

MEETING NOTES

Statewide Substance Use Response Working Group Meeting

Wednesday, January 14, 2026
2:00 p.m.

- Meeting Locations:** Offices of the Attorney General:
Carson Mock Courtroom, 100 N. Carson St., Carson City, NV
1 State of Nevada Way Building, AGO Suite #100, Conference Room 225/226, Las Vegas, NV
- 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

Rob Banghart, Chelsi Cheatom, Noël Chounet, Stephanie Cook, Assemblymember Rebecca Edgeworth, Assemblymember Heather Goulding, Peter Handy, Shayla Holmes, Jessica Johnson, Stacey Lance, Guiseppe Mandell, Kyra Morgan, Wendy Nelsen, Rosa O'Bannon, Christine Payson, Dr. Jose Maria Partida Corona, and Steve Shell

Members Present in Las Vegas

Attorney General Aaron Ford and Bud Schawl

Members Absent

Dave Briggs, Nicole Hicks, and Senator Jeff Stone

Attorney General's Office Staff

Terry Kerns, Assistant Attorney General C.J. Brady, Chief Deputy Attorney General Mark Krueger, Deputy Attorney General Joseph Ostunio, Ashley Tackett, and Teresa Benitez-Thompson

Social Entrepreneurs, Inc. (SEI) Support Team

Kasey Docena, Crystal Duarte, Laura Hale, Kim Hopkinson, and Mary O'Leary

Other Participants via Zoom or in person

J.Baez (UNR), Lindsey Bondiek, Lauren Beal, Lori Bryan, Haylee Butler, CASAT Learning, Mark Funkhouser, Shayla Gransbery, Morgan Green, Cade Grogan, Zoë Houghton, Lisa Kelso, Mia Kirk, Shannon Lepe (EMPOWERED), Constance Lucido, Abe Meza (NV Substance Use Treatment), A. Northan, Belkis Quezada (DHS), Chris Ries, Jamie Ross, Kimberley Sarandos, Sabrina Schnur, Beth Scott (NV Medicaid), Katie M. Snider, Karina Tomco, Marcie Trier, CJW, J. Waldock, and Dawn Yohey

1. Call to Order and Roll Call to Establish Quorum

Chair Ford called the meeting to order at 2:02 p.m. Ms. Duarte completed the roll and confirmed a quorum.

2. Public Comment

Jamie Ross, CEO, PACT Coalition said they found out late last night (January 13) that their agency would be losing all three of their direct SAMHSA-funded programs. That's \$560,000 in programming directly to their community. She knows many more also lost direct funding, meaning they will no longer be able to fund after-school programming for their most vulnerable youth, including evidence-based prevention programming directly in schools and training community members on mental health first aid

to ensure support is available when people experience a mental health crisis. This affects approximately 15 contractors and 2.5 full-time employees. She reiterated this was just for their agency, with many more to come.

Ms. Ross was happy to provide additional information and was hopeful that the SURG would prioritize continuing these important programs and ensuring the work does not get lost while SAMHSA decides if this cut continues. She would be happy to work with anyone to can explain more, privately.

Chair Ford thanked Ms. Ross for her comments. He had likewise received notification from individuals indicating that the federal government canceled contracts that were about to be fulfilled in a couple of days, effectively wiping out opportunities for services, as previously described in public comment. Because this is not an action item, Chair Ford offered this in public comment to let the public know that the Attorney General's Office, his administration, as well as other Attorneys General across the nation are reviewing the matter. The understanding is that there have been other efforts to utilize the same CFR (Code of Federal Regulation) to cancel other contracts and there very well may be litigation that ensues over this issue.¹

3. Review and Approve Minutes for October 8, 2025, SURG Meeting

Chair Ford asked for a motion to approve the minutes.

- Mr. Schawl made the motion to approve the minutes
- Mr. Banghart seconded the motion.
- The motion carried unanimously.

4. Appointment and Introduction of New Members (All slides available on the [SURG webpage](#))

Dr. Kerns reviewed the slide showing the following appointments:

Dave Briggs, Owner / Director of Clinical Services of True North Treatment Center

Wendy Nelsen, Executive Director (appointed in October for a term beginning in January)

- Ms. Nelsen explained that the Frontier Community Coalition is a prevention and action agency covering four counties: Pershing, Humboldt, Lander, and Mineral (partnering with Mineral County)

Rosa O'Bannon, Coordinator, Education Services Division of Clark County School District (appointed in October for a term beginning in January)

- Ms. O'Bannon coordinates the Department of Safe and Drug Free Schools, within Clark County School District. They serve students, families, and staff in collaboration with a lot of community partners, including coalitions and law enforcement agencies. She looks forward to collaborating with SURG members and sharing insights from 10 years' experience supporting substance use awareness for youth and families.

