

MEETING NOTES

Statewide Substance Use Response Working Group Response Subcommittee Meeting

Tuesday August 23, 2022

12:00 p.m.

Zoom Meeting ID: 815 7761 5169

Call In Audio: 669-900-6833

No Public Location

Members Present via Zoom or Telephone

Shayla Holmes, Dr. Terry Kerns, Christine Payson, Gina Flores-O'Toole, Assemblywoman Jill Tolles, and Dr. Stephanie Woodard

Attorney General's Office Staff

Jessica Adair Brinich, Sophia Long, and Ashley Tackett

Social Entrepreneurs, Inc. Support Team

Crystal Duarte and Laura Hale

Members of the Public via Zoom

Sarah Adler (Belz and Caes Government Affairs), Michelle Berry (CASAT), Rhonda Fairchild (Behavioral Health Group), Morgan Green (CASAT), Jazmin, Iris Key (DHHS), Jimmy Lau, Lisa Lee (Washoe County Human Services), Elyse Monroy (UNR), Carina Rivera (CASAT), J. Simeo, Lea Tauchen, Kate Thomas (Washoe County), Dr. Karla Wagner (UNR), Joan Waldoock (DHHS), and Dawn Yohey (DHHS)

1. Call to Order and Roll Call to Establish Quorum

Chair Tolles called the meeting to order at 12:00 p.m. Crystal Duarte called the roll with all six members present for a quorum.

2. Public Comment (*Discussion Only*)

None

3. Review and Approve Minutes from May 9, 2022, Response Subcommittee Meeting (*For Possible Action*)

There were no questions or comments. Chair Tolles asked for a motion:

- Dr. Woodard made a motion to approve;
- Ms. Holmes seconded the motion;
- Dr. Kerns abstained as she was absent from the May meeting;
- All other members voted in favor of the motion.

4. Presentations on City and County Responses to Substance Use (*For Possible Action*) (9:06 a.m.)

Chair Tolles introduced Shayla Holmes, Director and Public Guardian for Lyon County Human Services (LCHS).

Ms. Holmes presented a PowerPoint with an overview of Lyon County Human Services in relation to substance use response. Disclosures include membership in Resilient 8, which supports substance use response efforts among

the following rural Nevada counties: Storey, Mineral, Nye, Lincoln, Esmeralda, Douglas, Churchill, and Lyon. She also noted that LCHS received multiple grants from Nevada Department of Health and Human Services (DHHS).

Slides include the following: Impact Using Systems Theory; Lyon County Overview; Overarching Issues; Special Population Issues; What's Working Well/Evidence Based Practice; Gaps; and the following Recommendations:

- Law Enforcement supports the recommended change to AB236
- Lyon County School District supports an expansion of SB210 to include substance abuse counseling/hospitalization
- In-home care and medication management increases for seniors particularly with Opioid Rx's
- Long-term funding for prevention activities and youth engagement programming
- Increase incentives for workforce dedicated to rural areas
- Train all social services and coalition partners in SBIRT
- Fund and support universal database and/or database integration for state funded programs (e.g. CSBG, ESG, FHN, WIC, Title IV-B, Differential Response, MEICHV, etc.)
- Create a pathway to community-based services on discharge from hospitalization and institutions
- Increase number of CCBHC's and oversight to ensure meeting required activities

The slides, including references and contact information, are available online 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)/)

Chair Tolles thanked Ms. Holmes for her presentation and reiterated the importance of data sharing and Naloxone distribution oversight. Members had no questions for Ms. Holmes.

(Ms. Duarte noted that they would come back to this agenda item, pending Kate Thomas's arrival.)

Chair Tolles introduced Kate Thomas, Assistant County Manager, Washoe County (10:08).

Ms. Thomas presented a PowerPoint with an overview of Washoe County, including the following slides with service areas aligned with the mission of this subcommittee highlighted in blue: State-Mandated Services; Regional Facilities and Programs; Community Services and Administrative and Other Functions; and Special Populations (also aligned with SURG). Top Issues identified for the county include:

- Regional lack of "beds,"
- Challenges in homeless population,
- Parental substance use, and
- Workforce shortages.

Lisa Lee, Program Specialist, Washoe County Human Services Agency (WCHSA), presented remaining slides WCHSA(10:17/39:31), including the following: Substance Related Child Home Removals; Unique count of Substance Exposed infants Associated with Child Protective Services (CPS) Referrals Received by Calendar Year in Washoe County; Which substances are being used? (2020)¹; and multiple slides for What's Working Well/Evidence Based Practice.

