

## MEETING NOTES

### Statewide Substance Use Response Working Group Meeting

Wednesday, July 12, 2023  
2:00 p.m.

**Meeting Locations:** Offices of the Attorney General:  
Carson Mock Courtroom, 100 N. Carson St., Carson City, NV  
4500 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, Dr. Leslie Dickson, Gina Flores O'Toole (joined at 2:14 p.m.), Attorney General Aaron Ford, Shayla Holmes, Jessica Johnson, Debi Nadler, Christine Payson, Steve Shell, Assemblywoman Claire Thomas, Dr. Stephanie Woodard

#### Members Absent

Senator Doñate, Assemblywoman Melissa Hardy, Jeff Iverson, Lisa Lee, Angela Nickels, Erik Schoen, and Senator Seevers-Gansert

#### Attorney General's Office Staff

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

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

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

#### Other Participants via Zoom

Tray Abney, Sarah Adler (Silver State Government Relations), Jennifer Atlas, Abigail Bailey, Michelle Berry (CASAT), Morgan Biaselli, Lea Case (Belz & Case Government Affairs), Stephanie Cook (DHHS), Sarah Dearborn (DHCFP), Vanessa Dunn, Elyse Monroy (State OD2A), Detective Ries, Alex Tanchek (SSGR), Breanne Van Dyne (DPBH), Dawn Yohey (DHHS)

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

Chair Ford called the meeting to order at 2 p.m. Ms. Rodriguez called the roll, and a quorum was reached with ten members at 2:04 p.m.

#### **2. Public Comment**

Chair Ford read instructions for call-in or email comments, in accordance with [AB219](#) which became effective July 1, 2023. There were no public comments.

#### **3. Review and Approve Minutes for April 5, 2023, SURG Meeting**

Chair Ford asked for a motion to approve the minutes.

- Ms. Payson noted a change to her presentation on expansion of post-overdose outreach programs to read as "a program," rather than "the program."
- Dr. Dickson made a motion to approve the minutes as amended.
- Ms. Holmes seconded the motion.
- The motion carried; Dr. Woodard abstained.

#### **4. Reappoint SURG Members who are Legislators**

Chair Ford welcomed legislators back to active participation after the session, with reassignments to subcommittees.

## 5. Approve Updates to Bylaws

Dr. Kerns reviewed changes to the Bylaws, noting they are significantly shorter than the previous version, with references to NRS (Nevada Revised Statutes) rather than the full language, and references to the SURG were made consistent throughout. Chair Ford asked for a motion to approve the updated Bylaws.

- Assemblywoman Thomas made the motion.
- Ms. Johnson seconded the motion.
- The motion carried unanimously.

## 6. Update on Opioid Litigation, Settlement Funds, and Distribution

Mark Krueger, Chief Deputy Attorney General, provided a brief update, noting that they are wrapping up litigation, with recovered funds of \$1,129,855,634.24 total for the state of Nevada and other signatories to the One Nevada agreement, combined. The share for the state of Nevada is estimated at \$438,279,584.74, with some other cost fund applications in process. In addition, staff don't yet have numbers for the Endo Bankruptcy. They will create charts with signatory details for the next meeting.

Ms. Johnson asked about the process for dispensing funds to counties and cities. Chief Krueger explained that as funds come into the state, they are dispensed via wire, to all the signatories. These funds come in at different times, depending on payment schedules for the different settlements. The next report projected for next February will have a lot more detail on what is actually being funded.

Ms. Nadler asked if there is a listing of actual fund allocations, so far. Chief Krueger referenced mandatory reports under the settlement agreements and the bankruptcy, which are tracked by the Department of Health and Human Services (DHHS) and the [Fund for a Resilient Nevada](#) (FRN) website (see below presentation from Dawn Yohey).

Chair Ford explained that the Office of the Attorney General, with the work from Mark Krueger, only lists distributions to signatories to the One Nevada agreement. They do not list how monies are then spent by the signatories. Dr. Woodard added that local jurisdictions are required to report expenditures in accordance with legislation for the FRN and the One Nevada agreement. That distribution reporting is transparent through public posting and through presentations to groups such as the SURG. Additionally, the funds are not received in one lump sum, but will come into the state over the course of several years.

Chief Krueger added that once funds are allocated from the Office of the Attorney General to the One Nevada signatories, the DHHS is responsible for reporting expenditures. Pending charts from Chief Krueger will include estimated timeframes for when future payments will come in. For example, payments from the Walgreens settlement will come in over the course of 15 years.

