

## MEETING NOTES

Statewide Substance Use Response  
Working Group Meeting

Wednesday, April 10, 2024  
2:00 p.m.

**Meeting Locations:** Offices of the Attorney General:  
Carson Mock Courtroom, 100 N. Carson St., Carson City, NV  
3315 Conference Room, Grant Sawyer Building, 555 E. Washington Blvd., Las Vegas

**Zoom Webinar ID:** 841 1615 6896

Note: All presentation materials for this meeting are available at the following link:  
[https://ag.nv.gov/About/Administration/Substance\\_Use\\_Response\\_Working\\_Group\\_\(SURG\)/](https://ag.nv.gov/About/Administration/Substance_Use_Response_Working_Group_(SURG)/)

### Members Present via Zoom or Telephone

Chelsi Cheatom, Dorothy Edwards, Attorney General Aaron Ford, Jeffrey Iverson, Nancy Lindler, Debi Nadler, Angela Nickels, Christine Payson, Erik Schoen, Dr. Beth Slamowitz, Assemblywoman Claire Thomas (2:25 p.m.)

### Members Present in Las Vegas

Dr. Lesley Dickson, Jessica Johnson

### Members Present in Carson City

Shayla Holmes

### Members Absent

Senator Fabian Doñate, Assemblywoman Melissa Hardy, Steve Shell

### Attorney General's Office Staff

Rosalie Bordelove, Dr. Terry Kerns, Mark Krueger, Ashley Tackett, and Teresa Benitez-Thompson

### Social Entrepreneurs, Inc. (SEI) Support Team

Crystal Duarte, Laura Hale, Kelly Marschall, and Emma Rodriguez

### Other Participants via Zoom or in person

Linda Anderson, jbaez@unr, Morgan Biaselli, Natalie Bladis, Hannah Branch, Jeff Clark, Trey Delap, Vanessa Diaz (DHHS), Jennifer Duncan, Valerie Haskin, Shannon Johnson, Giuseppe Mandel, Elyse Monroy, Chyna Parker, Cherylyn Rahr-Wood (Regional Behavioral Health), Bryce Shields (Pershing County DA), Alex Tanchek (Silver State Government Relations), Bill Teel, Heidi Tweden, Joan Waldock (DHHS), P. Whelan, Quinnie Winbush (EMPOWERED Program)

## 1. Call to Order and Roll Call to Establish Quorum

Chair Ford called the meeting to order at 2:03 p.m. Ms. Rodriguez called the roll and confirmed a quorum.

## 2. Public Comment

Giuseppe Mandel from Desert Hope and American Addiction Centers Treatment said he looked forward to the presentation on MOUD (Medications for Opioid Use Disorder) in the jail and finding some solutions to the gaps in the system. Somebody who's been in jail for a period of time, maybe over two weeks – getting them qualified for treatment coming out is very hard based on insurance, or any of the free programs, for medically assisted treatment (MAT). He would love to find a solution for private companies like his to provide MAT, but there is an insurance gap. If it's two or three weeks [before people come to them from the jail], the insurance won't let them bill for that. He is looking for free programs to support that. He is encouraged by the brilliant minds in this meeting to give him a solution and he appreciates them.

Ms. Nadler said she hoped they could discuss the mental health aspect. She referenced a mandate from Governor Sisolak for mental health services right before Covid. She lost a cousin a couple of weeks ago, due to mental

health issues, which they are not focused on. She is not sure whether the drug abuse or the mental health problems came first, but there is “nothing in our city” (Las Vegas), to meet her needs and the needs of other moms and grieving family members. It is especially lacking in the school systems, and it’s so important to focus on something starting in kindergarten.

### **3. Review and Approve Minutes for January 10, 2024, SURG Meeting**

Chair Ford asked for a motion to approve the minutes.

- Mr. Schoen made the motion.
- Mr. Iverson seconded the motion.
- The motion carried unanimously.