Chair Tolles suggested an extracurricular field trip to *Our Place*, which Ms. Lee described as a trauma-informed campus with wrap-around services and on-site clinical services as well as an early childhood education program.

Ms. Lee also highlighted the Sobriety Treatment and Recovery Team (START) model, which incorporates peer recovery support specialists partnering with case workers to support families where substance use is a factor in child abuse or maltreatment. Gaps include the following:

- Residential and outpatient treatment availability;
- Adequate infirmary and treatment programs at detention facilities;

¹ Ms. Lee reviewed over 900 reports, creating a spreadsheet with all the granular data to calculate the statistics for this slide.

- Crisis stabilization programs;
- Family centered treatment centers and recovery residences; and
- Affordable housing, childcare and foster homes.

References and Contact Information are included with the slides, available online:

[https://ag.nv.gov/About/Administration/Substance_Use_Response_Working_Group_\(SURG\)/](https://ag.nv.gov/About/Administration/Substance_Use_Response_Working_Group_(SURG)/).

Chair Tolles thanked Ms. Thomas and Ms. Lee for their presentations, noting the import for this subcommittee as well as crossover with *Prevention* and *Treatment and Recovery* subcommittees. The identified gaps, such as housing, have come up time and again, and Chair Tolles imagines they will be put into their recommendations, as well as addressing special populations, particularly our children.

5. **Presentation on Good Samaritan Laws, Drug Induced Homicide Laws, and Their Role in Reducing Overdose Deaths in Nevada** (*For Possible Action*) (9:36 a.m.)

Chair Tolles introduced Lisa Lee, Program Specialist, WCHSA, and Dr. Karla Wagner, School of Public Health, University of Nevada, Reno.

Their presentation included disclosures of national and private funding sources. Ms. Lee is also a member of the SURG, serving on the *Treatment and Recovery* Subcommittee. Dr. Wagner emphasized that their presentations are based on their own opinions, and they are not speaking on behalf of their organizations.

Slides presented by Dr. Wagner include the following: The Enduring Overdose Crisis; Good Samaritan Laws; Nevada’s Good Samaritan Drug Overdose Act NRS 453C.150 (eff. 10/1/2015); Drug Induced Homicide (DIH) Laws; Research findings on DIH Laws; Accused-Deceased Dyads in Drug-induced Homicide* Cases, by Relationship (Online News Reports); Nevada’s Drug-Induced Homicide Laws NRS 453.333;

Ms. Lee disclosed that she is a person in recovery, noting that if she had been arrested in relation to reporting a drug overdose in New Jersey, from 1996, she would still be incarcerated now, instead of being a tax-paying citizen, contributing to the betterment of her community, or working on a doctoral degree. Slides presented by Ms. Lee include the following: Experiences in Nevada; From Researchers; Do Not Prosecute Advanced Directive; SURG attends to needs of special populations; Best practices to address the conflict between Good Sam and DIH Laws; Other Evidence Based Practices to address overdose deaths; and Gaps & Opportunities to improve in Nevada.

The slides, including References and Contact Information are available online at the following link:

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Chair Tolles thanked Ms. Lee and assigned homework to members to review the article from Goodison, Vermeer, Barnum and Jackson that summarizes a list of recommendations between law enforcement and the substance use and treatment community:

- https://www.rand.org/content/dam/rand/pubs/research_reports/RR3000/RR3064/RAND_RR3064.pdf

Chair Tolles also highlighted Dr. Wagner’s slide on “Accused-Deceased Dyads” where 50% are friends and family compared to 47% who are traditional dealers, noting the challenge of going after illicit dealers, and not capturing family members who are fearful of repercussions from reporting overdoses.

Dr. Kerns was struck by the insufficient advertising of the Good Sam Law in Nevada. She asked Dr. Wagner for suggestions for doing a better job in getting the word out. Dr. Wagner said people’s lack of awareness of the law that is designed to protect them is part of the problem, but the evidence is that most laws don’t offer the kinds of protections that people are really worried about. She said the concern here is that the Good Samaritan Law in Nevada is in direct conflict with the drug-induced homicide laws. They need to ensure that the Good Samaritan law will be enforced as written, because people don’t trust it and they know there’s this other provision that could subvert it. Dr. Wagner’s research and national research support this, but as Ms. Lee noted, the DIH law is *just so loud*.

