MEETING NOTES

Statewide Substance Use Response Working Group Meeting

Wednesday, October 9, 2024
2:00 p.m.

Meeting Locations: Offices of the Attorney General:
Carson Mock Courtroom, 100 N. Carson St., Carson City, NV
1 State of Nevada Way Building, AGO Suite #100, Conference Room 224, Las Vegas, NV

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 (2:08), Dorothy Edwards, Nancy Lindler, Debi Nadler, Angela Nickels, Christine Payson, Erik Schoen, Steve Shell, Dr. Beth Slamowitz, and Assemblywoman Claire Thomas

Members Present in Carson City
Dr. Shayla Holmes

Members Present in Las Vegas
Dr. Lesley Dickson (2:05), Attorney General Aaron Ford, Jessica Johnson

Members Absent
Senator Fabian Doñate, Assemblywoman Melissa Hardy, Jeffrey Iverson, and Senator Jeff Stone

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

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

Other Participants via Zoom or in person
Ally Abbatangelo, April Adams (Vegas Stronger), Linda Anderson, J. Baez (UNR), Jennie F. Bear, Brandon Beckman, Stephanie Cook (DPBH), Trey Delap, Becky Follmer, Leslie Garcia, T. Guajardo, Lisa Kelso, Nadine Kienhoefer, Lisa Lee, Shannon Lepe, Guiseppe Mandell, David Marlon, Roberta Miranda-Alfonzo (BeHERE NV), Abe Meza (DPBH), Elyse Monroy, Dylan Nall, Chyna Parker (DPBH), Elizabeth Scott (DHCFP), Sabrina Schnur, Katie M. Snider, Alex Tanchek (SSGR Firefly Notetaker), Marcie Trier, District Attorney Pershing County, Mobile Crisis Response Clinician

1. **Call to Order and Roll Call to Establish Quorum**
   Chair Ford called the meeting to order at 2:00 p.m. Ms. Rodriguez called the roll and confirmed a quorum.

2. **Public Comment**
   Guiseppe Mandell from Desert Hope and American Addiction Treatment Center thanked members and stated that his comments may not reflect the company that he works for; it's more of a personal thing that he hopes all these brains can help find solutions for in the future. He was going to bring a list of people who died but he decided to just speak for himself because he is not afraid of stigma. He had to send his son to treatment out of state where he kept up with schoolwork.

   We work so hard, every one of us to try to provide prevention and to help – harm reduction and prevention are great, but it starts with the youth – the youth of this great state and our country – that's where it all starts – and we won't have to work on harm reduction if it starts with the youth first. If they end up in jail or, God forbid, in a gravestone, or a fireplace, like my brother who I lost. These kids are doing all the right things, keeping up with

school, and for some reason, lack of information, we can't keep that kid enrolled and we set him up for failure when he comes back. I'm not blaming anybody; we all work hard. I'm just saying we need to find a solution. Keep in mind, my other half has a law degree, and I work in the field and I'm having a hard time keeping up with it, so how do others do it? God forbid, talk about social justice!

The single mothers and single fathers that are not as educated or not as versed in the field, what are they going through? It's not the teacher's fault, it's not the vice principal's fault, it's not the principal's fault. It's somehow a lack of communication between all of us. It's a lack of being able to understand the bills that are passed, or the laws that are put in place to protect these students and their mental health but knowing how to implement them when we get to that part, I think. I don't know it all, I just have my experience to bring.

I brought this up two years ago – and God, are you just so important - with my son, he's got everything we've implemented. He's got a sister that works on the Fentanyl campaign with the City of Henderson, he's got two parents that are well-versed in the recovery field, and still, we found some opiates and [unclear]. *We've got to find a solution to help keep these kids alive, so they're not set up for failure. I hear that my son's case is unique because he's done everything that he's done and kept up with school. But that can't be true, it's got to be lack of information. And keep in mind that I work for a private company, I've got no personal interest other than the betterment of the community here. I don't compete for grant funding, we're here for the betterment of the community.*

God, this time it's on my own doorstep, I lost a brother already, once, to Fentanyl, okay? I don't want to share another Thanksgiving with another face of my son, over the dinner table. I want to set these kids up for the future of this country. So please, I know we've got an agenda here, but I do encourage that this is a pressing issue. Because, if we fix the youth now, we don't have to worry as much about jails, institutions, harm reduction, treatment later on, if we catch them early enough and we set them up for success.

Thank you. Again, I don't necessarily come here to represent my company. I come here as a concerned parent, a person in long-term recovery, grieving brother, and scared parent. Thank you.

Chair Ford said he was sorry to hear about Mr. Mandel's son, and he was grateful that he is recovering.