Chair Ford highlighted Chief Krueger's work to bring in \$285 million from Walgreens as was recently announced, which is essentially the last settlement from this iteration of litigation. This brings the total to over \$1.1 billion that will come into this office over the next 20 years.

Assemblywoman Thomas thanked the team for getting these settlement funds. She asked about how the accumulated interest on these funds would be accounted for. Chief Krueger said that interest has not been estimated. The 2021 legislation requires that the state's portion of the funds must go into an interest-bearing account and those amounts will be added to the charts periodically.

## 7. Fund for a Resilient Nevada Update

Dawn Yohey, Clinical Program Planner, DHHS Director's Office, reviewed slides which addressed some of the earlier questions and responded to additional questions from members.

Chair Ford referred to the slide on Opioid Fund Mapping and asked which of the funds listed go to the awardees listed on the Awards slide. Ms. Yohey confirmed that all the awardees listed are receiving opioid settlement funds. Ms. Holmes clarified that signatory reports were from calendar year 2022.

Ms. Nadler asked a question about the awards timeframe. Ms. Yohey clarified that the awards were executed effective July 1, 2023, for fiscal year 2024, reflecting settlement funds.

Ms. Johnson asked about the slide showing 20 responses from funded entities, wanting a comparison with the total number of signatories. Ms. Yohey will get the figure for Ms. Johnson. Chair Ford noted it would include the 17 counties, plus municipalities and other signatories.

## 8. Legislative Updates

Laura Hale, Social Entrepreneurs, Inc. reviewed the Substance Use Bills Tracker noting that previous versions were presented at subcommittee meetings, and updates are noted in the last column under “Status.”

Chair Ford commented that the bill process is always iterative, going through the amendment process. [Senate Bill 35](#) started with a level of 4 grams of fentanyl to be considered trafficking, and through compromise with stakeholders it ultimately landed at 28 to 42 grams as low-level trafficking. In addition, requested changes from the recovery community will require jails and prisons to offer medically assisted treatment (MAT). He also noted that the Governor has appropriated a half-million dollars to buy new machines to measure the amount of fentanyl and other substances. The intent is not to get into a new war on drugs like the 80s and 90s.

Dr. Dickson referenced [AB322](#) which proposed to loosen regulation of kratom to be similar to marijuana, but she said it is an opioid agonist that people get addicted to, and they can overdose and die from it. Dr. Dickson and others wanted it to be listed as a Schedule One drug with the Board of Pharmacy, but the industry is too powerful. Chair Ford said he would like more information from staff. Ms. Nadler agreed that kratom is dangerous. Her son took it and developed a craving, wanting more. She said it is in every 7-11 and tobacco shop. She thinks seven other states have outlawed kratom.

Assemblywoman Thomas provided an update on the status of [AB277](#) to establish rural emergency hospitals as crisis stabilization centers, noting it was signed by the Governor on June 15<sup>th</sup>.

## 9. Subcommittee Reports

### • Prevention

Jessica Johnson, Chair, Prevention Subcommittee, reviewed slides covering the subcommittee reports on prevention, as well as recommendations they workshopped on harm reduction. She noted that members looked at substances beyond opioids, consistent with the purview of the broader SURG.

Recommendations they are currently workshopping include the following:

- Doubling the investment in primary prevention for ages 0-24
  - They received multiple recommendations for specific programming, but they wanted to keep a statewide focus to reach saturation for young people in Nevada, through scaling up community-based programs that are working well.
- Increasing support for youth vaping prevention
  - They have a presentation scheduled for more in-depth information and discussion of changes to statewide funding in this area.
- Creating a data dashboard on alcohol outlet density
  - DHHS Office of Analytics or a similar entity could create a report with regular updates to track association with multiple adverse health outcomes from alcohol outlets that are often located in neighborhoods that are predominantly communities of color. They want to understand the data better to help improve local or statewide policy change.

Chair Ford said his office participated in a vaping summit and helped fund some of that programming. He asked Ms. Benitez-Thompson to identify any further opportunities to assist with this.

