

Steve Sisolak
Governor



Richard Whitley
Director

State of Nevada
**Department of Health and
Human Services**

Cross-Sector Task Force for Address Overdoses

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



11/02/2022

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 Av, 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

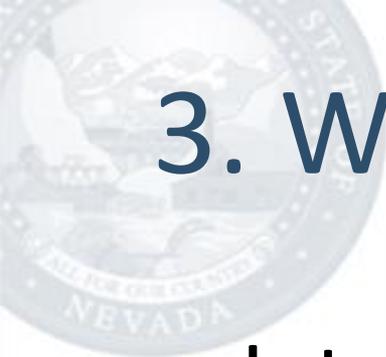
Attorney General Aaron Ford





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 What the ACRN and SURG Have Accomplished

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

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





4. Informational

Expectations of the Task Force Operationalizing Recommendations

Dr. Stephanie Woodard,
DHHS Senior Advisor on Behavioral Health





Goals

- 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



Expectations

- Use a consensus model for decision-making
- Work between meetings will make the time in the meetings most productive
- Stay on task and stay on time
- 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





Expectations

- 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
- Establish a cadence for the Joint Task Force for future meetings



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:



Overview of Materials Provided

- Committee Membership List
- SUDORS 2021 All State Report
- SUDORS 2021 Infographic
- Nevada State Opioid Response (SOR) Grant Summary and Opioid Antagonist Saturation Plan
- Cross-Sector Action Plan Priorities from the State Plan

Meeting Materials can be found here:

[2022 Advisory Committee for a Resilient Nevada \(ACRN\) Meetings \(nv.gov\)](https://www.nv.gov/2022-Advisory-Committee-for-a-Resilient-Nevada-ACRN-Meetings)





Nevada State Opioid Response Grant (SOR 3)

- Strengths of Nevada's Service System
- Gaps in Nevada's Service Systems
- Opioid Treatment Programs and Locations
- Nevada Funding to Address Opioid Crisis
- Opioid Antagonist Saturation Plan



QUESTIONS





5. Informational

Report on Current Trends Occurring in Nevada

Dr. Terry Kerns, Office of the Attorney General

Christine Payson, High Intensity Drug Trafficking Areas (HIDTA)



Revise penalties based on the quantity of Fentanyl

- **NRS 453.3385 Trafficking in controlled substances: Flunitrazepam, gamma-hydroxybutyrate and schedule I or II substances, except marijuana.**

- 1. Except as otherwise authorized by the provisions of [NRS 453.011](#) to [453.552](#), inclusive, a person who knowingly or intentionally sells, manufactures, delivers or brings into this State or who is knowingly or intentionally in actual or constructive possession of flunitrazepam, gamma-hydroxybutyrate, any substance for which flunitrazepam or gamma-hydroxybutyrate is an immediate precursor or any controlled substance which is listed in schedule I or II, except marijuana, or any mixture which contains any such controlled substance, unless a greater penalty is provided pursuant to [NRS 453.322](#), if the quantity involved:

- (a) Is 100 grams or more, but less than 400 grams, is guilty of low-level trafficking and shall be punished for a category B felony by imprisonment in the state prison for a minimum term of not less than 2 years and a maximum term of not more than 20 years and by a fine of not more than \$100,000.

- (b) Is 400 grams or more, is guilty of high-level trafficking and shall be punished for a category A felony by imprisonment in the state prison:

- (1) For life with the possibility of parole, with eligibility for parole beginning when a minimum of 10 years has been served; or

- (2) For a definite term of 25 years, with eligibility for parole beginning when a minimum of 10 years has been served,

- ↪ and by a fine of not more than \$500,000.

- 2. As used in this section, “marijuana” does not include concentrated cannabis.

