

Steve Sisolak
Governor



Richard Whitley
Director

State of Nevada
Department of Health and
Human Services

Cross-Sector Task Force to Address Overdose

Joint Meeting of
Advisory Committee for a Resilient Nevada (ACRN)
Substance Use Response Working Group (SURG)



12/13/2022

Helping people. It's who we are and what we do.



Meeting Locations

Attorney General's Office
100 North Carson Street
Carson City, Nevada

Grant Sawyer Building
555 E Washington Ave, 4500
Conference Room
Las Vegas, NV 89101

ZOOM

Webinar ID: 835 5044 1072

Pass Code: 908006





1. Call to Order and Roll Call to Establish Quorum

Attorney General Aaron Ford





2. Public Comment

Public comment will be received in-person at either of the locations listed on the agenda and via Zoom. In consideration of others who may wish to provide public comment, please avoid repetition and limit your comments to no more than two minutes. No action may be taken on a matter discussed under this item until the matter is included on an agenda as an item on which action may be taken. Written public comment may be submitted to the Task Force to be included in the meeting minutes.





3. Welcome/Informational

Introduction and Review of Objectives for Cross-Sector Task Force to Address Overdose

Attorney General Aaron Ford,
Chair of the Substance Use Response Work Group

David Sanchez,
Chair of the Advisory Committee for A Resilient Nevada





Objectives of Task Force

- Determine necessary action to reduce the risk of overdose in Nevada's communities
- Prepare responses for the State and local jurisdictions in the event an increase in overdoses occurs
- Provide technical assistance, guidance and resources to rapidly implement best practices to reduce risk for overdoses, enhance capacity to respond to events, and recover should such overdose events occur





4. For Possible Action

Discussion and Vote to Approve Minutes of the meeting on November 02, 2022





5. Informational

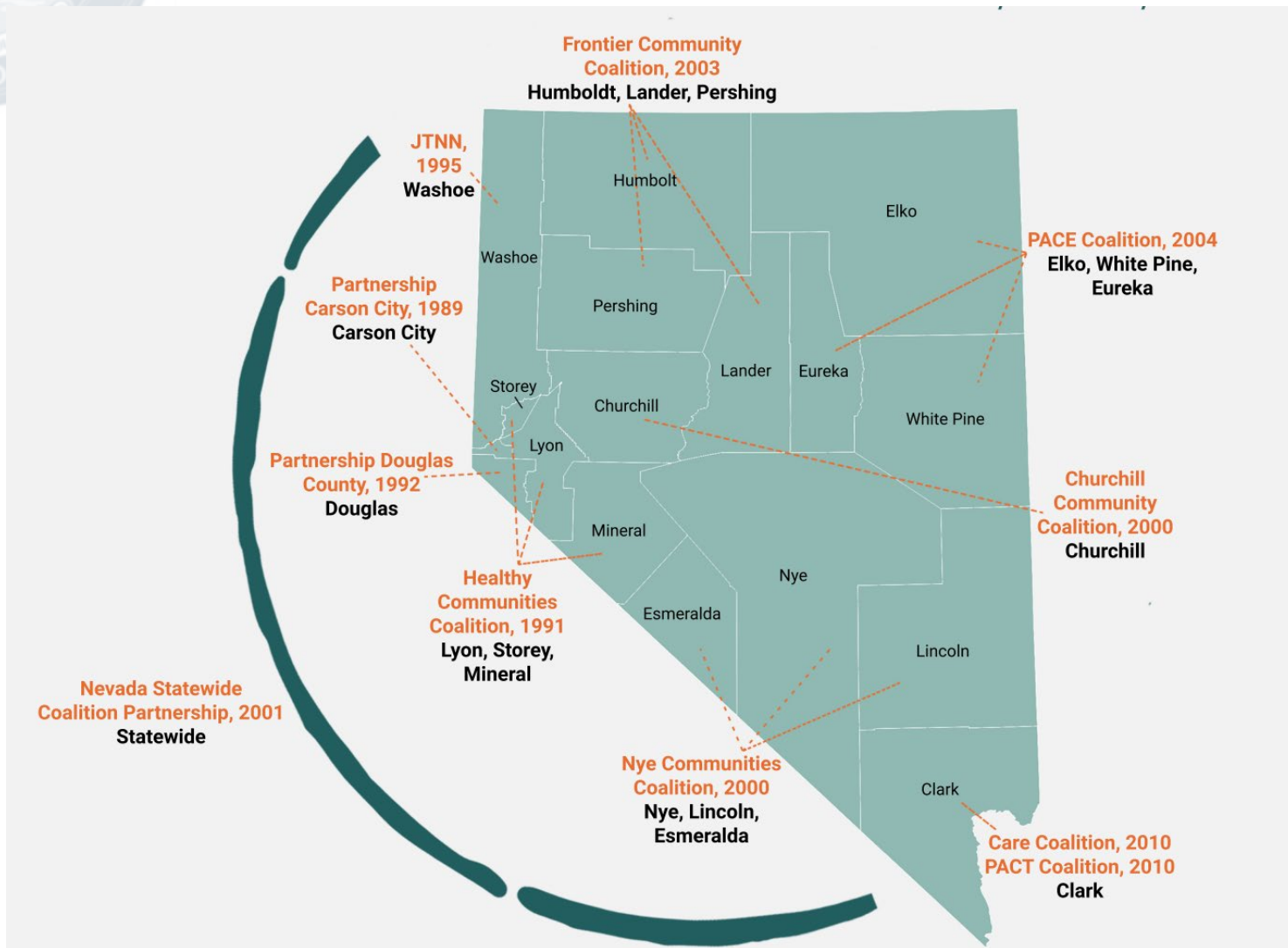
Report from Prevention Coalitions on Education and Communication

