

MEETING NOTES

Statewide Substance Use Response Working Group Meeting

Wednesday, October 11, 2023
9:00 a.m.

Meeting Locations: Offices of the Attorney General:
Carson Mock Courtroom, 100 N. Carson St., Carson City, NV
3315 Conference Room, Grant Sawyer Building, 555 E. Washington Blvd., Las Vegas

Zoom Webinar ID: 841 1615 6896

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

Members Present via Zoom or Telephone

Chelsi Cheatom, Senator Fabian Doñate, Shayla Holmes, Jeffrey Iverson, Jessica Johnson, Lisa Lee, Nancy Lindler, Debi Nadler, Erik Schoen, Steve Shell, Dr. Beth Slamowitz, Assemblywoman Claire Thomas

Members Present in Las Vegas

Attorney General Aaron Ford

Members Absent

Dr. Leslie Dickson, Assemblywoman Melissa Hardy, Angela Nickels, Christine Payson, and Senator Seevers-Gansert

Attorney General's Office Staff

Rosalie Bordelove, Dr. Terry Kerns, 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

Linda Anderson, Lea Case (Belz & Case Government Affairs), Tray Delap, Dorothy Edwards (Washoe Regional Behavioral Health), Giuseppe Mandell (American Addiction Centers and Desert Hope), Abe Meza (DPBH), Rick Reich (Impact Exchange and Trac-B), Bryce Shields (Pershing County DA), Breanne Van Dyne (DPBH), Joan Waldock (DHHS)

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

Chair Ford called the meeting to order at 9 a.m. Ms. Rodriguez called the roll, with additional members signing on to reach a quorum at 9:04 a.m.

2. **Public Comment**

Chair Ford read instructions for public comment, including in person, call in, or email.

Giuseppe Mandell, American Addiction Centers and Desert Hope, said he is also a person in long-term recovery, and thanked the members for being allowed to sit in on the meeting.

Rick Reich, Impact Exchange and Trac-B Exchange, said he joined to listen in.

3. **Review and Approve Minutes for July 12, 2023, SURG Meeting**

Chair Ford asked for a motion to approve the minutes.

- Ms. Nadler made the motion to approve the minutes.
- Mr. Iverson seconded the motion.
- The motion passed unanimously.

4. **Updates to SURG Membership**

Chair Ford welcomed new members:

- Nancy Lindler, M.S. LMFT, Executive Director, Ridge House to serve the remaining term as a person who provides services relating to the treatment of substance use disorders.
- Dr. Beth Slamowitz, Pharmacy Policy Advisor, Department of Health and Human Services (DHHS), to serve the remaining term as the appointee of the Director of the DHHS.

Chair Ford noted that Vice Chair Lee would be leaving her current position with Washoe County, and vacating her current seat on the SURG, as *One representative of a local governmental entity that provides or oversees the provision of human services in a county whose population is 100,000 or more but less than 700,000*. He commended Vice Chair Lee as a great addition to the SURG, as one of the most committed persons he has seen working in this area. Her expertise is unsurpassed and her dedication to what they are doing is noteworthy and will certainly be missed, both in her official capacity as Vice Chair of the SURG and as Chair of the Treatment and Recovery Subcommittee. Chair Ford thanked Vice Chair Lee, on behalf of the entire committee, for her service and her work, wishing her well and Godspeed in her next endeavors. He asked Vice Chair Lee to consider staying on to serve as a subject matter expert and to participate in the meetings as a non-voting member.

Vice Chair Lee thanked and commended all the members for their dedication, adding that she had grown particularly close to members on the Treatment and Recovery Subcommittee, for which she served as Chair. She would love to continue to serve in whatever capacity she is able to in the future, once she completes her dissertation.

Chair Ford announced that Dorothy Edwards would be filling this vacancy, effective October 13, 2023, and he welcomed her to the SURG. Ms. Edwards noted that Ms. Lee's shoes would be hard to fill.

Chair Ford introduced Pershing County District Attorney, Bryce Shields. He is not an official member of the SURG, but he is a subject matter expert who brings a law enforcement perspective, engaging with this issue on a frequent basis..

DA Shields thanked Chair Ford and said that he appreciated the opportunity to serve the committee and is looking forward to contributing in any way that he can.

5. Review and Refinement of Scoring Tools and Processes

Ms. Hale, Social Entrepreneurs, Inc., reviewed the posted document outlining the proposed scoring tool and process. It includes background on the process from the prior year, for up to 20 recommendations to be included in the Annual Report. Members had requested more qualitative review at the subcommittee level, with ranking by the full SURG. Then, subcommittee meetings in July, August, and September incorporated qualitative reviews including impact, urgency, capacity, and equity, for every recommendation, as presented by sponsoring members. Each subcommittee could then forward 5-10 recommendations for consideration by the full SURG.

