

MEETING NOTES

Statewide Substance Use Response Working Group Meeting

Wednesday, October 8, 2025
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, Senator Fabian Doñate, Assemblymember Rebecca Edgeworth, Assemblymember Heather Goulding, Peter Handy, Nicole Hicks, Dr. Shayla Holmes, Jessica Johnson, Stacey Lance, Nancy Lindler, Angela Nickels, Christine Payson, Erik Schoen, Steve Shell, and Senator Jeff Stone

Members Present in Las Vegas

Attorney General Aaron Ford, Dr. Lesley Dickson, Jessica Johnson, Guiseppe Mandell, and Bud Schawl

Members Absent

Stephanie Cook, Kyra Morgan and Dr. Beth Slamowitz

Attorney General's Office Staff

Dr. Terry Kerns, Chief Deputy Attorney General Mark Krueger, Deputy Attorney General Joseph Ostunio, and Ashley Tackett

Social Entrepreneurs, Inc. (SEI) Support Team

Crystal Duarte, Laura Hale, Kim Hopkinson, Kelly Marschall, and Mary O'Leary

Other Participants via Zoom or in person

Linda Anderson, Lauren Beal, Haylee Butler, Rebecca Edgeworth, David Gentry, Laura Goldberg, Morgan Green, Lisa Kelso, Heather Kerwin, Pamela Leale, Candace Lewis Vaughn, Abe Meza, Roberta Miranda-Alfonzo, Nevada Women's Lobby, Ann Elizabeth Northan, Jazmin Orozco, Jose Partida-Carona, Bquesada, Cherylynn C. Rahr-Wood, Jamie Ross, Melanie Rouse, Sabrina Schnur, Beth Scott, Katie M. Snyder, Maureen Strohm, Nicole Taylor, Bill Teel, Karina Tomco, Joan Waldock, Sam Warfel, and (775) 600-9097

1. Call to Order and Roll Call to Establish Quorum

Chair Ford called the meeting to order at 2:00 p.m. Ms. Hopkinson completed the roll and confirmed a quorum.

2. Public Comment

There was no public comment.

3. Review and Approve Minutes for July 9, 2025 SURG Meeting

Chair Ford asked for a motion to approve the minutes.

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

4. New Member introductions, Appointments, and Subcommittee Assignments (All slides available on the [SURG webpage](#))

Dr. Kerns referenced [AB19](#) amendments to NRS 458.460, 480 and 490 from the 2025 Legislative Session and welcomed new members who started October 2025:

- Kyra Morgan, Division of Child and Family Services, Department of Health and Human Services will serve on the Prevention Subcommittee.
- Stephanie Cook, the designee for the Director of the Department of Human Services (formerly Health and Human Services), will serve on the Treatment and Recovery Subcommittee.
- Peter Handy, appointed by the Executive Director of Indigent Defense Services, will serve on the Response Subcommittee.
- Robert Banghart will serve as a member of the general public, with preference given to a person who is fluent in more than one language and resides in a household where more than one language is spoken. Mr. Banghart will serve on the Response Subcommittee.
- Nicole Hicks, Chief Deputy District Attorney, representing the Nevada District Attorneys Association, also chose to serve on the Response Subcommittee.
- Noël Chounet, Emergency Response Employee, will serve on the Prevention Subcommittee.

Dr. Kerns noted the great job legislators did in splitting up the terms of membership, with the new members serving until October of 2027, whereas existing members serve until January of odd and even numbered years with the option to renew.

The following members assumed the appointment of outgoing members effective as of October 8, 2025:

- Assemblymember Rebecca Edgeworth, has been appointed by the Assembly Minority Leader in place of Assemblymember Gray. She will be up for reappointment in January 2027 and will serve on the Treatment and Recovery Subcommittee.
- Stacey Lance, as the representative of a local governmental entity that provides or oversees the provision of human services in Washoe County. Ms. Lance replaces Dorothy Edwards. She will be up for reappointment in January 2027 and has opted to serve on the Prevention Subcommittee.
- Steve Shell will now fill the role of Advocate for persons who have substance use disorder and family members of such persons, formerly represented by Debbie Nadler. Mr. Shell is Vice Chair of the SURG and Chair of the Treatment and Recovery Subcommittee.
- Guiseppe Mandel is serving in the role of a person who is in recovery from a substance use disorder, formerly filled by Jeffrey Iverson. Mr. Mandel has opted to serve on the Treatment and Recovery Subcommittee and will be up for reappointment in January 2026.
- Bud Schawl is a Hospital representative, and he will assume the position formerly held by Chair Shell, which is up for reappointment in January 2026. Mr. Schawl will serve on the Response Subcommittee.

