MEETING NOTES

Statewide Substance Use Response Working Group   June 5, 2024
Prevention Subcommittee Meeting   3:00 p.m.

Zoom Meeting ID: 825 0031 7472
Call in audio: 1 253-205-0468
No Physical Public Location

<u>Members Present via Zoom or Telephone</u>
Chair Jessica Johnson, Erik Schoen, Senator Fabian Doñate, Debi Nadler

<u>Attorney General's Office Staff</u>
Deputy Attorney Matthew Feeley and Terry Kerns

<u>Social Entrepreneurs, Inc. Support Team</u>
Emma Rodriguez and Margaret Del Giudice

<u>Members of the Public via Zoom</u>
Linda Anderson, Morgan Biaselli (SSGR), Ben (BBHWP), Brandon Delise, Olivia GrafMank,
Taylor Lensch, Sabrina Schnur, Lea Tauchen.

<u>Members Absent</u>
Vice Chair Erik Schoen and Angela Nickels

1. Call to Order and Roll Call to Establish Quorum
Chair Johnson called the meeting to order at 3:02.

2. Public Comment *(Discussion Only)*
Chair Johnson and Ms. Rodriguez read public comment guidance and Chair Johnson asked for public comment.

Ms. Nadler offered a public comment speaking as one of the hundreds of bereaved family members who've lost a child to this epidemic. She described the feeling of losing a child as well as a significant amount of money spent trying to save them while also constantly working to bring prevention and education to the classrooms and communities, to improve the state's ability to address mental health needs, and to find ways to publicly honor those lost, without any financial support. She explained that the voices and experiences of bereaved family members need to be heard and should be a part of the harm reduction work. She expressed anger and frustration at not seeing progress, continuing to see people die, particularly youth, and feeling that nothing is being done.

Chair Johnson thanked Ms. Nadler for speaking up and sharing her perspective as part of the public comment period.

Seeing no other public comment, Chair Johnson moved to agenda item 3.

3. Review and Approve Minutes from March 28, 2024 Prevention Subcommittee Meeting
Chair Johnson asked for a motion to approve the minutes from the March 28, 2024, Prevention Subcommittee.

- Sen. Doñate made a motion to approve the minutes.

- Debi Nadler seconded the motion.
- The motion passed unanimously.

4. Presentation on Statewide Data *(For Possible Action)*
Taylor Lensch, PhD, MPH, assistant Director, Larson Institute for Health Impact and Equity, University of Nevada, Reno School of Public Health

Dr. Lensch provided an update of relevant data statewide; his presentation is available on the [SURG Website](#) on slides 8-39 of the meeting PowerPoint. Before discussing data specifics, he provided disclosures, which included funding received from the Nevada DHHS through the CDC to carry out Overdose Data to Action (OD2A) Surveillance, Prevention, and Evaluation activities (slide 9) as well as an overview of OD2A (slide 10), and the substance use-related indicators related to the OD2A program and corresponding data sources (slide 11). Special populations impacted are listed on slide 12.

Dr. Lensch described the first data source, Syndromic Surveillance Emergency Department Data, and noted data limitations to consider as well as how to access this data, which is published monthly dating back to September 2020 (see slide 13 for additional details).

The first data figure presented illustrated the number of suspected all drug, opioid, heroin, and stimulant-related emergency department overdose encounters in Nevada between 2021 and 2023 (see slide 14 for details). Dr. Lensch highlighted that, as shown in the figure, from 2021 to 2023 the number of suspected all drug emergency department overdose encounters steadily increased. In 2023, there were nearly 11,000 emergency department encounters related to some type of drug overdose (an average of 30 per day across the entire state). Dr. Lensch also noted an increase in opioid related overdose encounters. He observed a steady decrease in the number of heroin specific emergency department overdose encounters, while encounters specific to stimulants remained relatively constant over the three-year period.

The next data figure detailed the quarterly count and rate (per 100,000 population) of suspected drug-related emergency department overdose encounters in Nevada statewide and by behavioral health region for 2023 and the Q1 of 2024 (see slide 15 for details). Dr. Lensch noted that the statewide data shows an average of about 2800 ER overdose encounters which comes out to a rate of about 87 or 88 per 100,000 population. He added that most of these numbers come from Clark County and Washoe County, which represent about 90% of all ER encounters. Dr. Lensch highlighted that rates are typically highest in Washoe County compared to Clark County, and that rates are lower in rural regions likely due to the lack of emergency departments.

