



# OFFICE OF THE ATTORNEY GENERAL

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## Statewide Substance Use Response Working Group Meeting

October 9, 2024

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

Chair Ford

# 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 virtual participants.

## In Person

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# Public Comment

## Attending Virtually

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\*Comments can also be emailed to [lhale@socialent.com](mailto:lhale@socialent.com). These comments and questions will be recorded in meeting minutes.

# 3. Review and Approve Minutes for July 10, 2024, SURG Meeting

(For possible action)

Chair Ford

# 4. Announcement of Appointment of Senator Jeff Stone to SURG and Response Subcommittee

(Informational)

Chair Ford

# 5. Department of Health and Human Services Status Report on SURG Recommendations

(Information and discussion)

Laura Hale, Strategic Partner, Social Entrepreneurs, Inc.



# 6. Statutory, Regulatory, or Administrative Efforts Related to SURG Recommendations

(Information and discussion)

Chair Ford

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

(Information and discussion)

Mark Krueger, Office of the Attorney General, or designee

# 8. SURG Recommendations Ranking Process

(For possible action)

Chair Ford

# Recommendations Ranking Process

The following summarizes discussion at each subcommittee meeting held in August and September to determine how the subcommittees and/or SURG should approach ranking of recommendations for the 2024 report.

## **Prevention:**

- Subcommittee members discussed if Harm Reduction and Prevention Recommendations would be combined and then ranked or ranked separate from each other.
- The subcommittee liked the option of ranking by subcommittee or topic area so that recommendations from one subcommittee would not be competing with those from another.

## **Treatment and Recovery:**

- Members opted to limit the number of recommendations and to rank recommendations by subcommittee topic (i.e., Prevention, Treatment and Recovery, Response). The subcommittee did not discuss not ranking recommendations at all.

## **Response:**

- The following options were put forward to the Response subcommittee for discussion:
  - Keep the system as is (SURG members preliminarily rank recommendations in October and provide final rankings in December)
  - Rank at the subcommittee level
  - Don't rank at all

One member spoke in support of not ranking recommendations at all, but adding a cap to the number of recommendations any one subcommittee can submit.

# 9. Subcommittee Recommendations

(Information and discussion)

- Prevention: Jessica Johnson
- Treatment and Recovery: Steve Shell
- Response: Dr. Terry Kerns

# Subcommittee Recommendations

- Subcommittee Chairs/Vice Chair to provide overview of recommendations
- Please reference *SURG Combined Recommendations Oct 2024* handout for the full recommendations
- SURG members are invited to ask questions and/or suggest changes to recommendations following each subcommittee report

# Subcommittee Recommendations Continued

- Prevention Subcommittee: Abbreviated to PS for Numbering of Recommendations
  - Harm Reduction: Abbreviated to HR for Numbering of Recommendations
- Treatment & Recovery Subcommittee: Abbreviated to TRS for Numbering of Recommendations
- Response Subcommittee: Abbreviated to RS for Numbering of Recommendations

# Prevention Recommendations

- 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. (Page 4)
- 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. (Page 8)
- 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. (Page 12)
- PS 4. 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, a recommended funding goal from the Nevada Tobacco Control & Smoke-free Coalition and subject matter experts. (Page 16)



# 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. (Page 20)

# Harm Reduction Recommendations Continued

- 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, 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. Establish an alternative strategy for harm reduction supply delivery if people can't receive delivery of the supplies directly.  
(Page 23)

# Harm Reduction Recommendations Continued

- 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. (Page 28)
- 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. (Page 31)
- 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. (Page 34)

# Treatment and Recovery Recommendations

- 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 we 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. (Page 38)
- TRS 2. Support access and linkage for treatment of trauma for people with substance use disorder (SUD) or those who have overdosed and for surviving family members after an overdose fatality. Support training for healthcare professionals to identify and address trauma. (Page 41)

# Treatment and Recovery Recommendations Continued

- TRS 3. Legislation should be considered to amend the Nevada Revised Statutes 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. (Page 44)
- 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. (Page 47)

# Response Recommendations

- 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. (Page 49)
- RS 2. Recommend research into implementation of statewide data sharing agreements with the Chief Data Officer of the State of Nevada and implementation of a cross-sector database housing multiple points of data across prevention, treatment, recovery, and criminal justice to include data such as controlled substance outlets (tobacco, cannabis, alcohol) to help tailor interventions geographically. (Page 52)
- RS 3. Support the collaborative proposal to the Fund for a Resilient Nevada 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 if it and similar targeted programs may aid in the community response. (Page 56)

# Response Recommendations Continued

- 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. (Page 60)
- RS 5. Implement a voluntary program to install “drug take back bins” in retail pharmacies. (Page 64)

# 10. Review Layout of Annual Report Template

(Information and discussion)

Laura Hale, Strategic Partner, Social Entrepreneurs, Inc.



# 11. Review and Consider Items for Next Meeting

(Discussion only)

Dr. Terry Kerns, Office of the Attorney General

# Items for December 11<sup>th</sup> SURG Meeting

- Review, discussion, and finalization of recommendations
- Ranking of recommendations for annual report
- Update on opioid litigation, settlement funds, and distribution

# 12. Public Comment

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# 13. Adjournment

# 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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