Chair Tolles referenced the upcoming 2023 legislative session in relation to SURG recommendations, and she asked for specific language to balance the interests between these laws.

Ms. Lee referred to the [Drug Policy Alliance](#) and the [Drug-induced Homicide Defense Tool Kit](#) from the Health Injustice Action Lab. Dr. Wagner referred to the [Network for Public Health Law](#).

Chair Tolles reminded subcommittee members of the goal to put forward evidence-based recommendations for the report, and to cite resources and supporting references.

6. Presentation on State Opioid Response Tribal Needs Assessment (For Possible Action) (10:33)

Chair Tolles introduced Michelle Berry, Morgan Green, and Carina Rivera from the Center for the Application of Substance Abuse Technologies (CASAT) at University of Nevada, Reno.

Ms. Berry, Senior Project Manager, described the State Opioid Response (SOR) grant as a collaborative effort between the State of Nevada, Division of Public and Behavioral Health (DPBH) and CASAT, to administer these funds. She introduced Morgan Green, Project Coordinator, and Carina Rivera, SOR Evaluator. They facilitated a tribal needs assessment during COVID lockdowns, so a much of the data gathering was done third-party.

Their PowerPoint presentation included the following slides: Assessment Timeline; Methods; Percentage of AI/AN diagnosed with and Treated for an Opioid Use Disorder; Access to MAT; Opioid Poisoning Inpatient Admissions; Opioid Poisoning Emergency Department Encounters; Overdose Death Rates by Race. Next Steps include the following:

- Seek stakeholder input through Tribal Consultation feedback and other statewide groups.

Ms. Morgan emphasized getting the backing of tribal organizations themselves and supporting implementation within their own communities.

Chair Tolles thanked them for their presentation and supported their inclusionary process and the need for further research.

Dr. Kerns referenced the fourteen healthcare facilities, only four of which offer buprenorphine or have people who are waived, and she asked if those providers are actually providing these services onsite.

Ms. Rivera said they don't fully know that information. Provider survey responses reflect they are not prescribing to their capacity, and it is not getting billed through Medicaid. However, they do not have access to all billing for Indian Health Services.

Ms. Green pointed out that although they knew these four facilities had prescribers at the time of the assessment, a lot of tribal organizations do have high turnover and one of the locations had dropped all of their harm reduction and OUD (Opioid Use Disorder) and medication assisted treatment (MAT) components once COVID hit.

Chair Tolles recalled the slide on Opioid Poisoning Inpatient Admissions, noting the discrepancy between various populations, with a reduction in some categories and an increased amount in others; this was also reflected in the slide for Emergency Department Encounters. Certain populations receive these treatments and others don't. Chair Tolles reminded members that a goal of the SURG is to reduce discrepancies between populations and identify underlying causes.

Dr. Kerns asked about implementation of bridge MAT programs in emergency departments that serve tribal communities.

Ms. Berry said emergency department implementation of MAT is being looked at statewide, but it is dependent on availability of waived providers, and access to a pharmacy with onsite medication. Once the project rolls out, it will be open to any hospital that wants to participate.

7. Presentation on the Overdose Fatality Review Pilot (For Possible Action) (10:49 a.m.)

Chair Tolles introduced Elyse Monroy, Program Manager, State Overdose Data to Action (OD2A) program.

Ms. Monroy disclosed grant funding from the Centers for Disease Control and Prevention (CDC) through the Nevada DHHS. Her presentation included the following slides: Overdose Data to Action; Drug Overdose Deaths; Fatality Data; Fatality Data Limitations; Data Limitation, Example; Overdose Fatality Review (OFR); Fatality Review in Nevada, Target Populations & Substance/Overdose Intersections; OFR-Pilot Review Missed Opportunities; OFR Pilot Review Findings; and OFR Pilot Lessons Learned.

Recommendations include the following:

- Nevada should support an overdose fatality review to improve the state's ability to use data to inform overdose prevention and intervention programming and policy. The OD2A program recommends the following specific recommendations:
 - Leveraging existing Fatality Review; and
 - Support dedicated Fatality Review resources, facilitation and documentation.

Chair Tolles thanked Ms. Monroy for her presentation and asked for member questions.