Dr. Jose Maria Partida Corona (appointed in October for term beginning in January)

- Dr. Partida Corona is a board-certified, addiction specialist who was in the inaugural class of the fellowship program at Southern Hills Hospital. He provided an ambulatory clinic site for that same fellowship program and joined the SURG to figure out how they can contribute.

Dr. Kerns added that Dave Briggs replaces Nancy Lindler in the position of a person who provides services relating to the treatment of SUD. Wendy Nelsen replaces Eric Schoen, as a representative of a substance use disorder prevention coalition. Rosa O'Bannon replaces Angela Nickels as a representative

¹ On January 13, 2026, many of the reporting entities received notice that their federal Substance Abuse and Mental Health Services Administration (SAMHSA) grants were being terminated immediately. Following intensive lobbying by lawmakers from both parties, the funding was restored on January 14, 2026.

of a school district. Dr. Partida Corona replaces Dr. Dickson as a provider of healthcare with expertise in medicine for the treatment of substance use disorder.

5. Appointment of SURG Vice Chair, Reappointment of Subcommittee Chairs and Appointment of Subcommittee Vice Chairs.

Dr. Kerns announced that SURG Vice Chair Steve Shell agreed to continue serving in this role. For the Prevention Subcommittee, Ms. Johnson agreed to serve as Chair again, and Ms. Nelsen has stepped up to act as the Vice Chair. Mr. Shell will continue to serve as the Chair for the Treatment and Recovery Subcommittee, and Mr. Mandell volunteered to serve as the Vice Chair. Dr. Kerns will continue to Chair the Response Subcommittee, with Dr. Holmes serving as Vice Chair.

Chair Ford thanked members for their great work and asked for a motion to approve these appointments:

- Ms. Cook made the motion to approve.
- Mr. Banghart seconded the motion.
- The motion carried unanimously.

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

Chief Deputy Attorney General, Mark Krueger reminded members that the distribution of funds is primarily handled by the Department of Human Services (DHS) through the Fund for a Resilient Nevada (FRN), managed by Dawn Yohey. Some litigation has been wrapped up, but there is still an ongoing case against Pharmacy Benefits Managers. The current recovered amount is \$1.2 billion. They entered into an intrastate allocation agreement together with litigating counties and cities, with allocations for programs and services throughout the state to mitigate the opioid epidemic. The state portion of funds is \$565 million with distributions from 2021 through 2043. Another \$8.9 million was recovered from various manufacturer defendants that weren't named in the original litigation. These recent settlements are still being worked out; court approval is anticipated for July of this year.

7. Updates related to SURG Recommendations from Department of Human Services and Nevada Health Authority

Laura Hale, Social Entrepreneurs, Inc. (SEI), referred to the [posted materials](#) for this update from various agencies in relation to SURG recommendations from the previous year. Funded activities are detailed in those materials. Selected highlights were provided as below:

- Prevention Recommendation 1: Double the amount of SAPTA primary prevention programming.
 - The Bureau of Behavioral Health, Wellness and Prevention (BBHWP) is has funded under the State Opioid Response (SOR) federal block grant, with a smaller amount of funding coming through state general funds. Ms. Hale suggested that recommendations to increase funding by specific percentages or amounts may be more difficult when federal funds are a primary source, whereas state funds may be impacted by a bill draft request (BDR) or state agency budgeting. Christina Hadwick, DHS Deputy Administrator for Fiscal Services, has agreed to present to the SURG members in April, to go through the budgeting process with state agencies, so people will have a better idea of how the funding mechanisms operate.
- Prevention Recommendation 2: Create a 15% set aside of tobacco control and prevention funds from the Fund for a Healthy Nevada (FHN).
 - When FHN was originally created in 2000, specific funding allocations were set up by program area within the Nevada Revised Statutes (NRS). Those specific funding allocations were eliminated in the 2014-15 budget, so there may be an opportunity to clarify this recommendation. The Tobacco Control Program within the DHS Bureau of Child, Family, Community Wellness posted a [Notice of Funding Opportunity](#) in January 2025, which details funding requirements and considerations.