Dr. Woodard referenced the first recommendation related to investment in primary prevention, and she asked if subcommittee members had information on investment levels over the last five years across all funding streams. She noted it would also be important to understand how funds come into the state and how they are dispersed. There is a small amount of state general funds, but the Substance Abuse Treatment and Prevention block grant includes a specific set aside for prevention at 20%, and the state continuously invests approximately 25% of that block grant for prevention. Dr. Woodard said that getting a baseline for all the different funding streams and any

specific set asides that require funds to be shifted from other services is important to understand what may be available to continue to increase prevention funding, especially where they are proposing to double the investment in primary prevention every two years, without additional appropriations coming in.

Ms. Johnson thanked Dr. Woodard for her comments and welcomes her suggestions for follow-up presentations to the subcommittee as they refine this recommendation.

Ms. Rodriguez reviewed the slide on the Harm Reduction Recommendations Process recalling the presentations from subject matter experts (SME) to the larger SURG in April. Surveys were subsequently issued to members for input on the recommendations included in those presentations. The nine responses were posted online, and the subcommittee discussed them.

Ms. Johnson reviewed the Harm Reduction Recommendations under discussion with the subcommittee, including the following:

1. Pilot and evaluate the use of the “Bad Batch” App services.
2. Establish a statewide initiative for community drug checking, including multiple parameters.
3. Support Harm Reduction Shipping Supply travel costs.
4. Increase support for harm reduction based post-overdose outreach with public safety.
5. Alternative Pain Treatment.
  - a. Members felt this would be more appropriate for review under the Treatment and Recovery Subcommittee, and they have agreed to take that on.
6. Create a bill draft request to change language around drug paraphernalia as it relates to smoking supplies.
7. Provide support to community coalitions to support community health workers to expand harm reduction.

Chair Ford thanked subcommittee members for their work and said it’s not too early to start thinking about bill draft requests. If they are under the purview of the Office of the Attorney General, he is happy to consider reserving one from their allotment, and there are also four legislators on the SURG who may be willing to use one of their allotted BDRs to support recommendations.

Dr. Dickson referenced recommendation #2 on drug checking and asked if it includes xylazine. Ms. Johnson referenced a presentation from Dr. Traci Green on qualitative testing to identify adulterants including xylazine and fentanyl, and then a separate lab does quantitative drug checking to determine what percentage of a particular substance is present in the sample.

Chair Ford shared that he and Ms. Benitez-Thompson would be meeting with Vice President Kamala Harris soon, and they are working on this at the national level, as well.

Ms. Johnson referenced a legislative bill that would allow people to test substances for adulterants, to help inform decisions and prevent overdose.

Dr. Kerns referenced recommendation #6 on drug paraphernalia as related to smoking supplies. She heard model legislation for fentanyl test strips, but some states had success with generic legislation to include test strips for xylazine and other types of drugs. She can provide additional information to Ms. Johnson.

Regarding recommendation #7, Dr. Kerns said there is great interest at the national level in Nevada’s progress with Community Health Workers (CHW). Ms. Johnson said Mr. Schoen would be thrilled to hear that.

Ms. Holmes asked if the subcommittee had explored the roles between CHW and Peer Recovery Support Specialists (PRSS). Ms. Johnson referenced subcommittee discussions on this subject, noting that for PRSS, working in harm reduction roles could be triggering for their personal recovery. They would be happy to have a broader dialog with members on the Treatment and Recovery subcommittee. They suggested broad language around navigators with local discretion for how to support them.

Dr. Woodard noted that the state has done some work to crosswalk the scopes of practice for CHWs and PRSSs, including opportunities for cross-certification. She also referred members to Sean O'Donnell, Foundation for Recovery, as a SME who is well versed in how to leverage the different scopes of practice for these provider types.

Chair Ford called for a 15-minute recess at 3:21 p.m. He called the meeting back to order at 3:36 p.m.

- **Treatment and Recovery**

Steve Shell, Vice Chair, Treatment and Recovery Subcommittee, reviewed slides noting that one presentation was from Sean O'Donnell, Foundation for Recovery. Mr. O'Donnell made recommendations (for sustainable Train the Trainer models with PRSS) that the subcommittee was workshopping. They will also be workshopping recommendations for innovative approaches to harm reduction, such as vending machines and recycled newspaper boxes (as presented by Donald Griffin, Black Wall Street, Reno).

Chair Ford commended members for their subcommittee work with a focus on underserved communities.

- **Response**

Dr. Terry Kerns, Chair, Response Subcommittee, reviewed slides and summarized meetings from March, April and May, with a number of great presentations, including an opioid antagonist saturation plan (Morgan Green, CASAT), and emergency department bridge programs (Dr. Morgan, Valley Health) with Buprenorphine induction, and community based follow up. They also discussed the need to resolve the conflict between the Good Samaritan drug overdose law, and law enforcement response to get drugs off the streets.