Debbie Nadler said she was glad to be there today and to see everybody. More prevention and education are needed in schools. She has noticed a lot more incidents in schools. The kids do not know. She was a single mom raising her kids; at least 50% of kids in our schools come from a broken home. Not that that causes substance use, but you've got parents working twice as hard, and don't know enough to educate their kids. Everyone knows that she lost her son. They have to start with youth prevention as a key. She'd rather pay $12 per kid per year rather than $48,000 for a funeral. She has looked up every bill that passed. She knows stuff is supposed to be happening in schools, but it's really not. Parents call her all the time asking *what do we do* in reference to their 12-15 year olds using drugs. She said to Giuseppe that she was sorry for his son, and she knows how he feels. She reiterated the need to do something with the school system.

Marcie Trier, Licensed Drug and Alcohol Counselor and Mental Health Counselor, Division of Child and Family Services introduced herself. She also worked six years with mobile crisis as a Crisis Suicide Responder, but said she was speaking on her own behalf. She wants very much to advance education of substance abuse with youth in Nevada. She doesn't believe there is currently a Licensed Drug and Alcohol Counselor in DCFS, but she just wanted to advance the education and all the hard work the SURG members are doing to help spread it across our schools and public settings for youth. She believes there is a huge correlation between suicide and substance abuse, school violence, etc. She is here to provide support and contribute or collaborate on substance use. Mental health is addressed, but substance abuse treatment is just not being addressed as fully as she believes it should be. She knows that because she used to go to all the emergency rooms and treat these kids. There are very minimal settings for substance abuse treatment. She is just here to support them all and all the hard work they do and see if she can be of any assistance.

Dr. Dickson said she was a little late and thought that she should report what happened today. In her substance abuse treatment clinic, she has all kinds of students working with her off and on. One of her students today was

very interested in working in emergency medicine. He goes out with EMS to respond to 911 calls on overdose. Frequently Narcan is already given, or they will give Narcan and wake the person up. Half of them refuse to get in the ambulance or go to the hospital. They get angry or they're just thankful they're alive and they go home. The positive thing is that Narcan is out there, but not many patients are coming into treatment; they are not ready to give up using. These are usually Fentanyl overdoses, probably. This is a little perspective of what's happening out there in the street.

3. **Review and Approve Minutes for July 10, 2024, SURG Meeting**
Chair Ford asked for a motion to approve the minutes. Dr. Dickson noted a correction at the bottom of page 3 to change "Dr. Strong," to "Dr. Strohm."

- Ms. Payson made the motion to approve the minutes as amended.
- Dr. Dickson seconded the motion.
- The motion carried unanimously.

4. **Announcement of Appointment of Senator Jeff Stone to the SURG and Response Subcommittee**
Chair Ford made the announcement, noting that he began serving with the Response Subcommittee on August 5th.

5. **Department of Health and Human Services Status Report on SURG Recommendations**
Chair Ford noted multiple staff from DHHS Divisions were available to answer questions following this presentation of highlights by Laura Hale, Strategic Partner, Social Entrepreneurs, Inc.

Ms. Hale referred to the handout and slides with a table reflecting activities across multiple DHHS Divisions related to the 2023 Recommendations of the SURG, noting different funding sources and priorities.

(Chair Ford turned the meeting over to Vice Chair Shell at 2:27 p.m.)

Ms. Hale continued through the 23 recommendations from 2023, with multiple programs, bureaus, and divisions making progress and planning future activities for a majority of the SURG recommendations. She pointed out that most of the programs are grant-funded with set time-periods, that may be renewed, but with Medicaid, those typically get embedded into the program to go forward into the future, such as creating a new provider type 93, to include opioid treatment programs. In the case of MAT (Medication Assisted Treatment) services, recent updates at the federal level to support telehealth were made permanent, expanding access to MOUD (Medications for Opioid Use Disorder) through programs funded under the Bureau of Behavioral Health and Wellness.

Dr. Kerns added that DHHS takes recommendations from the SURG and members should be assured that their commitment and work is being heard. On the recent State Opioid Response (SOR) RFA (Request for Applications), funding priorities include similar population priorities as those outlined for the SURG, and SURG Recommendations will be given special consideration as part of that RFA.

Ms. Nadler thanked staff for the great presentation. She asked a question about item #21 to develop outreach response for any suspected overdose. She thought they had talked about adding language regarding emergency treatment and follow up support, referral and services. She had in her notes that they added "for fatal overdoses, help for the family members." She asked Ms. Johnson if she recalled adding language about emotional support for those who suffered a loss.

Ms. Johnson noted the inclusion of "and loved ones" in line 2 of recommendation #21. She believed this recommendation had been moved to the Response Subcommittee as part of their integration of recommendations last December. She didn't know if other members could corroborate that.

Dr. Kerns confirmed Ms. Johnson's recollection that it was added into the Response Subcommittee, which further added the highlighted language regarding follow-up support, referrals, and services to the individual (and loved ones) following an overdose.