- (Added to NRS by [1983, 287](#); A [1995, 1288](#); [1997, 905](#); [1999, 2639](#); [2015, 3088](#); [2019, 4474](#))



Fentanyl is pouring over the border at a terrifying rate

Conversion Factor- Kilograms to Estimated Dosage Units

Converted by Selected Drugs-2021

Drug Category	Amounts in Kilograms	Converted with Formula	Dosage Amount
Cocaine	1	=	5,556
Heroin	1	=	142,857
Methamphetamine	1	=	10,000
Fentanyl	1	=	672,619

Seizures nationwide and in our back yard



Successful Prosecution of those responsible for OD deaths

Overdose Response Team (ORT)

The mission is to reduce fatal and non-fatal overdose incidents by developing investigative leads and identifying the drug sellers and traffickers responsible. DAs are willing to go forward with charge: Distribution Resulting in Death. Toxicology reports are really key in these cases.

GOALS

- (1) Utilize a cross-disciplinary close collaboration between public safety and public health agencies at the federal, state and local levels
- (2) Reduce drug availability
- (3) Prevent drug overdoses
- (4) Make treatment and recovery available to victims and families impacted by overdoses, by working with our public health partners providing linkage to care.





QUESTIONS





6. Informational

Report on Overdose Data

Elyse Monroy, Shawn Thomas, MPH

Nevada Drug Overdose: Surveillance, Limitations, Gaps
School of Public Health, University of Nevada Reno

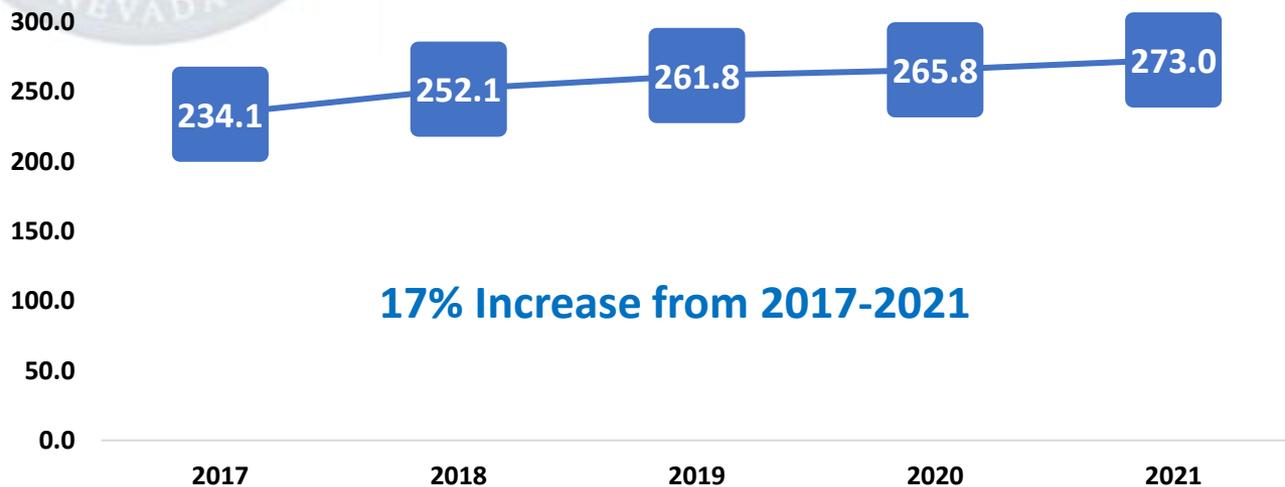
Nevada Overdose Data to Action: Overdose Surveillance Data Systems

- Nevada Overdose Data to Action (OD2A): state's main source of opioid and overdose surveillance and prevention funding.
- In Nevada, there are many different systems that are utilized to describe overdose in the community:
 - **Hospital-Based Systems**
 - Hospital billing data – emergency department (ED) and inpatient (IP),
Syndromic Surveillance – ED ★
 - **Emergency Medical Services (EMS)**
 - **Overdose Detection Mapping Application Program (ODMAP)★**
 - **Electronic Death Registry System (EDRS)**
 - **State Unintentional Drug Overdose Reporting System (SUDORS)★**



