



OFFICE OF THE ATTORNEY GENERAL

Aaron D. Ford, *Attorney General*

100 North Carson Street
Carson City, NV 89701
Telephone - (775) 684-1100
Fax - (775) 684-1108
Web - <http://ag.nv.gov>

Annual Report of the Statewide Substance Use Response Working Group (SURG) 2021

Report Date: January 31, 2022

For submission to the Governor, the Attorney General, the Advisory Commission on the Administration of Justice, any other entities deemed appropriate by the Attorney General and the Director of the Legislative Counsel Bureau for transmittal to: (1) During an even-numbered year, the Legislative Committee on Health Care and the Interim Finance Committee; or (2) During an odd-numbered year, the next regular session of the Legislature.

Statewide Substance Use Response

Working Group Members

Name	Title and Affiliation
Chelsi Cheatom	Program Manager, Trac-B Exchange
Barbara Collins	Principal, Mission High School, Clark County School District
Lesley Dickson	Medical Director, Center for Behavioral Health
Fabian Doñate	State Senator, District 10
Aaron Ford, <i>Chair</i>	Attorney General, State of Nevada
Shayla Holmes	Director, Lyon County Human Services
Jeffrey Iverson	Director, Shine A Light Foundation
Jessica Johnson	Senior Health Educator, Southern Nevada Health District (SNHD)
Lisa Lee	Human Services Program Specialist, Washoe County Human Services Agency
Debi Nadler	Co-founder, Moms Against Drugs
Christine Payson	Nevada Sheriffs' and Chiefs' Association
Erik Schoen	Executive Director, Community Chest, Inc.
Steve Shell	Renown, Vice President, Behavioral Health, Renown Health
Claire Thomas	State Assemblywoman, District 17
Dani Tillman	Executive Director, Ridge House
Jill Tolles, <i>Vice Chair</i>	State Assemblywoman, District 25
Stephanie Woodard	PsyD, Senior Advisor for Behavioral Health, Department of Health and Human Services
<i>Sen. Settelmeyer's appointee</i>	

Non-Member Roles

Name	Affiliation
Terry Kerns	Office of the Attorney General. Substance Abuse ¹ /Law Enforcement Coordinator
Rosalie Bordelove	Office of the Attorney General. Chief Deputy Attorney General, Boards and Open Government Division
Vicki Beavers	Office of the Attorney General, Executive Assistant to the Attorney General
Christine Jones Brady	Office of the Attorney General, Second Assistant Attorney General
Mark Krueger	Office of the Attorney General, Consumer Counsel, Bureau of Consumer Protection
Ashley Tackett	Office of the Attorney General, Administrative Assistant, ODMAP Grant

¹ Updates have been made throughout this report to reflect non-stigmatizing language of “use” and “misuse” rather than “abuse,” except in the case of formal names or titles.

Administrative Support Provided by SEI: Laura Hale, Kelly Marschall, Sarah Marschall and Emma Rodriguez

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Introduction & Background

Context for this Report

[Assembly Bill 374](#) created the Statewide Substance Working Group within the Office of the Attorney General. This group (referred to as “SURG” or the “Working Group” throughout) is charged with comprehensively reviewing issues related to substance misuse and substance use disorders in Nevada.

Details of the bill and its requirements and documentation of activities of the SURG are available [online](#).

The composition of the SURG is dictated in statute. Appointments were made final in October 2021 and the first meeting of members convened November 16th, 2021.

The legislation (Section 10) requires specific reporting for and by the SURG.

“Section 10.5 of AB 374 bill requires the Department of Health and Human Services to annually report to the Working Group concerning the use of state and local money to address substance misuse and substance use disorders, and section 10 requires the Working Group to study, evaluate and make recommendations concerning the use of that money. Section 10 also requires the Working Group to submit annually a report of its recommendations to the Governor, the Attorney General, the Legislature and certain other entities.”

This report provides information from the first meeting of the Working Group in alignment with these requirements.

“Compile a report which includes, without limitation, recommendations for the establishment, maintenance, expansion or improvement of programs to address substance misuse and substance use disorders based on the evaluations conducted pursuant to subsection 1.”

Roles and Responsibilities of the SURG

The roles and responsibilities of the SURG are defined by statute and are listed here:

- (a) Leverage and expand efforts by state and local governmental entities to reduce the use of substances which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants, and identify ways to enhance those efforts through coordination and collaboration.
- (b) Assess evidence-based strategies for preventing substance use and intervening to stop substance use, including, without limitation, the use of heroin, other synthetic and non-synthetic – 4 – - 81st Session (2021) opioids and stimulants. Such strategies must include, without limitation, strategies to: (1) Help persons at risk of a substance use disorder avoid developing a substance use disorder; (2) Discover potentially problematic substance use in a person and intervene before the person develops a substance use disorder; (3) Treat the medical consequences of a substance use disorder in a person and facilitate the treatment of the substance use disorder to minimize further harm; and (4) Reduce the harm caused by substance use, including, without limitation, by preventing overdoses.

- (c) Assess and evaluate existing pathways to treatment and recovery for persons with substance use disorders, including, without limitation, such persons who are members of special populations.
- (d) Work to understand how residents of this State who are involved in the criminal justice system access supports for treatment of and recovery from substance use disorders at various points, including, without limitation, by reviewing existing diversion, deflection and reentry programs for such persons.
- (e) Evaluate ways to improve and expand evidence-based or evidence-informed programs, procedures and strategies to treat and support recovery from opioid use disorder and any cooccurring substance use disorder, including, without limitation, among members of special populations.
- (f) Examine support systems and programs for persons who are in recovery from opioid use disorder and any co-occurring substance use disorder.
- (g) Make recommendations to entities including, without limitation, the State Board of Pharmacy, professional licensing boards that license practitioners, other than veterinarians, the State Board of Health, the Division, the Governor and the Legislature, to ensure that controlled substances are appropriately prescribed in accordance with the provisions of NRS 639.2391 to 639.23916, inclusive.
- (h) Examine qualitative and quantitative data to understand the risk factors that contribute to substance use and the rates of substance use and substance use disorders, focusing on special populations.²
- (i) Develop strategies for local, state and federal law enforcement and public health agencies to respond to and prevent overdoses and plans for implementing those strategies. – 5 – - 81st Session (2021)
- (j) Study the efficacy and expand the implementation of programs to: (1) Educate youth and families about the effects of substance use and substance use disorders; and (2) Reduce the harms associated with substance use and substance use disorders while referring persons with substance use disorders to evidence-based treatment.
- (k) Recommend strategies to improve coordination between local, state and federal law enforcement and public health agencies to enhance the communication of timely and relevant information relating to substance use and reduce duplicative data collection and research.

² “Special populations” includes, without limitation: (1) Veterans, elderly persons and youth; (2) Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile justice systems; (3) Pregnant women and the parents of dependent children; (4) Lesbian, gay, bisexual, transgender and questioning persons; (5) Intravenous drug users; (6) Children who are involved with the child welfare system; and (7) Other populations disproportionately impacted by substance use disorders.

- (l) Evaluate current systems for sharing information between agencies regarding the trafficking and distribution of legal and illegal substances which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants.
- (m) Study the effects of substance use disorders on the criminal justice system, including, without limitation, law enforcement agencies and correctional institutions.
- (n) Study the sources and manufacturers of substances which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants, and methods and resources for preventing the manufacture, trafficking and sale of such substances.
- (o) Study the effectiveness of criminal and civil penalties at preventing the misuse of substances and substance use disorders and the manufacture, trafficking and sale of substances which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants.
- (p) Evaluate the effects of substance use disorders on the economy of this State.
- (q) Study, evaluate and make recommendations to the Department of Health and Human Services concerning the use of the money described in section 10.5 of this act ([AB374](#)) to address substance use disorders, with a focus on: (1) The use of the money described in subsections 1, 2 and 3 of section 10.5 of this act to supplement rather than supplant existing state or local spending; (2) The use of the money described in section 10.5 of this act to support programs that use evidence-based interventions; (3) The use of money described in section 10.5 of this act to support program for the prevention of substance use disorders in youth; (4) The use of the money described in section 10.5 of this act to improve racial equity; and (5) Reporting by state and local agencies to the public concerning the funding of programs to address substance misuse and substance use disorders.

