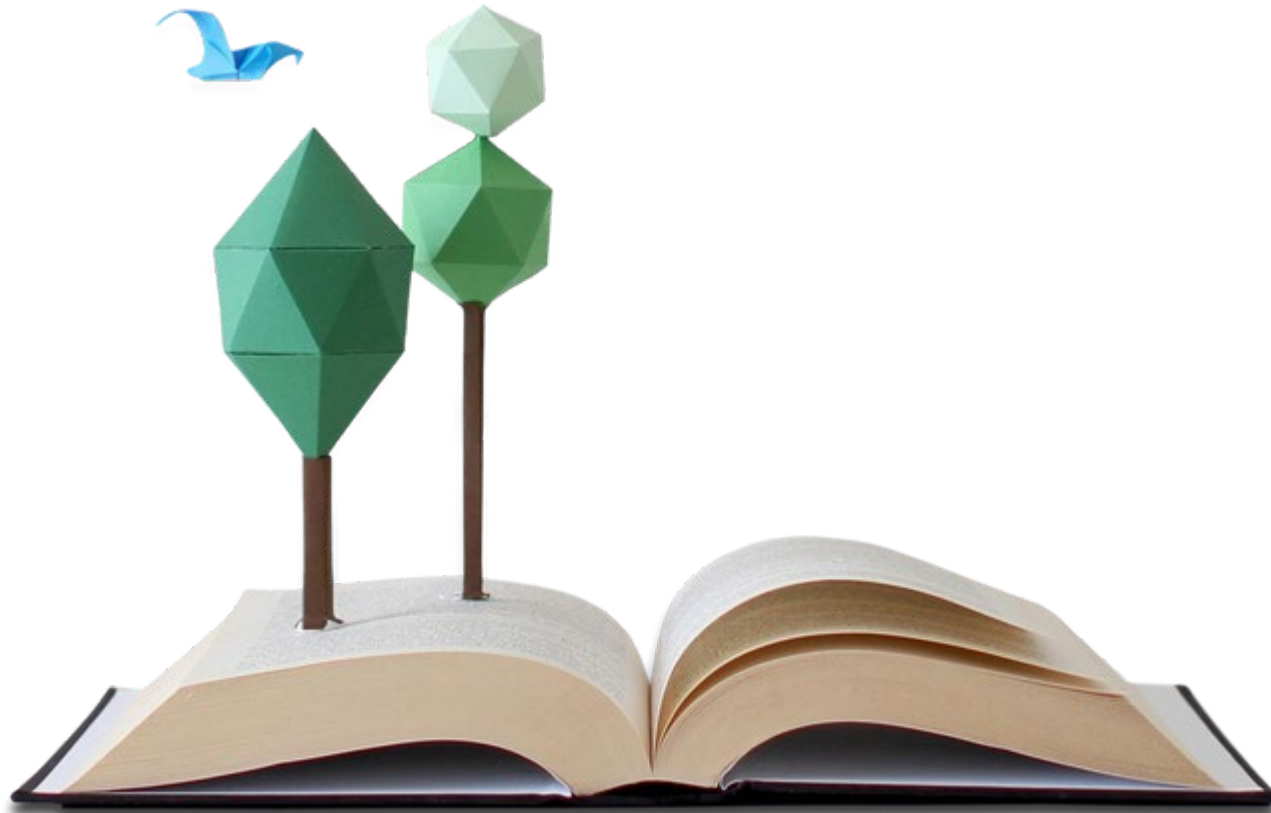


01	Background and Methodology
02	Opioid Impact
03	Risk Factors
04	Polysubstance, Co-Occurring Conditions, Suicide Impact
05	Current and Potential Resources/Programs
06	Next Steps, Future Directions, & Questions



Agenda

Background and Methodology



Nevada's Substance Use History

Significant Events and Efforts

2011–2015 Overdoses on the Rise

- Nevada reaches second highest prescribing rates of Hydrocodone/Oxycodone

2016 – Statewide Opioid Response

- Statewide Opioid Conference is held
- Legislation developed to curb prescribing (AB474)
- Influx of federal funding for response efforts