Dr. Lensch continued with a demographic breakdown of recent data including age, biological sex, and race of suspected all drug overdose emergency department encounters in Nevada in Q4 (Oct.-Dec.) of 2023 (slides 16-18). He added that data from this quarter is representative of what can be observed across the entire year. Dr. Lensch highlighted that the highest percentage of visits with regard to age are among 25-35 years old, and almost half of all ER suspected overdose encounters seen across the state are between ages 25 and 44 (see slide 16 for details). With regards to biological sex, Dr. Lensch noted that there is a slightly higher proportion of a suspected overdose emergency department encounters among males: 55% of all visits compared to females around 45% of all visits (see slide 17 for details). He continued with an overview of data by race/ethnicity, noting that while the white population comprise the largest percentage of these overdose emergency department encounters, when this data is converted to rates a more accurate depiction of what's going on can be seen within each of these racial and ethnic groups.

When converted, the highest rate per 100,000 population is among the Black and African American population, followed by (in descending order) American Indian/Alaskan Native, white, Hispanic, and Asian and other Pacific Islander (see slide 18 for details).

Dr. Lensch moved on to the final slide with data from the Syndromic Surveillance illustrating the monthly number of suspected all drug overdose emergency department encounters in Nevada among adolescents in 2023 (see slide 19 for details). He highlighted that these data fluctuate from month to month but that on average there are about 52-53 per month.

Before moving to the next data source, Dr. Lensch summarized the Syndromic Surveillance Emergency Department Data (see slide 20). In noting the increase in overdose-related emergency department encounters over time, he explained that this could be due to a true increase in the number of encounters and/or it could also be due to a greater awareness among providers about what to look for as it related to overdose encounters as well as an increasing number of facilitates that are reporting into this system.

Dr. Lensch moved on to the next portion of data from the State Unintentional Drug Overdose Reporting System (SUDORS), which provides comprehensive data on unintentional or undetermined drug overdose mortality. He noted that at this point, the state's public facing dashboard only has data from 2019 to 2022. See slide 21 for additional details on this data source.

The first graphic reviewed by Dr. Lensch with SUDORS data illustrates the number of unintentional or undetermined drug overdose deaths in Nevada between 2019 and 2022 and showed an increase over time (see slide 22 for details). The same data was shown in the next graphic but expressed as a rate per 100,000 population to account for changes in population over time; this graphic showed a similar increase in the number of unintentional or undetermined drug overdose deaths in Nevada (see slide 23 for details).

Regional data on the number and rate of unintentional drug overdose deaths was reviewed (see slide 24 for details). Dr. Lensch explained that when the number of deaths are expressed as rates per 100,000 population, even though the highest number of total overdoses is in Clark County due to the population size, the rate of overdose deaths is actually highest in Washoe County by a quite a substantial margin followed second by the rural region, and that Clark County actually has the lowest rate.

Dr. Lensch moved on to review trend data on the rate of unintentional or determined drug overdose deaths in Nevada by region (see slide 25). He highlighted that this graphic illustrates that Washoe County has the highest rate since 2019 and that it's steadily increased. He noted that there is fluctuation in some of the rural areas due to the low number of overdoses in those areas.

The demographic characteristics of the 836 unintentional or undetermined drug overdose deaths identified through SUDORS in 2022 was reviewed with Dr. Lensch highlighting that the highest rates with regard to age are among 30–39-year-olds, 40–49-year-olds, 50–59-year-olds, and 60–69-year-olds; each of these age groups has rates between 40 and 44 per 100,000 population. Dr. Lensch observed that the rate is a little over twice as high for males compared to females, and that with regards to race/ethnicity the highest rates are among the following populations: non-Hispanic, Black or African American, American Indian or Alaskan Native, and non-Hispanic white.

Dr. Lensch continued with a look at data on the circumstances of the 836 unintentional or undetermined drug overdose deaths in 2022, which provide information on a range of circumstances surrounding the unintentional overdose, including whether or not there was a history or evidence of previous substance use, if there was a bystander present, if Naloxone was administered, etc. (see slide 27 for details). He highlighted that a mental health diagnoses was reported in 22% of overdose deaths.