Update on Nevada's Opioid Litigation

The Office of the Attorney General worked with Assemblywoman Tolles, Dr. Woodard and Tina Dortch, Program Manager, Nevada Office of Minority Health and Equity, to receive stakeholder involvement in how to utilize opioid settlement funds to overcome substance use issues for Nevada. Ultimately, the Substance Use Response Work Group will make recommendations for how to spend the funds.

[Documents available](#) include Declaration of Findings; Contingency Fee Contract, Second Amended Complaint, and One Nevada Agreement on Allocation of Opioid Recoveries.

- The **Declaration of Findings** was established by the Governor to require outside counsel as a large and complex complaint suing over 60 entities. The Bureau of Consumer Protection directed the process to publish a Request for Proposals for law firms, with responses across the state and the country. The selection committee was diverse with members across the state to review and score the law firms.
- The **Second Amended Complaint** allows the Office of Attorney General to add defendants as the discovery process continues, collecting information from defendants and other stakeholders. Ms. Brady gave accolades to Mr. Krueger for reaching out to stakeholders throughout Nevada.
- The **One Nevada Agreement** allows the state to fairly and equitably allocate recovery from litigation between political subdivisions. Although the state's trial date is ahead of county trial dates, the Office of the Attorney General is approaching this as a statewide effort in concert with the counties. All 17 Nevada counties agreed to participate, even if the county does not have current litigation, as well as all cities that are in litigation. State funds go to the Fund for Resilient Nevada according to state law. The SURG will then make recommendations to support the State Plan and Needs Assessment for how to best address the opioid epidemic in different parts of the state.

Process Notes and Next Steps

- Nevada's case is unique because it includes defendants who were manufacturers, distributors and pharmacies involved in this opioid epidemic.
- The Office of the Attorney General is currently in the discovery phase and the amount of documents Nevada has turned over is extensive including documents from the Department of Health and Human Services (DHHS), the Department of Public Safety (DPS) and others at 15 million pages and over three terabytes of data.
- The trial date of April 17, 2023 is soon in terms of litigation.
- The state will not receive one lump sum from the defendants, some of whom have declared bankruptcy. The process and timing of recovering damages for harm created is going to be different if a case is settled versus goes to trial. The monies that will come in will be staggered.
- Courts may rule that money will come in over a series of years, depending on the lawsuits with different defendants. The account (Fund for Resilient Nevada) can accept funds from various sources. For example, if a doctor is determined to have mis-prescribed drugs, the State could ask for restitution to be paid to this account.

McKinsey Settlement

The following list is the breakdown of the McKinsey settlement and the recovery of \$45,000,000 (received in two amounts in 2021 of \$23,000,000 and \$22,000,000) and was subject to deductions for:

- Costs for outside contingency fee counsel pursuant to the State Contingency Fee Contract (Please note this does not include the contingency fee);
- Costs incurred for all opioids related matters for the BCP/AG (Please note this does not include salaries);
- The calculation ONLY (not deduction) of the contingency fee (for this recovery was 19%) pursuant to the Contingency Fee Contract because the contingency fee counsel (Eglet Adams law firm) agreed (in writing) to defer taking this fee until the next recovery.

The remainder was then transferred to the Fund for Resilient Nevada ([SB390](#)).

The corresponding amounts from the McKinsey settlement are as follows:

- \$45,000,000.00 Total opioid recovery (McKinsey by settlement);
- \$16,287,778.49 Paid to the Eglet Adams law firm as costs pursuant to the Contingency Fee Contract (does not include the contingency fee);
- \$250,471.02 Paid to BCP/AG as costs (does not include salaries);
- \$28,461,750.49* Remainder transferred to the Fund for Resilient Nevada ([SB390](#));

The amount for fees on the Remainder of this settlement pursuant to the Contingency Fee Contract is 19%.

- \$5,407,732.59 Fees at 19% due to the Eglet Adams law firm from a future opioid settlement.

*(The Eglet Adams law firm agreed to defer taking their fee until the next opioid recovery.)

AmerisourceBergen, Cardinal Health, and McKesson (Distributors) Settlement

The following list is the breakdown of the Distributors' settlement and the estimated recovery of: \$231,679,409.03 (of which \$14,221,097.85 is estimated to be received in April 2022, \$14,221,097.85 is estimated to be received in July 2022, and the remainder is estimated to be made in varying amounts in annual payments occurring each July, from July 2023 until July 2038).

Please note the total dollar recovery is based upon full participation of signatories to the One Nevada Agreement on Allocation of Opioid Recoveries as well as other settlement conditions, and all recoveries received will be subject to deductions for:

- Costs for the Federal share of Medicaid (FMAP Costs) (Please note FMAP Costs cannot be determined or calculated at this time and there is a chance that there may be no FMAP costs deducted.);
- Lead Litigator Costs for outside contingency fee counsel pursuant to the State Contingency Fee Contract and the One Nevada Agreement on Allocation of Opioid Recoveries (Please note these costs have not been calculated at this time.);

- Costs incurred for all opioids related matters for the BCP/AG (Please note this does not include salaries.);
- Allocation pursuant to the One Nevada Agreement on Allocation of Opioid Recoveries (the State of Nevada's allocated percentage is 43.86%.);
- The contingency fee for contingency fee counsel pursuant to the Contingency Fee Agreement (for this recovery it is 19%).

In addition, the first payment of this recovery will be subject to a deduction following each of the above deductions for:

- The deferred contingency fee for the McKinsey recovery of \$5,407,732.59.

The remainder would then be transferred to the Fund for Resilient Nevada ([SB390](#)).

Janssen/Johnson & Johnson (J&J) Settlement

The following list is the breakdown of the J&J settlement and the estimated recovery of \$53,508,792.63 (of which \$50,833,353.00 is estimated to be received in April 2022, and the remainder of \$2,675,439.63 is estimated to be received in April 2025).

Please note the total dollar recovery is based upon full participation of signatories to the One Nevada Agreement on Allocation of Opioid Recoveries as well as other settlement conditions, and all recoveries received will be subject to deductions for:

- Costs for the Federal share of Medicaid (FMAP Costs) - (Please note FMAP Costs cannot be determined or calculated at this time and there is a chance that there may be no FMAP costs deducted.);
- Lead Litigator Costs for outside contingency fee counsel pursuant to the State Contingency Fee Contract and the One Nevada Agreement on Allocation of Opioid Recoveries - (Please note these costs have not been calculated at this time;
- Costs incurred for all opioids related matters for the BCP/AG (Please note this does not include salaries.);
- Allocation pursuant to the One Nevada Agreement on Allocation of Opioid Recoveries (the State of Nevada's allocated percentage is 43.86%.);
- The contingency fee for contingency fee counsel pursuant to the Contingency Fee Agreement (for this recovery it is 19%).

The remainder would then be transferred to the Fund for Resilient Nevada ([SB390](#)).

Recommendations for the Establishment, Maintenance, Expansion or Improvement of Programs to Address Substance Misuse and Substance Use Disorders

November 16th, 2021 marked the inaugural meeting of the SURG, and the agenda focused on setting up structural aspects of the process. For this reason, this report is limited in its discussion of recommendations for establishment, maintenance, expansion, or improvement of programs.

More robust recommendations will be developed in future meetings.

Decisions of the SURG included motions to nominate Attorney General Aaron Ford as Chair, which received unanimous support. Assemblywoman Tolles was nominated and unanimously approved as Vice Chair.