Overdose – Data Trends

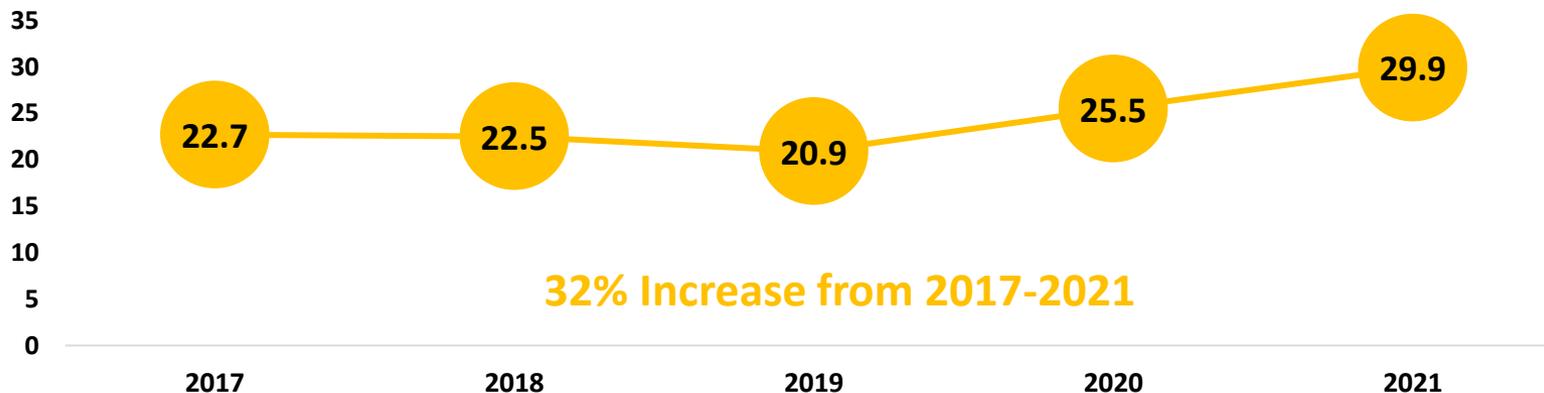
Rate of suspected drug-related overdoses in Nevada from Syndromic Surveillance, 2017-2021



Demographics - In 2021, highest rates among:

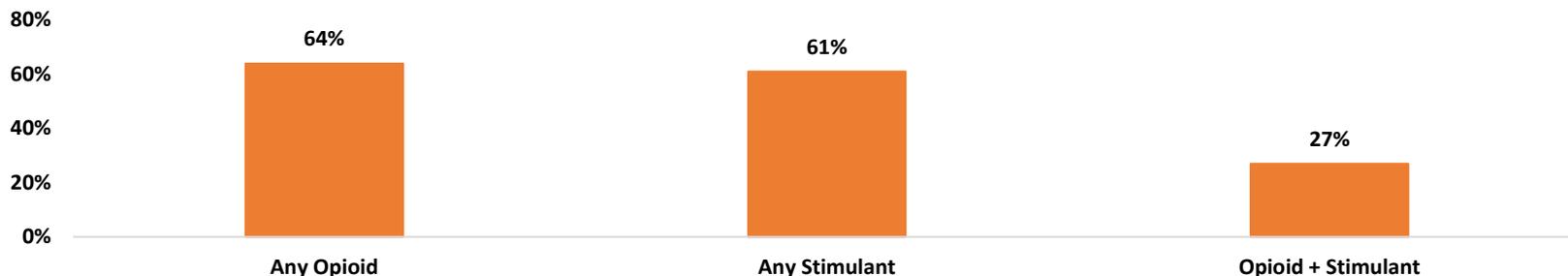
- Males
- Black, non-Hispanic persons
- 25-34 year old age group

Rate of drug overdose deaths in Nevada from the Electronic Death Registry System, 2017-2021



Overdose Deaths – Substances and Circumstances

- From SUDORS 2021: **2-3 substances** on average detected
 - Top substances listed as causing death: Opioids and Stimulants



- **Circumstances surrounding overdose:** events preceding overdose that may be related to overdose. May be useful for prevention, treatment, harm reduction agencies when designing programs and interventions.

78% of decedents had at least one potential opportunity for linkage to care prior to death or implementation of a life-saving action* at the time of overdose.