2017 – Continued Response

- Implemented DEA HIDTA's ODMAP

2018 – Meth and Fentanyl

- Use of meth and fentanyl rapidly increases

2019 – Polysubstance Climbs

- ODs due to opioids with stimulants begin to increase

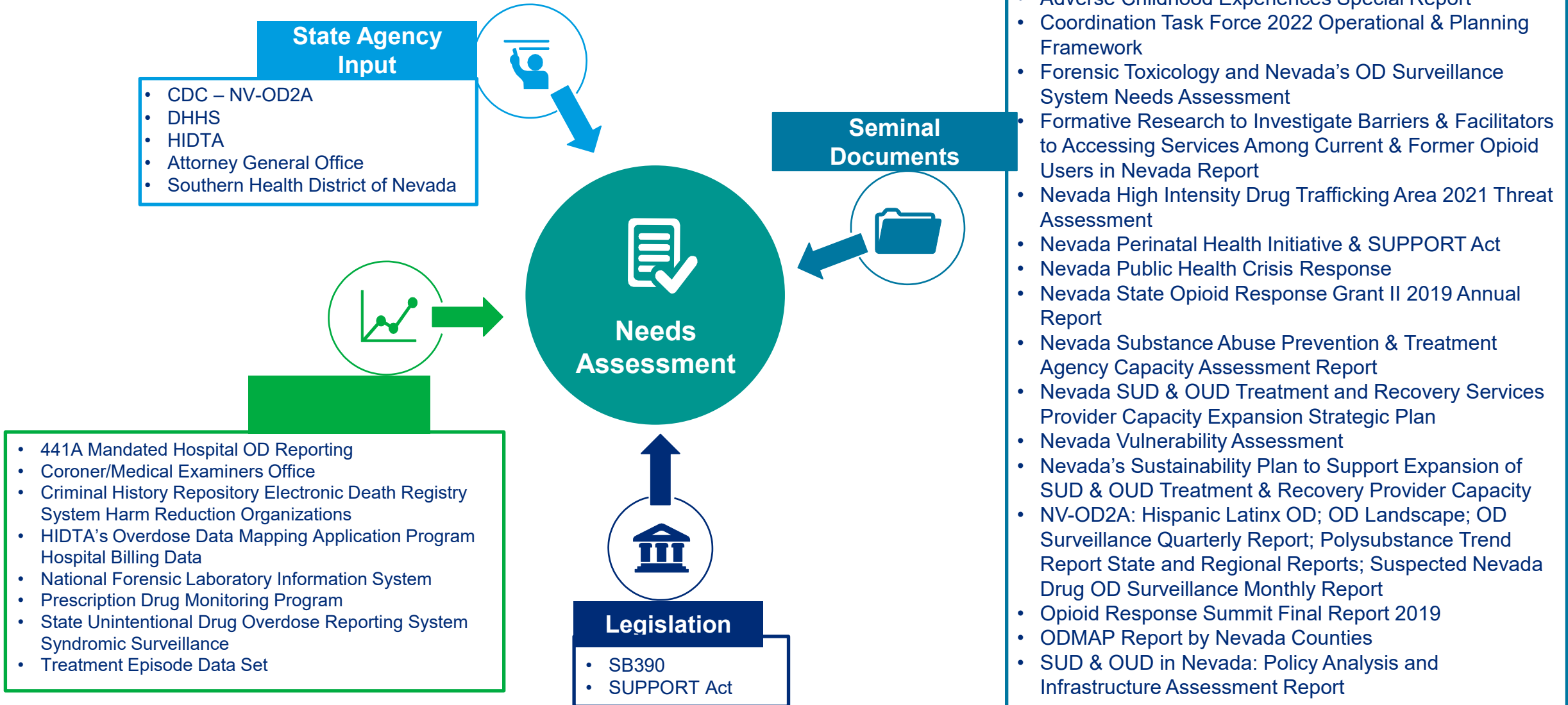
2020 – COVID-19 Complications

- Sharp increase in polysubstance ODs
- Increase in illicit pill consumption

Now

Needs Assessment

Inputs



Opioid Impact



2

Opioid Impact Pt. 2

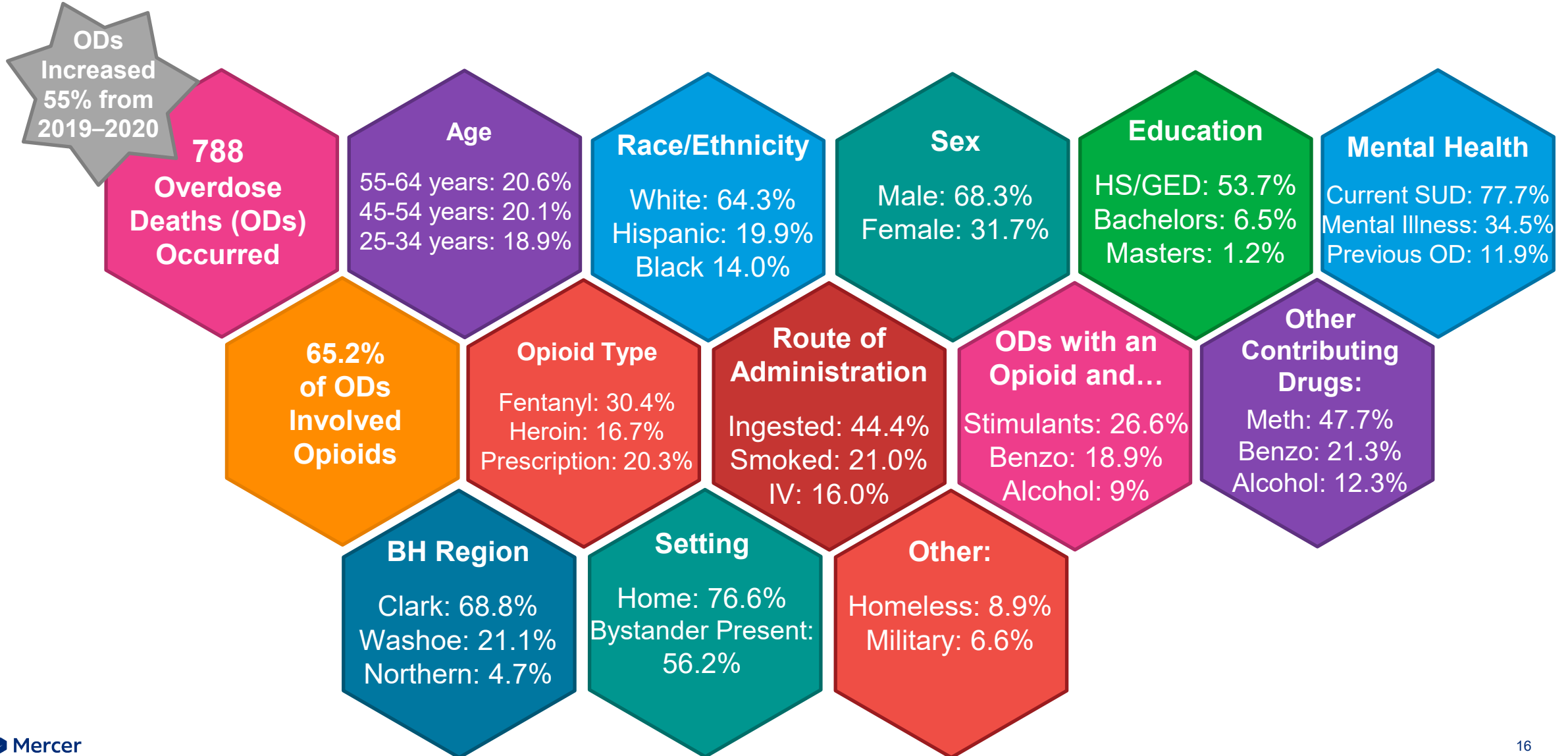
Statewide Statistics

- Nevada ranks nationwide:
 - Twenty-eighth in opioid overdose (OD) deaths (2019)
 - Twentieth in Opioid prescribing (2020)
- From 2019–2020:
 - Opioid-related OD deaths increased by 76%
 - Use of fentanyl increased by 227%
 - Opioid-related emergency department encounters increased by 26%
- Self-Reported use of heroin and other opioids among pregnant women has quadrupled since 2004
- Neonatal opioid exposure has more than doubled since 2010



Opioid Impact Pt. 3

Statewide Statistics – 2020 OD Deaths



Opioid Impact Pt. 4

Region and Counties

Regions

Northern Nevada (2019–2020)

- Accidental/undetermined intent drug overdoses reported **391**
- **61%** of overdose deaths had opioids listed in the cause of death
- **20%** overdose deaths had an opioid and stimulant present
- Overdose deaths due to fentanyl increased by **164%**

Southern Nevada (2019–2020)

- Accidental/undetermined intent drug overdoses reported **907**
— **68% increase**
- **66%** of overdose deaths had opioids listed in the cause of death
- Overdose deaths due to fentanyl increased by **257%**
- Overdose deaths due to benzodiazepines increased by **146%**

Counties

Top Five Counties with Highest number of suspected OD (2021)

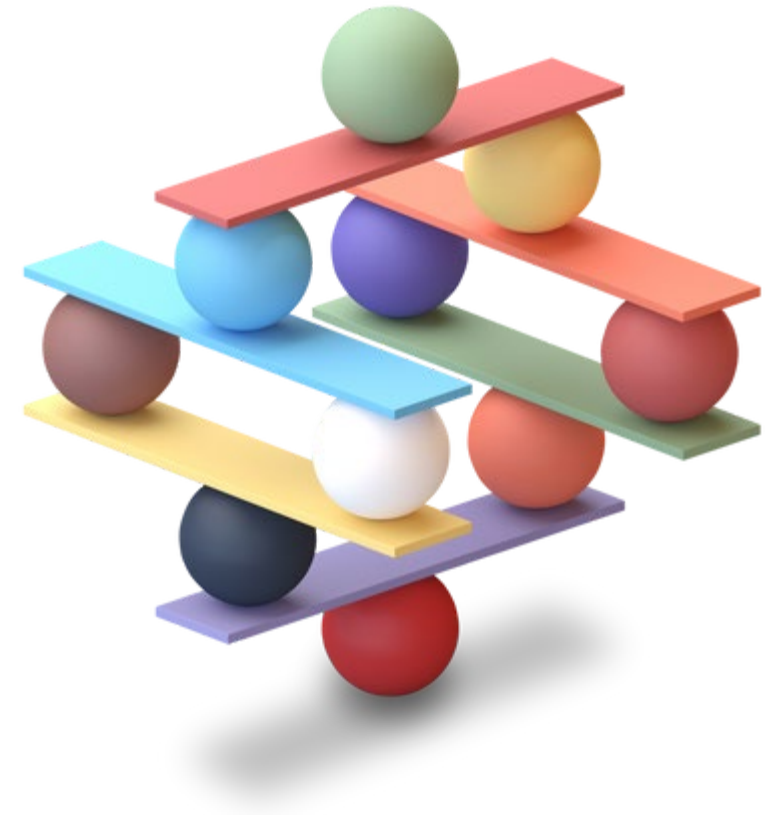
- | | |
|-----------|------------|
| 1. Clark | 4. Douglas |
| 2. Washoe | 5. Elko |
| 3. Nye | |