Based on presentations, the full SURG would rank their top 5 recommendations with [Slido](#), which would automatically weight and aggregate member rankings, to identify the top 20 recommendations to consider further for four possible options: 1) Move forward, as is, to the December SURG; 2) Remand back to the Subcommittee for additional workshopping; 3) Assign for future action; or 4) No further action.

These would be preliminary determinations rather than final recommendations for what to include in the Annual Report. If members approve this process, Ms. Duarte will review the Slido process and instructions for each member to select their top 5 recommendations.

Chair Ford asked members for any questions or concerns. Hearing none, he asked for a motion to approve the proposed process:

- Mr. Iverson made the motion to approve.
- Vice Chair Lee seconded the motion.
- The motion passed unanimously.

6. Subcommittee Reports and Recommendations

- Ms. Johnson, Chair, Prevention Subcommittee, presented recommendations for Harm Reduction, reminding members that the Prevention Subcommittee members had agreed to workshop these additional recommendations, as requested by the full SURG in July.

Ms. Marschall encouraged SURG members, and members of the public, to reference the full posted document with all the recommendations and their respective justification details from the subcommittee reviews. (Page numbers are referenced for each recommendation, below.)

Ms. Johnson explained that because the recommendations for Harm Reduction were an additional assignment, the Prevention Subcommittee members did not have the opportunity to prepare all the qualitative justifications for the first two recommendations. For Community Drug Checking (HR1 page 26), Ms. Johnson referred to the parameters outlined on the slide.

The second recommendation (HR2 page 17) is to provide travel costs for pickup of used products to be returned for destruction, increasing advertising about shipping programs, statewide, and establishing an alternative strategy for individuals who can't receive delivery of supplies in more rural and frontier areas.

For the third recommendation (HR3 page 29), Ms. Johnson noted that the subcommittee had discussed at length the urgency related to post overdose response, including wraparound services for surviving family members. Ms. Nadler contributed many justifications regarding the impact for grieving family members, and the ripple effect, within the subcommittee's review.

For the fourth recommendation on drug paraphernalia language (HR4 page 33), Ms. Johnson said many harms are related to injection, so expanded access to public health supplies such as syringe services programs and drug checking equipment are effective methods. Because Fentanyl is often smoked rather than injected, safer smoking supplies are an important strategy, with growing urgency.

Regarding workforce development (HR5 page 36), Ms. Johnson said that subcommittee members felt that Community Health Workers (CHWs) and Peer Prevention Specialists (PPS) would be at the top of the list, given their widespread utilization.

Chair Ford asked about the recommendation to change language around drug paraphernalia, as related to Nevada Revised Statutes (NRS). Vice Chair Lee referenced Shiloh Jama's presentation to the SURG on safe smoking materials, which are less harmful than injecting, which can lead to soft tissue infections. She added that this also reduces overdose risk, and she noted that templates are available with the appropriate language.

Vice Chair Lee noted that among local users (Washoe County) a lot of people dropped out of weekly encounters with the syringe services program because they shifted to smoking, with a consistent trend over the last couple of years. The loss of regular contact misses the opportunity for harm reduction education. Non-fatal overdose can result in hypoxic and anoxic brain injury, but there are a lot of great resources that could be woven into a post-overdose response to address behavioral or cognitive changes that people experience. There is also a toolkit and providers could be educated around this to address long-term impacts.

Ms. Cheatom referenced the Harm Reduction program in Las Vegas to support a bill draft changing the language around drug paraphernalia and smoking supplies. They may feel a little more comfortable giving out those supplies to people if they know it can't be used against clients as evidence of paraphernalia.

Chair Ford thanked Ms. Cheatom and Vice Chair Lee for their input.

Ms. Johnson asked for volunteers to populate the qualitative data elements for the first two Harm Reduction recommendations if they rank in the top 20. Because these were additional assignments, there was not sufficient capacity earlier in the year to complete all the qualitative data elements.

- Mr. Schoen, Vice Chair, Prevention Subcommittee, presented their recommendations. He emphasized members' passionate belief in the power of "stage zero" interventions, and the recognition that historically, we

have probably underfunded prevention relative to other strategies. Research across the country supports investing in a health and wellness approach versus a medical approach.

The recommendation for double funding (PS1 page 5) resulted from the challenge of coming up with hard numbers for current funding. Due to technical difficulties, Chair Ford asked Ms. Johnson to complete the review for this recommendation. Ms. Johnson said they are still working with the Bureau (Substance Abuse and Treatment Agency for DHHS), to determine the exact amount to reach young people across the state with saturation or penetration across all groups.