The draft bylaws were approved, with one change: from Article 3, Section 1. Lisa Lee requested a change from the term “Intravenous drug users,” to people first language, such as “people who inject drugs.” The motion to approve the amended bylaws also passed unanimously.

The SURG also discussed how to frame upcoming discussions. Dr. Woodard put forward a potential set of topics:

- Substance Use Prevention
- Reducing Harms
- Early Intervention and Treatment
- Recovery Supports
- Criminal Justice
- Data and Information Sharing

Members of the SURG discussed and provided input on this framework. More detail can be found in the minutes of the meeting. Suggestions for the process are summarized below:

Meeting Considerations

- **Organizing Topics.** It was suggested to group the six topics two at a time for meetings throughout the rest of 2022.
- **Timing Considerations.** Bill draft requests (BDRs) will be due well before the January 2023 deadline, but discussions can help inform that process.
- **Meeting Length.** Two to three hours was suggested as a minimum amount of time for a single topic. Longer meetings were also suggested, with a proposal for four-hour meetings, starting at 9 a.m., including a lunch break, and covering two hours per topic.
- **Subcommittees.** Subcommittees were suggested as a possibility to support a deeper analysis of information by topic. Subcommittees will be considered as a potential strategy to study the issues.
- **Data.** Data will be important in future presentations.
- **Subject Matter Experts (SME)** will present on topic areas.

- **Regional Information.** Information by region, including what has been successful, was suggested as a way to identify what to continue or what might be new or innovative.
- **Prioritization.** Members were asked to keep in mind the number of meetings that would be required. It is unlikely the group will be able to accomplish everything ahead of the 2023 legislative session, prioritization will be critical.

Discussion on Specific Topics

Suggestions made by members include

- **Criminal Justice:** Committee members discussed several models to better examine this category, including the sequential intercept model of pre-justice system versus re-entry programs and strategies within the community, as well as dividing criminal justice areas into three categories: pre-incarceration, incarceration treatment, and then re-entry programs.
- **Prevention:** Children and youth should have considerable attention; prevention and early intervention for children was discussed as needing more time. Jessica Johnson referenced the [Institute of Medicine's Continuum of Care](#) for substance use and misuse, suggesting the SURG discuss universal prevention efforts and some selected secondary prevention efforts. Reducing harm is kind of a tertiary prevention effort, before getting to a diagnosis, which would then qualify as treatment. One strategy might be to explore health promotion and prevention, so reducing harm could be grouped in that way in one presentation. Early intervention and treatment, and recovery support could be a second grouping. Under the criminal justice topic, there are opportunities for information and data sharing. There may be some overlap from a public health perspective and there may be important recommendations from SME.
- **Social Determinants of Health:** Social determinants of health (SDOH) that impact peoples' experiences and cycles of isolation and poverty that impact substance use should be included. SDOH in rural Nevada was also noted as an important need for capacity.
- **Child Welfare System and Substance Use:** This category should be viewed separately from the criminal justice system. For opioid use in particular, recently published research shows a correlation between overdose rates increasing where child welfare rates increase in communities. There are efforts across the state to incorporate [CARA Plans of Care](#) as well as the [Families First Prevention Services Act](#).
- **Overdose Prevention:** This topic would deserve its own place on the agenda.

Next Steps

- **Suggesting Topics and Subtopics.** Members were advised to keep their Bylaws available and to attach agenda suggestions to items A-Q from the bylaws and legislation, to determine where it fits in their scope.
- **Needs Assessment.** State contracted vendors will bring forward initial findings for the Needs Assessment to the January meeting.

Appendix

Bylaws

STATEWIDE SUBSTANCE USE RESPONSE WORKING GROUP

BY-LAWS³

ARTICLE 1 – NAME

Section 1. Name

The Statewide Substance Use Response Working Group, herein after referred to as the Working Group.

ARTICLE 2 – CREATION AND PURPOSE

Section 1. Creation

The Working Group was established in compliance with the passage of Assembly Bill (AB) 374 by the 2021 State Legislature 81st session to comprehensively review various aspects of substance misuse and substance use disorders and programs and activities to combat substance misuse and substance use disorders in the State of Nevada. The Nevada Department of Health and Human Services (DHHS) is required to annually report to the Working Group concerning the use of state and local money to address substance misuse and substance use disorders. The goal of the Working Group is to make recommendations to effectively address risks, impacts, and harms of substance use and misuse, including the effects of the opioid epidemic, in the State.

Section 2. Purpose

Consistent with its statutory duties, the Working Group will, in part, study, evaluate and make recommendations to DHHS concerning the use of the state and local money to address opioid substance misuse and opioid use disorder from the Resilient Fund of Nevada utilizing, in part, the State needs assessment and State plan through an integrated approach. The Working Group will also make recommendations to DHHS concerning the use of state and local money to address substance use misuse and substance use disorders.

ARTICLE 3 – ROLES AND RESPONSIBILITIES

Section 1. Responsibilities

AB 374 includes the Working Group's responsibilities which shall include:

- A. Leverage and expand efforts by state and local governmental entities to reduce the use of substances which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants, and identify ways to enhance those efforts through coordination and collaboration.
- B. Assess evidence-based strategies for preventing substance use and intervening to stop substance use, including, without limitation, the use or heroin, other synthetic and non-synthetic opioids and stimulants. Such strategies must include, without limitation, strategies to:
 - a. Help persons at risk of a substance use disorder avoid developing a substance use disorder;
 - b. Discover potentially problematic substance use in a person and intervene before the person develops a substance use disorder;

³ Amended Bylaws will be reviewed by the SURG as part of the March 2022 agenda.

- c. Treat the medical consequences of a substance use disorder in a person and facilitate the treatment of the substance use disorder to minimize further harm; and
 - d. Reduce the harm caused by substance use, including, without limitation, by preventing overdoses.
- C. Assess and evaluate existing pathways to treatment and recovery for persons with substance use disorders, including, without limitation, such persons who are members of special populations. Special populations includes, without limitation;
- a. Veterans, elderly persons and youth;
 - b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems;
 - c. Pregnant women and the parents of dependent children;
 - d. Lesbian, gay, bisexual, transgender and questioning persons;
 - e. People who inject drugs; (as revised)
 - f. Children who are involved with the child welfare system, and
 - g. Other populations disproportionately impacted by substance use disorders.
- D. Work to understand how residents of the State of Nevada who are involved in the criminal justice system access supports for treatment of and recovery from substance use disorders at various points, including without limitation, by reviewing existing diversion, deflection and reentry programs for such persons.
- E. Evaluate ways to improve and expand evidence-based or evidence-informed programs, procedures, and strategies to treat and support recovery from opioid use disorder and any co-occurring substance use disorder, including, without limitation, among members of special populations.
- F. Examine support systems and programs for persons who are in recovery from opioid use disorder and any co-occurring substance use disorder.
- G. Make recommendations to entities including, without limitation, the State Board of Pharmacy, professional licensing boards that license practitioners, other than veterinarians, the State Board of Health, the Division, the Governor and the Legislature, to ensure that controlled substances are appropriately prescribed in accordance with provisions of NRS 639.2391 to 639.23916, inclusive.
- H. Examine qualitative and quantitative data to understand the risk factors that contribute to substance use and the rates of substance use and substance use disorders, focusing on special populations.
- I. Develop strategies for local, state, and federal law enforcement and public health agencies to respond to and prevent overdoses and plans for implementing those strategies.
- J. Study the efficacy and expand the implementation of programs to:
- a. Educate youth and families about the effects of substance use and substance use disorders; and
 - b. Reduce the harms associated with substance use and substance use disorders while referring persons with substance use disorders to evidence-based treatment.

K. Recommend strategies to improve coordination between local, state, and federal law enforcement and public health agencies to enhance the communication of timely and relevant information relating to substance use and reduce duplicative data collection and research.