Ms. Nadler thought there was something added to distinguish fatal overdoses. Dr. Kerns explained that they used the term overdoses to include both fatal and non-fatal overdoses.

Ms. Johnson thanked staff for the time it took to prepare such a comprehensive report, and a big thank you to all the different bureaus and groups listed to identify all these details as they consider implementation and where the leverage is. Regarding Recommendation #1, again a big thank you to program staff. Around the specific doubling of funding, she clarified the intent was to increase the reach of programs across the state, the dollar amount was arrived at through a lot of work from the bureau. Regarding the Medicaid 1115 SUD waiver with some funding for the block grant around prevention, she wondered if someone could comment more specifically about what that means for primary prevention.

Stephanie Cook, Deputy Bureau Chief, Behavioral Health Wellness and Prevention, oversees all the substance use prevention within this bureau. Traditionally, the Substance Use Prevention Treatment and Recovery Services (SUPTRS) block grant has been used to fill voids in our substance use community. Historically this has covered a lot of residential treatment in our state - about 65-70% of this grant - because there was no other source for Nevadans to receive treatment if they didn't have really good insurance or a lot of money. With the roll-out of the 1115 waiver from Medicaid, they are taking over the cost of residential treatment for anyone with Medicaid. They are currently on a track of only funding residential treatment fully through this December, then rolling out the SUD 1115 Waiver with Medicaid effective January 1st. When most of those dollars get shifted off the SUPTRS block grant, they will have opportunities to fund other community needs. They are currently working on a strategic plan to identify those needs, taking SURG recommendations into consideration, and going upstream to primary prevention.

6. Statutory, Regulatory, or Administrative Efforts related to SURG Recommendations

Teresa Benitez-Thompson, Chief of Staff, Office of the Attorney General, presented information on bill draft requests from the Attorney General's Office. One is to increase the size of this committee (SURG) and is in the queue with the Legislative Counsel Bureau. Additionally, on the budget side for the Office of the Attorney General, they are hoping to build in Dr. Kerns' position as a Statewide Opioid Response Coordinator as a permanent position within the Office of the Attorney General.

Dr. Kerns described a presentation to the Response Subcommittee from the Regional Behavioral Health Policy Boards (RBHPB)[1] for the following items:

- Rural
  - BDR 54-403 to revise behavioral health provisions; and officially enter the Board of Social Workers into a new compact and adding annual licensure data reporting.
- Washoe
  - BDR S-405 requires a study of mental and behavioral health care parity in Nevada and explores where Nevada payors (public or private) are falling short in payment parity.
- Northern
  - BDR 39-434 revises provisions for peer recovery support services (PRSS) and adds support for transition aged youth for possible PRSS interns with supervision from Certified PRSS and creates a workforce pool for PRSS and Certified Prevention Specialists.
- Southern
  - BDR 39-368 revises provisions for providers of non-emergency secure behavioral health transport services with workforce mechanisms to reimburse transport companies for "deadhead" miles, improving business viability and staffing.
- Clark
  - BDR 31-433 revises provisions relating to state financial administration, streamlining federal grant processing, and avoiding past discontinuity in services due to grant distribution lag time.

- Known Legislator BDRs
  - Assemblyman Hafen and Senator Titus

[1] Based on presentation to SURG Subcommittee #3 – Response, on September 18, 2024, by Valerie Haskin, MA, MPH, Rural Regional Behavioral Health Coordinator

        - BDR 129 *Revises provisions governing health care . . .will enter the Nevada Board of Examiners for Marriage and Family Therapists and Clinical Professional Counselors into the "Counseling Compact"*
        - For more information, visit: www.CounselingCompact.org
    - Joint Interim Standing Committee on Health and Huan Services (Interim HHS) [2]
        - BDR 352 *Revises provisions relating to social work, Social Work Apprenticeship program within the BESW.*
        - BDR 40-353 *Makes revisions relating to health professions . . . Establish the State Office of Health Care Workforce and Licensing within DPBH . . . Includes Behavioral Health Licensing Board (consolidating current BH licensing Boards) . . . Explore other licensing board consolidation during 2025-2026 interim.*
        - BDR 354 *Established priority review for certain applicants for licensure to practice health professions . . .giving priority review status to the application of an applicant for a license or certificate who demonstrates that he or she intends to practice in an historically underserved community as defined in NRS 704.78343. An applicant shall provide proper documentation, including, without limitation, a letter from an employer located in a historically underserved community indicating that the applicant has accepted employment and stating the start date.*
        - BDR 358 *Creates the Office of Children's Mental and Behavioral Health. . . in the Director's Office of DHHS to tie together all efforts and programming related to children's mental health, and to remove existing silos. And to Make an appropriation totaling $1,113,364 from the State Gene4ral Fund to DHHS over the 2025-2037 Biennium for the personnel and operating costs of the Office created in the Department and make an additional appropriation of $15,000 for equipment and office supplies in FY 2025-2026.*
    - The Patient Protection Commission (PPC)
        - BDR 54-449 *Revises provisions relating to certain providers of health care . . . Multiple Interstate Licensure Compacts, including the Nursing Compact.*
        - BDR 38-451 *Revises provisions relating to graduate medical education . . . Establish a new Medicaid Health Care Workforce Fund at the Division of Health Care Financing and Policy to support efforts to expand the state's health care workforce, including, but not limited to:*
            - *Eligible Graduate Medical Education programs;*
            - *Eligible Indirect Medical Education programs;*
            - *Provider fellowship and apprenticeship programs; and*
            - *Loan repayment programs*.
        - BDR 38-450 *Revises provisions relating to Medicaid.*
    - Other BH Workforce Development Progress
        - *BeHERE NV (resulting from AB37, 2023)*
            - *Finishing hiring process*
            - *Building programs*
            - *Preparing to build Advisory Committee*
            - *Visit: https://beherenv.org/*