Ms. Johnson continued with the next recommendation (PS2 page 7) which reflects Chair Ford's call to action for the SURG members to look at a broad array of substances, beyond opioids. This recommendation calls for increased funding for tobacco control, to address vaping education, in particular. Mr. Schoen located a more stable connection and continued this presentation, stressing that this funding should not come at the expense of any other existing prevention funding.

Mr. Schoen outlined the third recommendation (PS3 page 10) for a data dashboard to report on density of outlets for alcohol, tobacco and cannabis, which tend to have higher substance use and associated problems. This would help inform policy decisions and resource allocation.

For Expansion of Medicaid billing for prevention services and braided funding to facilitate services (PS4 page 12), Mr. Schoen said these are services such as those offered by the Prevention Coalition, and they are really investing in CHWs and incorporating Peer Recovery Specialists (PRS).

Chair Ford asked about what metrics were used to come up with the first recommendation to double prevention funding. Mr. Schoen said they were trying to drive some accountability around the budget process. Chair Ford explained the difficulty for legislators to determine expenditures without detailed data or studies. He recommended the subcommittee develop a quantitative approach to support their recommendation.

Regarding the tobacco recommendation, Chair Ford identified the need to consider requirements under the Master Settlement Agreement.

Ms. Nadler spoke in further support of PS1, noting that it's really hard to put a number on the dollars needed, but they know we are losing more and more young kids. She knows that there seems to be a lot more education in Reno, such as reinstating DARE programs, compared to southern Nevada. She would like to meet further with the subcommittee on their first recommendation. Chair Ford confirmed there is an option to remand this recommendation for further work by the subcommittee.

Ms. Johnson noted that SAMHSA did a cost-benefit analysis of prevention programs, but it is over 20 years old. The subcommittee could workshop this more and add in the need for a study of cost effectiveness. They understand this is a very long-term strategy.

Mr. Schoen closed his presentation with the last three recommendations (PS 5 page 15, PS6 page 18, and PS7 page 22), to designate a baseline level of overdose reversal medication for the next 10 years, to recommend legislation like Maryland's STOP Act for emergency medical services to dispense naloxone, and to improve recruitment, retention and compensation of health and behavioral health care workers, particularly CHWs, PRS, certified prevention specialists.

- Ms. Lee, Chair, Treatment and Recovery Subcommittee, presented their recommendations.

Their first recommendation (TRS1 page 38) is for expanded access to medication assisted treatment (MAT) and recovery support, limiting barriers to treatment. This was put at the top of the list because there is still a long way to go. Financial augmentation is needed due to loss of Medicaid coverage, following the Covid pandemic.

The second recommendation (TRS2 page 43) is in the “recovery supports bucket” to implement follow up referrals and linkage to care for justice involved individuals. Vice Chair Lee noted there are cross-cutting elements with a recommendation from the Response Subcommittee. [AB156](#) from the 2023 Legislative Session attempted to mandate treatment, but it was revised to require studies and reports from justice system entities. Therefore, these reports should be used to design a new bill to address the problem.

The third recommendation (TRS3 page 47) to implement a specialized child welfare service delivery model for children affected by parental substance use, seeks to address trends with more and more children placed into foster care. Washoe County has a higher rate of removals, especially for infants, compared to the rest of Nevada. Evidence-based models work to restore families through wraparound services. Vice Chair Lee emphasized that people of reproductive age are dying en masse.

The fourth recommendation (TRS4 page 51) would establish priority funding areas to ensure entry into treatment and/or recovery with culturally and linguistically appropriate overdose prevention for BIPOC and LGBTQIA communities. Vice Chair Lee noted that these population disparities are showing up in postmortem data, not only in Nevada, but nationwide.

The fifth recommendation (TRS5 page 54) would significantly increase capacity, including access to treatment facilities and beds for intensive care coordination, targeted to youth under age 18, who are at risk for higher level of care or system involvement. Youth are often sent out of state for treatment, so this is a very urgent recommendation, to stop intergenerational cycles.

The sixth recommendation (TRS6 page 58) would engage individuals with lived and living experience in programming design considerations and enhance Peer Support for underserved populations, by increasing reimbursement rates, implementing train the trainer models, and enacting policy changes. This has cross-cutting elements with one of the Prevention recommendations.

Chair Ford noted that there is ongoing litigation related to TRS5, and his office is engaged with the federal government to address this issue, as well. In relation to TRS6, Chair Ford recalled a discussion under the Cross Sector Task Force to get moving with some public service announcements (PSAs) involving PRSS. His office continues to work on that priority.

Ms. Nadler thanked Vice Chair Lee for her fabulous presentation! She asked if the child welfare service referenced under TRS3 was the same as CPS (Child Protective Services). Her son’s best friend has an eight-year-old daughter, for whom CPS has been called, but they aren’t doing anything. She wants to know if CPS is required to do drug testing.