Top Five Counties with Highest rate of Opioid-related OD deaths

- | | |
|--------------|----------------|
| 1. Churchill | 4. Lincoln |
| 2. Lyon | 5. Carson City |
| 3. Humboldt | |

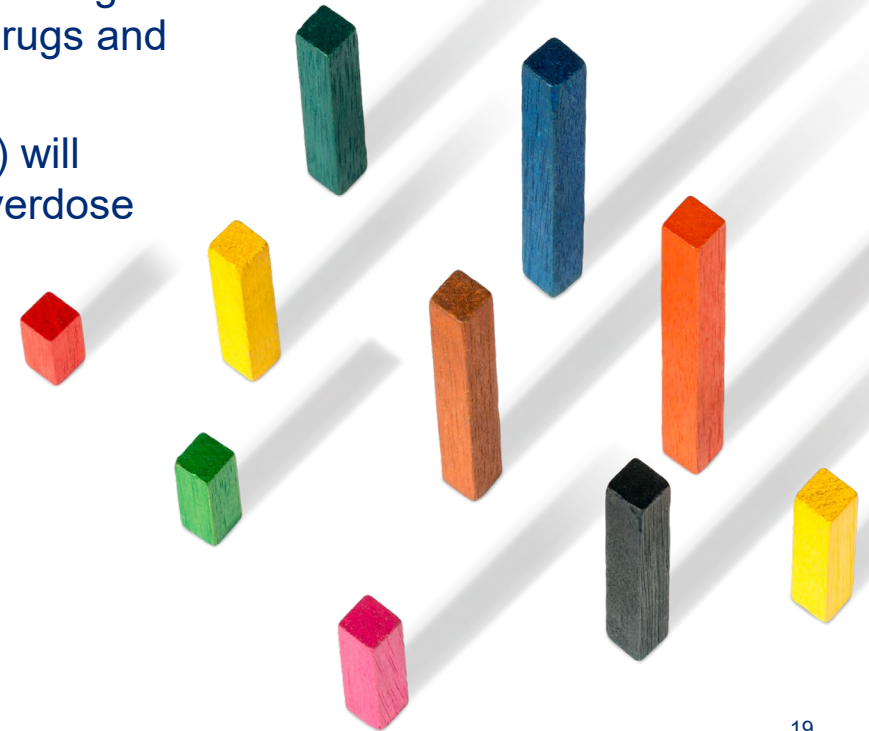
Health Equity

- **In Nevada**
 - Nearly 9% of the population under age 65 have disabilities
 - Over 12% live in poverty
 - 11% of residents are uninsured
 - 48% of the population is minority
 - Over 30% speak a language other than English at home
- Nevada has the largest percentage of uninsured unauthorized immigrants in the region
- Nevada has 27 federally-recognized tribes
 - 97% of Nevada's tribal nations are rural
 - 1.1% of the State's population is American Indian Alaskan Native (AIAN)
 - 30% of Nevada's AIAN lives in poverty
- Nevada has only 11 SUD providers per 1,000 adults with addictions compared to the national average of 32 per 1,000.
- Hispanics face higher rates of overdose deaths
 - Overdose deaths of Hispanics increased by 120% from 2019–2020



Opioid Availability

- Nevada is a target rich environment for drug trafficking and money laundering to include major transportation highways, shared borders with major drug trafficking areas like California and Arizona, tourism, gaming, manufacturing, etc.
- Initially, the pandemic slowed the pace of drug trafficking into the United States; however, the threat of illicit drugs — including the rates of overdoses — persisted as traffickers adapted and drug compositions like fentanyl became more potent. Additionally, during the lockdown, drug dealers were able to turn to the Dark Net to sell and purchase drugs and other illicit commodities.
- Nevada HIDTA assesses with high confidence that opiates (fentanyl and heroin) will continue to be a high drug threat to its AOR with a 196% increase in fentanyl overdose deaths between 2019 and 2020, surpassing heroin as a top drug threat.



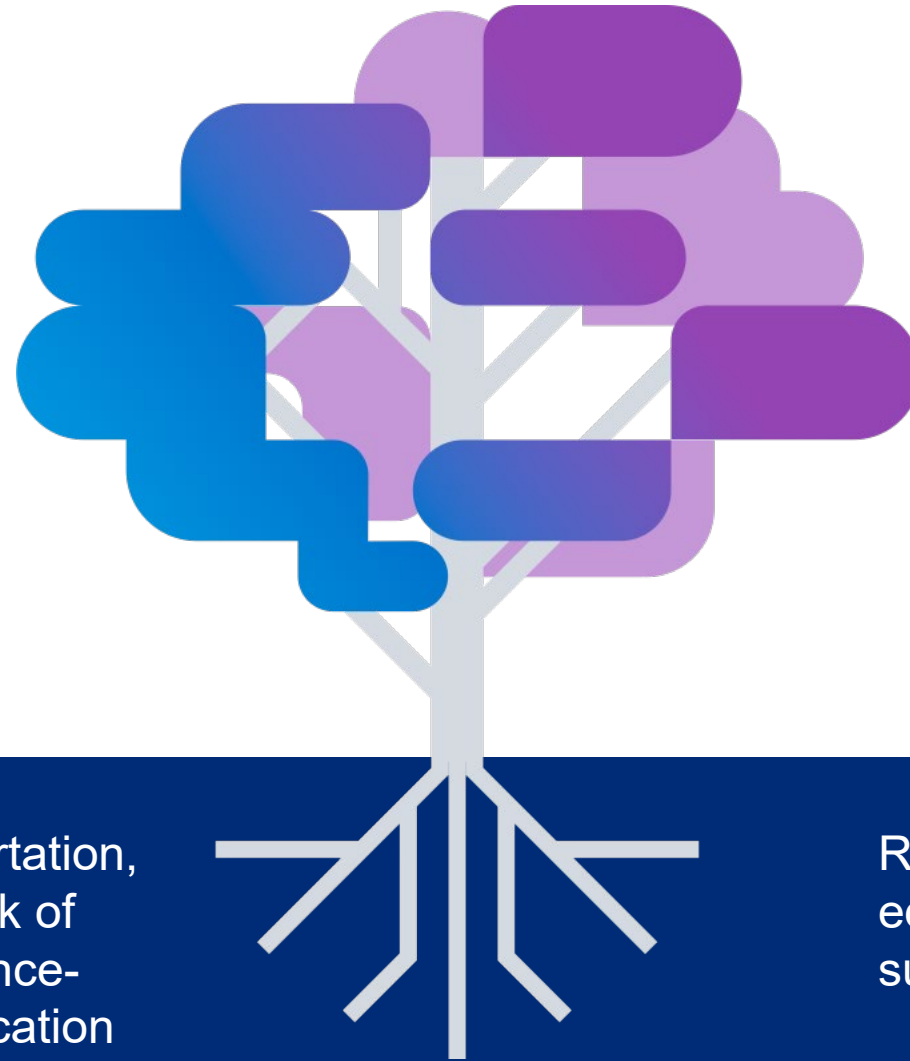
Risk Factors



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System-Level Risk Factors

Prevention Programming
(lack of unified, statewide prevention programming with established outcomes measurement, drug education and school-based interventions)



Harm Reduction
(needle exchanges statewide)

Access to Treatment (transportation, housing, lack of providers, lack of referrals, lack of quality evidence-based treatment, stigma, education regarding treatment option, data to monitor quality, access and capacity)

Recovery Support (parent education, employment support, housing)

