



OFFICE OF THE ATTORNEY GENERAL

Aaron D. Ford, *Attorney General*

100 North Carson Street
Carson City, NV 89701
Telephone - (775) 684-1100
Fax - (775) 684-1108
Web - <http://ag.nv.gov>

Statewide Substance Use Response Working Group Meeting

December 11, 2024

1. Call to Order and Roll Call to Establish Quorum

Vice Chair Shell

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:

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- When prompted enter the Webinar ID: 841 1615 6896
- Then enter the Meeting Passcode: 676835
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*Comments can also be emailed to lhale@socialent.com. These comments and questions will be recorded in meeting minutes.

3. Review and Approve Minutes for October 9, 2024, SURG Meeting

(For Possible Action)

Vice Chair Shell

4. SURG Member Appointments and Subcommittee Assignments

(Informational)

Dr. Terry Kerns, Office of the Attorney General

Members and Appointees to be Reappointed

Current Member	Role	Term End Date
Attorney General Ford	Attorney General	January 1, 2025
Dr. Beth Slamowitz	The Director of the Department of Health and Human Services, or his or her designee	January 1, 2025
Senator Fabian Doñate	One member of the Senate who is appointed by the Senate Majority Leader	January 1, 2025 *reappointment made until 2027
Assemblywoman Clara Thomas	One member of the Assembly who is appointed by the Speaker of the Assembly	January 1, 2025
Assemblywoman Melissa Hardy	One member of the Assembly who is appointed by the Assembly Minority Leader	January 1, 2025
Senator Jeff Stone	One member of the Senate who is appointed by the Senate Minority Leader	January 1, 2025 *reappointment made until 2027

Current Appointee	Role	Term End Date
Jessica Johnson	One representative of a local governmental entity that provides or oversees the provision of human services in a county whose population is 700,000 or more	January 1, 2025
Dorothy Edwards	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	January 1, 2025
Dr. Shayla Holmes	One representative of a local governmental entity that provides or oversees the provision of human services in a county whose population is less than 100,000	January 1, 2025
Dr. Lesley Dickson	One provider of health care with expertise in medicine for the treatment of substance use disorders	January 1, 2025
Christine Payson	One representative of the Nevada Sheriffs' and Chiefs' Association, or its successor organization	January 1, 2025

Current Subcommittee Membership

Prevention

- Senator Fabian Doñate
- Jessica Johnson (Chair)
- Debi Nadler
- Angela Nickels
- Erik Schoen (Vice Chair)

Treatment & Recovery

- Chelsi Cheatom
- Dr. Lesley Dickson
- Dorothy Edwards
- Jeffrey Iverson
- Steve Shell (Vice Chair)
- Assemblywoman Claire Thomas

Response

- Shayla Holmes (Vice Chair)
- Dr. Terry Kerns (Chair)
- Nancy Lindler
- Christine Payson
- Senator Jeff Stone

SURG Members Not on a Subcommittee:

- Assemblywoman Melissa Hardy
- Dr. Beth Slamowitz

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

(Information and Discussion)

Mark Krueger, Office of the Attorney General, or designee

6. Presentation of Subcommittee Recommendations and Rankings for Review and Approval

(For Possible Action)

- Jessica Johnson, Prevention Subcommittee & Harm Reduction Recommendations
- Steve Shell, Treatment and Recovery Subcommittee
- Dr. Terry Kerns, Response Subcommittee

Finalizing Recommendations

- Subcommittee Chairs to provide overview of recommendations
- Please reference the Draft Annual Report for the full recommendations
- Subcommittees met in November or December to finalize recommendations and rank them in order of priority within their respective subcommittees.
- Following the presentation from each subcommittee:
 - Any SURG member can request discussion and/or changes to any recommendation.
 - Any proposed change must be voted on by the full SURG (separate motions for each recommendation)
 - For each subcommittee, once all recommendations are approved, any SURG member can request changes to the ranking order.
 - Any proposed change must be voted on by the full SURG

Prevention Recommendations

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.
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.
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.
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.

Harm Reduction Recommendations

1. 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.
2. 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.

Harm Reduction Recommendations Continued

3. 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.
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.

Treatment and Recovery Recommendations

1. 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 three 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.
2. Support BDR 95 to ensure Narcan be available on all campuses under our Nevada System for Higher Education, including in Student unions, Health centers, all levels of the dormitories, Residential Advisor's domiciles, sports facilities, and libraries 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.
3. 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.
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.

Response Recommendations

1. 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.
2. Support the collaborative proposal to the Fund for a Resilient Nevada to conduct wastewater 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.

Response Recommendations Continued

3. 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.
4. Review the operations and lessons learned from the Clark County Regional Opioid 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. Funding to be provided through the Fund for Resilient Nevada and to support this recommendation, additional funding may need to be provided to the Coroner or Medical Examiner's office for personnel.

Response Recommendations Continued

5. 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.
6. Implement a voluntary program to install “drug take back bins” in retail pharmacies.

7. Review Updates to Annual Report Template

(Information and Discussion)

Laura Hale, Strategic Partner, Social Entrepreneurs, Inc.

8. Review and Consider Items for Next Meeting

(Discussion only)

Dr. Terry Kerns, Office of the Attorney General

Items for January 13th SURG Meeting

- Approve Annual Report and Discuss Distribution
- Select Vice Chair for SURG
- Proposed 2025 Subcommittee Membership, Meeting Schedule, and Process
- Select Chairs and Vice Chairs for subcommittees

2025 Schedule of Meetings

- Full SURG
 - Second Wednesday of the month from 2:00 to 5:00 p.m.
- Prevention Subcommittee
 - First Wednesday of the month from 3:00 to 4:30 p.m.
- Treatment and Recovery Subcommittee
 - First Tuesday of the month from 12:00 to 1:30 p.m.
- Response Subcommittee
 - First Tuesday of the month from 11:00 a.m. to 12:30 p.m.

9. Public Comment

(Discussion only)

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10. 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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