Ms. Edwards acknowledged Ms. Haskin's presentation to the Response Subcommittee and noted that she serves on the Washoe Regional Behavioral Health Policy Board and could provide additional information if needed. They hope to get specific language back on some of the BDRs within a week.

Ms. Johnson referenced the Clark County Task Force, noting that Ms. Cheatom is also a member of that Task Force. They are required to complete a report regarding opioid fatalities in addition to the broader task of evaluating social determinants of health that contribute to those fatalities. They met during the prior week to solicit member recommendations which were collated into a document in real time. The Clark County Coroner has given

[2] All items for Interim HHS are copied from the Interim HHS Work Session Document as published as supporting documentation for the meeting on August 12, 2024.

several presentations on overdose and opioid fatalities. The report will be reviewed at their next meeting on October 17th at 2 p.m. at the Clark County Governmental Building.

Chair Shell called for a recess at 3:05 p.m. and called the meeting back to order at 3:12 p.m.

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

Mark Krueger, Chief Deputy Attorney General, Office of the Attorney General provided an update, sharing his screen to show the dashboard for the State Opioid settlement recovery status available under the Fund for Resilient Nevada (FRN) website. Included are links to the One Nevada agreement, needs assessment, and statewide plan. A financial overview shows total recoveries and details for State of Nevada, as well as different signatory counties and cities, with the ability to sort by year. They are also working on a map. Vendors funded under the DHHS are shown for each goal. Mr. Krueger hopes to incorporate spending by counties and cities in the future.

The Purdue bankruptcy is currently pending in mediation, so potential recoveries are unknown. The PBM (Pharmacy Benefit Managers) lawsuit is still moving forward along with other litigation.

Ms. Nadler said this was the best dashboard she has seen across the country, commending a fantastic job with a very transparent dashboard. She asked for clarification regarding entities that have received the money so far.

Mr. Krueger responded that it does not track when money is received, but it tracks when it's expected to be received, noting if the expected date is in the past, "you can ensure yourself that that date is the date it was received." However, it's usually expressed as a month rather than a specific day. There are no guarantees, but "everybody entered into these settlements with the best of intentions and we're hoping that all of the payments will be met."

Mr. Krueger added that DHHS maintains the detail for distribution of funds and the costs associated with funded programs and services.

8. SURG Recommendations Ranking Process

Vice Chair Shell noted that each subcommittee provided input on their preferences for ranking recommendations.

- Prevention liked ranking by subcommittee or topic area;
- Treatment and Response opted to limit the number of recommendations and to rank by subcommittee topic; and
- Response included discussion of not ranking recommendations at all, but rather adding a cap to the number of recommendations any one subcommittee can submit.

Dr. Kerns clarified that Response members also proposed that the recommendations be put under topic areas (prevention, harm reduction, treatment and recovery, and response).

Ms. Johnson expressed concern about not ranking recommendations because they need to be listed in some kind of order within the report, which can be perceived as a ranking. Ms. Nadler agreed 100% with Ms. Johnson, as did Vice Chair Shell. Mr. Schoen thought the ranking process was part of their responsibility to help elevate the priorities as a group; otherwise, it just becomes too much noise.

Dr. Holmes stated her preference for ranking by subcommittee because as a member of the Response Subcommittee, she herself might support Treatment and Recovery above Response, but does not want to lose focus on other areas such as Response. She felt it would be ideal for readers of the report to understand what members think is most important within the respective subcommittees. Mr. Schoen said he would support this, noting that the different subcommittees are not competing with each other, adding the need for a separate ranking within *Harm Reduction*, as distinct from *Prevention.* Ms. Nadler agreed with this.