L. Evaluate current systems for sharing information between agencies regarding trafficking and distribution of legal and illegal substances which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants.

M. Study the effects of substance use disorders on the criminal justice system, including, without limitation, law enforcement agencies and correctional institutions.

N. Study the source and manufacturers of substances which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants, and methods and resources for preventing the manufacture, trafficking and sale of such substances.

O. Study the effectiveness of criminal and civil penalties at preventing the misuse of substances and substance use disorders and the manufacture, trafficking and sale of substances which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants.

P. Evaluate the effects of substance use disorders on the economy of the State of Nevada.

Q. Study, evaluate and make recommendations to the DHHS concerning the use of the money as described below to address substance use disorders, with a focus on the use of all money received by the State of Nevada pursuant to any settlement entered into by the State of Nevada concerning the manufacture, distribution, dispensing, sale and marketing of opioids, all money recovered by the State of Nevada from a judgment in a civil action by the State of Nevada concerning the manufacture, distribution, dispensing, sale, and marketing of opioids, or any gifts, grants, or donations received by the State of Nevada and each political subdivision of the State of Nevada for purposes:

- a. relating to substance use disorders to supplement rather than supplant existing state and local spending;
- b. relating to substance use disorders, and all other money spent by the State of Nevada and each political subdivision of the State of Nevada for purposes relating to substance misuse and substance use disorders to support evidence based interventions;
- c. relating to substance use disorders, and all other money spend by the State of Nevada and each political subdivision of the State of Nevada for purposes relating to substance misuse and substance use disorders to support programs for the prevention of substance use disorders in youth,
- d. relating to substance misuse and substance use disorders to improve racial equity, and
- e. Reporting by state and local agencies to the public concerning the funding of programs to address substance misuse and substance use disorders.

Section 2. Working Group Support

The Working Group is authorized to collaborate with and request the assistance of providers of services or any person or entity with expertise in issues related to substance use or the impacts of

substance use, including, without limitation, employees of federal, state and local agencies and advocacy groups for those with substance use disorders, to assist the Working Group in carrying out its duties.

Section 3. Public Collaboration

Legislation requires state and local agencies to collaborate with and provide information to the Working Group, upon request by the Working Group, to such extent it is consistent with their lawful duties.

Section 4. Responsibilities for Reporting

On or before January 31 of each year, the Working Group shall transmit a report which includes, without limitation, recommendations for the establishment, maintenance, expansions, or improvement of programs to address substance misuse and substance use disorders based on evaluations to:

- A. The Governor,
- B. The Attorney General,
- C. The Advisory Commission on the Administration of Justice,
- D. Any other entities deemed appropriate by the Attorney General and the Director of the Legislative Counsel Bureau for transmittal to:
 - a. During an even-numbered year, the Legislative Committee on Health Care and the Interim Finance Committee; or
 - b. During an odd-numbered year, the next regular session of the Legislature.

ARTICLE 4 – MEMBERSHIP AND TERMS

Section 1 – Members.

As established in AB 374, the Working Group consists of eighteen, membership shall include

Member	Term Expiration
Attorney General or his/her designee	September 2023, two years from appointment
Director of the Department of Health and Human Services or his/her designee	September 2023, two years from appointment
One member of the Senate who is appointed by the Senate Majority Leader	September 2023, two years from appointment
One member of the Senate who is appointed by the Senate Minority Leader	September 2023, two years from appointment
One member of the Assembly who is appointed by the Speaker of the Assembly	September 2023, two years from appointment
One member of the Assembly who is appointed by the Assembly Minority Leader	September 2023, two years from appointment

Attorney General Appointments	Term Expiration
One representative of a local governmental entity that provides or oversees the provision	

of human services in a county whose population is 700,000	September 2023, two years from appointment
One representative of a local governmental entity that provides or oversees the provision of human services in a county whose population is 100,000 or more but less than 700,000	September 2023, two years from appointment
One representative of a local governmental entity that provides or oversees the provision of human services in a county whose population is less than 100,000	September 2023, two years from appointment
One provider of health care with expertise in medicine for the treatment of substance use disorders	September 2023, two years from appointment
One representative of the Nevada Sheriffs' and Chiefs' Association, or its successor organization.	September 2023, two years from appointment
One Advocate for persons who have substance use disorders and family members of such persons	September 2023, two years from appointment
One person who is in recovery from a substance use disorder	September 2023, two years from appointment
One person who provides services relating to the treatment of substance use disorders	September 2023, two years from appointment
One representative of a substance use disorder prevention coalition	September 2023, two years from appointment
One representative of a program to reduce the harm caused by substance misuse	September 2023, two years from appointment
One representative of a hospital	September 2023, two years from appointment
One representative of a school district	September 2023, two years from appointment

Section 2. Terms

The term of each member of the Working Group is two (2) years. A member may be reappointed for an additional term of two (2) years in the same manner as the original appointment. The term begins on the date of appointment.

Section 3. Compensation.

Members of the Working Group serve without compensation and are not entitled to receive the per diem allowance and travel expenses provided for state officers and employees generally. A member of the Working Group who is an officer or employee of this State or a political subdivision of this State must be relieved from his or her duties without loss of regular compensation to prepare for and attend meetings of the Working Group and perform any work necessary to carry out the duties of the Working Group in the most timely manner practicable. A state agency or political subdivision of this State shall not require an officer or employee who is a member of the Working Group to:

- (a) Make up the time he or she is absent from work to carry out his or her duties as a member of the Working Group; or
- (b) Take annual leave or compensatory time for the absence.

Section 4. Vacancies.

Vacancies among the Working Group must be filled in the same manner as the original. The initial term shall be for the remaining length of the vacated term and the appointment made by the appointing authority.

Section 5. Resignation.

A member who resigns from the Working Group must provide written notification to the Chair of the Working Group and to the head of the agency or organization he or she was representing.

Section 6. Removal.

The Chair shall forward recommendations for a Working Group member's removal to the Attorney General based on inactivity, defined as missing three or more meetings in a calendar year, or a conflict of interest.

Section 7. Administrative Support.

The Attorney General's Office shall provide such administrative support to the Working Group as is necessary to carry out the duties of the Working Group.

ARTICLE 5 – MEETINGS

Section 1. Meeting Conduct

All meetings will be run according to Roberts Rules of Order.

Section 2. Open Meeting Law.

All proceedings and actions shall be conducted in accordance with the Nevada Open Meeting law (N.R.S. 241.010 through 241.040, inclusive).

Section 3. Quorum.

A simple majority, ten Working Group members, shall constitute a quorum for the transaction of business.

Section 5. Regular Meetings.

The regular meetings of the Working Group shall be not less than twice annually, and as called by the Chair.

Section 6. Officers.

The officers of the Working Group shall be a Working Group Chair and Working Group Vice Chair. These officers shall perform the duties prescribed by these bylaws and by the parliamentary authority adopted by the Working Group.

- A. Working Group Chair. The Advisory Committee shall elect from its member the Working Group Chair at the first meeting of each calendar year. The Working Group Chair

1. Shall develop the agenda, with input from the Working Group membership and Grant Management Unit;
 2. Shall conduct the Working Group meetings in accordance with state laws;
 3. Shall oversee public hearings and ensure public comment;
 4. Shall convene special meetings, as necessary; and
 5. Shall prepare reports as required.
- B. Working Group Co-Chair. Serves in the absence of the Chair and monitors Working Group record keeping.
- C. Working Group members. May nominate themselves or others for Vice Chair. At the first meeting of each calendar year the Working Group will elect these officers from its members.
- D. Notification. Officer election(s) shall be posted as a business item on the agenda of a regularly scheduled meeting.

Section 7. Working Group Participation.

- A. Notification. Working Group members shall, to the extent practicable: Inform administrative support staff at least forty-eight (48) hours in advance of an anticipated excused absence.
- B. Participation. Working Group members must participate in at least 75 percent of meetings. Any absence without sufficient or overriding reason will be considered unexcused absences and may constitute grounds for the Working Group recommending the member's removal from the Working Group to the respective Department or agency.