Vice Chair Lee confirmed that child welfare is also known as CPS. There are a variety of safety factors; parental substance use, on its own without any other safety factor, is not reason to get involved and move towards an investigation. Other criteria must be met, that jeopardize the safety of the child or children in the home. She added that child welfare is slowly moving from a reactive system, that waits for children to be in danger, toward a preventive system under the Families First Prevention Services Act. Currently, the system does not have the capacity to be proactive. They are implementing models in Washoe County, such as the Sobriety Treatment and Recovery Team model. This is an evidence-based model that began in Ohio in 1997 that pairs with PRSS to operate at the front end, ahead of legal involvement in some cases.

Dr. Kerns asked about the first recommendation to expand access to MAT and PRSS, noting that the [DEA X-Waiver](#) changed to support provider services. Vice Chair Lee deferred to Dr. Dickson’s expertise on this question, for an offline follow-up as Dr. Dickson was unable to attend this meeting.

- Dr. Kerns, Chair, Response Subcommittee, thanked members for their work and presented their recommendations, which she described as on the other end of the spectrum from prevention.

The first Response recommendation (RS1 page 62) is for legislation to require the Division of Health Care Finance and Policy (DHCFP) to apply for and implement a Medicaid Section 1115 waiver to support planning

and implementation of a reentry program with comprehensive behavioral health services for people leaving carceral facilities. Vice Chair Lee had previously referenced a report from DHHS to identify which carceral facilities are using MAT, and to what extent they have capacity and readiness to use MAT. The report is due in June 2024. Staff from DHCFP presented on the larger program which already started to support application for this 1115 waiver, which would provide Medicaid coverage 90 days prior to release. Once they leave, there is a gap in coverage for MAT or any counseling services, when they are at a higher risk for fatal overdose due to lower tolerance.

Their second recommendation (RS2 page 66) is to understand the true cost of implementing wastewater-based epidemiology in Nevada and its ability to support community response plans. Staff from UNLV presented their epidemiology program that used this method during the Covid pandemic to identify hotspots or increases, so they could do the same to identify increases in Fentanyl or other substances. Ms. Holmes highlighted this type of technology and data point would broadly identify a variety of chemicals and substances, with the ability to provide very timely information specific to each community where it is collected.

The third recommendation (RS3 page 68) is to leverage existing programs and funding to develop overdose related outreach with follow up support referrals, including for post-institutional release. This would be integrated with Nevada's crisis response system, expanding on existing programs, and plans would be developed for law enforcement and public health to implement those strategies.

Response recommendation four (RS4 page 72) is to review operations and lessons learned from Clark County's overdose fatality review task force when their report is released in December 2024. Future legislation for expansion to regional committees would allow flexibility for the makeup and practice to remain at the county or regional level to effectively identify system gaps and innovative strategies. The proposed legislation in 2023 was intended for statewide implementation but was limited to Clark County.

Response recommendation five (RS5 page 75) is to understand what coroners and medical examiners currently test for and make recommendation for funding independent medical examiners to specify the cause of death in overdose cases. This could be a potential bill draft request and extension expenditure of settlement funds. Getting this information impacts prosecution, with currently lengthy waiting times, impacting people in the criminal justice system.

Dr. Kerns also presented recommendations that were referred to the Cross-Sector Advisory Task Force, including resolution of the conflict between the Good Samaritan Law and the Drug Induced Homicide law with public health messaging to educate the public as well as people who use substances, and education and training for law enforcement.

The second referral to the Cross-Sector Advisory Task Force is to optimize available data to inform actions and update community response plans, leveraging the overdose data mapping application program. Communities funded through the State Opioid Response grant wrote spike response plans, with a couple of counties conducting tabletop exercises or full-scale exercises. When Covid hit, the plans were shelved, and should now be updated to reflect current information.

The last recommendation is for the Response Subcommittee to investigate where inadequacies exist in the Good Samaritan law.

Ms. Nadler asked if there is currently quantitative and qualitative testing in relation to Tyler's Law and testing for Fentanyl. Dr. Kerns explained that Tyler's law requires testing for Fentanyl when someone goes into a facility and has an overdose or suspected overdose in California, but it is not a law in Nevada. Ms. Nadler asked if Nevada has a plan of action for quantitative and qualitative testing for the Coroner's Report. Dr. Kerns explained that they need to find out what drugs are identified as part of the panel. She understands that some coroners test for different drugs, so it's not consistent across the state. Vice Chair Lee reported that in Washoe County, Dr. Knight consistently checks for Nitazenes (strong synthetic opioids) as well as Mitragynine, which is an active chemical compound in Kratom, and she also checks for Fentanyl.

Ms. Johnson suggested that RS3 might be aligned with HR3, and she asked if the Response Subcommittee would consider workshopping them together. Dr. Kerns also had this in her notes and supported collaboration.