- Prevention Recommendation 3: Increase Medicaid rates for Community Health Workers (CHWs) and Peers to align with the national average and Center for Medicare and Medicaid Services (CMS) standards.
 - A State Plan Amendment (SPA) was approved to clarify coverage for Peer Services and delineates between Adult Peer Recovery Support Services (PRSS), Family Peer Support Services, and Youth Peer Support Services. Another SPA will increase rates to \$15 per 15 minutes for individual services, and \$3 for 15 minutes for group services. The FRN currently funds Storey County for CHWs, and the Division of Public and Behavioral Health (DPBH) Strategic Plan includes support for PRSS.
- Prevention Recommendation 4: Create a Bill Draft Request (BDR) to allocate a 15% set aside of cannabis retail funds to support the goal of \$2 per capita under the Nevada Tobacco Control & Smoke-free Coalition.
 - No updates were provided for this. Although the SURG Annual Report is submitted to the legislature, a specific legislator or agency would need to carry the bill.
- Harm Reduction Recommendation 1: DHS to develop an annual or biannual saturation and distribution plan for overdose reversal medication and utilize opioid settlement dollars to designate a baseline for the next 10 years.
 - The FRN currently sets aside \$5,000,000 for direct purchase of overdose reversal medication. The SOR Grant Team drafted a Statewide Opioid Antagonist Saturation Plan and on-boarded a Quality Assurance Specialist to finalize efforts in 2026.
- Harm Reduction Recommendation 2: Establish a statewide initiative for community drug checking with specified parameters.
 - The SOR grant funded UNR School of Public Health to establish a Community Drug Checking and Harm Reduction Initiative in Washoe County, with continued funding in FFY26.
- Harm Reduction Recommendation 3: DHS to provide for shipping costs for evidence-based harm reduction supplies.
 - SOR grant funded Impact Exchange (Trac-B) to implement the Overdose and Infectious Disease Prevention Expansion Initiative, expanding access to supplies statewide through vending machines and mail distribution services, continuing in FFY26. Additional funding for purchase and distribution of naloxone, fentanyl, and xylazine test strips for northern, rural, and frontier Nevada.
- Harm Reduction Recommendation 4: BDR to support legislation to help fund/establish a statewide association for Peers and better define supervision requirements for those under age 18.
 - Medicaid developed a new Medicaid Services Manual (MSM) Chapter 4300 for Peer Services, but the current minimum age is 18. Staff hope to work with the Nevada Certification Board in the future to support training plans for youth and family peer support.
 - This new adjustment gave authority around licensing for in-state facilities to DPBH.
- Treatment and Recovery Recommendation 1: Legislation should be considered to amend Nevada Revised Statutes (NRS) pertaining to the Nevada Bureau of Healthcare Quality and Compliance (HCQC) employment guidelines related to felony background checks on PRSS. Employment should be considered for those convictions that did not include violent acts or sexual exploitation.
 - Current Code of Federal Regulations (CFR) does not allow Medicaid enrollment for individuals with felony records within the past 10 years. The Subcommittee may want to review this in addition to state legislation.
- Treatment and Recovery Recommendation 2: Support BDR 95 (2025 Session) to ensure opioid antagonists must be available on all campuses under the Nevada System for Higher Education (NSHE). This has been implemented at all NSHE campuses, going beyond initial recommendations in many cases.