Beginning in January 2026, the following new members will join the SURG for a two-year term:

- Rosa O'Bannon, Clark County School District Coordinator, Education Services Division, Department of Safe and Drug-Free Schools, replacing Angela Nichols.
- Wendy Nelson, Executive Director of the Frontier Community Coalition will replace Erik Schoen.
- Dr. Jose Partida Corona will replace Dr. Lesley Dickson.

Chelsi Cheatom was reappointed for a two-year term beginning January 2026, representing a program to reduce the harm caused by substance misuse.

A new member will be identified for the position of *a person who provides services related to the treatment of substance use disorder*, following the end of Nancy Lindler's term in January 2026.

Chair Ford invited comments from members. Mr. Mandel thanked Attorney General Ford and everyone else for welcoming him to the group and he looks forward to serving. Mr. Schawl echoed his appreciation. Dr. Dickson said she was sorry to leave and although she enjoyed serving on the SURG, it was time to go. Chair Ford expressed his appreciation for Dr. Dickson's service. Ms. Chounet added her appreciation and said it was an honor to be here. Mr. Banghart expressed appreciation for the opportunity and looked forward to seeing what they could do. Mr. Handy said he was excited to get to work with everyone. Dr. Partida Corona said he hopes to do Dr. Dickson proud. Chair Ford welcomed everyone and looked forward to getting to work together.

Dr. Kerns noted that the Attorney General's Office had also made appointments to the Advisory Committee for Resilient Nevada:

- Ed Kovacs as a member with knowledge, skills, and experience working with persons in the criminal justice system,
- TJ Mills as a member with knowledge, skills, and experience working with youth in the juvenile justice system,
- Alyssa Planas as a member with knowledge, skills, and experience in the surveillance of overdoses, and
- Bailey Gonzales as a member who resides in a county other than Clark or Washoe County; and has experience having a substance use disorder or having a family member who has a substance use disorder.

5. Approval of Bylaws

Dr. Kerns reviewed the slides highlighting changes that were made regarding the addition of new members and reporting responsibilities. Legislative changes, such as the addition of members, described under the previous item are automatically referenced in the bylaws as statutory requirements. Definitions were updated to reflect changes including new members.

The due date for the Annual Report has changed from January 31 to August 1, effective in July 2026. This means that the January 2025 report will serve as a status update without recommendations, with a full report due August 1st, including recommendations.

Bylaws will be reviewed at least every four years.

Ms. Johnson noted the shifting schedule and felt the change would be very impactful for SURG members in working with the legislature. Dr. Kerns explained that the reporting date change was made to improve the timing of recommendations in relation to submitting bill draft requests (BDRs).

- Mr. Schawl made the motion to approve the bylaws.
- Mr. Banghart and Mr. Mandell seconded the motion.
- The motion carried unanimously.

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

Chief Deputy Attorney General, Mark Krueger provided some background, especially for new members who may not be familiar with some of the details. To date, \$1.2 billion has been recovered and is split

between the state and each signatory to the One Nevada Agreement on Allocation of Opioid Recoveries. This is an interstate agreement to equitably allocate any recoveries in the opioid litigation among the counties, states, and cities participating.

They are about to wrap up the Purdue bankruptcy and the Sackler settlement, which went all the way up to the US Supreme Court and was remanded back for mediation, which has been underway for some time. The resulting deal for approximately \$58 million to the state that will be paid over ten years is just shy of being finalized.

Eight additional “secondary tier manufacturer settlements” resulting in an estimated \$8,900,000 are in the final stages with local-government sign-on. All 50 states have signed these agreements with Mylan, Amneal, Hikma, Indivior, Apotex, Sun, Alvogen, and Zydus for various amounts and payment dates over time.