Dr. Kerns also supported ranking within subcommittees and highlighting Prevention and Harm Reduction separately, asking if those rankings would then be presented to the SURG for agreement. Mr. Schoen assumed that the subcommittee rankings would be pushed up to the SURG for endorsement. Ms. Johnson agreed with this, noting that the subcommittee members have pretty intimate knowledge of the details of their particular

recommendations. She asked that staff provide guidance to the subcommittee chairs on the timing to ensure fulfillment of legislative obligations.

Dr. Kerns reported that all subcommittees would meet prior to the December 11th SURG meeting, so ranking would be a priority at their next subcommittee meetings.

Vice Chair Shell confirmed to Mr. Schoen that this would be a vote to approve the rankings made by the respective subcommittees.

Ms. Marschall noted that all subcommittees would meet in November and asked for clarification on whether Harm Reduction recommendations would be prioritized by the Prevention Subcommittee or the full SURG, since members of the Prevention Subcommittee had heard presentations on harm reduction. Ms. Johnson proposed that the Prevention Subcommittee continue to rank the Harm Reduction recommendations.

Vice Chair Shell asked for a motion:

- Dr. Holmes made a motion to rank within subcommittee, with each subcommittee to recommend ranking to the larger SURG;
- Mr. Schoen seconded the motion;
- The motion carried unanimously.

9. Subcommittee Recommendations

Ms. Johnson presented Prevention recommendations and thanked members for all their hard work revisiting existing recommendations from 2023 to increase and continue related action. (Specific changes/updates are in **bold** font)

- PS 1. Recommend to DHHS/DPBH/the **Bureau of Behavioral Health Wellness and Prevention to include in their Governor's budget request**, a request to double the amount of investment **in SAPTA primary prevention programming** (i.e., increase from current $12 million to $24 million for this biennium) for ages 0-24 and review the funding allocations annually. This funding should not be at the expense of existing programming.
- PS 2. Create a bill draft request to amend the NRS for a 15 percent set aside of tobacco control and prevention funds from the Fund for a Healthy Nevada. This would be distributed using a local lead agencies model to reach $2 per capita, a recommended funding goal from the Nevada Tobacco Control & Smoke-free Coalition and subject matter experts.
- PS 3. **Require the state office of Medicaid to develop a state plan amendment to implement changes to support the recommendation requesting rates and billing standards for CHWs and Peers be increased to align with the national average and CMS standard**.
- PS 4. (<u>New Recommendation</u>) Create a bill draft request to allocate a 15 percent set aside of cannabis retail funds to be distributed using a local lead agencies model to reach $2 per capita[3], a recommended funding goal from the Nevada Tobacco Control & Smoke-free Coalition and subject matter experts.

Ms. Johnson presented Harm Reduction recommendations:

- HR 1. Establish a statewide initiative for community drug checking that incorporates qualitative and quantitative drug checking and includes the following parameters:
    - Utilize a regional implementation approach with standardized, statewide indicators, since local jurisdictions are best equipped to respond to findings from community drug checking.
    - Work with harm reduction community to identify partners/locations and provide guidance and training.
    - Start all sites with mail-based testing while piloting on-site drug checking in a subset of early adopters to refine implementation needs.
    - Standardize the data collection, entry, testing, mailing, analysis, reporting as a best practice. Make this as transparent of a process as possible.
    - Articulate principles and plans for what will happen to the data.

[3] These funds would be specifically allocated for prevention of cannabis use.

- HR 2. Harm Reduction Shipping Supply: Provide for shipping costs for evidence-based harm reduction supplies (e.g., naloxone, sharps, fentanyl test strips, etc.) and for travel costs for the pickup of used sharps products to be returned for destruction. Increase advertising about shipping programs to rural Nevada. In collaboration with local agencies and through community conversations, establish local support for harm reduction efforts. Establish an alternative strategy for harm reduction supply delivery if people can't receive delivery of the supplies directly.
- **In collaboration with local agencies and through community conversations, recommend to DHHS to provide for shipping costs for evidence-based harm reduction supplies (e.g., naloxone, sharps, text strips, etc.) and for travel costs for the pickup of used sharps products to be returned for destruction. Increase advertising about shipping programs to rural Nevada. Establish an alternative strategy for harm reduction supply delivery if people can't receive delivery of the supplies directly.**
- HR 3. Recommend to DHHS to develop an annual or biannual saturation and distribution plan for overdose reversal medication. DHHS should utilize opioid settlement dollars to designate a baseline level of identification and overdose reversal medication for the next 10 years in Nevada (which should be based on the state's Naloxone Saturation Plan) to create a supply of stable sustainable overdose reversal medication throughout the state.
- **HR 4. Recommend a bill draft request to support legislation that will (1) help to fund/establish a statewide association for Peers, and (2) better define supervision requirements for Peers under the age of 18.** (Refined to align in support of BDR mentioned by Dr. Kerns)
- HR for Potential Consideration. Create a bill draft request at the legislature to change the Nevada paraphernalia definition as it relates to smoking supplies, utilizing Maine or Colorado as examples.
    - Still workshopping through outreach to the District Attorney's Office, the Public Defender's Office, and the Sheriff's and Chiefs for feedback, with final recommendations to make this actionable.