Ms. Johnson suggested that the Response Subcommittee invite the Clark County Coroner, or perhaps whomever oversees the Overdose Data to Action funding, because substances identified in panels are limited by the type of funding received. This determines whether medical examiners run a basic panel or an expanded panel for a suspected overdose death. Public Health relies on these stats for alerting or educating the public about causes of death.

Chair Ford thanked Ms. Johnson for that information and supported getting an expanded presentation beyond Clark County.

Vice Chair Lee noted Dr. Kerns's reference to the impact for prosecution, relating to drug-induced homicide. She thought the intention was for public health surveillance to improve interventions, but if they are intending this for prosecution, she needs clarification. Dr. Kerns noted that Christine Payson (unavailable for this meeting) submitted this recommendation as the SURG representative for the Nevada Sheriffs and Chiefs Association. The intention was to complete these very expensive reports where people are waiting to get their cases to trial.

Chair Ford cited this as an example of mutually exclusive issues between harm reduction and public safety.

Ms. Marschall referred members to the summary of recommendations which could be referenced to consider their top five recommendations.

Chair Ford called for a ten-minute break at 10:55 a.m., and called the meeting back to order at 11:07 a.m.

7. Review Slido Process and Complete Ranking Exercise for Preliminary Prioritization of SURG Recommendations

Ms. Duarte, Social Entrepreneurs, Inc., reviewed the Slido ranking process. She explained the process today would allow them to see aggregate ranking results for their recommendations. Due to the concatenated reporting format for individual rankings in Slido, additional staff work is required to present those in a readable format at the next meeting.

Members were given instructions and a QR code to get into the Slido application to complete their rankings, after which staff would share the results as part of the public meeting. Also, they were instructed to enter their name into the application to ensure that only members were completing the ranking. They could make changes by moving the position of a recommendation or deselecting it altogether.

Ms. Marschall asked members to let staff know when they had submitted their rankings. Ms. Duarte subsequently confirmed that all eleven participating members had submitted their rankings.

Chair Ford called for a 5-minute break at 11:18 a.m. for the results to be tallied and prepared for presentation. The break was extended due to technical challenges with sorting the results. Chair Ford called the meeting back to order at 11:30 a.m.

Notes: Dr. Slamowitz abstained from ranking recommendations, as a newly appointed member. Ms. Linder had an opportunity to participate in a briefing and was able to complete the ranking. Senator Doñate had to leave the meeting ahead of the ranking exercise. Dr. Kerns completed the ranking exercise on behalf of Chair Ford.

8. Review Preliminary Ranking Results and Determine Next Steps for SURG Recommendations

Chair Ford reviewed the results with members to sort them into the following categories 1) Move forward to December SURG meeting, as is; 2) Remand back to Subcommittee (with guidance); 3) Assign for future action; or 4) Assign no further action.

Recommendation Ranking Results and Discussion

Recommendation	Discussion
<p>PS 4. Expand Medicaid billing opportunities for preventive services and allow blended and braided funding to facilitate services to expand access to care for youth and adults.</p>	<p>Move forward.</p>
<p>TRS 1. Expand access to MAT and recovery support for SUD, limit barriers to individuals seeking treatment regardless of the ability to pay, and encourage the use of hub and spoke systems, as well as recovery support, including use and promotion of telehealth, considering the modifications that have been made under the emergency policies, and pursuing innovative programs such as establishing bridge MAT programs in emergency departments.</p>	<p>Move forward.</p>
<p>HR 1. Establish a statewide initiative for community drug checking that incorporates qualitative and quantitative drug checking and includes the following parameters:</p> <ul style="list-style-type: none"> • 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. 	<p>Move forward.</p>
<p>HR 3. Increase support for harm reduction based post-overdose outreach with public safety, including wrap-around services for surviving family members and/or postmortem services for families (for example, the services could be funeral related, housing needs, health care, counseling, or a warm handoff to treatment for substance use disorder).</p>	<p>Remand to Response subcommittee to combine with RS 3.</p> <p>Ms. Johnson noted the intent to rework HR 3 to combine it with RS 3, but because it is under Harm Reduction, additional support is needed from the Response Subcommittee.</p>
<p>HR 5. Provide support to community coalitions to support community health workers to expand Harm Reduction throughout the state of Nevada and prioritize funding for Community Health Workers to provide community-based harm reduction services.</p>	<p>Remand to Treatment & Recovery Subcommittee to combine with TRS 6.</p> <p>Mr. Schoen had no objection to moving this forward but asked if it might be combined with TRS 6, because they both expand the CHWs and PRSS workforce. Ms. Johnson asked for the</p>