1. At each regularly scheduled meeting, absences will be noted and indications of excused or unexcused will be noted. The Chair will determine if the absences are excused or unexcused at the time of the next scheduled meeting. An excused absence includes, but is not limited to, an unexpected occurrence or emergency with health, family, or employment that would prevent the member from attending the meeting. An unexcused absence includes, but is not limited to, lack of communication (no contact) with the Chair, Co-Chair, or Administrative Staff. When a member has not participated in at least 75 percent of meetings within any twelve-month period, the Chair will send a notification letter to the member that the Working Group intends to take action at the next scheduled meeting. At that meeting, the member will have an opportunity to refute the action or the Working Group will proceed with the removal process. A member may designate a proxy from the same membership category for any meeting. Advance notice must be given in writing to the Co-Chairs and/or administrative staff for the Committee. Electronic mail is acceptable. Proxies may not represent Committee members for more than 50% of meetings held within a calendar year.

Section 8. Subcommittees.

The Working Group shall have the ability to create no more than two (2) standing committees, to include one technical assistance for regulations.

- A. Each standing committee must include a minimum of two voting member(s) of the Working Group.
- B. Each standing committee shall have one (1) Chair who is a voting member of the Working Group.
- C. The Working Group Chair shall appoint the standing committee chairs from the Working Group.
- D. Each standing committee, through the standing committee Chair, may appoint additional non-voting members to their committee, as needed based on area of expertise and/or specific projects.

Section 9. Special Meetings.

Special meetings may be called by the Chair. A request for special meeting can also be made by other Working Group members through a written request submitted to the Chair for approval or the Director can call a special meeting.

Section 10. Voting.

Members participating in a meeting of the Working Group by means of a conference call, video conference, or other such means that allow for each participant to hear and be heard by each participant at the same time, shall be deemed to be present at such meeting.

- A. Voting on all matters shall be by voice vote and shall be entered in the minutes of the meeting.
- B. Each Working Group member shall have one vote.
- C. The Working Group Chair will have a vote on any measure before the Working Group.
- D. The Chair may not make or second motions.
- E. Proxies may vote on behalf of the Committee member they represent.
- F. A vote shall pass if a majority of those present vote in the affirmative.

Section 11. Record Keeping.

The conduct of all meetings and public access thereto, and the maintaining of all records of the Working Group shall be governed by Nevada’s Open Meeting law and monitored by the Working Group Vice-Chair.

ARTICLE 6 - FISCAL SUPPORT

Section 1. Grants and Gifts.

The Working Group may accept gifts, grants and donations from any source for the support of the Working Group in carrying out the provisions of duties. Any fiscal administration shall be overseen by the Nevada Office of the Attorney General’s Chief Financial Officer or his or her designee.

ARTICLE 7 - CONFLICT OF INTEREST

Section 1. Survey.

The Department will survey the Working Group members annually to collect information regarding their affiliations outside the Department. Each member is responsible for fully disclosing all current affiliations.

A. Conflicts of interest must be declared by members prior to discussion of any matter that would provide direct financial benefit for that member, or otherwise have the appearance of a conflict of interest. When funding or other decisions are made regarding an organization with which the member has an affiliation, the member shall state his intention to abstain from making specific motions or casting a vote, before participating in related discussions.

Section 2. Declaration of Conflict.

The Chair or a majority of the Working Group may also declare a conflict of interest exists for a member and ask that the member abstain from the voting process.

ARTICLE 8 - STATEMENT OF NON-DISCRIMINATION

The Working Group is an equal opportunity/ affirmative action entity. Qualified persons are considered for appointment without regard to race, sex, sexual orientation, gender identity or expression, religion, color, national origin, age, genetic information or disability, as outlined the state affirmative action plan.

ARTICLE 9 - REVISION OF BYLAWS

Section 1. Bylaw Review.

These bylaws will be reviewed at least every four (4) years or sooner as deemed necessary by the Working Group. Proposed amendments will be distributed to the Working Group members in writing at least one week prior to a regularly scheduled or special meeting. These bylaws may be altered, amended or repealed by a majority of the Working Group members at any regularly scheduled or special meeting in compliance with Nevada’s Open Meeting Law and must be in compliance with the AB 374 legislation.

Section 2. Bylaw Approval.

These bylaws were approved and adopted at a regularly scheduled meeting of the Working Group on November 16, 2021.



1/28/22

Chair, Substance Use Response Working Group Date

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SURG Members by Appointments

Name	Title and Affiliation	Appointment
Chelsi Cheatom	Program Manager, Trac-B Exchange	One representative of a program to reduce the harm caused by substance misuse
Barbara Collins	Principal, Mission High School, Clark County School District	One representative of a school district
Lesley Dickson	Medical Director, Center for Behavioral Health	One provider of health care with expertise in medicine for the treatment of substance use disorders
Fabian Doñate	State Senator, District 10	Senate Majority Leader appointee – Senator Fabian Donate
Aaron Ford <i>Chair</i>	Attorney General, State of Nevada	The Attorney General or his or her designee;
Shayla Holmes	Director, Lyon County Human Services	One representative of a local governmental entity that provides or oversees the provision of human services in a county whose population is less than 100,000
Jeffrey Iverson	Director, Shine A Light Foundation	One person who is in recovery from a substance use disorder
Jessica Johnson	Senior Health Educator, Southern Nevada Health District (SNHD)	One representative of a local governmental entity that provides or oversees the provision of human services in a county whose population is 700,000 or more
Lisa Lee	Human Services Program Specialist, Washoe County Human Services Agency	One representative of a local governmental entity that provides or oversees the provision of human services in a county whose population is 100,000 or more but less than 700,000
Debi Nadler	Co-founder, Moms Against Drugs	One advocate for persons who have substance use disorders and family members of such persons
Christine Payson	Representative, Nevada Sheriffs' and Chiefs' Association	One representative of the Nevada Sheriffs' and Chiefs' Association, or its successor organization
Erik Schoen	Executive Director, Community Chest, Inc.	One representative of a substance use disorder prevention coalition
Steve Shell	Vice President, Behavioral Health, Renown Health	One representative of a hospital
Claire Thomas	State Assemblywoman, District 17	NV Assembly Speaker appointee – Assemblywoman Claire Thomas
Dani Tillman	Executive Director, Ridge House	One person who provides services relating to the treatment of substance use disorders
Jill Tolles <i>Vice Chair</i>	State Assemblywoman, District 25	NV Assembly Minority Leader appointee – Assemblywoman Jill Tolles

Name	Title and Affiliation	Appointment
Stephanie Woodard	PsyD, Senior Advisor for Behavioral Health, DHHS	DHHS Director appointee
<i>Settelmeyer's appointee</i>		NV Senate Minority Leader appointee

Member's Biographical Information

Chelsi Cheatom

Chelsi earned a Master level degree in Health Promotion from the University of Nevada, Las Vegas in 2010. Chelsi Cheatom has been working with Trac-B Exchange, Southern Nevada's only syringe service program, since 2016 as the Program Manager. She has helped to support Trac-B Exchange opening the first storefront syringe exchange in Clark County, NV as well as supporting the roll out of the Impact Exchange vending machine project which now has 8 public health/ syringe vending machines placed into the Las Vegas community. Prior to working at Trac-B Exchange, Chelsi oversaw the STD and Adult Viral Hepatitis grant programs for the State of Nevada's Division of Public and Behavioral Health, Office of Public Health Informatics and Epidemiology and prior to that she was a Disease Investigation and Intervention Specialist with the Southern Nevada Health District.

Barbara Collins

Barbara Collins has been a distinguished educator for 23 years in the Clark County School District and is the founding principal of Las Vegas' first publicly funded recovery high school.