Ms. Johnson reported that subcommittee members did not include the 2023 recommendation related to the Maryland STOP Act because the Good Samaritan Law already covers the relevant details. However, some actions related to Naloxone access may be revisited later.

Dr. Kerns asked if they have a sponsor for the recommendation on the definition of paraphernalia and whether feedback was positive or negative from the groups they reached out to.

Ms. Johnson said they had not yet identified a sponsor and invited participants to let her know of anyone interested. The District Attorney's group said they would be in opposition as it is currently written but would provide additional feedback for changes that might move them to a neutral position. The Public Defenders posted a letter in favor of the recommendation with a slight change in the wording (see posted document for the 9/4/24 Prevention meeting on the SURG website . There were a couple of questions from the Sheriffs and Chiefs Office, via Ms. Payson who was fantastic about shepherding these questions for the subcommittee members, but no recommendation at this point.

Vice Chair Shell reported recommendations on behalf of the Treatment and Recovery Subcommittee, in no particular order of priority.

- TRS 1. Support BDR 95 to ensure Narcan be available wherever an AED machine is located, and on all campuses under our Nevada System for Higher Education, including in Student Unions, Health Centers, all levels of the dormitories, and within Residential Advisor's domiciles and include training of the administration of Narcan which can take place during online freshman orientations much like they already disseminate information about Title IX, during orientation week, training could be offered throughout the year by various clubs and programs within each institution's design. (Submitted by Ms. Edwards, based on presentation from Michael Berry. This BDR is being cosponsored by Assemblywoman Brown-Mae and Senator Titus)
- TRS 2. Support access and linkage for treatment of trauma for people with substance use disorder (SUD) of those who have overdosed and for surviving family members after an overdose fatality. Support training for healthcare professionals to identify and address trauma. (Submitted by Ms. Cheatom)
- TRS 3. Legislation should be considered to amend the NRS pertaining to the Nevada Bureau of Health Care Quality and Compliance's employment guidelines for hospitals, including behavioral health

hospitals, to hire Certified Peer Recovery Support Specialists who have felony backgrounds and are within seven years of their last felony conviction. It is recommended that individuals who were convicted of drug offenses or other offenses that do not involve violent acts or sexual exploitation be considered for employment as Certified Peer Recovery Support Specialists in hospitals. (Submitted by Mr. Shell)

- TRS 4. Direct the Division of Public and Behavioral Health to identify a funding mechanism for hospitals and providers to enhance the "Bridge Program" for Emergency Departments by incorporating Peer Recovery Support Specialists into their treatment models. Support the use of Peer Support Navigators via telehealth to increase access to treatment and support for individuals identified in Emergency Departments. (Brought to the subcommittee by Dr. Kelly Morgan, a physician in Nevada.)

Dr. Kerns asked if TRS 1 to support BDR 95 was specifically targeting just NSHE facilities or to include other facilities where large public gatherings occur - next to AEDs - such as in sports stadiums or public libraries.

Vice Chair Shell said as written, it appears to be specific to those campuses under NSHE. Ms. Edwards concurred with this reading, but noted that until the BDR comes out, they won't know for sure.

Dr. Kerns said she would personally like to see it go beyond NSHE, for future recommendations.

Regarding TRS 3, Dr. Kerns saw an update about hiring peers in hospitals and asked if this recommendation is to change that language [individuals who were convicted of drug offenses or other offenses that do not involve violent acts or sexual exploitation be considered for employment] around a felony background in the last 7 years, so that they can expand the pool.

Vice Chair Shell confirmed the intent to expand the pool, because right now, due to those guidelines, there are a lot of peers that are being excluded from consideration.

Assemblywoman Thomas took exception to the 7-year period and asked if a 5-year period had been discussed or could be considered.

Vice Chair Shell asked staff to review the reason for the change from 5 years to 7 years. Ms. Marschall and Ms. Hale confirmed that the reason for the change was simply to reflect that NRS currently states 7 years rather than 5 years; it was not changed as part of the recommendation, although subcommittee members could certainly discuss doing so.

Dr. Kerns asked if other states implementing these programs had lowered qualifications to less than seven years. Vice Chair Shell agreed this would be excellent to know. Ms. Payson referenced discussions about recidivism and how the definition varies from state to state and county to county. More data could determine whether five years or seven years from the date of an offense is any better or worse.

Ms. Nadler asked about TRS 4 in reference to the Bridge program. A lot of kids are going into the emergency room and leaving, but there are also a lot going into jail and leaving in two days. Can the Bridge program be incorporated for kids who have been arrested and then set out on the street?