### **4. Update on Opioid Litigation, Settlement Funds, and Distribution**

Mark Krueger, Chief Deputy Attorney General, Office of the Attorney General reported that the U.S. Supreme Court heard arguments on the appeal of the Purdue bankruptcy plan, and stakeholders believe it will be rejected with a ruling and an announcement by the end of June. If the plan is not confirmed, Purdue will seek a new plan from the bankruptcy court, but they don’t have a lot of assets anymore after recently selling another company. Their estimated value is only about \$250-\$450 million. If the bankruptcy stay is lifted, the state will begin relitigating their claims against the Sacklers and Purdue, so they may start relitigating.

The difficulty is that the fraudulent conveyance claims, worth \$11 billion, the money the Sacklers took out of the Purdue company and put into their trust, may still be subject to the jurisdiction of the bankruptcy court. There is also a question of whether the Sacklers will be subject to the bankruptcy court, since the anticipated ruling would find they are no longer released under the plan. The Sacklers control most of the money. Nevada is one of roughly 30 states that named the Sacklers as a defendant in the opioid litigation.<sup>1</sup>

Chief Krueger anticipates being able to reestablish litigation about 30 days after the Supreme Court decision is issued. He is working with other states and outside counsel to settle additional cases with tier 2 and tier 3 defendants, as well as working on active litigation against the PBM (Pharmacy Benefit Managers) defendants. Additional recoveries are expected over the \$1.1 billion awarded to Nevada so far, which is exceptional in comparison to other states on a per capita basis.

Chair Ford thanked Chief Krueger for the great report. Ms. Johnson also thanked Chief Krueger and asked about progress on the dashboard he described at previous SURG meetings.

Chief Krueger is still working with the IT Department in the Office of the Attorney General, and with the Department of Health and Human Services (DHHS). This is a brand-new effort to build the dashboard, but they are on track for completion within the six-month timeframe estimated. He also reported posting the chart of recoveries on the [website](#), including the state share. (See Opioid Summary Totals and Opioid Summary State Totals.)

### **5. Jail Medications for Opioid Use Disorder (MOUD), Community Continuation of Care (CCC)**

Bill Teel, Las Vegas Metropolitan Police Department (LVMPD), Captain Retired/Jail Industry Consultant, presented his slides (See power point posted on the [SURG website](#)). He served as a Bureau Commander for the last 8 years out of 24 years with the LVMPD, with oversight of the medical mental health services for at risk populations in the jail, including those with mental illness, substance use disorder (SUD), and suicidal ideation.

Currently, Mr. Teel contracts through the Nevada Public Health Foundation, with DHHS Fund for a Resilient Nevada (FRN), on the Jail MOUD and community continuation of care effort. They are working on implementing MAT in jails based on survey responses from the jails, including barriers to implementation. A community continuation care plan model is being developed for participating counties. Pilot programs in Lander and Esmeralda counties are supported by a multidisciplinary team using the sequential intercept model to identify barriers and intercepts from deflection to diversion. This can be significant in small and rural communities to raise awareness about various resources such as warmlines, hotlines, teen text, and chat lines.

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<sup>11</sup> Chief Krueger provided minor edits to his statement for clarification.

Out of the 23 jails in the state of Nevada, 22 indicated willingness to work with the state as long as it's not an unfunded mandate. Identified gaps include the following:

- Lack of access to medical and mental health resources (community and jail).
- Lack of funding.
- Lack of pharmacy and access to MAT medications (buprenorphine, naltrexone, and methadone).
- Lack of discharge planning/reentry process.

Key Takeaways of the 23 jails surveyed include the following:

- 87% don't have community deflection.
- 74% don't have diversion alternatives.
- Only 1 jail is using a telehealth option.
- 91% don't have a formal MAT program.
  - This is required under the Americans with Disabilities Act.
- 1 jail does not have access to Narcan.
  - This has since been addressed.