Dr. Kerns asked for clarification if the recommendation is for a subset of the existing Overdose Fatality Review, or that a separate group comes together. Ms. Monroy thought it could be either, with a lot of resources available to support administrative functions, but a lot of concerns cut across the different groups, with overdose comorbidity for maternal child health, death or suicide, intimate partner violence and others. Behavioral health conversations could be integrated with direction from the SURG, and technical assistance from OD2A, CASAT and others.

Dr. Woodard referenced the pilot for the OFR and asked if populations might get missed if they just leverage existing committees without an expressed requirement. Ms. Monroy gave the example of the Hispanic community being disproportionately impacted, although they don't fit in any of the existing OFR committees. Demographics to consider are young Hispanic males and the BIPOC community. The SURG can determine what populations they want to look at. There is also a concern about determining intent and passive intent.

Chair Tolles thanked Ms. Monroy, again, commending her collaborative approach to break down silos and improve data collection.

Chair Tolles called for a two-minute break, and reopened the meeting at 11:15 a.m.

8. Review Process for Prioritizing Recommendations and Upcoming Meetings (For Possible Action) (11:15 a.m.)

Chair Tolles reviewed steps the subcommittee has taken to build in evidence-based best practices with their recommendations. Members who submitted new recommendations will be given an opportunity to briefly explain those recommendations and to answer any questions from subcommittee members. Chair Tolles advised members to look for ways to consolidate some of the overlapping recommendations, to come up with five to ten recommendations for the SURG as a whole. Other subcommittees are doing the same so that the final report is manageable.

Chair Tolles summarized a meeting among the subcommittee chairs, including a discussion of harm reduction, and they determined to keep it under tertiary prevention, although it merits discussion from a variety of stakeholders. The SURG will also discuss this issue to consider any further review that may be needed. This subcommittee can also make specific recommendations related to Naloxone distribution, but there is a need to limit discussion of actual priorities to the public meetings, and not to independently lobby other members to align with their recommendations.

Chair Tolles also referenced having met with other subcommittee chairs regarding discussion of the process of developing priorities versus the actual merits of each recommendation. She reminded members that the process is transparent, with great efforts to include the community.

9. Review Subcommittee Recommendations and Preliminary Prioritization (For Possible Action) (11:22 a.m.)
Chair Tolles referenced new recommendations and asked for a brief overview.

Dr. Kerns read the recommendation she submitted ahead of this meeting, and she reiterated the challenge of balancing the conflict between accountability for the loss of a loved one and supporting individuals calling for assistance in case of a drug overdose:

- Resolve the conflict between the Good Samaritan Drug Overdose Act and Drug Induced Homicide Law (453.33)

Dr. Woodard reviewed the recommendations she submitted ahead of this meeting:

- Establish a pre-arrest deflection program that enables law enforcement officers, working with community providers to divert eligible individuals away from the criminal justice system and into community-based behavioral health interventions and social services, when appropriate.
 - The goal is to differentiate between deflection and diversion, where diversion occurs once an individual has come into contact with law enforcement, whereas deflection is prior to any crime being committed.
- Modernize Nevada Civil Protective Custody Laws (NRS 458.175 and NRS 458.250) to ensure that standards of care are followed and do not contribute to dangerous acute episodes of detoxification/withdrawal management without necessary linkage to follow-up care, recovery support, or formal treatment, and offer for Medication for Opioid Use Disorder/Alcohol Use Disorder.
 - Existing statutes allow for transportation by law enforcement to providers of civil protective custody, but don't address ensuring standards of care are met, with linkage to additional services.
- Establish statewide and regional Overdose Fatality Review committees to effectively identify system gaps and innovative community-specific overdose prevention and intervention strategies.
 - This is the basis for the earlier presentation from Ms. Monroy.
- Modernize Nevada's statutes that can be interpreted that substance use during pregnancy constitutes child abuse (NRS 200.508)
 - This can be interpreted to state that substance use during pregnancy constitutes child abuse. Women who have used substances during pregnancy fear prosecution, prohibiting them from engaging in treatment.
- Require all jails and prisons to offer all three medications for opioid use disorder.
- Continue to update NRS to reflect the importance of public health interventions regarding harm reduction. Changes to NRS 453 were made in the 2021 session to exclude the use of fentanyl and analog testing from the definition of drug paraphernalia and provide immunity for individuals who in good faith support an individual in testing their drugs to identify toxins, etc. Further policy changes could provide protections for harm reduction interventions to allow for the distribution and protections for persons who, in good faith, engage in harm reduction interventions.