Jamie Ross

Nevada Statewide Coalition Partnership, PACT Coalition



Prevention Coalitions in Nevada



Fentanyl: Nationwide Problem Needs Community Response

- Community Messaging
- Targeted Populations
 - Youth Teams
 - Parents
 - Law Enforcement
 - Students
 - School Staff
 - Parks and Recreation
- Naloxone Training
- Fentanyl Test Strip Distribution
- Fentanyl at Take Back
- Incorporated into existing prevention programs
- FAST MOST Team Response



'La DEA (Agencia Antidrogas de Estados Unidos)

Advierte de Fentanilo de colores brillantes utilizado y teniendo como objetivo los jóvenes estadounidenses.'

"Fentanilo Arcoiris—pastillas y polvo de fentanilo que vienen en una variedad de colores brillantes, formas y tamaños. Es un esfuerzo deliberado de los narcotraficantes para impulsar la adicción entre los niños y los adultos jóvenes"

DEA Administrator Anne Milgram



Sponsored (in part) by SAMHSA and/or the Substance Abuse and Treatment Agency of Nevada (SAPTAN).

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Frontier Community Coalition-Warrior Youth Team
March 23, 2021

Fentanyl street names for straight or laced drugs include Apache, China Girl, China White, Dance Fever, Friend, Goodfella, Jackpot, Murder 8, TNT, and Tango and Cash.

Fentanyl sold on the street can be mixed with heroin or cocaine, which markedly amplifies its potency and potential dangers. It has been found to be the cause of high overdose spikes in several cities across the country. Unsuspecting consumers don't realize that their drug of choice has been laced with fentanyl or don't understand the dangers of mixing the drugs.

It can be absorbed through the skin so is dangerous to those who are working with it in powder form, including law officers in collecting evidence. It's so potent that an amount the size of three grains of sugar can be lethal.

The FACTS about street FENTANYL

There is no such thing as a safe street drug. Know the risks.

Fentanyl is often added to other illegal drugs without people knowing.

Fentanyl has been used illegally in various forms including:

- Pills
- Pure powder
- Powder mixed with other drugs
- Patches



50 - 100 times

more potent than
Heroin • Oxycodone • Morphine

Fenta-nyl (fen-tuh-nil)
An opioid narcotic, a prescription drug used for cancer patients in severe pain.



Overdose Signs

Trouble walking or talking
Pinpoint pupils
Seizures



- Slow heartbeat
- Shallow breathing
- Bluish or cold/clammy skin

Slang Terms

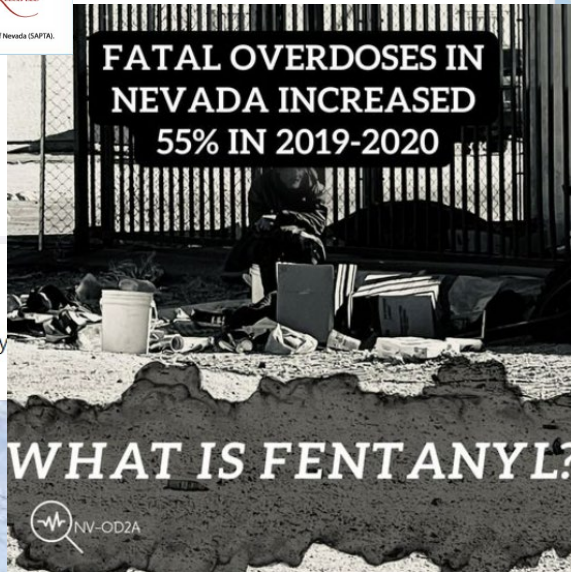
- Fake oxy
- Greenies
- Green beans
- Green apples
- Apples
- Eighties
- Shady eighties

You can't
See it, Smell it, or Taste it.