Recommendation	Discussion
	<p>Treatment & Recovery Subcommittee to workshop this, perhaps with input from a Prevention representative.</p>
<p>TRS 6. Engage individuals with living and lived experience in programming design considerations and enhance Peer Support for underserved populations to be delivered through representatives of underserved communities by increasing reimbursement rates, implementing train the trainer models, and enacting policy changes to address limitations to the use of Peers in some settings through strategies including: 1) ensure adequate funding for these priorities, 2) target special populations, 3) increase reimbursement rates, and 4) offer standalone service provision opportunities.</p>	<p>Remand to Treatment & Recovery Subcommittee to combine with HR 5.</p>
<p>PS 1. Recommend to DHHS/DPBH/the Bureau of Behavioral Health Wellness and Prevention to double the amount of investment in primary prevention programming every two years for ages 0-24 and review the funding allocations annually.</p>	<p>Remand to Prevention Subcommittee.</p> <p>Chair Ford and Assemblywoman Thomas supported remanding to the subcommittee to estimate a budget for legislators to consider. Ms. Nadler expressed concern with a perceived lack of primary prevention efforts and funding. Vice Chair Lee agreed that refinement was needed to include fund-mapping from DHHS to show allocation for existing prevention programs, which she believes are typically very well-funded compared to harm reduction. Ms. Johnson offered to work to incorporate cost effectiveness and funding maps into the recommendation. Ms. Nadler reiterated her view that so much is done in Northern Nevada, but not in Southern Nevada.</p>
<p>PS 5. Support Harm Reduction through: Make a recommendation to DHHS to utilize opioid settlement dollars to designate a baseline level of identification and overdose reversal medication for the next 10 years in Nevada (base this on the state naloxone saturation plan) to create a stable, sustainable source of overdose reversal medication throughout the state.</p>	<p>Move forward.</p>
<p>TRS 4. Establish priority funding areas to ensure entry into treatment and/or recovery, ensure that Black, Latinx/Hispanic, Indigenous, and people of color and LGBTQIA communities are receiving culturally and linguistically appropriate overdose prevention (naloxone, vending machines, media), drug checking supplies to reduce fatal overdoses</p>	<p>Move forward.</p>

Recommendation	Discussion
among Black, Latinx/Hispanic, Indigenous individuals, and people of color in Nevada.	
TRS 5. Significantly increase capacity; including access to treatment facilities and beds for intensive care coordination to facilitate transitions and to divert youth under the age of 18 at risk of higher level of care and/or system involvement.	<p>Move forward.</p> <p>Chair Ford reminded members activities related to this are going to run parallel with litigation.</p>
RS 3. Leverage existing programs and funding to develop outreach response provider(s) and/or personnel that can respond to any suspected overdose or to those who are provided treatment for an overdose in a hospital/emergency room/EMS and offer follow-up support, referrals, and services to the individual (and loved ones) following an overdose. Provider(s) and/or personnel to be deployed to anyone being released from institutional and community settings (e.g., hospitals, carceral facilities, and other institutional settings) who is being discharged post overdose or suspected overdose. Ensure this recommendation is included as the build out of Nevada’s Crisis Response System is occurring so that tailored intervention for individuals who have survived a non-fatal overdose is included.	<p>Remand to Response Subcommittee to combine with HR 3.</p>
PS 7. Support Harm Reduction through: Implement changes to recruitment, retention, and compensation of health and behavioral health care workers and enhance compensation in alignment with the Commission on Behavioral Health Board's letter to the Governor of June 22nd. Additionally, continue to sustain and expand investment in Community Health Workers, Peer Recovery Specialists, and Certified Prevention Specialists by implementing changes to recruitment, retention, and compensation.	<p>Move forward.</p>