Ms. Benitez-Thompson confirmed Chair Ford's understanding that [SB35](#)<sup>1</sup> included an allowance for judges to consider whether an individual made efforts to seek medical assistance, similar to legislation in Delaware and Rhode Island.

Dr. Kerns noted that Response Subcommittee Vice Chair Holmes had made a separate recommendation to revise Nevada statutes to include language similar to that from Delaware or Rhode Island. They plan to host presentations from SMEs at their next meeting.

Another recommendation is related to medication, assessment, treatment, and recovery support in incarcerated settings, leveraging the 1115 waiver for Medicaid coverage. The final recommendation, submitted by Vice Chair Holmes, is for wastewater-based epidemiology for monitoring public health trends.

Ms. Johnson asked if the Subcommittee would entertain presentations related to barriers for Naloxone use in emergency departments. Dr. Kerns referenced a scheduled presentation from the Board of Pharmacy regarding any restrictions and all the policies and procedures impacting availability.

Ms. Johnson recommended Dr. Cassius Lockett from Southern Nevada Health District as a possible presenter for wastewater-based epidemiology.

Ms. Nadler added that many kids get scared and ditch people, so it's important to let everybody know about the Good Samaritan law. Dr. Kerns thanked Ms. Nadler for raising this and the need to do education and outreach with law enforcement. Chair Ford welcomed information from Ms. Nadler on what other states are doing on this issue.

Assemblywoman Thomas referenced treatment and recovery programs that are available through the specialty court system. Dr. Woodard said seamless transitions of care are a priority of waivers like the 1115 waiver for Medicaid coverage. For incarcerated people, Medicaid coverage would be from 90 days pre-release. They require coordination with the courts because there are currently federal prohibitions against coverage for individuals who are classified as inmates.

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<sup>1</sup> Section 10 of this bill includes trafficking and high-level trafficking in illicitly manufactured fentanyl, any derivative of fentanyl or mixture that contains illicitly manufactured fentanyl or any derivative of fentanyl among the offenses for which a person may not be penalized under such circumstances. Cited from the Legislative Counsel's Digest.

Dr. Dickson referenced the Bridge Program Committee led by Marissa Brown from the Hospital Association. They are working on this issue to get prescribers to support treatment for substance use, but they are seeing a trend where people are not coming into treatment. Ms. Johnson said her colleagues are noticing that treatment numbers are down in other big cities around the nation, as well.

#### **10. Recommendations Process: Weighting and Consolidating**

Laura Hale, Social Entrepreneurs, Inc. (SEI), described the weighting process used by the SURG in the first year, to include recommendations in their Annual Report, with the subcommittees putting forward up to ten recommendations for consideration by the full SURG.

Each subcommittee member weighted their top five priorities, then scores were aggregated, followed by discussion at public meetings of the subcommittees, before moving recommendations forward to the full SURG. The SURG members then voted on those recommendations to put forward in the Annual Report.

Feedback from SURG members included a request for more discussion of recommendations by the full SURG and how they might be prioritized within the Annual Report. Subsequently, SEI staff worked with Vice Chair Lee and Dr. Kerns to draft a proposal for a hybrid approach using a more in-depth tool for subcommittees to score recommendations on specific criteria,<sup>2</sup> followed by a weighting process with the full SURG to prioritize final recommendations for the Annual Report.

Subcommittee members may be in a better position to evaluate recommendations based on specific criteria, because they are getting presentations from SMEs, followed by in-depth discussions. Then they could go to the full SURG with reference to how the subcommittee members determined the strength of each recommendation. The SURG could then discuss and determine their overall priorities.

Chair Ford appreciated the presentation, noting that during hearings on SB35 on fentanyl trafficking, there was concern about this issue of how recommendations were weighted, and it would have been helpful to have a more robust understanding of that.

Dr. Kerns liked the proposed two-step process between the subcommittee and the full SURG. She asked about cross-cutting recommendations, such as harm reduction, and whether the full SURG would score recommendations with the specific criteria.

Chair Ford said as Chair of the SURG, he would advocate for the recommendations, so it would be good to determine a rank order and what type of advocacy is anticipated.

Ms. Johnson also appreciated the clear scoring criteria that would be very helpful for the subcommittee discussions. It could also help with key points to relate back to the full SURG.