Visit saskatchewan.ca/addictions for more information.



Call 911 if you suspect someone has overdosed!



Churchill Community Coalition
January 19

Fentanyl overdoses and deaths are on the rise in all age groups. Educate on the dangers of fentanyl and share that information with your youth.



TODAY.COM
School campus locked down after 13-year-old's apparent fentanyl overdose



BACK TO LIFE

BECAUSE EVERY SECOND MATTERS

PACT COALITION
PREVENTION, ADVOCACY, CARE, TEAMWORK
AN EFFORT OF THE PACT COALITION FOR A DRUG FREE LAS VEGAS

OFFICERS CARRYING NARCAN CREATE THE PATHWAY TO RECOVERY



Community Readiness is Key

- Naloxone Availability in Schools
- Youth Overdoses
- Subpopulations more at risk





Unique Collaborations

- PCC Trains School Nurses, Hospital and Police on Narcan
- PDC ODMAP Spike Plan
- JTNN ACEs Mitigation
- CHW's Naloxone/FTS Distribution
- FCC Postvention for overdose
- Coalitions providing Naloxone in Schools
- Coalition Harm Reduction Strategies





Emergent Needs

Training and Awareness

- Naloxone/Test Strip availability
- Additional LE Training & Equipment
- Awareness of Amphetamines mixed with opioids

Community Requests

- Growth of existing programs
- Support for secondary and tertiary prevention



Opioid Solutions: Schools and Youth

- Increase ACEs/PACEs
- Evidence based programs in schools
- School collaboration with Prevention Specialists
- School to Behavioral Health Pipeline
- Mindfulness





QUESTIONS





6. Informational

Impact on Tribal Communities

Arnold Thomas, Tribal Vice-Chairman

Fayyaz Qadir, M.D.

Lori Farrens, LCPC, MAC

Shoshone-Paiute Tribes of the Duck Valley Indian Reservation



Shoshone-Paiute Tribes of the Duck Valley Indian Reservation

Arnold Thomas, Tribal Vice-Chairman

Fayyaz Qadir, M.D.

Lori Farrens, LCPC, MAC

STATISTICS

- 22 overdoses (non-fatal) in the past 2 years
- Deaths = Unknown, at least 3 within the past 6 months

* One concern: we are unable to access accurate data

IMPACTS IN AND ON THE COMMUNITY

DEATHS:

- Parents losing children, when it is naturally not supposed to happen that way
- Children losing parents and being left behind / possibly put in system
- Small community = 1300 people; losing one is a huge impact

PARENTS WHO USE:

- Neglect; creates behavioral issues
- Broken attachments; then broken relationships in adulthood
- Disconnect within the community, as a member of small community

TRENDS

PRESCRIBING

- Owyhee was the 2nd highest prescribing area of opiates in Nevada
- Even though Owyhee Providers actively work on this...
 - There are still a lot of patients still wanting opiates
 - Patients get upset when not prescribed

ENFORCING

- It is / was difficult to enforce policies because of COVID; and it is improving since the decrease in COVID protocol
- Increase in Pill counts, drug testing, recently acquired lockboxes, locking pill bottles, etc.

NEEDS

Many needs identified on various levels

- - - Some will need funding and some may not

- - - Some may require additional staff (lacking budget to pay for additional staff salary)

NEEDS IDENTIFIED:

Staff education regarding opiates and MAT

Increase education / encouraging patients to try MAT

No capacity to generate team approach (missing roles; i.e., Non-opioid pain management)

Staff training on CPR and Narcan

Community training on CPR and Narcan (potentially coordinate with PACE)

Student Prevention; i.e., AOD education, CPR and Narcan training (potentially coordinate with PACE)

Supplies; i.e., Fentanyl test strips

Tracking for statistical purposes; may include increased communication with EMS and/or Coroner – lacking system / staffing

Assistance with coordinating with the school for prevention and training activities



7. Informational

Presentation on State Plan

Dr. Stephanie Woodard, Department of Health and Human Services

Dawn Yohey, Fund for a Resilient Nevada Unit



Steve Sisolak
Governor



Richard Whitley
Director

State of Nevada Department of Health and Human Services

Nevada Opioid Needs Assessment and Statewide Plan 2022

Stephanie Woodard, Psy.D.