Dr. Kerns said she appreciated the comprehensive presentation on the Statewide OFR Committee. She is concerned about missing some populations if it is created from the Suicide Fatality Review Committee or one of the other existing ones; for example, people involved in DUI motor vehicle accidents would be missed.

Dr. Woodard also appreciated the presentation from Ms. Monroy and her initiative to pilot an OFR, but she has similar concerns, especially knowing the intensity of the work. However, the scope of the issue may warrant its own OFR. Chair Tolles suggested this could be another area for consolidation, with data sharing.

Dr. Woodard clarified that the recommendation to require jails and prisons to offer all three medications, should specify *FDA approved medications*, including *Methadone*, *Buprenorphine*, and *Naltrexone*, but it does not need to be limited.

Chair Tolles previously submitted the following recommendation:

- Establish a user-oriented searchable website for programs on prevention, treatment and recovery, and response for all substances.

- This would essentially be a clearinghouse for individuals in the public seeking more information, whether requesting a presentation at a charter school or Boys and Girls Clubs, with evidence-based practices, or it could be someone looking for treatment specifically for alcohol, or a pregnant mother looking for treatment. Basically, it would identify resources in different areas with an online search, rather than making a phone call. She said this may end up in a “for further review” category.

Chair Tolles described the process for members to prioritize their top five among previously submitted recommendations, with weights assigned according to priority level, then multiplied by how many votes they received from subcommittee members. Chair Tolles read through the resulting recommendations, starting with the highest priorities, asking for questions or comments after each slide:

- Five members voted to amend NRS to adjust sentencing for dealers selling fentanyl and to adjust fentanyl trafficking weights to previous standards.
- Two members supported a recommendation for Crisis Outreach Response Teams to respond to suspected overdose with follow up support for up to forty-five days to anyone being released from an institutional setting.
- Three members supported a recommendation to reform criminal justice services to include MAT, peer support, social determinants of health, harm reduction strategies, and reduction of criminalization and punitive practices.
 - Chair Tolles suggested possible consolidation of some of these items with other recommendations, and to separate out other elements.
 - Dr. Kerns referenced omnibus legislation that includes multiple issues within a single bill. She also suggested consolidating the MAT element with Dr. Woodard’s new recommendation for FDA approved treatments.
 - Chair Tolles referenced Attorney General Ford’s request for bill draft recommendations (BDRs), which could incorporate multiple recommendations. She has worked with Jessica Adair-Brinich in the past on other legislation.
 - Dr. Woodard referenced the recommendation for crisis outreach response teams, noting that Nevada Medicaid received a CMS Mobile Crisis Planning grant and they are working on a State Plan Amendment to designate global crisis teams required to meet specific standards. This would leverage an enhanced federal match through Medicaid. If there are specific outreach response teams, there is a potential for conflicts with policy and financing. Also, the Joint Interim Committee on Health and Human Services recently decided to work session a potential BDR to address MAT within criminal justice settings including prisons and jails. The subcommittees have previously discussed deduplicating efforts.
 - Chair Tolles suggested the SURG could footnote their support for efforts already underway, without elevating them to their top priorities.
 - Ms. Payson agreed with Dr. Kern’s comments and wants to address the deadliness of fentanyl, but to straighten out any discrepancies with the Good Samaritan Law. She also wants to look at what’s going on in Nevada, and will review the report that Ms. Lee referenced, but information from her Director is that there were four drug-related homicide cases (in Nevada) and each defendant was Caucasian. So, the data does not show a disproportionate affect on people of color (in Nevada).

The next slide included the following prioritized recommendations:

- Increase targeted Naloxone distribution.
- Harmonize criminal justice and public health responses to promote access to treatment and medical care.
- Funding for an independent medical examiner for reports that verify the specific cause of death in overdose cases where the source of the drug supply has been identified and can be prosecuted.
- Coordinate with specialty courts to provide front-end comprehensive evaluations to determine co-occurring disorders and provide comprehensive treatment.
- Identify which treatments are essential services within the criminal justice system and develop corresponding policies.

Chair Tolles noted that a couple of these items could also be consolidated with FDA approved MAT treatment, and funding for an independent medical examiner might complement the OFR Committee.