Prior to her appointment to Mission High School, Ms. Collins served as the principal at College of Southern Nevada High School where she maintained a 100% graduation rate. In just two short years, she doubled the number of students receiving their Associate Degrees, prior to graduating from high school.

Ms. Collins' vision is to incorporate high academic expectations while integrating the principles of recovery through collaborative community partnerships.

Ms. Collins worked as a middle school resource room teacher, co-op teacher and spent several years as a special education facilitator prior to being appointed as an administrator in 2007.

Ms. Collins believes the school's success will be built on a supportive community that understands these are not bad kids trying to act better but in reality, sick kids trying to get well.

Dr. Lesley Dickson

Lesley Dickson, MD, FACLP, LFAPA, is ABPN board certified in general psychiatry and addiction psychiatry. She is presently Clinical Professor of Psychiatry at Touro University and Southern Hills/ Sunrise Health GME Consortium and Medical Director for the Center for Behavioral Health which operates Medication Assisted Treatment programs. Dr. Dickson is a Past President of the Nevada Psychiatric Association and was the Executive Director for several years. She also serves as the State Legislative Representative of the Nevada Psychiatric

Association and is on the Committee to Review Suicide Fatalities and the Clark County Regional Behavioral Health Policy Board.

Senator Fabian Doñate

Senator Doñate represents Senate District 10 and serves on the Senate Legislative Operations and Elections Committee. He holds a Master level degree in Health Administration from the University of Maryland, College Park and received his Bachelor's Degree in Public Health from the University of Nevada, Las Vegas. He was inducted into the Delta Omega Honorary Society in Public Health in 2018.

Senator Doñate's legislative bio can be accessed [here](#).

Attorney General Aaron Ford

Attorney General Aaron D. Ford, Nevada's 34th Attorney General, took office on January 7, 2019, making him the first African American to hold statewide constitutional office in Nevada.

A former State Senator, AG Ford previously served as both the Majority Leader and the Minority Leader in the Nevada State Legislature and held leadership roles on several legislative committees. He also spent many years in private practice as a partner at both Snell & Wilmer LLP and Eglet Adams in Las Vegas. Before practicing law, AG Ford served as a public school math teacher, shaping hundreds of lives.

During his term as a State Senator, AG Ford led the passage of significant legislation that required police officers to wear body cameras. AG Ford was also the impetus for a local district attorney to create a "Conviction Integrity Unit" to review cases that allege wrongful conviction.

As the chief law enforcement officer for the state, AG Ford's goal continues to be helping to protect Nevada families. AG Ford believes there is no task greater than the pursuit of justice and has adopted the office motto of "Our Job is Justice." His priority areas include what he refers to as the "Five Cs": constitutional rights, criminal justice reform, consumer protection, client service, and community engagement. AG Ford has held several town hall forums to talk directly with Nevadans on relevant topics such as racial injustice, law enforcement policies, hate crimes, and identity theft.

Under his direction, AG Ford's office has made protecting consumers from fraud, scams, and anti-competitive activity a top priority. During his tenure in office, AG Ford's Bureau of Consumer Protection secured over \$85 million in recoveries on behalf of Nevada consumers. Consistent with his commitment to help Nevada families, AG Ford has aggressively pursued those responsible for fueling Nevada's opioid crisis. He is proud to have obtained the State's first settlement of \$45 million on behalf of countless Nevada families who have lost relatives to opioid use and misuse.

AG Ford always strives to help those around him, particularly our most vulnerable communities. He has held two statewide law enforcement summits with local and national experts to fight human trafficking; he helps lead Nevada's sexual assault kit initiative and is proud to have completed the State's initiative to test nearly 8,000 previously untested sexual assault kits; and

he worked with his prosecutors to revive a cold case and bring justice for a Nevada mother who lost her daughter to a brutal murder more than 40 years ago.

AG Ford is proud to have earned five degrees, which include his law degree and Ph.D. in Educational Administration from The Ohio State University, as well as degrees in interdisciplinary studies, international education, and educational administration. AG Ford married his college sweetheart, Berna Rhodes-Ford, who is also an attorney. Together, they raised four children, Avery, Devin, Aaron II, and Alexander.

Shayla Holmes

Shayla Holmes is the Director of Human Services and Public Guardian for Lyon County. It is the mission of Lyon County Human Services to enhance the well-being of individuals and families across the lifespan within Lyon County. As the Director she is blessed to lead a team of professionals that are innovative and passionate about addressing the needs of the communities they serve in a variety of topics such as aging and preventing institutional long-term care, preventing adverse childhood events, reducing parental stress, housing and homelessness, increasing financial stability, and enhancing behavioral health response across the lifespan. She earned her Bachelor of Science from University of Nevada, Reno in Human Development and Family Studies, her Master of Arts in Grant Management and Program Evaluation from Concordia University of Chicago, and is currently working on her Doctorate in Public Administration through West Chester University, Pennsylvania. Her focus is on social equity and building socially just communities.

Jeffrey B. Iverson

Jeffrey B. Iverson currently serves as a Managing Partner of Las Vegas-based Bell Solar and Electrical Systems.

Previously, Iverson served 14 years as general Manager for of Presidential Limousine, a division of Whittlesea-Bell Transportation, comprising a staff of more than 230 employees. The company offers a variety of fleet vehicles, premium limousine services and professional chauffeurs.

Iverson gained valuable administrative management experience while working at Lawrence/Kreeft & Associates as Administrator, where he oversaw the daily operations of the insurance firm. While there, he held Securities Series 6/63 licenses and a life insurance license. Prior to this, he served as executive assistant to the Vice Chairman of WMA Securities, assisting in planning company events and processing new agents. Iverson also performed branch compliance audits and collaborated with branch managers to train new financial services representatives.

A native Las Vegan, Iverson graduated from Las Vegas High School in 1992. Currently, he is focusing his attention on helping recovering drug users through his work as Founder of CrossRoads of Southern Nevada. CrossRoads of Southern Nevada was founded in 2017 and provides medical detox, comprehensive care medical services, education and mental health treatment, housing and supportive services to members of the community struggling with alcohol and drug use and misuse, in an attempt to strengthen communities and lessen the burdens on government within the State of Nevada. In addition to his involvement with the CrossRoads,

Iverson founded and serves as CEO for Freedom House Sober Living, a not-for profit agency dedicated to assisting individuals recovering from drug and alcohol addiction secure stable housing in a structured environment. During its 11 years in operation, Iverson has overseen the organization's growth from a sober living facility to programs with 150 beds, a licensed 40 bed residential drug treatment center and a transitional center with educational programs, food programs, peer to peer recovery support programs, MRT Therapy and a full-service vocational assistance program.

Iverson himself is a person in long term recovery, having been abstinent from all drugs and alcohol since March 28, 2006.

Iverson is a past board member for HELP of Southern Nevada, HOPE For Prisoners, and currently serves as a director on the Shine A Light Foundation Board.

Iverson is a Leadership Las Vegas program Alumni and is always looking for ways to be more involved in his community.

Jessica Johnson

Jessica Johnson is a Senior Health Educator at the Southern Nevada Health District in Las Vegas, NV. In this role, she works to coordinate stakeholders and coalition groups to build capacity and develop programming impacting harm reduction, overdose prevention, and injury prevention. She shapes these initiatives on over a decade of experience in substance use prevention and behavioral health working in Nevada and Oregon. Jessica is an IC&RC Certified Prevention Specialist (CPS) through the Nevada Behavioral Health Association, a nationally Certified Health Education Specialist (CHES), and a certified instructor for SAMHSA's Substance Abuse Prevention Specialist Skills Training. She holds a Master of Public Health from Oregon State University, a Bachelor of Arts in psychology from Lewis & Clark College in Portland, OR, and is currently pursuing her doctorate in public health in Implementation Science at Johns Hopkins University Bloomberg School of Public Health. She is the President for the Nevada Public Health Association. In her personal time, Jessica enjoys playing at the park with her daughter Georgia (3 years) and cheering for the Vegas Golden Knights with her husband Tim.