There is still active litigation against the PBMs (Pharmacy Benefits Managers) in its early stages, with a pending motion to dismiss, before entering discovery, so it’s difficult to estimate the timeline.

Chair Ford congratulated Chief Krueger on his hard work and opened the floor for questions or comments.

Dr. Dickson asked if the money from Purdue was in the bank yet? Chief Krueger explained that the bankruptcy court still must confirm the bankruptcy plan. In addition, the ancillary Sackler settlement must also be finalized and accepted by all 50 states, although many local governments have accepted the settlement.¹ It’s a momentous task with so many participating local governments throughout the nation. He anticipates these settlements wrapping up by early next spring and probably seeing the first payments around that time.

7. Presentation of Strategic Plan from Division of Public and Behavioral Health

Shannon Bennet, Bureau Chief, Bureau of Behavioral Health Wellness and Prevention, Division of Public and Behavioral Health presented information on the new strategic plan to the SURG members.

The Bureau covers a broad range of topics from substance use to community mental health programs. The methodology was comprehensive with 16 key informants and 60 people with lived experience within Nevada’s behavioral health system included in the development. The goals are a direct reflection of their wants and needs.

A recurring theme throughout the plan is the need for stigma reduction in core services in our communities. The power of peer services is another important element that needs to be part of the infrastructure throughout the state.

Other issues include access to care and the role of Certified Community Behavioral Health Clinics (CCBHCs). Workforce development is another recurring theme with chronic shortages driven by burnout, low salaries, and uneven distribution of providers leaving rural areas at higher risk.

Ms. Bennet referenced an upcoming meeting on October 28th where more details of the Strategic Plan will be shared, with more time allocated.

¹ Chief Krueger subsequently clarified that agreements must be accepted by all 50 states *and local governments before being accepted by the companies and finalized.*

Key findings for social determinants of health (SDOH) included housing instability, transportation challenges, lack of affordable childcare, and other barriers to accessing behavioral health care that drive cycles of crisis.

Ms. Bennet said there is a ton of evidence for supporting kids in schools with substance use prevention and mental health services. Community members expressed a need for early support services for youth, highlighting the role of parents, schools, and accessible behavioral health services. There was also concern about social isolation for vulnerable groups such as veterans, LGBTQIA+, elderly, and the need for more tailored support. More long-term recovery support is also needed for incarcerated individuals. Problem gambling is also a core finding where not enough people know this is a problem.

Community members noted increasing use of methamphetamines, with stigma limiting access to prevention, treatment, and recovery services. One heartbreaking response read, “I went to the emergency room because I thought I needed help, and it was the only place I knew to go, and I felt stigmatized. And I will never go back again, and I don’t know where else to go to get help.” Respondents also noted that limited public understanding and misconceptions, including in the provider community, actively hindered timely help-seeking. Stronger integration between physical (primary care) and behavioral health systems is needed to improve early identification.

Substance Use Strategies include the following:

To Reduce Stigma and Strengthen Community Engagement for people with a Substance Use Disorder (Strategy 4.1)

- Implement person-first language and education initiatives
- Expand opportunities for health care provider training and for peers to be integrated into recovery services
- Create strategic media campaigns and increase education, awareness and access to overdose prevention activities, such as naloxone or test strips

To Expand Access and Affordability of SUD Services (Strategy 4.2)

- Increase access to MOUD and expand deflection pathways
- Leverage telehealth solutions, and increase EMS and mobile unit partnerships
- Integrate SUD treatment into primary care and non-specialty settings

To Enhance Quality and Integration of Care for Substance Use Disorders (Strategy 4.3)

- Implement standardized quality measurement and improvement systems
- Strengthen care coordination mechanisms
- Utilize the sequential intercept model (SIM) to expand diversion programs linking individuals to treatment
- Track service engagement and recovery outcomes

For mental health services, the issue of stigma was raised multiple times regarding service access, along with provider shortages and geographical barriers leading to higher emergency room use. High rates of suicide create an emotional weight for communities where people prefer support from mental health professionals but law enforcement agencies are often the ones who respond. More awareness of and coordination with crisis response resources is needed.