Individual-Level Risk Factors



- Behavioral health issues
- Low-income
- Minority populations
- Homelessness
- Veterans
- Individuals with I/DD
- Individuals with chronic diseases
- Youth
- Trauma/accidents
- Victims of domestic abuse/sex trafficking
- Lack of vocational opportunities
- Chronic pain
- Criminal justice involvement, especially release from prison or jail
- ACEs and child welfare
- Lack of educational opportunity
- Chronic pain disease
- Health care not well-coordinated

Nevada Vulnerability Assessment

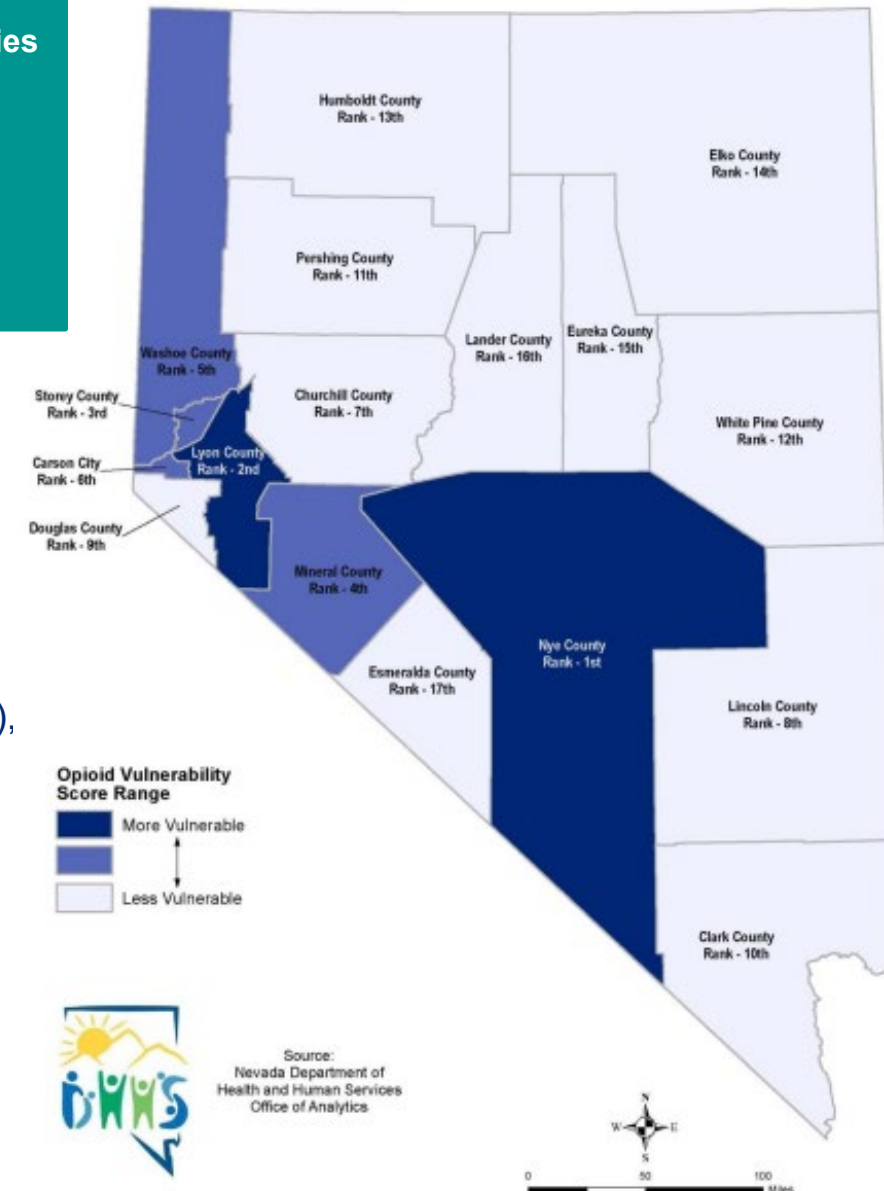
Assessment Criteria

- Socioeconomic Indicators
 - Per capita annual income
 - Percentage of:
 - Population who live below the poverty level
 - Noninstitutionalized population who are uninsured
 - Households with no access to a vehicle
 - Population who are ages 25 and greater without a high school diploma
 - Unemployment rate of persons ages 16 years and greater
- Infectious Disease Indicators
 - Count of new HIV cases, HIV incidence and prevalence rates
 - Rate of HIV incidence through IDU transmission, sexually transmitted infections (STI), acute hepatitis B, and hepatitis C virus
- Drug Use Indicators
 - ED visit rate: opioid, methadone, methamphetamine, and heroin-related visits
 - Inpatient admission rate: opioid, methadone, methamphetamine, and heroin-related admissions
 - Opioid prescription rate: prescriptions greater than 90 MME rate
 - Mortality rate: methamphetamine and heroin-related deaths

Top 6 Most Vulnerable Counties

1. Nye
2. Lyon
3. Storey
4. Mineral
5. Washoe
6. Carson City

Opioid Vulnerability by County Ranked More to Less Vulnerable



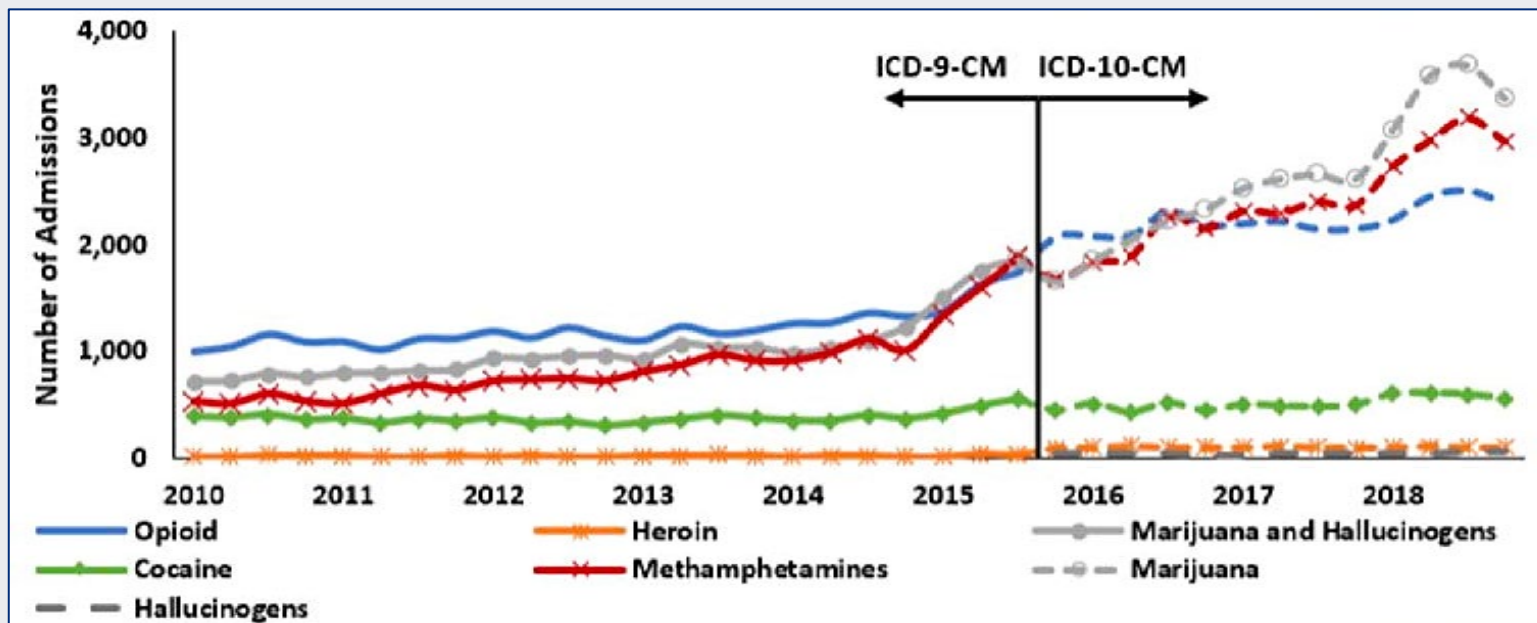
Polysubstance, Co-Occurring Disorders, Suicide Impact