Terry Kerns *Attorney General Ford's delegate in his absence

Terry Kerns has a Master of Science in Nursing and a PhD concentrated in emergency management. Kerns worked in a variety of disciplines in nursing; medical/surgical, ICU, nursing staff development, and as an organ procurement specialist. After her nursing career, Kerns entered duty as a special agent with the Federal Bureau of Investigation. Kerns worked a variety of programs in the FBI, health care fraud, weapons of mass destruction, hazardous materials/bombing, and terrorism investigations. Most recently, Kerns was the supervisor on the Joint Terrorism Task Force in Las Vegas, focusing on domestic terrorism investigations. Kerns retired from her 21-year FBI career to begin her latest journey as the Nevada Office of the Attorney General's statewide substance abuse/law enforcement coordinator. In this position, Kerns blends her background, experience, and education to emphasis a holistic, multidisciplinary approach focused on law enforcement/first responders, healthcare, and public health

professionals. The primary focus of this position is to address the drug crisis. Kerns enjoys the engagement and collaboration of the dedicated stakeholders involved in this interdisciplinary mission.

Lisa Lee

My name is Lisa Lee and I have worked in the health care field since 2004 in a variety of positions ranging from bodywork, medical billing, harm reduction, HIV and hepatitis C testing and counseling, case management, housing programs (HOPWA and Ryan White Part B), outreach, assertive community treatment (ACT) case management for people experiencing homelessness, psychiatric case management, drug and alcohol counseling, program development and implementation, grant writing and management, and I am a certified peer recovery support specialist. I completed my Master of Arts in anthropology (with a focus on medical anthropology) at the University of Nevada, Reno. My graduate research focused on the ways in which harm reduction as a counter discourse helped to frame and maintain the radically inclusive social space of a local syringe services program for people marginalized and excluded elsewhere.

I have been in recovery from heroin addiction and homelessness since February 2002 and am a former methadone patient and consumer of harm reduction services. I am passionate about peer recovery, overdose prevention, harm reduction, and helping others achieve their full potential of living a purposeful life. I am a program specialist for Washoe County Human Services Agency, serve as the chair for the Interagency Council on Homelessness to Housing and the board of directors for the Nevada Certification Board, conduct harm reduction outreach in my community, and engage in collaborative research. I am currently working on completing a doctorate in public health (DrPH) to advance my knowledge and skill set in this field and enhance the ability for people without a voice to engage in participation in public health dialogue.

I live in Reno, Nevada with my partner, two children ages 9 and 15, and our two dogs. In my free time, I enjoy traveling, volunteering, reading, camping, hiking, playing music, performance art, activism, writing, and being a wife and mom. I also run writing group called Voices of Inspiration, Courage, and Empowerment (VOICE) for people experiencing or recovering from homelessness.

Debi Nadler

My name is Debi Nadler. I lost my son Brett Nadler May 14, 2018 to a drug toxicity overdose.

He fought hard for sobriety for 8 years prior to his death. I never gave up helping him help himself. His drug use began after a traumatic experience in college that led him to the prescription drug OxyContin. After a few months' time, he came crying to me for help and together we found a treatment center. It was there that another patient turned him onto Heroin. From there, he went to 8 more rehabs across the country, trying hard to find recovery. He kept journals of all his experiences.

Brett's Story

When Brett first approached me asking for help, he told me he was taking 30 pills a day. I asked him HOW this was possible. He told me how easy it was to go to one doctor and get a prescription, and fill it at one pharmacy, and continue doing this with different doctors and

pharmacies. I went to my pharmacist and asked him why there was not a red flag that alerts every pharmacy in our state when a patient receives an opioid. There was not. I researched other states and found a few that did this. I then emailed every legislator in our state begging for the same protection. This was 11 years ago. I do believe that we now have these network safeguards set up within our pharmacies. Brett shared every experience with me and was actually in a rehab when he passed away.

I am the Founding President of the Drug Epidemic Awareness Walk Across America (DEAWAA). The mission is to help grieving family members take an actionable step to ensure that their child did not die in vain while regaining their balance. We organize walk events across the country to reduce the stigma of the disease of addiction that keeps people who use drugs from reaching out for help and leaves families suffering in silence and pain.

DEAWAA events let everyone know the three most dangerous words to say are, “Not My Child”. We believe that education and prevention are very key instruments to change our current trajectory of drug dependency and death. We need to stop this Epidemic before it starts. There are so many parents, children, teachers, and officials who have no clue what fentanyl is, what it does, and how it is mixed into almost every street drug. We inform the public and our legislators that the time to stop addiction is before it starts. Mental health education instruction and access to support must be provided from kindergarten through the senior year of high school. There are over 5,000 members and there have been over 50 events.

I have been working with Assistant AG Terry Kerns for quite a while now on bringing mental health and drug education to all our classrooms. I even spoke with program directors across the country. I have even volunteered to speak in classrooms. I also took an online program through Nevada DEA 360.

I will never forget when Brett was detoxing at my house. I could not get one place here in this city to take him. It was a nightmare. My brother, who has two teenagers, brought them to my house to see Brett. Brett knew exactly why he brought them. He told my brother “Smart move Uncle Bruce,” and then he looked at his cousins and told them to stay away from all drugs. This was in 2016. To this day, my niece and nephew will not even touch drugs and not only that, they also do reports and projects on the drug epidemic.

After working with thousands of grieving family members across our country, I have realized that we all wish we KNEW MORE, we all wished our children had proper social emotional instruction to deal with trauma. We all know that in order to make a difference, we need billboards, media attention, school involvement, and parent education. I have many great ideas and am passionately dedicated to help our state reduce the overdoses and save our future generation.

My degree is a BS degree in early childhood education, and I believe big changes start small. Safe and accessible treatment options are required but they are not the answer. Prevention is the answer and through my collaboration with hundreds of groups across the country, I have a broad understanding of where we are and I know where we need to go. Now is the time to start.

Christine Payson

Christine Payson grew up in Wisconsin, where she attended the University of Wisconsin, and earned a BA in Sociology. She moved to Las Vegas in 1994, to begin her career in Law Enforcement with the Las Vegas Metropolitan Police Department. During her 21 years with the LVMPD, Christine worked as a Patrol Officer, Investigative and Undercover Detective in Vice, Gangs, DEA/HIDTA Task Force, and Criminal Intelligence. After the attacks on 9-11, she became one of the original members of the newly formed Counter Terrorism Section, where she and her team earned the Unit Meritorious Service Award. In 2007 Christine was promoted to sergeant and led patrol squads, a Saturation Team, Tourist Crime Team, and a Special Investigations Team.

In 2015 Christine retired from LVMPD and took the position of Training and Prevention Coordinator with Nevada High Intensity Drug Trafficking Area (HIDTA). She enjoyed her nearly 4 years in Training and Prevention until being given the opportunity to take the position of Nevada HIDTA's Drug Intelligence Officer and Co-Manager of the Investigative Support & Intelligence Center in December of 2019. She is partnered with Public Health Analyst Lacey Alderson, and they are part of the Overdose Response Strategy or ORS. The ORS is funded by the Office of National Drug Control Policy (ONDCP) and the Centers for Disease Control and Prevention (CDCP). The mission of the Overdose Response Strategy is to help communities reduce fatal and non-fatal drug overdoses by connecting public health and public safety agencies, sharing information, and supporting evidence-based interventions.

This unprecedented and unique collaboration between public health and public safety created by the ORS, is nationwide and implemented by state teams made up of Drug Intelligence Officers and Public Health Analysts, who work together on drug overdose issues within and across sectors and states. By sharing information across sectors, the ORS is growing the body of evidence related to early warning signs and prevention strategies. With the information shared, and programs inspired by the ORS, we are helping communities and individuals make healthier, safer choices.