Chair Ford asked whether this was ready for action. Ms. Hale suggested they could pursue this two-step process where subcommittees would use the more detailed scoring criteria for their meetings over the next two months, with suggestions for any tweaking of the tool and a transparent process, and then come back to the full SURG in October with recommendations.

Ms. Benitez-Thompson suggested a motion to allow a pilot with the subcommittees to use the newer tool at their discretion, then come back to the full SURG with recommendations.

Dr. Woodard pointed out that the proposed scoring matrix is very similar to one used in the Needs Assessment and State Plan, with additional details that could help committee members apply these criteria with consistency. Mercer<sup>3</sup> would likely be able to provide some basic level training for committee members to apply this matrix. Members agreed this would be very helpful.

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<sup>2</sup> This tool includes four criteria: impact, capacity/feasibility, urgency, and equity. Similar tools have been used by Washoe County as well as the Nevada Department of Health and Human Services.

<sup>3</sup> Mercer is the state contractor for the Needs Assessment and State Plan.

Dr. Kerns asked if a decision would be needed now for how to handle harm reduction and other cross-cutting recommendations. Dr. Woodard suggested that subcommittees could apply this criteria-scoring, and then there could be a consensus-based rating with others, based on those findings.

- Ms. Holmes made a motion to adopt the criteria based scoring and weighted scoring for the subcommittee and larger SURG committee with a process, to be determined, on how cross-cutting recommendations can be incorporated into that process.
- Ms. Johnson seconded the motion.
- The motion carried unanimously.

## **11. Reconsidering Prior Recommendations**

Dr. Terry Kerns, Office of the Attorney General, explained that some prior recommendations may not have been included in the Annual Report, and they may want to reconsider them. In the case of community health workers, advocates have been working on raising their status for about ten years. The Good Samaritan Law also needs more work. Ms. Johnson said similar discussions came up with the Prevention Subcommittee.

Chair Ford added that there may have been developments subsequent to when these recommendations came out of subcommittee and should be reconsidered. For example, xylazine was probably not considered in the first cycle, but could be considered now, with the new scoring matrix.

Ms. Rodriguez asked for clarification if the subcommittees should look at all the recommendations from the 2022 Annual Report to determine any progress made, and then make further recommendations. Chair Ford confirmed Ms. Rodriguez's understanding and asked for further discussion.

Ms. Johnson referenced recommendations that were merged in the Annual Report, as well as cross-cutting recommendations, so there may be a few that need to be reconsidered.

- Assemblywoman Thomas made a motion to reconsider these recommendations.
- Ms. Nadler seconded the motion.
- The motion carried unanimously.

## **12. Presentation on Nevada's Treatment of Opioid Use Disorders (OUDs) and Substance Use Disorders (SUDs) Transformation Project**

Sarah Dearborn, Social Service Chief II, Nevada Department of Health and Human Services, Division of Health Care Financing and Policy (DHCFP, also known as Medicaid).

Ms. Dearborn reviewed slides on the 1115 Substance Use Disorder Demonstration Waiver and deliverables implementation. This federal waiver provides flexibility for states to improve access and quality in treatment of substance use disorders (SUD). The Nevada legislature granted permission for DHCFP to apply for this waiver in 2021, under [SB154](#); federal approval was received December 29, 2022. This covers multiple levels of care and services.

Ms. Dearborn reviewed elements of Nevada's state plan for implementation, which was approved May 24, 2023, to initiate actual federal financial participation for Medicaid services in Nevada. Additional deliverables include a monitoring protocol submitted June 12, 2023, an evaluation design due August 26, 2023, and post-award forums estimated for mid-November 2023.

Ms. Dearborn explained this is a five-year demonstration waiver with six identified milestones, each with corresponding sets of activities. She reminded everyone that the Medicaid State Plan is their contract with the Federal Government, whereas the Medicaid Service Manual policy is their contract with providers performing these services. They plan to develop a new Medicaid Service Manual chapter for SUD treatment. They are currently discussing with providers how to roll out billing with either individual service rates or bundled rates, but they may need to wait for two years for budget authority from the state legislature. Fortunately, pharmacists were included in recent legislation to give Medicaid a quicker turnaround time to include pharmacists as eligible

providers for medication assisted treatment (MAT). Many other elements will be implemented over the next 12 to 36 months, including specific treatment services, increased provider capacity, information system enhancements to enroll more substance use providers, and new crisis stabilization services. Coordination of care and behavioral health integration services will be emphasized through messaging with all partners.