Vice Chair Shell thought Ms. Nadler raised an excellent point, and asked Dr. Dickson if she had thoughts about this question. Dr. Dickson said she didn't know of programs affiliated with juvenile detention. In the last year, they have been working with regular jails and the Department of Corrections to provide treatment and long-acting injections for buprenorphine, with some small grants to support this effort. These are expensive medications. She doesn't know about working with juvenile detention, but they don't usually put adolescents on buprenorphine or certainly not methadone. That would probably require a real change in how they deal with adolescent drug abuse.

Dr. Kerns recalled presentations from Bill Thiel, retired Captain from Las Vegas Metropolitan Police Department, now working under the direction of Dawn Yohey, Fund for Resilient Nevada. He conducts assessments of rural frontier jails to see if they have MAT or MOUD programs in place, and to identify gaps. He continues to provide updates to the Response subcommittee, and has a pilot starting soon in Lander County, and expanding to other rural and frontier counties. Washoe and Clark already have programs in place. The second phase is to look at

similar programs for juveniles in the future. She thought this must have been from the 2022 recommendation about having the three FDA approved MOUD medications available for those in carceral settings.

Dr. Holmes reported that Lyon County Human Services is piloting exactly this model with their FASST program with two PRSS being assigned to individuals upon release from their local jail, and this was identified in the DHHS report out earlier in this meeting.

Dr. Dickson reiterated the need to resolve the issue of medication treatment in adolescents. She has asked her clinic director about taking someone aged 16 or older. Dr. Adelson's clinic has done methadone with teenagers through federal grant funds, but it is not traditionally done. Dr. Dickson believes more input is needed from pediatricians. She doesn't know if there are any special addiction specialists in the pediatrician community. She cautioned members against doing something that medically is not done on the outpatient side.

Dr. Kerns presented recommendations for the Response Subcommittee:

- RS 1. Recommend state agencies under the legislative, judicial, and executive branches involved with deflection and diversion programs have a comprehensive definition of recidivism, and policies related to measuring and reporting recidivism.
    - Dr. Kerns explained that the only current definition comes from the Nevada Department of Corrections, which specifies a return to prison within three years. Subcommittee members feel it's important to have a measure of the effectiveness of criminal justice system efforts to promote rehabilitation, reintegration and public safety, and recidivism rates are not available at the national level. Developing the recommendation should be pushed out to the state agencies funding and supporting programs for deflection and diversion to measure against each other, whereas currently working with MOST and FASST teams, they're comparing apples and oranges with no standard definition of recidivism.
- RS 2. Recommend research into implementation of statewide data sharing agreements with the Chief Data Officer of the State of Nevada[4] and implementation of a cross-sector database housing multiple points of data across prevention, treatment, recovery, and criminal justice to include data such as controlled substance outlets (tobacco, cannabis, alcohol) to help tailor interventions geographically.
    - A presentation from the Commonwealth of Virginia on the Framework for Addiction Analysis and Community Transformation (FAACT) a secure data sharing platform led by their Department of Criminal Justices Services in collaboration with their Chief Data Officer, combining previously siloed data from different agencies. It generates insight about contributing factors, brings awareness and delivers actionable intelligence to community leaders supporting their timely and effective response. They have been in contact with Nevada's Chief Data Officer to ensure alignment.
    - Ms. Johnson asked if this is individually identifiable data or community level data. Dr. Holmes explained that the Commonwealth of Virginia takes up all levels of data available and de-identifies as needed through MOUs with the Chief Data Officer of the State with standardization to the dashboard. Intervention methods may be identified f based on aggregate data for a population and the number of touches an individual has made along the way across multiple systems for prevention, treatment, recovery, criminal justice, etc. is also visible.
- RS 3. Support the collaborative proposal to the Fund for a Resilient Nevada (FRN) to conduct sampling of high schools, college/university campuses and bars/nightclubs and use information gained to develop public health awareness programs, deploy targeted naloxone, increase provision of fentanyl test strips to targeted locations and to develop a plan for expanding high risk substance wastewater surveillance in Nevada and review the outcomes from this pilot program to identify it and similar targeted programs may aid in the community response.
    - This refines a prior recommendation that was not ranked from last year, but presentations included information on other states such as New Mexico and Virginia that are successfully using wastewater surveillance, along with a presentation from UNLV. Southern Nevada Water District submitted a proposal to the FRN and they are in negotiation for terms and funding for this project.

[4] This position was established in the Governor's Office in 2024.