The next slide included the following prioritized recommendations:

- Standardized data sharing agreements between public safety and public health that support data sharing and allow for redisclosure to inform risk messaging.
- Collaborate with the Coordinating Council, other stakeholders and partners to collect data and measure criminal justice outcomes.
- A statewide forensic lab that would support surveillance sample testing and other types of bio-surveillance using standardized protocol.
- Funding an [API for the ODMAP](#) system.
- Policy change to cover non-pharmacological or complementary treatments for pain, also to increase coverage of preventive and non-pharm/CAM modalities.

Dr. Kerns reported that the Attorney General's Office has been in communications with [Nevada HIDTA](#) about funding API for the ODMAP system as a supplement or a line item in HIDTA's budget, so it may be addressed elsewhere. Chair Tolles asked Dr. Kerns to keep members posted on this item.

Chair Tolles recommended continued work to consolidate recommendations and report back through the next public meeting for discussion. She noted that the recommendation for policy change for non-pharmacological or complementary treatments has not been discussed in depth with subject matter experts, but is certainly worth pursuing, perhaps for the statewide forensic lab.

Dr. Kerns said she didn't know if funding for a statewide forensic lab could fall under standardized data sharing agreements, between public safety and public health, sharing surveillance sampling under existing agreements.

Dr. Woodard suggested a broad term around surveillance to include the OFR, as related to the recommendation for an Independent Medical Examiner, in addition to data sharing agreements with the statewide forensic lab. Consolidation of all those concepts could be discussed at a future meeting. Chair Tolles agreed with this suggestion to expedite their discussion and focus on the decision-making process.

The next slide included three recommendations:

- Funding for additional police Overdose Response Teams, to respond to and investigate overdose related crimes.
- Implement follow-up and referral with linkage of care for incarcerated and court-involved individuals.
- Pain education and awareness at the community level for all age groups.

Dr. Kerns suggested consolidating the recommendation for follow-up and referral with linkage of care with earlier recommendations related to MOST and FASST², or the recommendations on Criminal Justice, Public Health and Law Enforcement. Ms. Payson referenced one response team in Las Vegas Metro that handles all cases. They are also in discussions with public health on linkage to care for follow up. They certainly wouldn't want public health showing up at an active crime scene, but (would support) short-term follow up for survivors with linkage to care for families. Dr. Woodard reported efforts to establish a Nevada Crisis Response System, specifically for individuals experiencing a behavioral health crisis, so there could be some intersectionality there.

Chair Tolles noted the expertise of subcommittee members in relation to today's presentations that might drive additional recommendations related to the need for more beds and housing, or specific needs for tribal communities and further research on special populations.

Chair Tolles reminded members that the SURG doesn't make direct grants, but they can make funding recommendations to DHHS. She also reminded members of the need to avoid any conflicts of interest. She appreciated disclosures from the presenters. Recommendations should be made for general types of programs rather than specific programs. She did not feel they are ready to vote on recommendations, yet, but they need to consolidate recommendations for the next meeting in September.

² See related references at <https://nvcit.org/>

10. Subcommittee Leadership (*For Possible Action*)

Chair Tolles explained that in creating the SURG legislation, she failed to include a slot for a “citizen at large,” so she will no longer be able to participate because she is finishing her term as an Assemblywoman in November. She will continue to be engaged as a resource moving forward to support all the members, but she has recommended that Dr. Kerns take over her role as chair of this subcommittee. She will also ask Attorney General Ford to appoint another vice chair of the SURG. She asked members to reach out with any questions or suggestions. She will pass the baton to Dr. Kerns for the November meeting and help to coordinate that transition through January.

Dr. Kerns said she realized she has big shoes to follow up and thanked Chair Tolles for her leadership.

11. Future Meeting Dates (*For Possible Action*)

Ms. Duarte opened a poll for members to identify a standardized timeframe for future meetings.

The best time is Monday from 9 – 10:30 or 10:30 – 12. Ms. Duarte will follow up with members on this.

12. Public Comment

Ms. Duarte explained that the chat is only intended for technical assistance purposes. Participants will be notified for future meetings that they must be present to provide public comment.

For this meeting, Ms. Duarte read a statement posted to the chat by Rhonda Fairchild, Behavioral Health Group (formerly Center for Behavioral Health).

I have to go to another meeting. Thank you for the presentations. I'm not sure if I can give public comment to you. I would say that when working with hospitals and ERs, I have found that the policy needs to be written. The hospital or ER guidelines, or the nurses and doctors will not call for help when treating a person with an OUD.

The meeting was adjourned at 12:07 p.m.