Another challenge is that 70% of Nevada jails don't offer Medicaid enrollment, but they are working with DHHS to find a solution, possibly developing a virtual process to enroll inmates prior to release.

Mr. Teel clarified for Chair Ford that the one jail that isn't working with the state on the MOUD model is a temporary holding facility in Boulder City that only facilitates a walk-through fingerprinting process before transporting inmates directly to the Henderson Detention Center.

Multiple counties they are working with include Lander, Mineral, Lincoln, Storey, Lyon, and Pershing, as well as the Chief of Police in Mesquite. Mr. Teel can provide updates to the SURG as requested.

Chair Ford referenced legislation that requires MAT in the jails and asked about implementation with available resources from opioid litigation. Mr. Teel reported some respondents were puzzled about funding sources for implementation, but funding sources have been identified for the two pilot counties - Lander and Esmeralda. Their framework will help support other counties. Chair Ford asked Dr. Kerns and Ms. Benitez-Thompson to follow up on funds appropriated to comply with the legislative requirement for MAT in jails, and how much the counties have received from the settlements.

Ms. Nadler asked if there is a chart with overdose data for people in jails or prison. She meets kids on the street and her friend's son was in jail where he watched somebody overdose. She wanted to know if it is increasing. She also asked if there were more jails in Clark County than Esmeralda or Nye counties. She sees people just out of prison who are back on the streets and on their death beds, "God forbid."

Mr. Teel referenced reporting requirements for both state and county facilities, but he doesn't know if it is available to the public. His experience with Clark County Detention Center was to analyze that data to work toward mitigating deaths from substance use disorder. This included developing discharge plans for reentry into the community. There are multiple facilities in Clark County, including Mesquite, Boulder City, Henderson, North Las Vegas, the City of Las Vegas, and the Clark County Detention Center. Other counties have single jails.

Ms. Nadler thanked Mr. Teel for his response and followed up to ask if there is a sooner than later implementation in the bigger counties where more people are suffering from substance use.

Mr. Teel shared that both Washoe and Clark counties do have MAT programs inside their facilities, and they are leading the charge with MAT throughout the country with implementation of best practices.

Mr. Schoen thanked Mr. Teel for the presentation and appreciated his work on expansion of MOUD and MAT, noting these same priorities for 14 Coalitions across rural Nevada. He clarified that Community Health Workers (CHW) are supported through Community Chest to serve jails in Storey and Mineral Counties with care coordination plans. He believes that Lyon County Human Services also supports CHW in Fernley and Yerington.

He is excited to see this expansion and asked how prescriptions for MAT are obtained, whether by contract with medical providers or others who can write prescriptions. Not all rural providers are convinced that this is the way to go, so more work is needed to encourage medical providers to be more open to prescribing.

Mr. Teel appreciated the organizational support for CHWs in different counties. They have identified an OTP accredited provider to complete assessments for Esmeralda and Lander counties and provide prescriptions, but challenges remain in some of the other counties. They are also considering regional strategies, including mobile or telehealth support. Some counties need to go to neighboring counties for pharmacy services, e.g., they are working with Esmeralda to get support from the Raley's in Tonopah. They are working together to find solutions.

Mr. Schoen will follow up with Mr. Teel to coordinate efforts to support MAT in rural areas.

Chair Ford explained that state prisons can log in to a system to access prescriptions for MAT and wondered if that was an option for jails in rural counties to get prescriptions through the mail.

Mr. Teel thought Ms. Slamowitz might have a better answer, but his understanding was that Methadone is still regulated federally and could not be sent through the mail. He thought a courier service would be needed, but he took Chair Ford's point and he will follow up with the Director of Pharmacy for Nevada Department of Corrections.

Ms. Johnson thanked Mr. Teel for his robust presentation. She is glad they are working on the pharmacy access issues, noting challenges in Las Vegas to filling prescriptions after discharge within the appropriate timeframe. Mr. Teel made a note of this for inclusion in their planning.