- Treatment and Recovery Recommendation 3: Support access and linkage for treatment of trauma for people with SUD or those who have overdosed and for surviving family members after a fatality.
 - Medicaid allowed for an increase in access to treatment for individuals with trauma with SUD as well as family members who may need support. FRN funds the Nevada Opioid Center for Excellence (NOCE) to support training. SOR funded Adam’s Place in Clark County, but due to sunseting of the SOR no cost extension award, they will be unable to continue funding this program from SOR funds. Project ECHO and UNR’s Screening, Brief Intervention, and Referral to Treatment (SBIRT) are funded to provide trauma-informed training.
- Treatment and Recovery Recommendation 4: Direct DPBH to identify a funding mechanism for hospitals and providers to enhance the Bridge Program for Emergency Departments by incorporating PRSS into their treatment models.
 - The PACT initiative focused on improving Emergency Department responses to opioid overdoses by integrating PRSS into workflows, developing protocols for Buprenorphine initiation, and strengthening linkages for ongoing care. At least one conference will be open to statewide attendees to share benefits of integrated PRSS into ED settings.
- Response Recommendation 1: Implementation of statewide data sharing agreements with the Chief Data Officer of the State of Nevada and implementation of a cross-sector database for prevention, treatment, recovery, and criminal justice.
 - The Governor’s Technology Office formed a Data Governance Committee and approved a recommendation to adopt a four-tier data classification framework for the Executive Branch. In 2026, they will begin addressing the technical controls expected for each tier, which will include defining when Data Sharing Agreements are required based on classification level.
- Response Recommendation 2: Support the collaborative proposal to the FRN to conduct wastewater sampling of high schools, college/university campuses and bars/nightclubs and use information to develop public health awareness programs, deploy targeted naloxone, increase provision of fentanyl test strips to targeted locations and to develop a plan for statewide expansion.
 - In 2025, the statewide wastewater surveillance program directly advanced opioid abatement by establishing Nevada’s first youth-focused wastewater monitoring system capable of detecting opioid exposure in near real time. Partners were provided with population level data, generating 55 samples at Nevada State University and 110 samples at UNLV enabling campus health teams to intensify prevention messaging, consider localized naloxone distribution, and evaluate where drug checking resources might be most needed.
- Response Recommendation 3: Resolve the conflict between the Good Samaritan Drug Overdose Act and Drug Induced Homicide Law.
 - NOCE is looking at doing a series of social media clips on who the Good Samaritan Act applies to, what circumstances are covered, and what the limitations are. Education for law enforcement personnel is provided through CASAT training in partnership with the Attorney General’s Office. DPBH BBHWP will be supporting a large-scale state-run anti-stigma campaign that will focus on some high-need topics, such as MOUD and prevention activities in schools.
- Response Recommendation 4: Review operations and lessons learned from the Clark County Regional Opioid Task Force report from 2024, as related to overdose fatality, and identify system gaps and intervention strategies.
 - No updates were available at this time.
- Response Recommendation 5: State agencies involved with deflection and diversion programs to develop a comprehensive definition of recidivism, and policies related to measuring and reporting recidivism.
 - Medicaid is seeking approval of an 1115 Reentry Waiver in 2026 which may have definitions established for reporting recidivism similar to those under the 1115 SUD Waiver demonstration.

Chair Ford said he continued to be impressed by all the work being done and appreciated the detailed presentation.

Vice Chair Shell reported that Congress passed H.R. 1 last year, wherein Section 71401 established the Rural Health Transformation Program. In December, the Nevada Health Authority (NVHA, also referred to as “Nevada Medicaid”) was awarded nearly \$180 million for the first year, for a program to mitigate some of the effects of changes to Medicaid financing for rural hospitals and providers and stand-up sustainable solutions to challenges affecting access to care in rural Nevada. Additional information is available online: <https://www.nvha.nv.gov/RHTP/>.

Ms. Nelsen suggested teaming up with others to get some of that funding, especially in light of all the different funding that has been lost and the related lawsuits.

8. Review and Approve Annual Report (Progress Only)

Crystal Duarte, SEI, reviewed the Annual Report, noting the inclusion of the updates provided under agenda item #7. She reminded members that it does not include new recommendations because of the legislative changes giving the SURG more time to develop the recommendations. Based on feedback from the October SURG meeting, additional links were included in footnotes to help readers find information, and they are spelled out to improve accessibility. Background information on the subcommittee structure and their respective areas of focus is retained each year to orient readers to their different scopes of work. Subcommittee presentations to date, for the development of recommendations, are listed within the body of the report. The appendices include legislation from the regular and special sessions in 2025, and other relevant updates. Members of the SURG are acknowledged and information on the opioid settlement funds is provided, with a link to the FRN dashboard, showing allocations since 2023. Any changes or feedback will need to be incorporated quickly to meet the January 31st due date.

Ms. Johnson thanked the SEI team and SURG members for such great work and asked for an expanded call out/clarification regarding the change to move the new recommendations to a later report to ensure readers understand that those will be forthcoming later this year. Ms. Duarte agreed to expand this information, noting that a full report with recommendations would be produced by August 1st.

Kim Hopkinson, SEI, asked if it would be helpful to add a call out box in the table of contents to draw attention to the differences in this report. Ms. Johnson agreed this would be helpful.