    - Ms. Johnson proposed a wording change to specify "wastewater sampling" in the first line of the recommendation.
- RS 4. Resolve the conflict between the Good Samaritan Drug Overdose Act and Drug Induced Homicide Law; immediate actions may include recommending community-level education using best practice guidelines, as well as education for law enforcement personnel, and exploring options for altering the Good Samaritan language to expand coverage to a greater population of individuals living with substance use disorder.
    - This was a revision from a previous year, with a presentation from CASAT updating education on both the Good Samaritan law and drug-induced homicide law. Subcommittee members still want to expand coverage for a greater population of individuals living with substance use disorder, because people still don't always feel comfortable calling 911 when they witness an overdose, or, seek additional treatment after they've experienced an overdose.
- RS 5. Implement a voluntary program to install "drug take back bins" in retail pharmacies.
    - This came from Senator Stone to implement a voluntary program to install drug take back bins in retail pharmacies. Dr. Kerns reported that he highlighted how this was successful in California, as another way that people can dispose of their drugs and decrease the potential of them getting diverted. People don't always feel comfortable going into a law enforcement facility to dispose of their drugs, so this would provide another option to keep legal controlled substances prescribed for patients that have expired or are not being used from being diverted for sale and consumption, and also keep them from being disposed of down people's toilet, which then gets into our water system.
        - Dr. Dickson reported working at a drug take back day in front of grocery stores several years ago. They didn't get very many controlled substances, but they got tons of everything else, which is probably a good thing, because those medications generally can't be considered totally harmless. So, you should have a plan to empty the bin about every other day.
- Dr. Kerns added that an additional recommendation relating to overdose fatality reviews, in alignment with their prior recommendation to review the operations and lessons learned from Clark County's Overdose Fatality Review (OFR) Task Force or their Opioid Task Force. They are to release their report in December of 2024, and members want to take this into account when supporting legislation to establish regional overdose fatality review committees, allowing flexibility as to the makeup and practice, and for the OFR to remain at the county or regional level as needed to effectively identify system gaps and innovative community specific overdose prevention and intervention strategies in accordance with established best practices, such as the Bureau of Justice Assistance Overdose Fatality Review a Practitioner's Guide to Implementation, The Subcommittee will be receiving a presentation from the Clark County Task Force at their next meeting.

10. Review Layout of Annual Report Template

Ms. Hale reviewed the template, noting that no changes were made to the first section which reflects the purpose of the SURG and how the subcommittees were structured, including the addition of Harm Reduction, and how the work of those subcommittees ties back to the original legislation under AB374, Section 10.

The next section shows placeholders for the recommendations coming forward from the subcommittees, to be approved by the full SURG in December. As was approved earlier, the recommendations will be reported as prioritized within each subcommittee.

The methodology section has been updated to show current subcommittee Chairs and Vice Chairs. The ranking recommendations process will be updated based on today's discussion.

The next section will include all the detailed information from the work of the subcommittees, including action steps, background, etc. Then the appendices will have all the separate tables including research links, target population, and impact legislation.

Appendix D will have the status of previous recommendations, but members need to determine how many years forward to carry that information or whether to have a cutoff. Subcommittees may continue to expand on recommendations from previous years or there may be follow-up work.

Appendix E contains information about the structure of the SURG and appointments, followed by Appendix F with the link to the new Opioid Litigation Tracker that Chief Krueger reviewed earlier.

Dr. Kerns said she really liked the template and suggested that the part that lays out the subcommittees might have a statement that they are not in any particular order. Ms. Hale will make that addition.

Ms. Johnson referenced the question about how far back the status reports should go for each year's recommendations. She suggested adding the previous year, and then having links for status reports prior to that. Ms. Hale agreed it would certainly be easier to add links to the older reports than to incorporate the full documentation.

11. Review and Consider Items for Next Meeting

Dr. Kerns stated the primary purpose of the next SURG meeting will be to get recommendations together for the Annual Report, which is due at the end of January 2025. That may include any updates, along with review, discussion and finalizing the recommendations. The ranking will be determined by the subcommittees across the four topic areas. There will also be an update on the opioid litigation settlement funds and distribution.

12. Public Comment

Stephanie Cook, Deputy Bureau Chief, Behavioral Health Wellness and Prevention, said she was very thankful to be able to participate in this meeting. She added that if anyone ever has questions or concerns about any of their grants, she is happy to have those conversations. Regarding one of the recommendations about their budgets, she explained that all the executive branch budgets go to the Governor, and theirs was due to the Director's Office on August 30th. Once those are submitted, they do not have the ability to make changes for state fiscal years 2026-2027. But she is still happy to have any conversations with anyone regarding their grants or how they're spending the money and how they're doing it. She is thankful for this committee and all the work they are doing.

Mr. Mandell with Desert Hope and American Addiction Centers Treatment Center wanted to thank everyone for their time. Their work does not go unnoticed by the public, and so he offered a moment of gratitude and to say thank you.

13. Adjournment

Vice Chair Shell adjourned the meeting at 4:39 p.m.

Chat Record

01:02:07 Kelly Marschall, SEI (she/her): Reminder that we will not be using the chat feature during today's meeting.