Chair Ford thanked Mr. Teel again for putting his quarter-century experience into this very important work and looked forward to the SURG continuing this conversation with him.

## **6. Report on Expenditure of Funds from the Fund for a Resilient Nevada**

Vanessa Diaz, Quality Assurance Specialist II, Department of Health and Human Services, Director's Office, Fund for a Resilient Nevada (FRN), presented her slides. (See materials posted on the [SURG website](#).) She reviewed the establishment of the FRN in 2021 to create a statewide needs assessment plan to drive funding allocations. The plan was completed in 2022, and they work with the Advisory Committee for Resilient Nevada (ACRN) to identify and prioritize recommendations. Funded activities are prioritized and included in the Annual Report. (See all FRN documents on the [FRN website](#).) Their budget runs for an 18-year period with biennial approval through the state legislature.

They provide ongoing training and technical assistance and work on quality assurance, monitoring, corrective action plans, evaluation and mapping of funded projects. One highlight is the quick identification of substances involved in overdoses in coordination with the Nevada Department of Emergency Management. Seventeen mass spectrometers were purchased for distribution to each county with training to be provided for use in public safety, rather than for incarceration purposes.

Nine Community Coalitions were funded for a range of services to address opioid related misuse or overdose, and the Boys and Girls Club is funded to increase access to aftercare summer and intramural programs, statewide through six organizations in 34 locations. Increasing prevention in schools operates under UNR and Multi-tiered Systems of Support (MTSS).<sup>2</sup> They focus on improvements for school climate, infrastructure for community services and schools, and integrating specific drug-prevention and treatment practices. Surveys on drug trends are provided to school leaders to inform action to reduce the risk of overdose.

Goal 3 is to reduce harm related to opioid use through expanded availability of products and vending machines, with Trac-B, which has provided 116,840 syringes through mail order, storefront, vending machines and street outreach. Carson City provides high intensity, residential treatment for people within the criminal justice and public safety systems.

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<sup>2</sup> A presentation was made to the SURG Prevention Subcommittee in 2022.

Goal 4 is to provide behavioral health treatment, improving evidence-based treatments including support for mothers, babies, and families through EMPOWER. They continue to work with tribal communities on prevention, harm reduction, and treatment through the Nevada Indian Commission.

Living Free Health and Fitness provides evidence-based services to frontier area residents with opioid and co-occurring substance use and mental health disorders, with funding for eight additional beds.

The Washoe County Desktop program expands services for criminal justice involved persons with OUD who are leaving incarceration on probation or pre-trial supervisions. Services include housing and transportation assistance.

Plan implementation for mobile MOUD treatment for rural and frontier communities operates through CASAT with three mobile recovery units for distribution to qualified organizations.

Internal efforts are ongoing to measure standard patient outcomes and implement best practices, and ensure funding of services for uninsured, underinsured, and tribal populations.

Goal 5 is to implement recovery communities across Nevada with Social Determinants of Health, such as developing employment support and recovery housing.

Goal 6 is to provide opioid prevention and treatment consistently across criminal justice and public safety systems working toward services in all adult correctional facilities, as presented earlier by Bill Teel.

Goal 7 is to provide high quality and robust data and accessible timely reporting, including data from the poison control hotline and the all-payor claims database from the Division of Health Care Financing and Policy. They are working toward standardized reporting, minimum data sets for suspected overdose with demographic characteristics, and dashboard development for public transparency.

A list of the awardees and the One Nevada Agreement expenditure reports are included in the slides. A notice of funding is to be released in May or June along with a request for proposals.

Chair Ford asked about One Nevada grantees who have not expended funds or reported activities. Staff are in discussion with Churchill, Lander, and Carson City to complete their needs assessments, and will follow up with additional information for Chair Ford. They will also provide funding and expenditure amounts for each of the grantees.