Recommendation	Discussion
<p>PS 2. Allocate tobacco control and prevention funding using local lead agencies model to reach \$2 per capita recommended funding using a combination of funding sources (e.g., cigarette tax, other tobacco tax, Juul settlement, tobacco master settlement agreement, future vaping settlements, other tobacco related settlements, etc.).</p>	<p>Remand to Prevention Subcommittee.</p> <p>Chair Ford thought this should go back to the subcommittee because there are certain rules related to tobacco funds that one of the Deputy Attorneys General could review with members of the subcommittee. Ms. Nadler suggested marijuana could be added. Chair Ford explained that tobacco taxes and the Master Settlement Agreement with Tobacco can't be used to sponsor issues related to marijuana. However, you could have a separate recommendation related to marijuana. Ms. Johnson explained that the Prevention Subcommittee had been working to schedule a presentation from experts on cannabis prevention education, so that is in progress. She added that this recommendation does cover vaping prevention for a variety of substances, including tobacco. Chair Ford noted that vaping for tobacco could be covered under the Master Settlement Agreement, but not for marijuana.</p>
<p>HR 4. Create a bill draft request at the legislature to change the language around drug paraphernalia as it relates to smoking supplies.</p>	<p>Remand to Prevention Subcommittee.</p> <p>Chair Ford thought this recommendation would be too vague for a bill draft request. Assemblywoman Thomas agreed. Chair Ford suggested remanding this back to the subcommittee for more detail.</p>
<p>PS 6. Support Harm Reduction through: Create a recommendation to the legislature modeled on Maryland's STOP Act which authorizes certain emergency medical services providers to dispense naloxone to individuals who received treatment for a nonfatal drug overdose or were evaluated by a crisis evaluation team, and requires certain community services programs, certain private and public entities, and hospitals to have a protocol to dispense naloxone to certain individuals free of charge under certain circumstances.</p>	<p>Move forward.</p> <p>Chair Ford said he is not necessarily opposed to this going forward, but he would like more information about the Maryland STOP Act. Ms. Johnson explained that some of the language is adapted from the Maryland STOP Act, as provided in the references for this recommendation. Chair Ford said this was very good and supported moving this forward.</p>
<p>PS 3. Recommendation to the DHHS (Office of Analytics/or the appropriate entity) to create a data dashboard or other type of regularly updated report on alcohol outlet, tobacco outlet, and cannabis outlets density.</p>	<p>Move forward.</p> <p>Chair Ford said this may speak to some of what Ms. Nadler was looking for. She agreed. The recommendation was moved forward.</p>

Recommendation	Discussion
<p>HR 2. Harm Reduction Shipping Supply: Provide travel costs for pickup of used products to be returned for destruction. Increase advertising about shipping programs. Establish alternative strategy if people can't receive delivery of the supplies.</p>	<p>Remand to Prevention Subcommittee.</p> <p>Ms. Johnson recommended remanding this back to the Prevention Subcommittee, and asked if there is a SURG member who is willing to complete the qualitative sections, (to help with the workload). Ms. Cheatom said she had helped run this program at Trac-B Exchange and could do the qualitative section. Chair Ford thanked Ms. Cheatom for jumping in on that.</p>
<p>TRS 3. Implement a specialized child welfare service delivery model with follow up and referral and linkage to care that improves outcomes for children and families affected by parental substance use and child maltreatment and pregnant or birthing persons with opioid use disorder.</p>	<p>Move forward.</p> <p>Chair Ford asked Vice Chair Lee to stay engaged and involved on this recommendation if it moves forward. Vice Chair Lee agreed to do so.</p>
<p>RS 1. Evaluate current availability and readiness to provide comprehensive behavioral health services to include but not limited to screening, assessment, treatment, recovery support, and transitions for reentry in local and state carceral facilities. Recommend the allocation of funding to support the development of a Medicaid Reentry Section 1115 Waiver to Increase Health Care For People Leaving Carceral Facilities and to support readiness of carceral facilities to implement the 1115 waiver. Recommend legislation to require DHCFP to apply for and implement the 1115 Waiver to Increase Health Care For People Leaving Carceral Facilities and ensure there is an evaluation of readiness for planning and implementation.</p>	<p>Remand to Response Subcommittee to combine with TRS 2.</p>
<p>TRS 2. Implement follow ups and referrals and linkage of care for justice involved individuals, including individuals leaving the justice system.</p>	<p>Remand to Response Subcommittee to combine with RS 1.</p> <p>Dr. Kerns suggested this could be combined with RS1 to support reentry. She said Response could workshop this with support from someone from Treatment and Recovery.</p>

Recommendation	Discussion
<p>RS 2. Understand the true cost of implementing wastewater-based epidemiology (WBE) in Nevada and its ability to support community response plans.</p>	<p>Remand to Response Subcommittee.</p> <p>Ms. Holmes asked if these remaining items could be in the report, given the combining of a few of the previous recommendations. Dr. Kerns said her understanding was that these could still move forward. Vice Chair Lee said she agrees with the spirit of the language, but what does it mean to "understand the true cost?" She asked if it could be re-worded to direct an agency to conduct a feasibility study. Chair Ford asked Ms. Holmes if she was amenable to workshopping this a bit more to address these questions. Ms. Holmes agreed and appreciated the feedback.</p>
<p>RS 4. Review the operations and lessons learned from Clark County's Overdose Fatality Review Task Force when that body's report is released in December 2024 and take this into account when supporting legislation to establish regional Overdose Fatality Review (OFR) 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's Overdose Fatality Review: A Practitioner's Guide to Implementation.</p>	<p>Remand to Response Subcommittee.</p> <p>Chair Ford suggested remanding this back to the subcommittee to wait for the report. Vice Chair Lee recalled that Assemblyman Orentlicher, who is a doctor, carried this bill during the 2023 session, but it was heavily amended, limiting it to Clark County. Chair Ford suggested inviting Assemblyman Orentlicher to review the process, and then do some additional work on the recommendation.</p>

9. Review and Consider Items for Next Meeting

Dr. Kerns presented potential items for the December meeting.

