



# OFFICE OF THE ATTORNEY GENERAL

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## Statewide Substance Use Response Working Group Meeting

October 11, 2023

# 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

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

# Public Comment

## Attending Virtually

If you are dialing in from a telephone:

- Dial 719-359-4580
- When prompted enter the Webinar ID: 841 1615 6896
- Then enter the Meeting Passcode: 676835
- Please press \*9 so the host can prompt you to unmute.

If you are joining virtually with computer audio, please use the “raise hand” feature to indicate you would like to provide public comment so the host can prompt you to unmute.

Before commenting, please state your full name for the record

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

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

(For Possible Action)

Chair Ford

# 4. Updates to SURG Membership

(For Possible Action)

Chair Ford and Vice Chair Lee

# Updates to SURG Membership

## **Appointment of new SURG 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, to serve the remaining term as the appointee of the Director of the Department of Health and Human Services

## **Pending change for the following seat:**

- 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.



# 5. Review and Refinement of Scoring Tools and Process

(For Possible Action)

Laura Hale, Social Entrepreneurs, Inc.

# Review and Refinement of Scoring Tool and Process

- See *SURG Recommendations Submission and Ranking Process*
- Proposed preliminary ranking process:
  - Each SURG member to pick top 5 recommendations
  - Recommendations to be automatically weighted and aggregated
  - Results to be shared during meeting to determine next steps for the top 20 recommendations:
    - a) Move forward, as is, to December meeting
    - b) Remand back to subcommittee
    - c) Assign for future action
    - d) Assign no further action

# Review and Refinement of Scoring Tool and Process Cont.

- The Slido platform allows for ranking in real time with a built-in formula to give higher weights to elements ranked by each individual, with aggregate results to reflect the overall ranking of the group.
  - Directions on how to use Slido will be covered in Agenda Item 7
- Members may propose an alternative process for inclusion and/or prioritization of recommendations within the Annual Report, to be finalized in December.

# 6. Subcommittee Reports and Recommendations

(For Possible Action)

- Harm Reduction – Jessica Johnson, Prevention Chair
- Prevention - Erik Schoen, Vice Chair
- Treatment and Recovery – Lisa Lee, Chair
- Response – Dr. Terry Kerns, Chair

# Subcommittee Reports and Recommendations

- Subcommittee Chairs/Vice Chair to provide overview of recommendations
- Please reference *SURG Combined Recommendations Oct 2023* handout for the full recommendations
- SURG members are invited to ask questions and/or suggest changes to recommendations following each subcommittee report
- SURG members will identify their Top 5 recommendations for prioritization in Agenda Item 7

# Subcommittee Reports and 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

# 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:
  - 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 26)*
- 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. *(Page 27)*

# Harm Reduction Recommendations Continued

- 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). *(Page 29)*
- HR 4. Create a bill draft request at the legislature to change the language around drug paraphernalia as it relates to smoking supplies. *(Page 33)*
- 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. *(Page 36)*



# Prevention Subcommittee Recommendations

- 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. *(Page 4)*
- 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.). *(Page 7)*
- 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. *(Page 10)*
- 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. *(Page 12)*

# Prevention Subcommittee Recommendations Continued

- 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. *(Page 15)*
- 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. *(Page 18)*
- 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. *(Page 22)*

# Treatment & Recovery Recommendations

- 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. *(Page 38)*
- TRS 2. Implement follow ups and referrals and linkage of care for justice involved individuals, including individuals leaving the justice system. *(Page 42)*
- 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. *(Page 47)*
- 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 among Black, Latinx/Hispanic, Indigenous individuals, and people of color in Nevada. *(Page 51)*

# Treatment & Recovery Recommendations Cont.

- 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. *(Page 54)*
- 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. *(Page 58)*

# Response Recommendations

- 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. *(Page 62)*
- RS 2. Understand the true cost of implementing wastewater-based epidemiology (WBE) in Nevada and its ability to support community response plans. *(Page 66)*

# Response Recommendations Continued

- 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. *(Page 68)*

# Response Recommendations Cont.

- 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. *(Page 72)*
- RS 5. Understand what coroners and medical examiners currently test for and make recommendation to a specific agency or other sources to fund personnel and resources for independent medical examiner(s) for investigations and reports to specify the cause of death in overdose cases. *(Page 75)*

# Response Recommendations Cont.

The following recommendations have been provided to the Joint Advisory Task Force:

- Request the recommendation to “Resolve the conflict between the Good Samaritan Law and the Drug Induced Homicide Law” be considered by the Joint Advisory Task Force to look at public health messaging best practices to educate the public on the Good Samaritan Law and create targeted messaging for people who use drugs; this should also include education and training for Law Enforcement.
- Recommend the Joint Advisory Task Force optimize available data to inform actions and update community response plans. *Should the Task Force not take this recommendation up, the Response Subcommittee will move this recommendation forward. (Page 76)*

The following recommendation should be considered for further review by the Response Subcommittee:

- The Response Subcommittee will investigate where inadequacies exist in the Good Samaritan Law. *(Page 77)*



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

(For Possible Action)

Crystal Duarte, Social Entrepreneurs, Inc.

# Slido Process

- Slido ranking is available to SURG members only, via computer or smartphone, to select their Top 5 Recommendations.
- You will be asked to enter your name and agree to terms.
- On the screen you will see a QR code and web link and code that can be used to access the ranking poll.
- Staff will provide an overview of how to use Slido, and will assist members as needed.

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

(For Possible Action)

Chair Ford

# Next Steps for SURG Recommendations

Excel export of Slido results to be reviewed; SURG members to determine next steps for each recommendation:

- 1) Move forward, as is, to December meeting (consent agenda)
- 2) Remand back to Subcommittee (with guidance)
- 3) Assign for future action
- 4) Assign no further action

# 9. Review and Consider Items for Next Meeting

(Discussion Only)

Dr. Terry Kerns, Office of the Attorney General, and Emma Rodriguez, Social Entrepreneurs, Inc.

# December 13, 2023 Agenda Items

- Finalize recommendations to be included in the SURG Annual Report
- Review outline of SURG Annual Report
- Presentation of DHHS Annual Report
- Update on Opioid Litigation, Settlement Funds, and Distribution
- Proposed 2024 Meeting Dates and Times

# 10. Public Comment

(Discussion Only)

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# 11. 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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