Ms. Chounet thanked staff for putting together this really amazing report and expressed her gratitude for all the work that came before her appointment to the SURG. Regarding the insecure funding, she asked for consideration of an acknowledgement that many of these programs are at risk because funding may not be available to continue this work going forward.

Chair Ford appreciated Ms. Chounet raising this excellent point and suggested that a footnote could be included to state this information regarding recent developments, in coordination with his office. He literally got notice at 6 p.m. the night before that contracts and grants were going to be cut, and he can see the despair that the cuts have caused.²

Chair Ford asked for a motion to approve this report as amended, pursuant to the above conversation.

² As noted previously, *On January 13, 2026, many of the reporting entities received notice that their federal Substance Abuse and Mental Health Services Administration (SAMHSA) grants were being terminated immediately. Following intensive lobbying by lawmakers from both parties, the funding was restored on January 14, 2026.*

- Mr. Schawl made the motion.
- Ms. Chounet seconded the motion.
- The motion passed unanimously.

Chair Ford called for a 10-minute break at 2:55 p.m. and called the meeting back to order at 3:05 p.m.

9. Subcommittee Reports on Presentations and Preliminary Recommendations (See slides for additional information)

Ms. Johnson said that she was really grateful to be here today and she welcomed new Prevention Subcommittee members, Kyra Morgan, Noël Chounet, and Stacey Lance.

Presentations from 2025 included:

- Low Barrier Emergency Department Based Naloxone Distribution;
- Update on Multi-Tiered System of Support (MTSS) Project;
- Boys and Girls Club of Nevada Alliance: Fund for Resilient Nevada SMART Moves Tween & Teen Initiative;
- Naloxone Distribution in Nevada Hospital Emergency Departments; and
- Substance Use Prevention Allocations.

Ms. Johnson noted the presentation from Stephanie Cook regarding state substance use prevention funding through various sources with a lot of great detail on current allocations, and insight into this subcommittee's recommendations, helping them to workshop some of the language. Additional recommendations were reviewed with current status, and new recommendations were solicited. She also thanked Erik Schoen and Angela Nickels for their long-standing service to the SURG. The subcommittee will be working to make continuing recommendations more actionable.

Chair Ford thanked Ms. Johnson for the hard work; she said she was happy to do this work and be part of such a great subcommittee!

Mr. Shell presented for the Treatment and Recovery Subcommittee, which continues to review progress on prior recommendations, especially with new subcommittee members and possibly making amendments.

Presentations included the following:

- A Retrospective Assessment or/and Prospective Study to Assess the Outcomes of Patients Following Discharge from Detoxification and Examine Mortality and Overdose; and
- CFR 42 Part 8: Updating Regulations for Opioid Treatment Programs; and
- Trends and Opportunities Related to Substance Misuse Treatment.

Future presentations may include:

- Treatment modalities; and
- Retrospective assessment of the outcomes of patients following discharge from detoxification.

They are currently workshopping two recommendations and continue to think about how hospitals can provide peer support services in their emergency rooms. Mr. Shell added that while it's great that Nevada Medicaid is now covering or reimbursing for PRSS, there are lots of other payers who do not reimburse, so a lot of hospitals are reluctant to provide those services, and some have stood up grant-based programs in the past, but they were discontinued.

Chair Ford thanked Mr. Shell and turned the discussion to Dr. Kerns to present updates from the Response Subcommittee, which met five times throughout 2025, including review of progress on their six prior recommendations.

Dr. Kerns highlighted the work on the conflict between the Good Samaritan Drug Overdose Act and the drug-induced Homicide Law, including public service announcements (PSAs) on both TV and radio. These were funded by the FRN, with both English and Spanish editions, engaging an actual law enforcement officer and EMS personnel from Washoe County about the use of naloxone.

They thanked Nancy Lindler for her service and welcomed new members, with several new presentations:

- Good Samaritan Drug Overdose Act Community Education and Prescription Take-Back Programs;
- Emergency Bridge Program;
- Medication Assisted Treatment (MAT) Medications for Opioid Use Disorder (MOUD) Access in Certified Community Behavioral Health Clinics (CCBHCs);
- Update on Wastewater Surveillance of High-Risk Substances in Nevada;
- Behavioral Health Education, Retention & Expansion Network of Nevada (BeHERENV)
- Drug and Alcohol Prevention, Education, and Enforcement; and
- Nevada Recovery Friendly Workplace Initiative.