- Finalize recommendations to be included in the SURG Annual Report (Due at the end of January 2024)
- Review outline of SURG Annual Report
- Presentation of DHHS Annual Report
- Update on Opioid Litigation, Settlement Funds, and Distribution (Chief Mark Krueger)
- Proposed 2024 Meeting Dates and Times
- Reappointment or new appointment of SURG member will also be discussed, as there are eight members whose terms will expire on January 1, 2024.

Ms. Nadler expressed concern about possibly losing appointments after investing so much time and losing all the knowledge gained. She asked how it works if they want to stay on. Chair Ford said he appreciated her concern, and he has heard the same thing about term limits. With reappointments and new appointments, there are some people who would like to stay on and others who have other commitments or change jobs, so those issues will be considered.

10. Public Comment

Giuseppe Mandell, American Addiction Centers and Desert Hope, thanked the members for all the rigorous work they do. He thinks the state has made strides in the last three years. His main job in the community is to work with all the different facilities, including hospitals, jails, institutions, judges, attorneys, anywhere that would get people into treatment. He appreciates all the information and wanted to give information about what he is seeing on the front lines lately. He is sorry to see Vice Chair Lee go, and he would love to get with her off the record to collaborate on what she is seeing in Washoe County compared to what he is seeing in Clark County. One of the things he is seeing is going towards harm reduction but bridging that gap – he is having a hard time getting people treated, who are smoking meth or not necessarily injecting heroin. He knows we're going toward harm reduction. People are going towards smoking, and it's awesome. And we're making huge strides. The thing is, can he get them treated once they get to his facility. Can he get insurance to pay for that? Or, if he has incarcerated individuals . . .if we put that money towards that, say, we've got money towards incarcerated individuals, can he get them treatment if they've been incarcerated for only two weeks, and he can't get Medicaid or private insurance to pay for treatment, to get them into treatment because of criteria. So, he doesn't know if this is the right meeting or the right suggestion, but this is what he is seeing on the ground. The good news is that a ton of people are getting help all due to the work that "you guys are doing." He thinks we're making huge strides, but questions going forward on how they would do that portion of it to kind of bridge that gap to where they focus a lot of money and funding towards harm reduction and those things, but are we going to be able to treat them if we go that route?

Ms. Nadler thanked "each and every one of you, because I came in here with blinders on 4 years ago, and each one of you has opened my eyes so intensely on everything, and I have so much respect for every one of you, and I want to thank you for the bottom of my heart. Truly, thank you."

Rick Reich, Impact Exchange, Las Vegas, NV, said they are the only harm reduction agency that currently is doing syringe exchange. They do that either in a storefront or vending process. He stressed that the members have been very thorough, with all the items touched on and the recommendations. But he wanted to point out that when it comes to interaction with people who are using illicit substances, and the criminal justice system . . .infrequently, the treatment modalities that are available have to get them sort of referred one way or another, they either have to walk in or be referred by some other agency. And, thirdly, the emergency departments, which they were actively involved with up until recently, could be a source for people when they overdose. All of those are limited, though, to that particular interaction. When it comes to harm reduction, and especially supplying clean syringes and saving devices, you see these individuals almost on a weekly basis. So, whereas criminal justice may see them three or four times a year, they may see them 52 times a year. And so the impact they can have upon an individual and helping them make some life changes in terms of the process of where they're going down the road, whether it's further into addiction or into treatment. Obviously, they have a little bit clearer contact point with them in terms of frequency. And, he would just like to make sure that people understand that harm reduction isn't a one-time interaction. It's a thorough, almost weekly, if not even more frequent, contact with individuals supplying them with clean devices. And with information, education and offers for treatment and testing for other diseases. And he would just close with that, and thank you very much for allowing him to listen in on this.

11. Adjournment

The meeting was adjourned at 12:18

Chat Record

01:07:32 Lisa Lee: Jessica Johnson is logged in as a participant
03:12:26 Kelly Marschall, SEI (she/her): Go to slido.com in a browser and enter slido.com
03:12:37 Kelly Marschall, SEI (she/her): slido.com
03:18:06 Shayla Holmes: I am done
03:18:41 Kelly Marschall, SEI (she/her): Thank you for noting when you are done
04:12:27 District Attorney Pershing County: I will reach out to the response sub-committee. Thank you, AG Ford.
04:20:33 Dorothy Edwards: I have to jump to another meeting. I am so anxious to work with each of you and continue the good work! I appreciate the opportunity

DRAFT