Ms. Edwards referenced a presentation to the Washoe Regional Behavioral Health Policy Board from the Board of Psychology regarding parity for behavioral and physical health, and asked Ms. Diaz how they are accomplishing this under Goal 4. She will have Ms. Yohey get back to Ms. Edwards on this question.

Ms. Johnson thanked Ms. Diaz for the presentation and asked about the Nye Community Coalition prevention work, whether it was just within their jurisdiction or statewide. Ms. Diaz said it was just within their county.

Ms. Holmes asked if the needs assessment is only required for the funds allocated to the counties under FRN, and not for the direct allocations. Ms. Diaz thought this was correct. Chair Ford agreed this was helpful and would like confirmation of where each county falls regarding this requirement. Ms. Yohey will provide that information.

Chair Ford asked about the distribution of Fentanyl test strips. He recently spoke with someone about a company looking to partner with the state to distribute Fentanyl test strips on a very broad basis. He asked Dr. Kerns to coordinate with the state and municipalities about this company and their product, to get a bit more information.

Ms. Diaz clarified that a team member reported that Lyon County is the only one that would apply for funds under Resilient Nevada.

Chair Ford thanked Ms. Diaz for her presentation and noted that there have been many questions coming to his office and to the SURG over the last year about expenditure of funds. He encourages interested parties to review this power point and to follow up with DHHS on additional questions.

## **7. SURG Tracker for Selected Items Under the Joint Interim Standing Committee on Health and Human Services**

Laura Hale, Social Entrepreneurs, Inc. (SEI), reviewed the Tracker (See posted materials on the [SURG website.](#)) Ms. Hale noted that this committee had been meeting this spring and staff are tracking items of possible interest to the SURG members. Instructions for viewing meeting recordings are provided in the footnote for members' convenience to follow specific agenda items. If they need additional help, they can reach out to Ms. Hale or other SEI staff for support.

Ms. Hale highlighted a few of the items listed under meetings from February, March, and April. Regulations for continuing medical education requirements and pharmacist provision of MAT, expanded use of Community Health Workers, and other items related to substance use prevention, harm reduction, and treatment and recovery that are put forward under the Silver State Health Improvement Plan. There is significant overlap with SURG recommendations, and some overlap with some of the things just presented by Ms. Diaz.

Some of the broader issues on workforce or budgets can have significant impact on all sorts of things downstream. You don't necessarily have to listen to the whole meeting, but you can look at the agenda items and posted materials to cut directly to that point in the recording that might be of interest to you.

Ms. Johnson thanked Ms. Hale for the summary and referenced syndemic<sup>3</sup> issues around opioid substance use and overdose with other areas like sexually transmitted infections, specifically congenital syphilis and other infectious diseases that might be increasing in conjunction with opioids and overdose. The interim committee has also discussed this issue.

**Chair Ford called for a recess at 3:24 and called the meeting back to order at 3:32.**

## **8. Annual Survey Results from SURG Members**

Emma Rodriguez, Social Entrepreneurs, Inc., presented a summary of the survey results with nine responses from March. Full responses are available on the [SURG website.](#)

- What worked well in 2023:
  - Quite a few members liked the presentations from subject matter experts.
  - There was good communication and collaboration.
  - Members liked the process for presenting recommendations and then voting on them.
- What could be improved:
  - The structure and focus of the subcommittee; need more participation from all members with sufficient numbers to reach a quorum at the start of the meeting.
  - Technical difficulties with the Slido process.
  - How to handle recommendations that do not get ranked.
- Distribution of the Annual Report:
  - Suggestions from the January SURG meeting were brought forward
  - The report was shared with the Nevada Sheriff's and Chiefs Association
  - The Division of Public and Behavioral Health shared the report via email.
  - (See Agenda Item 10 for further discussion)
- Question on Choice Point Thinking for racial and health equity:
  - Mixed responses with support for continuing the process of evaluating how recommendations advance racial and health equity, using both a ranking from 1 to 3 along with a narrative description. Some members want further discussion or more information.
    - Chair Ford suggested putting this on the next agenda.
- LAPP 2023 State of the States Legislative Roadmap for reducing overdose deaths (5 strategies):

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<sup>3</sup> Syndemic refers to multiple epidemics that create more issues when combined.