Opioid + Stimulant (27%):

- **81%** of overdoses occurred in home setting
- **62%** of overdoses had a bystander present
- **1 in 3** mental health diagnosis



Key Data Takeaways

- Overdoses have increased and remain high in Nevada.
 - ED visits for suspected overdose and overdose deaths
- Overdoses are impacting persons of color and younger populations disproportionately.
- Polysubstance use is common among decedents.
 - Opioid and stimulants
- Unintentional drug overdose deaths are preventable – over **3 in 4** had evidence of at least one potential opportunity for linkage to care prior to death or implementation of a life-saving action at the time of overdose.

Surveillance Limitations and Gaps

- Multiple different data systems, with varying levels of timeliness and data quality
- No statewide forensic crime lab
- Existing drug lab capacity is forensic in nature
- Limited formal data/information sharing agreements with public safety and public health
- Majority of seized drugs in Nevada are not tested timely

Data System	Timeliness	Confirmatory Testing?
Hospital-Based Systems		
Billing data	3 months	No
Syndromic Surveillance	24 hours	No
EMS	24 hours	No
ODMAP	24 hours	No
EDRS	3 months	Yes
SUDORS	9 months	Yes





QUESTIONS





7. Informational

Overview of Overdose Spike Response Plans

Dr. Terry Kerns, Office of the Attorney General



Community Overdose Spike Response Plan

Community Partners

Define a spike

Activities to be completed and by who

Activities Pre, During, and Post spike

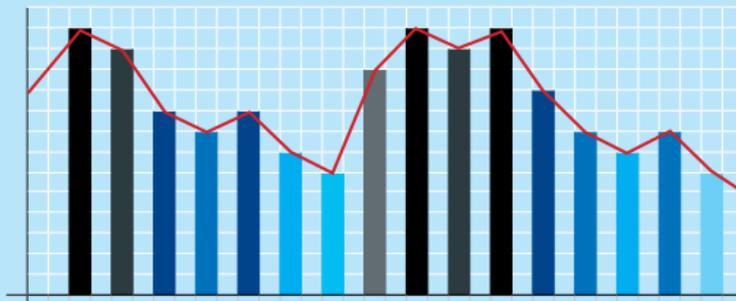




ODMAP

OVERDOSE DETECTION
MAPPING APPLICATION PROGRAM

OVERDOSE SPIKE RESPONSE FRAMEWORK



A companion guide for ODMAP stakeholders



JANUARY 2018





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ACT
Adjust plan as
needed based on
evaluation

PLAN
Develop plan
using framework

**PDSA
CYCLE**

STUDY
Evaluate plan

DO
Deploy plan
during a spike

[https://innovations.ahrq.gov/qualitytools/
plan-do-study-act-pdsa-cycle](https://innovations.ahrq.gov/qualitytools/plan-do-study-act-pdsa-cycle)



Nevada's County's Community Overdose Spike Response Plans

County	Organization taking lead	POC
Carson City	Multiply Agencies	Multiply POCs
Churchill County	Churchill Social Services	Churchill Social Services
Clark County	Southern Nevada Health District	Brandon Delise
Douglas County	Partnership Douglas County	Daria Winslow
Elko County	Partnership Elko County (PACE)	Laura Oslund
Esmeralda County	Nye Community Coalition	Stacy Smith
Eureka County	Partnership Eureka County (PACE)	Laura Oslund
Humboldt County	Frontier Community Coalition	Wendy Madson
Lander County	Frontier Community Coalition	Wendy Madson
Lincoln County	Nye Community Coalition	Stacy Smith
Lyon County	Healthy Community Coalition	Lisa Selmi
Mineral County	Community Chest Inc.	Erik Schoen
Nye County	Nye Community Coalition	Stacy Smith
Pershing County	Frontier Community Coalition	Wendy Madson
Storey County	Community Chest Inc.	Erik Schoen
Washoe County	Washoe County Sheriff's Office	John Leonard
White Pine County	Partnership White Pine County	Laura Oslund



QUESTIONS





Agenda items 8 to 11

Due to time constraints- Agenda items 8 to 11 will be taken at the December 13, 2022 Cross Sector Task Force meeting.



12. 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.



13. Adjournment