The final graphic reviewed as part of the SUDORS data detailed the substances contributing to death among unintentional or undetermined overdose-related deaths in Nevada between 2019-2022 (see slide 28 for details). Dr. Lensch described the key takeaways from this data, first looking at the percentage of overdose deaths that involved any opioids and noting that it remained relatively constant over the course of 2019-2022. He pointed out that throughout this time period, 2/3 of all deaths involved any opioid and that methamphetamine was involved in close to half of all overdose deaths. He continued by highlighting a decrease in the percentage of deaths where heroin was a contributing substance, but a dramatic increase in the percentage of deaths where illicitly manufactured fentanyl was involved.

Dr. Lensch provided a summary of the SUDORS data just reviewed (see slide 29) and then moved on to the final data source included in his data update, the Nevada Prescription Drug Monitoring Program (PDMP) Data, which tracks prescriptions in Nevada (see slide 30 for details). He noted that the PDMP public-facing data dashboard is updated by the Office of Analytics on a monthly basis.

The first graphic reviewed illustrated the monthly opioid prescription counts and rate per 100,000 population in Nevada between 2017 and 2024 (see slide 31 for details). Dr. Lensch highlighted the overall decrease in the total number of monthly prescriptions across the State during this time period as well as a steady decrease in the number of annual opioid prescriptions between 2019 and 2023 (see slide 32 for details). A regional breakdown of the average monthly prescription rate per 100,000 population in Nevada in 2023 was reviewed, with Dr. Lensch noting that the statewide average is 35 prescriptions per 100,000 per month. He observed that the northern and southern rural regions of Nevada have a significantly higher rate or opioid prescriptions compared to Clark County and Washoe County (see slide 33 for details).

Dr. Lensch provided a summary of the PDMP data (see slide 34) and moved on to indicate what he considers to be working well with regards to data collection and monitoring (see slide 35). He explained that what works best is when all data sources (including EMS data, which was not included in this presentation), each with their own strengths and limitations, are used together. A major strength of the data that he underscored was the timeliness of some of the data. For example, emergency department data is collected in close to real time (data received within 24 hours of encounter).

In developing the presentation, Dr. Lensch reviewed the Prevention subcommittee's recommendations and provided a few gaps/needs through his lens (see slide 36) and recommendations based on these (see slide 37). One of his recommendations emphasized a need for improved organization/accessibility of data. Dr. Lensch noted that other states have a centralized hub where data is readily available to the public (some have shown 60-70 opioid related indicators and trends over time). He added that his team are currently considering how to reach different audiences. Historically, materials had been marketed towards health professionals but they are currently trying to generate infographics for the general population or those using

substances. He noted a recommendation made by this subcommittee that he wanted to continue advocating for improving the state's capacity for monitoring of the drug supply, noting that other states have done this with great success, and are able to test syringes and other things in real time to find out what's going on with the drug supply, which can help target prevention efforts more appropriately.

Links to the data sources in Dr. Lensch's presentation were provided on slide 37.

Chair Johson thanked Dr. Lensch for the comprehensive overview and welcomed questions from subcommittee members.

Ms. Nadler thanked Dr. Lensch for his presentation. Her question related to data from hospitals presented towards the beginning of the presentation and whether or not these statistics involved people who had survived.

Dr. Lensch clarified that for the emergency department data, those are non-fatal overdose data.

Ms. Nadler asked if data reporting by hospitals is required.

Dr. Lensch explained that all emergency facilities in Nevada are a part of the Syndromic Surveillance network and that he believed compliance for reporting is very high with those data, though he indicated he'd need to confirm the high compliance rate.

Ms. Nadler followed up with an additional question around overdoses with methamphetamine, asking if it was only this substance in their system or if it was in combination with another substance?

Dr. Lensch thanked Ms. Nadler for the great question and explained that often multiple substances are involved and that on the SUDORS dashboard there is an option to select for multiple substances.

Ms. Nadler asked if they were doing anything with new drugs like xylazine, or if this is not included due to the data lag.

Dr. Lensch said that as it relates to the SUDORS data he would have to check with the analyst at the State but that he believes xylazine had been detected in Southern Nevada.