4

Polysubstance Use

- Approximately 400,000 need, but do not receive treatment for SUD. Nevada's most pressing need is to increase the number of treatment services available to residents across the State
- OD deaths for heroin and methamphetamine use increased in Clark (29%) and Washoe (89%) counties (2015–2018)
- In 2020, 26.6% of overdoses deaths were due to a combination of opioids and stimulants



Co-Occurring Conditions

Behavioral and Physical Health

Behavioral Health

- Mental Illness
 - 34.5% individuals had a fatal OD had a mental health problem prior to OD deaths in 2020
 - Approximately 75% of mentally ill criminal offenders had a co-occurring SUD in 2018
- Suicide
 - 9.9% of individuals had a fatal OD had a history of suicidal thoughts, plans, or attempts prior to ODs in 2020
 - Nevada ranked sixth on the CDC's list of suicide mortalities among United States in 2018
 - Nevada's teen suicide rate among 15–19 year olds is 13.5 per 100,000 people in 2018
 - Nevada's military veterans' rate of suicide is 47 for every 100,000 people in 2018

Physical Health

- Sexually transmitted infections (chlamydia, gonorrhea, syphilis)
- HIV/AIDS
- Hepatitis A, B, C
 - Reported in 2018: 77 acute new cases of hepatitis A and 85 acute new cases of hepatitis C
- Increased risk of developing COVID-19, bacterial, viral, and fungal infections

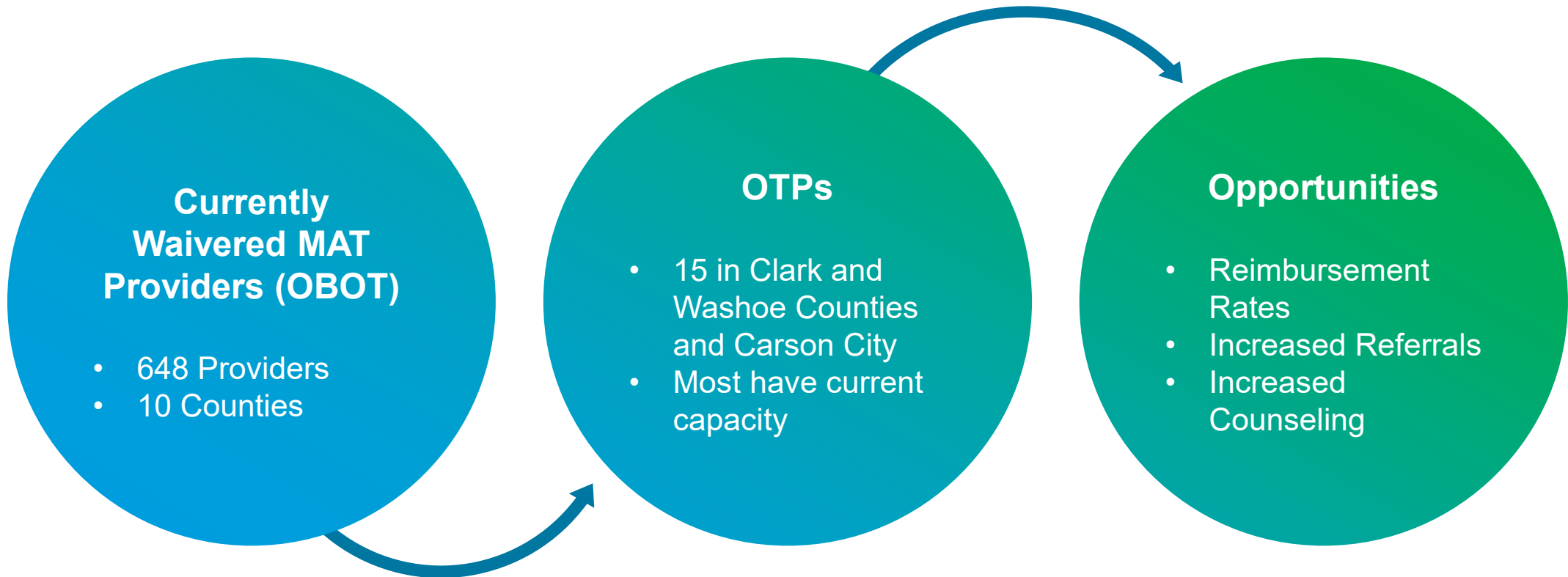
Current and Potential Resources/Programs



5

Medication Assisted Treatment

OBOTs and OTPs



Housing and Employment

Housing and Employment		
Working with Oxford House and the National Alliance for Recovery Residences	SOR funding supporting 128 clients in housing and 44 in obtaining employment	Opportunities include developing recovery housing certification and building more infrastructure

Criminal Justice

SOR Funds

Las Vegas 8th Judicial MAT Re-Entry Court enrolling individuals with a stimulant disorder as of March 2021



Misdemeanor Treatment Court using SOR funds to link individuals with OUD and/or stimulant use into treatment services, housing, and wraparound services