- Require state and local correctional settings to provide withdrawal management services:
  - Members supported this with a note that some jurisdictions do support withdrawal management in correctional settings; another member thought there was proposed legislation in the last session.
- Require all public high schools store Naloxone on site for responding to overdoses at school and at school sponsored events.
  - One member thought all public high schools have Naloxone on site and asked for clarification.
  - Another member noted a barrier to mandating this because of the costs, but there may be an opportunity to address that.
- Increase access to substance use treatment in emergency department settings:
  - Some EDs do provide Buprenorphine.
  - Nevada should do this; recommend presentation from National Bridge.
- Support information sharing with overdose fatality review teams.
  - Members agree with this.
  - The state OD2A group did a report on this. (See link in the PowerPoint on the [SURG Website](#))
    - Recommend SURG review this report for actionable steps.
- Additional comments supported working toward implementing all of these, but they should also look at what is already being done and how that's working.
- Suggestions for how the SURG goes about developing recommendations to address the LAPP strategy:
  - Use opioid settlement funds only.
  - Arrange presentations related to these strategies.
    - Reach out to the State Department of Education or National Bridge.
- Need for collaboration, particularly on possible BDRs, or with other groups.
- Raise these issues as policy recommendations are being considered.
- Focus on the mental aspect.
- Additional Comments/Feedback
  - How do we make an impact on our youth?
  - Prevention is key.
  - Thanks to the support team for coordination.
  - Arrange presentation on Oregon's current status on decriminalization and the subsequent recriminalization of drugs.

Ms. Nadler asked about mandating Narcan in the schools, noting that the bill says “may” rather than “shall,” and that one word is why it's not happening in the schools. Someone from Clark County School District pointed that out to her, so she knows some of the schools are not doing it, at least in Clark County. So that verbiage needs to be changed.

## 9. Potential SURG Expansion and Proposed New Members.

Chair Ford suggested taking a vote on whether they want to expand the proposed categories (further details are provided in the document):

1. Member of the General Public
2. Fire/EMS
3. Family Services/Foster Care
4. Director of the Department of Indigent Defense Services, or her designee (Public Defender)
5. Nevada's District Attorney Association

Chair Ford referenced the seat for a member of the General Public, noting that an important member of the SURG was lost when she left her job. He also offered to reserve a BDR from his allotment of 20.

Ms. Johnson recalled her request at the prior meeting for additional justification to avoid adding a long list of representatives in perpetuity. She had reviewed the justifications ahead of this meeting and appreciated the addition of that information.

Chair Ford asked for a motion and clarified this would reserve a BDR from his office to request an expansion of the SURG to include these five categories:

- Mr. Iverson made a motion to move them forward.
- Ms. Nadler seconded the motion.
- The motion passed unanimously.

#### **10. SURG Annual Report Distribution**

Chair Ford referenced the bullet points on the slide and asked Ms. Benitez-Thompson and Dr. Kerns to draft a cover letter to send the report to the following entities:

- Regional Behavioral Health Policy Boards
- Prevention Coalitions
- All funded cities/counties in the One Nevada agreement
- Clark County Opioid Task Force
- Southern Nevada Opioid Advisory Council (SNOAC)
- Press conference
- Nevada Psychiatric Association
- Hospital Association
- Nursing Association
- Social Work Association
- School Boards
- Continually share with regular reminders to RBH policy boards, prevention coalitions, etc.

Dr. Kerns said she had been asked to present the report and the recommendations to several committees and boards, and the feedback she has gotten has been good from them. As would be expected, some of the recommendations created some debate between members, such as asking to increase funds for prevention but not for harm reduction. Also, a representative from one of the behavioral health boards offered to help support recommendations with their BDR allocations.