Ms. Nadler thanked Dr. Lensch for his responses and followed up with a final question. She asked if there is rapid testing for fentanyl in the hospitals when there is an overdose.

Dr. Lensch indicated he wasn't sure but that he assumed it was available in most facilities, though he was not sure how often it was used.

Chair Johnson thanked Ms. Nadler for her questions and Dr. Lensch for his responses and indicated that she had a couple of questions before moving onto the next agenda item. Chair Johnson asked about syndromic data and the rise in hospitalizations, noting that one of the hypotheses not mentioned was about naloxone, and if one of the explanatory factors could be more naloxone in the community and therefore less overdoses and more hospitalizations.

Dr. Lensch thought this was a great point, and one that he'd not previously considered.

Chair Johnson asked Dr. Lensch what factors were at play in the length of time it takes to receive data.

Dr. Lensch explained that it is primarily due to internal quality control. He elaborated that because it is a nationally funded program, the CDC works to standardize data across all states to

present on a national dashboard. The biggest lag in data is quality control and ensuring that data meets all requirements to be comparable with other states.

Chair Johnson posed a final question about the PDMP data source. She expressed some confusion around the rate for prescriptions vs the rate for people. She asked if Dr. Lensch could explain this part of the data in terms more accessible to someone without an epidemiology background.

Dr. Lensch explained that the PDMP dashboard presents rates per 1,000 for certain substances and then per 100,000 for other substances, which can be a bit confusing. He offered to connect with someone who works with that data and updates the dashboard to get more information about what goes into putting this data into the dashboard and figuring out the best way to interpret it. He clarified that his team has typically leveraged the monthly opioid prescription rates in terms of prescription counts and then calculate the rates on the back end themselves to make sure that they're correct.

Chair Johnson thanked Dr. Lensch and indicated that a follow-up with the person working with the data on the data dashboard would be helpful. She asked Dr. Lensch to follow up with Ms. Rodriguez.

Dr. Lensch said he was happy to do so and would follow up accordingly.

Chair Johnson thanked Dr. Lensch for his presentation and for responding to all of the questions posed. She moved on to agenda item 5.

5. **Presentation on Southern Nevada Data** (*For Possible Action)*
Brandon Delise, MPH, Senior Epidemiologist, Office of Epidemiology and Public Informatics, Southern Nevada Health District.

Mr. Delise provided a presentation on data relating to fatal and non-fatal overdose indicators; his presentation is available on the [SURG Website](#) on slides 41-97 of the meeting PowerPoint.

Following disclosures (see slide 42 for details), a brief introduction (slide 43), and an overview of key issues (slide 44), Mr. Delise provided a summary of indicators and corresponding data sources included in his presentation (see slide 47 for details). Mr. Delise noted that the first data source, the electronic Death Registry System (EDRS) which provides data relating to fatal drug overdoses, uses Clark County death records, providing rich data that can by analyzed, but that there is a 3-month delay in receiving this data. The second data source, the Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE), is related to non-fatal drug overdose indicators and allows for the detection of disease outbreaks and drug overdoses earlier than traditional surveillance methods, but that as it is in real time, the data quality is not high as there is a lot of data variability and incomplete data present. Mr. Delise explained that the final data source, Emergency Medical Services Outcome Data (ESO), which is also related to non-fatal drug overdose indicators, is a program that captures EMS data and links it to hospital outcome data. He elaborated that he's able to pull non-fatal opioid-overdose data using ESO in real time, but that it's limited in the number of variables that can be used for analysis so that unlike death data, there's less variables according to which it can be broken down to due to the number of variables present.

Mr. Delise began with a look at fatal drug overdose indicators with data from the Electronic Death Registry System and HIDTA Seizure reports. The first indicator was the age adjusted overdose death rates per 100,000 Clark County residents between 2018 and 2023 involving the

following: any opioid (slide 49), heroin (slide 50), fentanyl (slide 51), rx-opioids (which captures most semi-synthetic opioids) (slide 52).