DHHS Senior Advisor on Behavioral Health

Dawn Yohey, MFT, LCADC

Clinical Program Planner 3, Fund for a Resilient Nevada



12/13/2022

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History

In 2021 Nevada passed Senate Bill (SB) 390, codified in the *Nevada Revised Statutes* (NRS) 433.712 through 433.744, establishing the Fund for a Resilient Nevada.

One of the Department of Health and Human Services' (DHHS) responsibilities is the development of a Statewide Needs Assessment and a Statewide Plan to identify implementation priorities related to addressing opioid-related harms using a data-driven and evidence-based approach.





Sections of the document

Section 1: Executive Summary

Section 2: Introduction

Section 3: Methodology

Section 4: Opioid Impact in Nevada

Section 5: Current System Addressing Opioids in Nevada

Section 6: Recommendations

Section 7: Statewide Plan

Section 8: Next Steps





Section breakdown

Sections 3 through 6 comprise the Needs Assessment.

Sections 4 and 5 present the opioid impact and currently available systems, as well as the corresponding gaps.

The gaps identified in sections 4 and 5 informed each recommendation in Section 6.

Section 7 provides the Statewide Plan with goals, strategies, objectives, and activities developed from the recommendations and stakeholder feedback that may be funded through the Fund for a Resilient Nevada and other funding sources.

Section 8 offers details on the next steps for further detailing activities in the Statewide Plan and preliminary allocation proposals.





Appendices breakdown

Appendix A: Data Sources

Appendix B: Reference Documents

Appendix C: Prior Work Toward Johns Hopkins
Best Practice Recommendations

Appendix D: Additional Data

Appendix E: Approved Uses for Opioid
Remediation

Appendix F: Policies and Procedures



Proposed Budget Allocation for Statewide Plan Goals

Goal 1: Ensure Local Programs Have the Capacity to Implement Recommendations Effectively and Sustainably

Proposed funding estimates: **FY23** \$1,463,000 **FY24** \$1,674,700 **FY25** \$1,694,941

Goal 2: Prevent the Misuse of Opioids

Proposed funding estimates: **FY23** \$500,000 **FY24** \$2,185,000 **FY25** \$2,100,000

Goal 3: Reduce Harm Related to Opioid Use

Proposed funding estimates: **FY23** \$140,000 **FY24** \$140,000 **FY25** \$140,000

Goal 4: Provide Behavioral Health Treatment

Proposed funding estimates: **FY23** \$1,700,000 **FY24** \$1,500,000 **FY25** \$1,500,000

Goal 5: Implement Recovery Communities across Nevada

Proposed funding estimates: TBD

Goal 6: Provide Opioid Prevention and Treatment Consistently across the Criminal Justice and Public Safety Systems

Proposed funding estimates: TBD

Goal 7: Provide High Quality and Robust Data and Accessible, Timely Reporting

Proposed funding estimates: **FY23** \$361,149 **FY24** \$743,597 **FY25** \$520,025





Document link

[Nevada Opioid Needs Assessment and Statewide Plan 2022 \(nv.gov\)](#)





Next Steps

- December Interim Finance Committee to move funds out of reserve
- Request for Proposal (RFP) with Nevada State Purchasing
- Continued mapping of Opioid funding and projects throughout the state





Questions?





Contact Information

Stephanie Woodard, Psy. D.

DHHS Senior Advisor on
Behavioral Health

swoodard@health.nv.gov

Dawn Yohey

Clinical Program Planner 3

d.yohey@dhhs.nv.gov



Acronyms

- DHHS - Nevada Department of Health and Human Services
- NRS - Nevada Revised Statute
- NSDUH - National Survey on Drug Use and Health
- RFP- Request for Proposal
- SOR - State Opioid Response Grants





8. For Possible Action

Discussion and Possible Vote to Approve Task Force Action Plan

Dr. Terry Kerns, Office of the Attorney General

Dr. Stephanie Woodard, DHHS Senior Policy Advisor on Behavioral Health



Expectations

- Use a consensus model for decision-making
- The action plan must leverage existing resources to the greatest degree possible, including existing federal funding. Think strategically to develop actions at the state level
- Activities must be evidence-based and demonstrate effectiveness. This includes messaging
- Consider implementation science (ready, willing, able)
- Focus on health equity and addressing disparities
- Balance the need for urgent action with planning