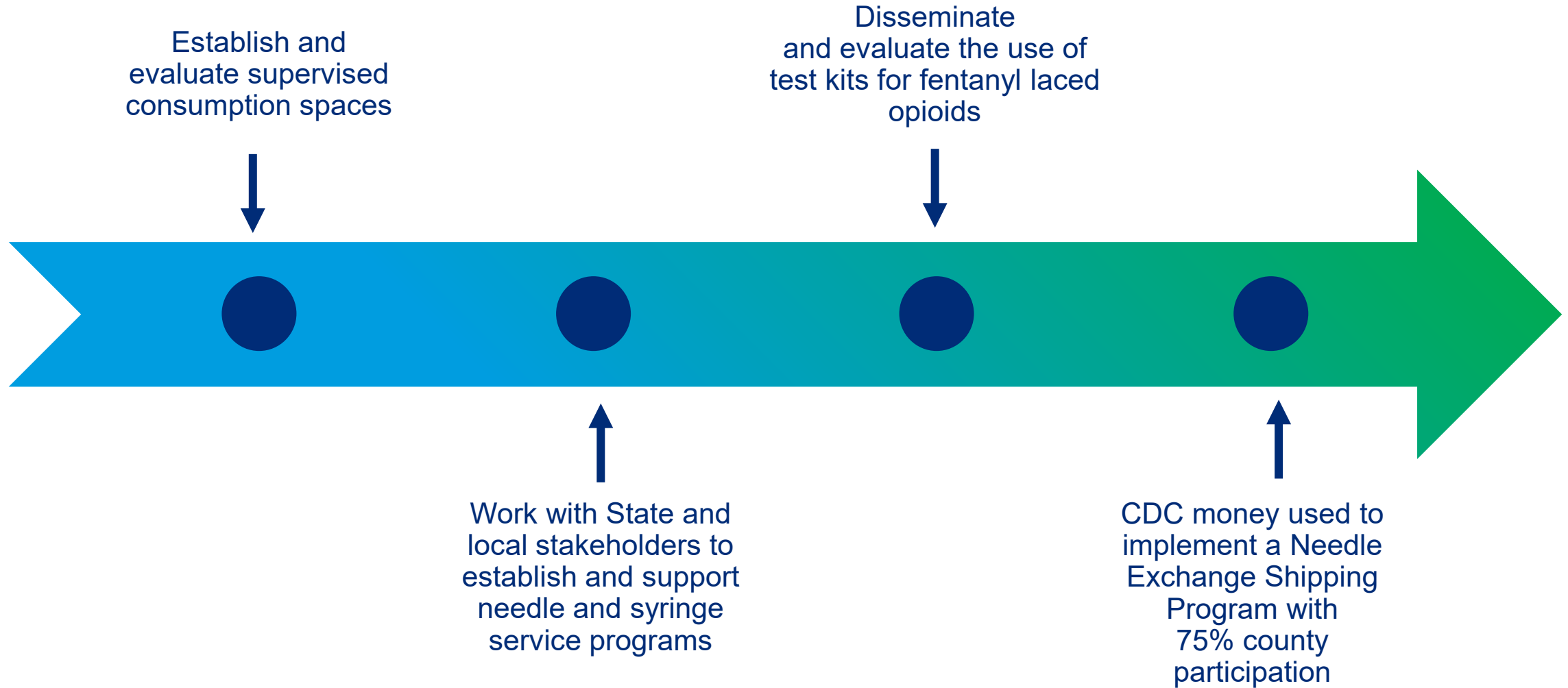
Naloxone

3300 Naloxone kits were distributed to 72 law enforcement agencies in 2018-2019

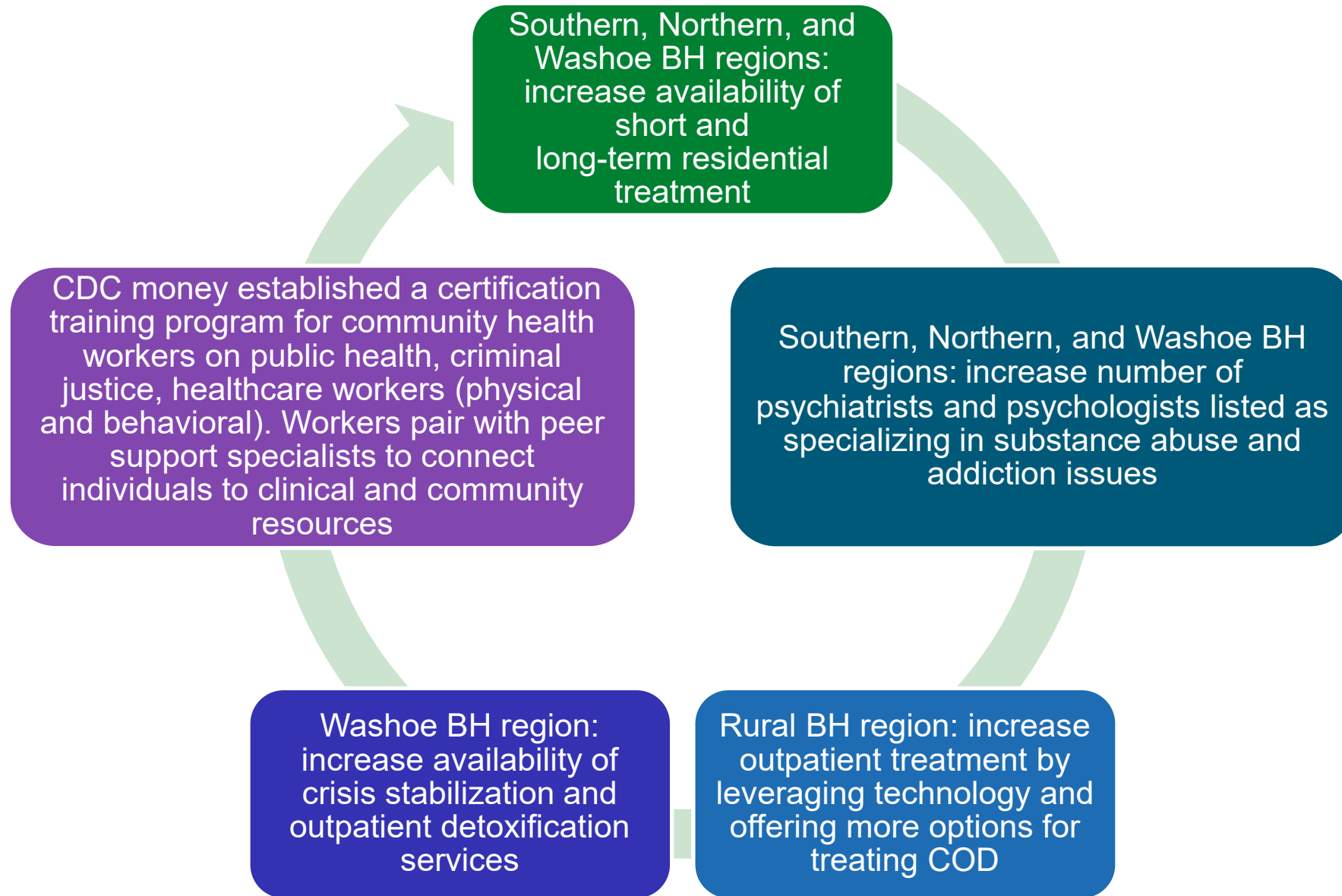


Naloxone distribution upon jail release in Washoe and Mineral counties

Harm Reduction



Workforce Shortages



Prevention and Recovery

Prevention

- Expand prescription drug disposal locations and initiate events in communities that do not have them
- Increase substance use and suicide prevention programming in schools
- Increase the number of affordable housing units available via housing vouchers
- Increase naloxone education and availability for minorities

Recovery

- Increase the availability of transportation vouchers and services for people seeking treatment
- Increase the amount of housing and tenancy supports available
- Reduce stigma by updating human resources and benefits language, include evidence about the effectiveness of treatment for opioid use disorders, avoid stigmatizing language and discuss effectiveness of treatment in public communications, educate health care providers about benefits of destigmatizing language

Local Interventions



Mobile Outreach Safety Teams (MOST)

- BH provider with a law enforcement officer to visit adults in the community at risk of incarceration or hospitalization due to BH or SUD issues to connect them with community interventions before a crisis

Forensic Assessment Services Triage Teams (FAST)

- Multidisciplinary teams and collaboration between clinicians and law enforcement to screen inmates for behavioral health concerns and develop a release plan

Parenting as a Path to Recovery

Neonatal Programming



John's Hopkins Bloomberg School of Public Health – 2017

- Optimizing the Prescription Drug Monitoring Program
- Standardizing Clinical Guidelines
- Engaging Pharmacy Benefit Managers and Pharmacies
- Implementing Innovative Engineering Strategies
- Engaging Patients and General Public
- Improving Surveillance
- Treating Opioid-Use Disorders
- Improving Naloxone Access and use
- Expanding Harm Reduction Strategies
- Combating Stigma



Next Steps/Future Directions



Continued Data Collection and Review

Additional Data Sources

- Medicaid Programming and Outcomes
- Tribal Population Needs
- Additional Minority Population(s)
- UNLV Disparities Data

Additional Review

- Potential solutions regardless of funding sources
- Other Nevada specific pilots and any data on outcomes available
- Possible rural and frontier interventions
- Qualitative input from existing stakeholder surveys



Advisory Council for Resilient Nevada (ACRN) Feedback

January Meeting

- During the January 13, 2022 ACRN Meeting, participants provided feedback on topics/areas that may be expanded upon or additional areas to consider for incorporation into the *Needs Assessment*.
- Topics/Areas Discussed:
 - Zip-code Level Data Stratifications
 - Primary Care and Continuity Care (Low-Cost Care, MAT availability in FQHCs/RHCs)
 - Mental Health Disease-specific Rates
 - Juvenile SUD/OD Rates and Risk Factors
 - Childhood Trauma
 - Harm-Reduction Services
 - Online/Easily Accessible Educational Resources
 - Accessibility of Care – Time and Distance



Questions





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6. Review and Provide Feedback for Draft Annual Report of the Statewide Substance Use Response Working Group

(For Possible Action.)