He continued with a look at the crude opioid overdose death rate per 100,000 by resident zip code in 2023, presenting the top five zip codes with the highest rates (see slide 53 for details). He clarified that the majority of the data presented will focus on 2023 unless otherwise noted. A map of the top five zip codes with the highest rate of crude opioid overdose deaths, and a few additional zip codes, was presented (slide 54), as well as a heat map of fatal opioid overdoses using Clark County residential addresses for 2023 (slide 55) and a heat map of fatal opioid overdoses using injury location (slide 56).

Mr. Delise noted that, as many are aware, overdose deaths are typically not caused by one drug of substance. He presented a cross tabulation of fatal drug overdoses (as counts) involving multiple substances among Clark County residents (see slide 57 for details). He highlighted that fatal drug overdoses involving both methamphetamine and fentanyl exhibit the highest frequency, a trend that he's observed the past year in 2023 and 2024 and one that underscores the need to educate more people about what is going on in the drug supply and what people are dying from. In considering this trend, Mr. Delise was interested in how the stimulant and fentanyl combination has changed over the past decade which led to data on the proportion of fentanyl overdose deaths co-occurring with stimulants among Clark County Residents yearly from 2014-2023 (see slide 58 for details).

Descriptive statistics of opioid overdose deaths among Clark County residents were presented with a look at rates for men compared to women as well as among different racial/ethnic populations (see slide 59 for details), as well as the age-specific opioid overdose death rate per 100,000 Clark County residents (see slide 60).

Mr. Delise continued with a look at the location of fatal opioid overdoses among Clark County residents, highlighting that the clear majority occur at individuals' homes (see slide 61 for details).

Descriptive data (expressed as counts) of drug overdose deaths involving specific substances was presented with a comparison of data from 2022 and data from 2023 (see slide 62 for details). He commented that 60–64-year-olds, 50-54-year-olds, and 45-49-year-olds experienced a notable increase in fentanyl related overdose deaths, and that female overdose deaths decreased across all three substances (all opioid, fentanyl, and meth).

Opioid overdose mortality data by hour and day among Clark County residents was reviewed and showed Saturday and Sunday to have the highest frequencies of opioid overdose deaths, and 2 p.m. to be the hour with the highest number of deaths for those two days (see slide 63 for details). Mr. Delise noted that Tuesday has the lowest number of opioid overdose deaths. He qualified that it may take many hours before an individual is pronounced dead, so that when looking at these data it is important to note that this reflects when an individual is certified dead not necessarily when they died.

Mr. Delise continued his presentation with a look at data from EDRS that he used to calculate the odds ratio for opioid overdose death and analyzed according to demographic characteristics to determine which ones remain independently linked to opioid overdose deaths (see slide 64 for details). He found that non-white individuals had a 43.8% lower odds of fatal overdose compared to white individuals, and that females had a 39.1% lower odds of fatal overdose compared to

males, while those who are not married had a 83.5% higher odds compared those who are married.

The final graphic presenting data relating to fatal overdoses demonstrated the linear regression of overdose deaths involving fentanyl among Clark County residents and fentanyl seizures between 2018 and 2022, indicating that the number of fentanyl seizures is associated with fentanyl related deaths (see slide 65 for details). Mr. Delise elaborated that knowing this can be useful for tailoring outreach and understanding how drug overdose deaths are fueled, but that more research and consideration of other factors are needed to fully understand this relationship.

The next portion of data presented by Mr. Delise related to non-fatal overdose indicators using data from ESSENCE and ESO. First using ESSENCE data, he presented descriptive statistics of opioid overdose ED visits in 2023 for Clark County residents and non-residents, including data by race and by sex (see slide 67 for details), as well as by ethnicity and age group (slide 68). He continued with a look at the descriptive statistics of non-fatal opioid overdoses using ESO data among Clark County residents, including data by resident city and by gender (see slide 69 for details) and by race (see slide 70). Mr. Delise cautioned those looking at the data to note that with ESSENCE data he's used frequencies rather than rates, and with ESO data he's using rates.

Additional figures showing ESO data looked at non-fatal opioid overdoses by hour and day among Clark County residents and non-residents in 2023 (see slide 71). Mr. Delise noted that Tuesday had the highest frequency of non-fatal opioid overdoses and that 3 pm was the hour with the highest frequency throughout the week, while Sunday had the lowest number.

