

## TRACK 4: CRIMINAL JUSTICE INTERVENTIONS - STATUS REPORT

*Provided as a Reference to the Governor's Opioid State Action Accountability Taskforce.*

### Report Timeframe

**From:** 7/1/2018

**To:** 9/30/2018

### Description

Track 4 strategies (criminal justice interventions) align law enforcement and public health efforts through coordination of information, initiatives, and activities.

### Highlights

- The Statewide Partnership on the Opioid Crisis (SPOC) has two active subcommittees. They made progress for both data sharing and coroner training:
  - Data sharing work focused on ODMAP. Currently, Nevada has 21 organizations in the state signed up for ODMAP, with two entering data.
  - Statistics show increased numbers of overdoses (ODs) overall, but reduced ODs specifically related to opioids.
  - The coroner training subcommittee presented to the Nevada Sheriffs and Chiefs Association for input. DHHS has provided an intern who will assist with this project of putting together guidelines for rural coroners.
- Three incinerators will be operational by October 18: 1) Mineral County, 2) Storey County and 3) Nye County (Pahrump). Elko is in the process of installing their incinerator and Boulder City is signing MOUs with other agencies to install the incinerator in a shared space.
- New data on overdoses (not just deaths) are now available within 24 to 48 hours of the event, focusing on pre-hospital contacts. Discovered when going out to jurisdictions and meeting with first responders (EMS), they are reporting more ODs than are tracked and reported to DHHS as ODs currently. ODMAP should help provide a more robust picture of overdose in the future.
- Assisted with providing guidance on writing overdose response plans to submit to CASAT in September.

### Key Milestones

#### **Overdose Mapping System (ODMAP)**

- Twenty-one (21) organizations signed up, with two agencies are actively entering data in to ODMAP.
- Now have pre-hospital data related to overdose calls within 24 to 48 hours.
- Discovering from first responders that hospital data is not reflective of the number of OD calls they make.
- ODMAP will provide a better picture of OD incidents/calls as more jurisdictions come on line.
- Continued assistance with getting naloxone out to law enforcement (LE). Two LE agencies reported using naloxone as a public safety tool, where previously it has been an officer safety tool.

## In-State Incinerators

- Three of five planned and requested incinerators are fully operational.
- Remaining two on track to be operational by the end of 2018.

Statewide Partnership on the Opioid Crisis (SPOC) subcommittees continue focusing on real-time data sharing (ODMAP) and Coroner Training to develop guidelines for rural counties.

### Ongoing Action Items

- Continue to expand use of ODMAP and data entry by remaining jurisdictions that have signed up to participate.
- Continue participation in working groups including Coroner's and ODMAP to improve the quality, timing, and utilization of data, and establishing guidelines to assist rural counties.
- Continue to support the work of CASAT related to response plans.
- Work to get the "in process" incinerators live and operational.
- Support training with and for law enforcement on naloxone use as a public health tool (beyond officer safety).

### Milestones Anticipated in the Next Quarter

Description of Action Item	Progress
1) Continue to meet to increase the number of jurisdictions onboarded and entering data into the ODMAP system	In process
2) Work with jurisdictions already signed up with ODMAP to develop and implement response plans	In process
3) Monitor progress on incinerator installation and use	In process
4) Talk with health care providers, including emergency rooms, to expand collaborations that result in more referrals for treatment	In process

### Challenges and Recommendations

Many of the proposed improvements to criminal justice interventions will take time to develop and implement.

- *Challenge:* The rural and frontier counties continue to be under-resourced (in patient, local, accessible intervention and treatment services). *Suggestion Actions:* Continue to work with the Regional Behavioral Health Coordinators to find ways of leveraging both behavioral health and substance abuse funding streams and leverage resources and funding across the state.
- *Challenge:* While Nevada is doing a better job of identifying individuals with/at-risk of opioid overdose, there are opportunities to do better. For example, study out of SAMHSA found most of the people referred to treatment are either self-referred, or referred from the criminal justice system. *Suggested Actions:* Continue to talk with health care providers, including emergency rooms, about expanded collaborations that result in more referrals for treatment as a part of health care services.

Resources/Information

**ODMAP** <http://www.hidta.org/odmap/>

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