Finally, they will be working with the Substance Abuse Prevention and Treatment Agency (SAPTA) to transition providers from block grant billing to Medicaid billing, ensuring it is reimbursable, and updating various resources for partners and the public.

Ms. Johnson thanked Ms. Dearborn for her robust and detailed presentation. She asked if Nevada was the first state to undertake this work and how long the waiver would last. Ms. Dearborn said Nevada was coming in at the end, with roughly 38 states approved for 1115 waivers that include SUD services. Nevada's waiver is solely for substance use treatment, but in the future, they want to include the seriously mentally ill population, as well. Based on these system updates, they hope providers will be able to bill for services in August or October. She reiterated that the current 1115 waiver is a five-year demonstration, through December 2027. They can also amend their waiver to include different services or apply to extend it beyond that timeframe.

Dr. Woodard underscored the amount of planning and work completed by Sarah and her team to get Nevada to this stage. It is monumental and they deserve a huge amount of gratitude from Nevadans. Funding is very, very limited until services are reimbursable under this waiver, for critical levels of care. The need has exceeded the capacity of the block grant for years, but their labor on this waiver is going to open that access. It will also provide funding for the community triage center model and withdrawal management care, with a pathway for sustainability.

Chair Ford said a lot of people don't know what's going on out here. People complain about the state not doing X, Y, and Z, related to substance use or opioids. *The truth is, there's so much going on, so kudos on putting this all together.*

Dr. Dickson said they had been following the IMD (Institutions for Mental Disease) rule<sup>4</sup> for years, so it's amazing and wonderful that they finally did something about it. She asked if any data has been collected from the 38 states that have had waivers. Ms. Dearborn said she has the same question as to why they still have the IMD rule with so many states implementing the waiver. There is so much momentum around behavioral health services and they hope to change some of the rules.

Chair Ford suggested that legislative action is needed from Congress, and he suspects there are conversations with Nevada's delegation to follow up on.

Ms. Johnson asked if SUD treatment services under telehealth are included in this waiver. Ms. Dearborn referenced state legislation to support telehealth services where Nevada Medicaid has an expansive array, although they aren't necessarily included in this waiver. It is available for all SUD treatment services, as well as mental health service delivery.

Ms. Johnson said as someone who's proud to do this work in Clark County and in the community, she would like to help get the word out about this waiver to community stakeholders and folks who may be Medicaid recipients.

Chair Ford thanked Ms. Dearborn for presenting this important topic.

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

Dr. Terry Kerns, Office of the Attorney General suggested that a lot of time will be needed for subcommittees to present recommendations and related justifications, based on the new rating system. Ms. Rodriguez added the standing report from Chief Krueger. The Annual Report is due at the end of January, so there will be a draft for review in December, with final changes approved in January.

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<sup>4</sup> Under this rule, Medicaid payments to states are prohibited for non-geriatric adults receiving psychiatric care in a treatment facility with more than 16 beds.

Chair Ford suggested a future agenda item, maybe next year, on emerging substance use issues, such as Xylazine, and what else is on the horizon. Dr. Kerns suggested an update on the Fund for a Resilient Nevada. Additional suggestions may be sent to Dr. Kerns.

#### **14. Public Comment**

Ms. Johnson said the Southern Nevada Opioid Advisory Council (SNOAC) will host the fourth annual Southern Nevada Substance Misuse and Overdose Prevention Summit on August 10<sup>th</sup> in Las Vegas at the Red Rock Casino from 8 a.m. to 5 p.m. They have a wonderful plenary speaker from the Montana Institute to talk about community work. They will also partner with CASAT and the State to offer Shield training for law enforcement and first responders on overdose prevention and safety. Reach out to Katarina Pulver at [pulver@snhd.org](mailto:pulver@snhd.org) or [johnsonjes@snhd.org](mailto:johnsonjes@snhd.org) to learn about attendance and scholarships, including for travel.

Ms. Johnson said a little bird told her it was Dr. Stephanie Woodard's birthday today. Members wished her a happy birthday.

#### **15. Adjournment**

The meeting was adjourned at 5 p.m.

#### **Chat Record**

01:50:47 Claire Thomas: AB277 GOV SIGNED JUNE 15th  
01:51:27 Lea Case - Belz & Case Government Affairs: AB322