Mr. Delise continued with a heat map of non-fatal opioid overdoses using injury location among Clark County residents and non-residents in 2023 (see slide 72 for details) followed by an adjusted odds ratio estimate for non-fatal opioid overdoes using ESO data among Clark County residents and non-residents (see slide 73). Mr. Delise highlighted findings from the latter, specifically that the odds of a non-fatal opioid overdose are 61.4% lower for women compared to men, and the odds are 50.9% lower for individuals not resident in the city of Las Vegas.

The next section of Mr. Delise's presentation focused on data relating to social vulnerability indicators with data from the Electronic Death Registry System and the CDC Social Vulnerability Index (SVI). Before delving into the data, Mr. Delise provided some background on SVI data. He explained that the CDC created a Social Vulnerability Index that ranks census tracts on 16 social factors, including unemployment, racial and ethnic minority status, disability, and more (see slide 75 for details). He continued that the CDC quantifies these rankings on a scale from 0 to 1 with the higher value corresponding to greater social vulnerability. This data can be overlaid with opioid overdose death data to pinpoint unique areas in the valley.

Mr. Delise presented a map of Las Vegas with the overall SVI rankings in 2020 (displayed in graduated colors in census tracts corresponding to overall SVI rankings) (see slide 76 for details). Mr. Delise clarified that the darker the color the higher the SVI ranking. He continued with a map of Las Vegas showing opioid overdose death counts among Clark County residents in 2023 with graduated colors in census tracts corresponding to overdose counts (see slide 77 for details), followed by the same data overlaid with the SVI map (see slide 78). He noted that there is a lot of data suppression with these data. Despite this, he highlighted that this map shows that Charleston and Las Vegas Boulevard are areas where their opioid overdose counts are in the 90th percentile alongside an overall SVI ranking in the 90th percentile. Mr. Delise continued with

data showing the correlation between opioid overdose counts in the 90th percentile and an overall SVI ranking in the 90th percentile by census tracts in 2023 (see slide 79).

He continued with data on the opioid overdose mortality and overall SVI ranking by day in 2023 (see slide 80) and noted significant data suppression, followed by a review of descriptive statistics of those with opioid overdose morality and an overall SVI ranking in the 90th percentile in 2023, including data by place of death and by race (see slide 81) as well as age (slide 82).

The final section of data presented included data relating to naloxone indicators from L2A Naloxone Administration Surveys, FR-CARA Post-Administration Surveys, and FR-CARA Naloxone Distribution Logs. Mr. Delise presented descriptive statistics of naloxone administration from naloxone distributed through SNHD's Linkage to Action (L2A) Team between September 2022 and April 2023 (see slide 84 for details). He explained that this team conducts a lot of outreach throughout the community and distributes a lot of naloxone during these outreach efforts. Descriptive statistics included the outcome of the individual receiving naloxone and the location type where the naloxone administration occurred (slide 84) as well as by zip code (see slide 85), how many doses administered (slide 86), and administrations by race/ethnicity and gender (slide 87).

Data from a separate grant that Mr. Delise manages displayed descriptive statistics of naloxone administrations from naloxone distributed through FR-CARA and SOR funds between 2019-2024 (see slide 88 for details). Data included outcome data and administrations by gender (slide 88), by administration location type (slide 89), number of doses administered and administration by race/ethnicity (slide 90).

Following all data presented, Mr. Delise listed several data gaps, noting insufficient time to explain each (see slide 91 for details), and indicated that the "meat" of the data slides is compressed into a few summary slides (slides 92-95).

Chair Johnson thanked Mr. Delise for the presentation and focusing in on Clark County, of particular interest to some subcommittee members.

Ms. Nadler asked Mr. Delise if they are getting any data from the schools, if the schools are allowed to release data regarding ODs happening at the school.

Mr. Delise said they do get information pertaining to overdoses at the school though there is no formal mechanism. Looking at the ages of overdoses and other data/narrative they can derive what schools they go to but this is nuanced.

Ms. Nadler asked if there is an increase in school age, whether it's non-fatal or fatal.

Mr. Delise said there has been an increase, and that from 2022-2023 there was a slight decrease in overdoses among those under 18.

Chair Johnson thanked Ms. Nadler for her questions and asked Mr. Delise about the potential of surveillance system and mentioned xylazine and asked if Mr. Delise could talk about some of the novel surveillance or other types of surveillance that his team is doing to identify substances or close gaps that they've identified.