Operationalizing Recommendations

- Establish situational awareness with data and current activities
- Set the foundation for continued planning based on the Nevada Opioid Needs Assessment and State Plan; work accomplished by both the Advisory Committee for a Resilient Nevada (ACRN) and the Substance Use Response Working Group (SURG)
- Move from general recommendations to detailed action plan



Example of Operationalizing Recommendations

Recommendation:

Lead Agency:

Actions: (examples)

- Determine readiness to implement
- Identify existing resources
- Gather additional data
- Convene stakeholders
- Endorse existing plan
- Recommend as a funding priority to state and/or local jurisdictions

Accountability:

Who, what, when

Risks:

Facilitators:



Practice Operationalizing Recommendations

Recommendation: Connect public safety and local overdose spike monitoring agencies

Lead Agency: Dr. Terry Kerns, Office of the Attorney General

Actions:

- Educate on the use of ODMAP data to drive local action
- Identify the local overdose spike monitoring agency
- Define public safety partners (EMS, law enforcement)
- Convene identified partners

Accountability:

Who: Terry Kerns and identified local agencies

What:

When:

Risks:

Facilitators:





Joint Committee Action Plan

DEVELOPMENT OF COMMUNICATIONS

- Identify substances involved in overdoses quickly (*Priority Score: 14.0*)
 - Lead Agency:
 - Current Activities:
- Connect public safety and local overdose spike monitoring agencies (*Priority Score: 12.0*)
 - Lead Agency:
 - Current Activities:
- Facilitate prompt “bad batch” communications (*Priority Score: 15.5*) Nevada Health Alert Network (N-HAN)
 - Lead Agency:
 - Current Activities:





Joint Committee Action Plan

DEVELOPMENT OF COMMUNICATIONS

- Provide technical assistance, guidance and resources to rapidly implement best practices to reduce risk for overdoses, enhance capacity to respond to events, and recover should such overdose events occur. (Overdose Spike Response Plans)
 - Lead Agency:
 - Current Activity:
- Increase prevention in schools (*Priority Score: 12.8*) *Includes messaging
 - Lead Agency:
 - Current Activity:
- Educate the public on the identification of treatment needs and treatment access and resources (*Priority Score: 14.2*)
 - Lead Agency:
 - Current Activity:



Joint Committee Action Plan

HARM REDUCTION

- Provide access to fentanyl testing (*Priority Score: 14.0*)
 - Lead Agency:
 - Current Activity:
- Increase naloxone distribution, targeting populations in need using data, including those using drugs and MAT clinics (*Priority Score: 13.8*) *
Including leave behind programs (EMS, fire, law enforcement, mobile teams), naloxoboxes
 - Lead Agency:
 - Current Activity:



Joint Committee Action Plan

HARM REDUCTION

- Use exchange sites for additional harm reduction efforts (*Priority Score: 11.7*)
 - Lead Agency:
 - Current Activity:
- Create street outreach teams to provide street medicine programs, harm reduction, psychiatry, and care management (*Priority Score: 12.2*) **Support and expand street outreach for harm reduction, messaging, education and care management
 - Lead Agency:
 - Current Activity:



Joint Committee Action Plan

ACCESS TO CARE and TREATMENT

- Initiate buprenorphine in the emergency department and during inpatient stays (*Priority Score: 10.0*) *Education: Fentanyl is not added in the rapid drug screen tests- testing may take several days up to a week.
California Tyler's law
 - Lead Agency:
 - Current Activity:
- Support low threshold prescribing for buprenorphine treatment (*Priority Score: 9.7*)
 - Lead Agency:
 - Current Activity:
- Provide MAT in all adult correctional and juvenile justice facilities (*Priority Score: 12.7*)
 - Lead Agency:
 - Current Activity:



Joint Committee Action Plan

ACCESS TO CARE and TREATMENT

- Leverage existing programs and funding to develop outreach response provider(s) and/or personnel that can respond to any suspected overdose 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, jails and prisons, and other institutional settings) who is being discharged post overdose or suspected overdose. ** Includes the following recommendation: Connect people leaving jails and prisons to post-release treatment, housing, and other supports as well as educate about overdose risk (*Priority Score: 13.3*)
 - Lead Agency:
 - Current Activity:





9. For Possible Action

Discussion and Possible Approval of Next Steps for the Cross-Sector Task Force

Attorney General Aaron Ford,
Chair of the Substance Use Response Work Group

David Sanchez,
Chair of the Advisory Committee for A Resilient Nevada





10. Public Comment

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11. Adjournment