Presentation Draft Annual Report of the Statewide Substance Use Response Working Group (SURG)

Terry Kerns, PhD

Office of the Attorney General, Substance Abuse/Law Enforcement Coordinator

About the Report



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Annual Report of the Statewide Substance Use Response Working Group ("SURG") 2021

Draft Date: January 14, 2022

Report Date: January 31, 2022

For submission to the Governor, the Attorney General, the Advisory Commission on the Administration of Justice, any other entities deemed appropriate by the Attorney General and the Director of the Legislative Counsel Bureau for transmittal to: (1) During an even-numbered year, the Legislative Committee on Health Care and the Interim Finance Committee; or (2) During an odd-numbered year, the next regular session of the Legislature.

- The 2021 report provides an overview from statutes, lists membership, and summarizes the first meeting of the SURG.
- Future annual reports will summarize findings and recommendations from the SURG.

Audience for the Report

“For submission to the Governor, the Attorney General, the Advisory Commission on the Administration of Justice, any other entities deemed appropriate by the Attorney General and the Director of the Legislative Counsel Bureau for transmittal to: (1) During an even-numbered year, the Legislative Committee on Health Care and the Interim Finance Committee; or (2) During an odd-numbered year, the next regular session of the Legislature”



Contents

- Working Group Members and Non-Member Roles
- Introduction & Background
- Context for this Report
- Roles and Responsibilities of the SURG
- Update on Nevada's Opioid Litigation
- Recommendations for the Establishment, Maintenance, Expansion or Improvement of Programs to Address Substance Misuse and Substance Use Disorders
- Appendix
 - Bylaws
 - SURG Members by Appointments
 - Members' Biographical Information

Statewide Substance Use Response Working Group (listed alphabetically)

- **Chelsi Cheatom** Program Manager, Trac-B Exchange
- **Barbara Collins** Principal, Mission High School, Clark County School District
- **Lesley Dickson** Medical Director, Center for Behavioral Health
- **Fabian Doñate** State Senator, District 10
- **Aaron Ford, *Chair*** Attorney General, State of Nevada
- **Shayla Holmes** Director, Lyon County Human Services
- **Jeffrey Iverson** Director, Shine A Light Foundation
- **Jessica Johnson** Senior Health Educator, Southern Nevada Health District (SNHD)
- **Lisa Lee** Human Services Program Specialist, Washoe County Human Services Agency
- **Debi Nadler** Co-founder, Moms Against Drugs
- **Christine Payson** Nevada Sheriffs' and Chiefs' Association
- **Erik Schoen** Executive Director, Community Chest, Inc.
- **Steve Shell** Renown, Vice President, Behavioral Health, Renown Health
- **Claire Thomas** State Assemblywoman, District 17
- **Dani Tillman** Executive Director, Ridge House
- **Jill Tolles, *Vice Chair*** State Assemblywoman, District 25
- **Stephanie Woodard** Psy.D., State Mental Health Authority and Single State Authority for Substance Abuse

Context for Report

[Assembly Bill 374](#) created the Statewide Substance Working Group within the Office of the Attorney General. This group (referred to as “SURG” or the “Working Group” throughout) is charged with comprehensively reviewing issues related to substance misuse and substance use disorders in Nevada.

- Details of the bill and its requirements and documentation of activities of the SURG are available [online](#).
- The composition of the SURG is dictated in statutes. Appointments were made final in October 2021 and the first meeting of members convened November 16th, 2021.
- The legislation (Section 10) requires specific reporting for and by the SURG.
 - “Section 10.5 of AB 374 bill requires the Department of Health and Human Services to annually report to the Working Group concerning the use of state and local money to address substance misuse and substance use disorders, and section 10 requires the Working Group to study, evaluate and make recommendations concerning the use of that money. Section 10 also requires the Working Group to submit annually a report of its recommendations to the Governor, the Attorney General, the Legislature and certain other entities.”
- This report provides information from the first meeting of the Working Group in alignment with these requirements.
 - “Compile a report which includes, without limitation, recommendations for the establishment, maintenance, expansion or improvement of programs to address substance misuse and substance use disorders based on the evaluations conducted pursuant to subsection 1.”

Roles and Responsibilities of the SURG

The roles and responsibilities of the SURG are defined by statutes and are listed here:

- Leverage and expand current efforts across departments and agencies to **prevent and reduce substance use** including, but not limited to heroin, opioid, and stimulant use and identify ways to enhance current efforts through coordination and collaboration.
- Access **evidence-based prevention and intervention efforts** to significantly reduce the burden of substance use, including but not limited to heroin, synthetic and non-synthetic opioids, and stimulants.

Recommendations must include:

- primary, secondary, and tertiary prevention;
- access to harm reduction interventions; and
- overdose prevention strategies.

Roles and Responsibilities of the SURG Pt. 2

- **Assess and evaluate existing pathways to treatment and recovery** for those who suffer from addiction including, but not limited to, special populations such as:
 - individuals who are incarcerated;
 - youth;
 - elderly;
 - pregnant women and the parents of dependent children;
 - people who inject drugs;
 - non-violent drug offenders whose crimes are primarily driven by addiction; and
 - disproportionately impacted populations.
- Work to understand how Nevadans are able to **access treatment and recovery supports from various points on the sequential intercept model**. This includes a full review of Nevada's existing law enforcement diversion, deflection and reentry programs.

Roles and Responsibilities of the SURG Pt. 3

- **Improve and expand evidence-based or evidence-informed programs, procedures and strategies** to treat and support recovery from opioid use disorder and any co-occurring substance use disorder particularly in special populations such as:
 - individuals who are incarcerated;
 - youth;
 - elderly;
 - pregnant women and the parents of dependent children;
 - people who inject drugs;
 - non-violent drug offenders whose crimes are primarily driven by addiction; and
 - disproportionately impacted populations.
- **Support systems and programs for persons who are in recovery** from opioid use disorder and any co-occurring substance use disorder.

Roles and Responsibilities of the SURG Pt. 4

- Develop strategies and implementation plans between local, state and federal law enforcement entities and public health to **prevent and respond to overdose**.
- Study the efficacy and expand implementation of programs available to **educate youth and families** about the effects of substance abuse, and programs aimed at **reducing harms associated with drug use** and referring to evidence-based treatment.
- Improve coordination between local, state and federal law enforcement agencies and public health entities to **enhance the communication of timely and relevant information and data** and reduce duplicative data reporting and research activities.
- Evaluate the current systems for sharing information between departments and agencies regarding the **trafficking and distribution of licit and illicit substances** including but not limited to stimulants, heroin and opioids.
- Study **the effect of substance abuse on the criminal justice system**, including law enforcement and correctional facilities.
- Study the sources and manufacturers of substances which are abused, as well as **methods and resources to prevent the manufacture, trafficking and sale of substances which are abused**.
- Study **the effectiveness of criminal and civil penalties** in preventing substance abuse and the manufacture, trafficking and sale of substances which are abused.
- Evaluate the **impact of substance use disorder on the economy**.

Update on Nevada's Opioid Litigation

The Office of the Attorney General worked with Assemblywoman Tolles, Dr. Woodard and Tina Dortch, Program Manager, Nevada Office of Minority Health and Equity, to receive stakeholder involvement in how to utilize opioid settlement funds to overcome substance use issues for Nevada. Ultimately, the SURG will make recommendations for how to spend the funds.