Mr. Delise indicated that there is a novel surveillance method where they do drug checking through refuse; paraphernalia/refuse can be tested to learn about the illicit drug supply. Recently, they were able to detect xylazine before wastewater surveillance picked it up. It can be

informative as a way to get information to see what hits your community first faster than other data sources.

Chair Johnson highlighted that both presentations covered residences as a location for fatal deaths, and that many interventions, in her experience, focus on unhoused populations. She wanted to take this opportunity to make this connection explicit and highlight for the subcommittee to think about if there are any additional recommendations or other strategies that they might employ to ensure that they have equitable access regardless of where folks are living.

Chair Johnson asked if there were any other questions; seeing none she thanked Mr. Delise for his presentation and moved onto agenda item 6.

6. Planning for 2024 Prevention Subcommittee Meetings *(For Possible Action)*
Chair Johnson noted that the SEI team is working to reschedule the May meeting that had been cancelled due to a lack of quorum (see slide 99).

An overview of the upcoming August 7th Meeting was provided, highlighting the focus on harm reduction recommendations including the Good Samaritan Drug Overdose Law and harm reduction shipping supplies (see slide 100 for details). Chair Johnson noted that they've requested Chelsi Cheatom, as a subject matter expert, to be at this meeting to help provide guidance. She welcomed suggestions from subcommittee members for additional SMEs to refine these recommendations. Hearing no suggestions, Chair Johnson suggested that Trac-B/Impact Exchange and/or possibly Lisa Lee may be available or have some recommendations for an SME.

Chair Johnson discussed the LAPPA recommendation (see slide 102) and asked if there was an opportunity to strengthen the LAPPA recommendation and if there was a subcommittee member interested in identifying the cost-barrier in schools and open this up for discussion.

Ms. Nadler asked if it had been narrowed down to high schools or if it included middle schools as well.

Chair Johnson clarified that the LAPPA recommendation is specifically high schools. She was unsure if AB205 also included middle schools and asked if this would impact Ms. Nadler's recommendation.

Ms. Nadler asked when the legislature meets again as she was interested in the changing the language. She asked if this recommendation could be combined with the QR code on the back of student ID cards so they could get Narcan if they needed it.

Chair Johnson thanked Ms. Nadler for voicing this and indicated there'd be time to discuss further later in the meeting. She suggested that subcommittee could think about whether or not this recommendation could be to use settlement funds to cover the cost of naloxone for these types of events as part of a SURG recommendation, which might help work around the cost-barrier. She summarized the subcommittee's position as thinking the LAPPA recommendation is important but that they are not ready to proceed with this recommendation without some more research on this front.

Ms. Nadler asked, with regards to the Good Samaritan Law, if they need to bring in Attorney General Ford because they don't know the exact laws and it's unclear if they can make a recommendation without knowing more.

Chair Johnson indicated that maybe an SME from the AGs office or another group to help us understand the Good Samaritan Law would be helpful (SEI to follow-up).

Other potential subcommittee recommendations and presentations were reviewed (see slide 103). Chair Johnson asked if there were any other recommendations or suggestions for speakers who could speak to a student ID card recommendation.

Ms. Nadler commented that Lisa Lee accomplished this in Washoe County and may be able to advise regarding the Student ID Card to better understand statewide implementation.

Chair Johnson asked if there were any other potential presentations beyond those listed. She encouraged subcommittee members to send any suggestions for presentations or presenter to Ms. Rodriguez. She emphasized that timeliness is essential as presenters needs to be identified and scheduled within the next couple of months.

7. Discuss Report Out for July 10, SURG Meeting *(For Possible Action)*
Chair Johnson offered that she is happy to present a brief summary of what was discussed during today's meeting, including the subcommittee's plan going forward to help refine any of the areas previously discussed. She asked if subcommittee members were ok with this plan and heard agreement from Ms. Nadler.

8. Public Comment *(Discussion Only)*
Seeing and hearing no public comment Chair Johnson moved to agenda item number 9.

9. Adjournment
Chair Johnson thanked subcommittee members and others in attendance adjourned the meeting at 4:32 p.m.