Erik Schoen

Erik's responsibilities as Executive Director of Community Chest, Inc. include: providing leadership, direction, and management of overall agency functions and services; providing direct services in assessment, information, and referral, advocacy and counseling to families and individuals; developing and conducting prevention-oriented community education and family support programs and workshops; working collaboratively with volunteers and program staff to integrate and coordinate services for families in areas of food and clothing distribution, development and provision of community-based health services, youth and school advocacy, child care and youth recreation, family and parenting education, and more. Other responsibilities include collaborating and partnering with various governmental and non-governmental agencies and entities around a variety of priority areas including the minimization of domestic violence, increasing access to health care and mental health, and strategizing how to better meet the needs of our constituents. Specific projects include leading the annual Social Justice Institute in both

Reno and Las Vegas to help providers better understand and impact systemic issues as relates to the work in which they are engaged.

Steve Shell

Hailing from Memphis, Tennessee, Steve Shell moved to Reno, Nevada in 2010. He has 30 years of experience in healthcare from both the medical and behavioral sides and has dedicated his career to advocating for mental health and addiction awareness and treatment.

Steve joined Renown Health in 2020 to oversee the operations and continued growth of the Stacie Mathewson Behavioral Health & Addiction Institute. He has held various facility and corporate roles around the country throughout the years, including serving as chief executive officer of several behavioral health hospitals. Since 2013 he has opened Nevada's two newest full-service behavioral health hospitals, a behavioral health hospital in California and an addiction treatment facility in Texas.

Steve was a key resource in the creation of Reno Behavioral Healthcare Hospital in 2016 and spearheaded the construction and development of the facility. He worked with a variety of community partners to make the 124-bed hospital a reality. Reno Behavioral is the first of its kind in the region in 35 years.

Steve also launched the new 83-bed Desert Parkway Behavioral Healthcare Hospital in Las Vegas in 2013 and led an expansion to 152 beds in 2017 with a separate outpatient facility.

In addition to being recognized as Nevada Business Magazine's Healthcare Administrator of the Year in 2019, Steve has been active in Nevada to promote wellness and reduce the stigma surrounding mental health and addiction.

Assemblywoman Clara "Claire" Thomas

I am Assemblywoman Clara Thomas was born in Tifton, Georgia. I graduated from Hillcrest High School in Queens, NY. I served in the U.S. Air Force from 1978 to 1996. I am an honorably retired United States Air Force military veteran.

I have lived in Las Vegas, Nevada for the past 38 years and after retiring from the Air Force, while working two jobs at times, attending school full-time and being a divorced single mom, I earned a master's degree in public administration; BA in Psychology from the University of Nevada, Las Vegas (UNLV) and an associate degree in Social Services from the College of Southern Nevada, (CSN).

After twenty years working at Clark County Regional Justice Center, in the District Attorney's Office as a District/Justice Court Clerk I recently retired. I was a member of SEIU (Service Employees International Union) Local 1107 for twenty years and serves as a union steward and member of the 2017-2019 Bargaining Team.

I was elected to the Nevada State Assembly in 2020 representing Assembly District 17, in Beautiful North Las Vegas! My Assembly committee assignments are the following hard-

working committees: Government Affairs, Health and Human Services and Legislative Operations and Elections.

Little known about me:

I love to laugh out loud. I love to smile inside. I love to love all people especially the “little darlings” as they want to learn and tell you all YOU don’t know.

My favorite Quotes:

“You’re braver than you believe, and stronger than you seem, and smarter than you think.” – A.A. Milne

“Courage doesn’t always roar. Sometimes courage is the little voice at the end of the day that says I’ll try again tomorrow.” -Mary Anne Radmacher

Assemblywoman Thomas’ legislative bio can be accessed [here](#).

Dani Tillman

Dani Tillman is a Nevada licensed social worker and substance use counselor who has been with Ridge House, Inc. since 2011. She has received Bachelor and Master level degrees in Social Work from the University of Nevada, minoring in addiction treatment services. She is also a part-time instructor of Social Work at Truckee Meadows Community College and the University of Nevada-Reno. Additionally, she provides training and education for community partners on a variety of treatment related topics. Dani is dedicated to the Northern Nevada community in Ridge House’s efforts to provide comprehensive and compassionate behavioral health and re-entry services.

Assemblywoman Jill Tolles

Assemblywoman Tolles’ legislative bio can be accessed [here](#).

Jill has lived, learned and worked in Nevada since 1994 and proudly calls the Silver State her home. She attended the University of Nevada, Reno where she earned her Bachelor and Master level degrees in Speech Communication. In 1998 she married her husband, Par Tolles, and began working for a Fortune 200 company as the Regional Manager of Northern Nevada and Lake Tahoe. She worked with hundreds of small business owners to find payroll and human resource solutions which gave her unique insight into our local economy, our job creators, and the challenges they face.

In 2001, Jill and Par welcomed their first child and she began her master’s degree program at the University of Nevada, Reno. By 2005, she began teaching at TMCC and soon after at UNR where she has taught Communication Studies for the past 15 years.

In 2013, she also joined the faculty of the National Judicial College. Jill instructs students and judges to think critically, ask questions, listen, resolve conflict and collaborate to find solutions to challenging problems. This led her to open her own small business leading trainings and consulting with companies and individuals on effective communication strategies.

Throughout her life Jill has been passionately engaged in giving back to her community and serving others. She has been actively involved in ministry and volunteering through church and

numerous organizations. Over the years she has served as a leader, speaker, facilitator, mentor, and volunteer to a broad variety of populations.

Jill is an outspoken and staunch advocate for the safety of one of our most vulnerable populations, our children. She served on the Task Force for Child Sexual Abuse Prevention, established by the 2013 legislature, and developed and lobbied for the successful passage of SB394 which established statewide curriculum standards to teach personal safety to children. SB 394 passed unanimously out of both houses and was signed into law by Governor Sandoval during the 2015 legislative session.

Jill is passionate about high quality education to ensure a sound economic and socially stable future in Nevada. Her advocacy is evidenced by her work as a member of the St. Albert's School Board, as a board member of the Education Alliance, as well as her work with other organizations aimed at improving the state of public education in Nevada. Jill advocated, as a citizen, for high quality education at the legislature from 2011-2015 and as an Assemblywoman in the 2017 and 2019. She will continue to support efforts to improve our education system and ensure that future generations of Nevadans are able to meet the needs of the state's growing and diversifying economy.

During the 2019 legislative session Jill served on the Commerce and Labor Committee, the Education Committee and the Judiciary Committee. Jill sponsored six bills which were signed into law: AB166, AB194, AB216, AB316, AB319, and SB208. During the 2021 legislative session, Jill sponsored AB374, which established the Statewide Substance Use Response Working Group (SURG).

Jill and her husband, Par, have been joyfully married for 23 years. They are the proud parents of two wonderful daughters. Jill loves to spend time with her family, run, hike, and fly fish.

Dr. Stephanie Woodard

Stephanie Woodard, PsyD serves as the Behavioral Health Authority for Nevada's Department of Health and Human Services and is a licensed psychologist. She received her doctoral degree in clinical psychology from the Stanford University-Palo Alto University PsyD Consortium in Palo Alto, California. Over the past 15 years, much of her work has included integration of behavioral health care within health care settings, effective treatment for individuals with complex, co-occurring behavioral health issues and training clinicians in evidence-based practices. She works across the Department of Health and Human Services to develop sustainable systems of care that support the implementation of best practices for the delivery of effective, integrated health services. She is the primary investigator/project director on a multitude of federal grants and has contributed to state and national policy efforts. Dr. Woodard is on the Board for the National Association of State Mental Health Program Directors, the National Association of State Mental Health Program Directors Research Institute (NRI), and the Nevada Board of Psychological Examiners.