- [Documents available](#) include Declaration of Findings; Contingency Fee Contract, Second Amended Complaint, and One Nevada Agreement on Allocation of Opioid Recoveries.
 - The **Declaration of Findings** was established by the Governor to require outside counsel as a large and complex complaint suing over 60 entities. The Bureau of Consumer Protection directed the process to publish a Request for Proposals for law firms, with responses across the state and the country. The selection committee was diverse with members across the state to review and score the law firms.
 - The **Second Amended Complaint** allows the Office of Attorney General to add defendants as the discovery process continues, collecting information from defendants and other stakeholders.
 - The **One Nevada Agreement** allows the state to fairly and equitably allocate recovery from litigation between political subdivisions. Although the state's trial date is ahead of county trial dates, the Office of the Attorney General is approaching this as a statewide effort in concert with the counties. All 17 Nevada counties agreed to participate, even if the county does not have current litigation, as well as all cities that are in litigation. State funds go to the Fund for Resilient Nevada according to state law. The SURG will then make recommendations to support the State Plan and Needs Assessment for how to best address the opioid epidemic in different parts of the state.

Update on Nevada's Opioid Litigation Cont.

Process Notes and Next Steps

- Nevada's case is unique because it includes defendants who were manufacturers, distributors and pharmacies involved in this opioid epidemic.
- The Office of the Attorney General is currently in the discovery phase and the amount of documents Nevada has turned over is extensive including documents from the Department of Health and Human Services (DHHS), the Department of Public Safety (DPS) and others at 15 million pages and over three terabytes of data.
- The trial date of April 17, 2023 is soon in terms of litigation.
- The state will not receive one lump sum from the defendants, some of whom have declared bankruptcy. The process and timing of recovering damages for harm created is going to be different if a case is settled versus goes to trial. The monies that will come in will be staggered.
- Courts may rule that money will come in over a series of years, depending on the lawsuits with different defendants. The account (Fund for Resilient Nevada) can accept funds from various sources. For example, if a doctor is determined to have mis-prescribed drugs, the State could ask for restitution to be paid to this account.

Recommendations for the Establishment, Maintenance, Expansion or Improvement of Programs to Address Substance Misuse and Substance Use Disorders

November 16th, 2021 marked the inaugural meeting of the SURG, and the agenda focused on setting up structural aspects of the process. For this reason, this report is limited in its discussion of recommendations for establishment, maintenance, expansion, or improvement of programs.

More robust recommendations will be developed in future meetings.

Decisions of the SURG included motions to nominate Attorney General Aaron Ford as Chair, which received unanimous support. Assemblywoman Tolles was nominated and unanimously approved as Vice Chair.

The draft bylaws were approved, with one change: from Article 3, Section 1. Lisa Lee requested a change from the term “Intravenous drug users,” to people first language, such as “people who inject drugs.” The motion to approve the amended bylaws also passed unanimously.

The SURG also discussed how to frame upcoming discussions. Dr. Woodard put forward a potential set of topics:

- Substance Use Prevention
- Reducing Harms
- Early Intervention and Treatment
- Recovery Supports
- Criminal Justice
- Data and Information Sharing

Recommendations for the Establishment, Maintenance, Expansion or Improvement of Programs to Address Substance Misuse and Substance Use Disorders Cont.

Members of the SURG discussed and provided input on this framework. More detail can be found in the minutes of the meeting. Suggestions for the process are summarized below:

Meeting Considerations

- **Organizing Topics.** It was suggested to group the six topics two at a time for meetings throughout the rest of 2022.
- **Timing Considerations.** Bill draft requests (BDRs) will be due well before the January 2023 deadline, but discussions can help inform that process.
- **Meeting Length.** Two to three hours was suggested as a minimum amount of time for a single topic. Longer meetings were also suggested, with a proposal for four-hour meetings, starting at 9 a.m., including a lunch break, and covering two hours per topic.
- **Subcommittees.** Subcommittees were suggested as a possibility to support a deeper analysis of information by topic. Subcommittees will be considered as a potential strategy to study the issues.
- **Data.** Data will be important in future presentations.
- **Subject Matter Experts (SME)** will present on topic areas.
- **Regional Information.** Information by region, including what has been successful, was suggested as a way to identify what to continue or what might be new or innovative.
- **Prioritization.** Members were asked to keep in mind the number of meetings that would be required. It is unlikely the group will be able to accomplish everything ahead of the 2023 legislative session, prioritization will be critical.

Discussion on Specific Topics

Suggestions made by members include

- **Criminal Justice:** Committee members discussed several models to better examine this category, including the sequential intercept model of pre-justice system versus re-entry programs and strategies within the community, as well as dividing criminal justice areas into three categories: pre-incarceration, incarceration treatment, and then re-entry programs.
- **Prevention:** Children and youth should have considerable attention; prevention and early intervention for children was discussed as needing more time. Jessica Johnson referenced the [Institute of Medicine's Continuum of Care](#) for substance abuse, suggesting the SURG discuss universal prevention efforts and some selected secondary prevention efforts. Reducing harm is kind of a tertiary prevention effort, before getting to a diagnosis, which would then qualify as treatment. One strategy might be to explore health promotion and prevention, so reducing harm could be grouped in that way in one presentation. Early intervention and treatment, and recovery support could be a second grouping. Under the criminal justice topic, there are opportunities for information and data sharing. There may be some overlap from a public health perspective and there may be important recommendations from SME.
- **Social Determinants of Health:** Social determinants of health (SDOH) that impact peoples' experiences and cycles of isolation and poverty that impact substance use should be included. SDOH in rural Nevada was also noted as an important need for capacity.
- **Child Welfare System and Substance Use:** This category should be viewed separately from the criminal justice system. For opioid use in particular, recently published research shows a correlation between overdose rates increasing where child welfare rates increase in communities. There are efforts across the state to incorporate [CARA Plans of Care](#) as well as the [Families First Prevention Services Act](#).
- **Overdose Prevention:** This topic would deserve its own place on the agenda.

Discussion on Specific Topics Cont.

Next Steps

- **Suggesting Topics and Subtopics.** Members were advised to keep their Bylaws available and to attach agenda suggestions to items A-Q from the bylaws and legislation, to determine where it fits in their scope.
- **Needs Assessment.** State contracted vendors will bring forward initial findings for the Needs Assessment to the January meeting.

Appendices

- **Bylaws**
- **SURG Members by Appointments**
- **SURG Member Biographical Information**

Questions or Comments

Action

7. Establish Priorities and Process for the Upcoming Year to Accomplish the Business of the Working Group

(For Possible Action.)

8. Review and Consider Items for March 9, 2022 SURG Meeting

9. Public Comment.

(Discussion only.)



Public Comment Pt. 2

- Public comment shall be limited to three (3) minutes per person. We will begin with comments from Las Vegas and then invite comments from Carson City, followed by online participants.

In Person

- Please form a line.
- Before commenting, please state your full name for the record.



Public Comment Pt. 3

Attending Online

- Please use the “raise hand” feature to indicate you would like to provide public comment so the host can prompt you to unmute.
- If you are dialing in from a telephone and would like to provide public comment, please press *9 so the host can prompt you to unmute.
- Before commenting, please state your full name for the record.



Public
Comment Pt. 4

Comments can also be
emailed to
lhale@socialent.com.
These comments and
questions will be
recorded in meeting
minutes.

10. Adjournment.

(Discussion only.)

Additional Information, Resources & Updates Available At:

[https://ag.nv.gov/About/Administration/Substance_Use_Response_Working_Group_\(SURG\)/](https://ag.nv.gov/About/Administration/Substance_Use_Response_Working_Group_(SURG)/)



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