



OFFICE OF THE ATTORNEY GENERAL

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RESPONSE SUBCOMMITTEE

Substance Use Response Group (SURG)

October 30, 2023

11:00 am

1. CALL TO ORDER AND ROLL CALL TO ESTABLISH QUORUM

Chair Kerns

1. Call to Order and Roll Call to Establish Quorum (Cont.)

Member	SURG Role	Committee Role
Christine Payson	Sheriffs' & Chiefs' Assoc.	Member
Vacant	DHHS Director Appointee	Member
Dr. Terry Kerns	Attorney General Appointee	Chair
Shayla Holmes	Rural Human Services (Lyon County)	Vice Chair
Nancy Lindler	SUD Treatment Provider	Member

2. PUBLIC COMMENT

Public Comment

- Public comment will be received via Zoom by raising your hand or unmuting yourself when asked for public comment. Public comment shall be limited to three (3) minutes per person (this is a period devoted to comments by the general public, if any, and discussion of those comments). No action may be taken upon a matter raised during a period devoted to comments by the general public until the matter itself has been specifically included on an agenda as an item upon which action may be taken pursuant to NRS 241.020.
- If you are dialing in from a telephone:
 - Dial 669-444-9171
 - When prompted enter the Meeting ID: 868 3331 1069
 - Please press *9 so the host can prompt you to unmute.

**3. REVIEW AND APPROVE
SEPTEMBER 18, 2023
RESPONSE SUBCOMMITTEE
MEETING MINUTES**

Chair Kerns

4. 2023 RECOMMENDATIONS FROM OCTOBER SURG MEETING DISCUSSION

Chair Kerns

DISCUSSION OF REMANDED RESPONSE RECOMMENDATIONS

Please refer to the October 11, 2023 SURG meeting minutes for additional details.

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.

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).

Remand to Response Subcommittee to combine RS3 and HR 3. 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.

DISCUSSION OF REMANDED RESPONSE RECOMMENDATIONS (CONTINUED)

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.

TRS 2. Implement follow ups and referrals and linkage of care for justice involved individuals, including individuals leaving the justice system.

Remand to Response Subcommittee to combine RS 1 and TRS 2.

DISCUSSION OF REMANDED RESPONSE RECOMMENDATIONS (CONTINUED)

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

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.

DISCUSSION OF REMANDED RESPONSE RECOMMENDATIONS (CONTINUED)

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.

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.

DISCUSSION OF REMANDED RESPONSE RECOMMENDATIONS (CONTINUED)

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.

It was suggested that the subcommittee get additional information from coroners before moving forward.

Vice Chair Lee stated that she does not support this recommendation if the intention is further criminalization of overdose, to further the war on drugs. This would make people lose trust in the Good Samaritan overdose law and the tension with the drug induced homicide law.

Ms. Johnson echoed concerns about supporting this recommendation as currently written, specifically with an independent medical examiner, primarily for prosecution. It is documented that our coroners and medical examiners in the state do not receive adequate funding to be able to scale up the investigations, as needed right now, in terms of doing expanded panel testing. So, she recommends the Response Subcommittee learn more about the funding caps for these types of medical examinations, in advance of funding any type of independent person.

5. DISCUSS REPORT OUT FOR DECEMBER SURG MEETING

Vice Chair Holmes

6. PUBLIC COMMENT

Public Comment

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7. 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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