Dr. Kerns also spoke with Sarah Dearborn with the Division of Health Care Finance and Policy regarding the 1115 waiver. Amendments would be needed to support rate increases, but they are already working on this.

Chair Ford added that all the required statutory submissions of the Annual Report were made, and Senator Doñate asked them to present to the Joint Interim Standing Committee on Health and Human Services on May 13<sup>th</sup>. If any SURG members are in attendance, they could come up and testify with him, "That will be fantastic!"

#### **11. Review and Consider Items for Next Meeting**

Dr. Kerns reviewed potential agenda items for the July 2024, meeting of the SURG, as listed on the slides:

- Subcommittee report out from May and June meetings
- Presentation on the Nevada Behavioral Health Workforce Development Center from Dr. Sara Hunt
- Update on Opioid Litigation, Settlement Funds, and Distribution
- SURG Expansion/Proposed New Members
  - Dr. Kerns noted this one could be removed based on their prior discussion under Item #9.

Chair Ford expressed interest in what has happened in Oregon with the recriminalization of certain narcotics. A presentation and discussion on that trajectory could be helpful to the SURG. Dr. Kerns said they are trying to get in touch with people from Oregon to look at what happened from decriminalization to recriminalization. They just need to find a speaker to present to the SURG.

Ms. Nadler recalled a report on overdose statistics in Nevada that she thinks went through 2021. She would like to get an update to include age groups, ethnicity, etc. Ms. Diaz confirmed that her office was working on that and could present it to the SURG. Ms. Johnson added that the Prevention Subcommittee is trying to identify that information for their meetings in May or June, depending on availability of the data.



Dr. Dickson said the new Clark County Opioid Committee could look at deaths in Clark County. She thinks they've only had one meeting so far, but SURG members could meet with them and see if they can help. Dr. Kerns has presented to them, and they are on the list for future SURG presentations when they are closer to finalizing their report.

Ms. Edwards reported that the Regional Behavioral Health Policy Board she works with could provide a brief presentation of the BDRs they select to solicit support. Chair Ford said the answer is an unequivocal "yes," so she should let Dr. Kerns know when they're ready to put it on the agenda.

Ms. Diaz commented that it's not possible to get preliminary data about overdoses or overdose deaths, and it must be approved by the Coroner's Office and underwriters before it is considered a death. Staff let her know that they get this question all the time, but it's not possible, because of the number of toxicology reports that need to be done.

Chair Ford confirmed to Ms. Hale that they would like another update on items under the Joint Interim Standing Committee on Health and Human Services, for July.

## **12. Public Comment**

Giuseppe Mandel, Desert Hope and American Addictions Treatment Center, thanked members for the informative meeting. He wanted to make his number available to anyone for collaboration: (702) 283-4962. He is always interested in collaboration and how we can better help the community.

Ms. Johnson announced that the Southern Nevada Opioid Advisory Council will have their Southern Nevada Substance Misuse and Overdose Prevention Summit on August 1<sup>st</sup> in Las Vegas, at the Tuscan Suites from 8 a.m. to 5 p.m. She will share the "Save-the-Date" notice with staff when available.

Dr. Dickson announced that AATOD, the American Association for the Treatment of Opioid Dependence, is holding their national meeting in Las Vegas at Planet Hollywood in late May from the 18th to the 22nd. It is a large meeting with international attendance. She is giving a presentation with Dr. Riccio from Roseman University.

## **13. Adjournment**

Chair Ford asked for a motion to adjourn.

- Ms. Payson made the motion.
- Ms. Nadler seconded the motion.
- The motion carried unanimously.

The meeting was adjourned at 4:02 p.m.

## **Chat Record**

01:03:00 Kelly Marschall, SEI (she/her): The meeting chat functionality may be disabled or limited. Please indicate an interest in offering public comment by raising your hand or unmuting your phone during the public comment agenda item.