Future presentations may include:

- Division of Public and Behavioral Health (DPBH) Strategic Plan, focusing on the Sequential Intercept Model for diversion/deflection and cross-agency data collection and sharing.

They are currently workshopping two recommendations and expect a third to be submitted, including the following:

- Prohibition of the sale of all psychoactive substances, including hemp-derived cannabinoids and psychoactive mushrooms, to individuals under 21 years of age aligning with the existing cannabis regulations;
- Update a prior recommendation for a common definition of recidivism under state agencies, judicial and executive branches for deflection and diversion programs, to add desistance with standardized policies related to measuring and reporting recidivism; and
- Guidance for prescribing opiates and available materials, with required Food and Drug Administration (FDA) language and safe prescription disposal kits.

Dr. Partida Corona asked if they have discussed using buprenorphine, more commonly, as a first-line agent for pain, and to disseminate information among providers, rather than going straight to oxycontin. Dr. Kerns thanked Dr. Partida Corona and suggested this could be coordinated with the Treatment and Recovery subcommittee for a future recommendation.

10. Review and Consider Items for Next Meeting

Dr. Kerns reviewed the slide for **Full SURG Meeting and Revised Reporting Timeline and Topics**, starting with the next meeting:

- April 2026
 - Presentations on Peer Certification and State Budget Process
 - A status update from the Fund for Resilient Nevada has also been requested
 - Review Preliminary Recommendations from Subcommittees
- June 2026

- Approve 2025 Annual Report Template
- Finalize Recommendations to be included in 2025 Annual Report
- July 2026
 - Approve 2025 Annual Report
- October 2026
 - Presentations from Subject Matter Experts

Dr. Kerns opened discussion to members for any additional presentations. Mr. Mandell wanted to hear more recommendations regarding treatment, including from Mr. Banghart about Crossroads, or others from WestCare or Hickory, regarding county bed availability, which he believes is an ever-growing problem with limited funding for these valuable community assets, as well as private industries, to learn where their gaps and pitfalls are.

Chair Ford encouraged input from Mr. Mandell and others, as he referenced his fraternity which has a diamond as their symbol, where members say “your diamond shines as bright as anybody else’s.”

Dr. Kerns advised members that between now and the next meeting, they would be asked to test and provide feedback on a survey that will be distributed as part of the state’s opioid assessment. Following an initial beta test, the survey will be ready for members to take as respondents and share widely with colleagues.

In addition to the April, June, July, and October full SURG meetings, subcommittees anticipate meetings in February, March, May, June, and September, but the schedule is subject to change.

Ms. Johnson asked when they might have an update on the state morbidity and mortality data from 2025, with a comparison to previous years. She imagined it might be nearly complete by April and noted that other states have seen a decrease in overdose, while Nevada has remained high.

Ms. Morgan thought April would be a little early for them to have complete numbers for 2025, but they can reach out to the Office of Analytics to possibly present preliminary data and then come back at a later meeting. Some deaths take longer to quantify because of age and other factors. Staff can email data@dhs.nv.gov or, if they’ve already migrated the email address, to data@nvha.nv.gov.

Ms. Cook added that these activities are funded under her Bureau, and she would be happy to help.

11. Public Comment.

Mr. Mandell thanked everyone for the work they’re doing. Although federal funds may be getting cut, there are philanthropic endeavors he can refer people to if they want to reach him offline. They are a bit strict with their criteria, but not as strict as the federal government, with available funding to tackle the program. The city and some land development interests want to help, and they will be meeting with the PACT Coalition. He welcomed outreach from anyone.

12. Adjournment

Chair Ford adjourned the meeting at 3:24 p.m.

Chat Record:

01:05:52 Kim Hopkinson (she/her):Please do not use the chat for items other than technical support, as this becomes part of the public record. The meeting chat functionality is limited to inquiries regarding technical difficulties or to indicate an interest in offering public comment. Exercise caution with links which may appear in any meeting chat as they could be malicious.

02:22:15 Kim Hopkinson (she/her):Please do not use the chat for items other than technical support, as this becomes part of the public record. The meeting chat functionality is limited to inquiries regarding technical difficulties or to indicate an interest in offering public comment. Exercise caution with links which may appear in any meeting chat as they could be malicious.

DRAFT