Internally, staff feel that data is fragmented, and more access and capacity are needed to guide program development. They will be working with a contractor over the coming years to evaluate the plan and report on progress, maximizing all the funding to push forward into the community. Ms. Bennet closed

her presentation with an invitation to future presentations and suggested reaching out to their Public Information Officer, Jesse Stone at j.stone@health.nv.gov.

Ms. Johnson thanked Ms. Bennet for her wonderful presentation and said she is happy to see school prevention expansion, which aligns with the Prevention Subcommittee recommendations. She also appreciated the discussion on SDOH and asked if there was a similar focus on environmental determinants, such as pollution and heat. Ms. Bennet did not recall seeing any related references in the community responses.

Mr. Schawl asked whether it was from the north or south region regarding the comment from the person who felt very stigmatized in the ED about meth addiction, which breaks his heart. Ms. Bennet said all that type of information was de-identified to protect the individual. Mr. Schawl referenced having just stood up the Crisis Stabilization Center in Clark County and they are trying to raise public awareness about available services to help people.

Ms. Johnson said she was excited to see telehealth strategies throughout the report and asked if there were plans to address structural challenges, such as high-speed internet or Wi-Fi needs, particularly in rural Nevada. Ms. Bennet said they are working to encourage that, but there is no infrastructure focus in the strategic plan. Chair Ford agreed that infrastructure is a limiting factor in being able to utilize telehealth and suggested there wouldn't be much conversation between NDOT (Nevada Department of Transportation) and DPBH on that issue, but they did receive federal funds that have been under attack with the change in administrations.

Dr. Holmes asked if findings had been shared with the Health Authority working on the Rural Transformation Grant which might align with the work from the Health Wellness and Prevention team. Ms. Bennet said she had been talking with Malinda Southard at the Nevada Health Authority about the new grant that could help and thanked Dr. Holmes for the suggestion.

8. Update on MOUD (Medications for Opioid Use Disorder) in Rural Jails

Bill Teel, Growler Consulting, explained that he is contracted with Nevada's Department of Human Services and the Nevada Health Authority (NHA) with support from the Fund for a Resilient Nevada. He is also engaged with the Nevada Public Health Foundation on a regular basis. He has been working with the state on opioid use disorder and its impact on jails throughout the state, with a strong focus on rural jails, while Clark and Washoe counties have their own systems for accessing resources inside their facilities. Research from 2023 set the baseline for an implementation phase in 2024 with Medicaid-assisted treatment (MAT) at three pilot sites including Esmeralda, Lincoln, and Lander counties.

Expansion in 2025 includes working with the NHA on reentry initiatives, the Consolidated Appropriations Act of 2023 and the 1115 waiver. They work with both adult and juvenile carceral populations leveraging a developing pharmacy voucher program for MOUD in coordination with Dr. Beth Slamowitz. The recent cyber attack on the state of Nevada backed up purchasing so the timeframe for publishing the RFP (request for proposals) to possible vendors is unknown.

For 2026, they are looking further into the alignment phase to pull MOUD and reentry initiatives together working directly with the NHA, again. They are also working on a telehealth component for virtual access to care to support transition back into the community or at least into a virtual format that will be familiar.

They are also working toward finding a solution for data collection for statewide metrics related to successful re-entry into the community among program participants.

Mr. Teel noted that the slide with information on implementation was a little outdated in stating that 30% of their sites are utilizing the sequential intercept model to address gaps among their population and their access to care including MOUD, behavioral health and continuity of care. In addition to Lander, Esmeralda, and Lincoln counties, they have expanded to Mesquite, Storey, and Mineral Counties, as well as the Henderson Detention Center.

They are working with forward thinking personnel in Lander County, with support from the Executive Director for Western NAMI (National Alliance on Mental Illness) and the Freedom Bridges solution for a geo-reentry coalition. They anticipate going live before the end of October.

In Esmeralda County the Sheriff's Department gets strong support from their Justice Court. However, as the smallest county, they still need to identify a sole service provider for MOUD within their jail, so their 3-5 inmates have been placed in another county facility. They were successful in utilizing telehealth in coordination with Clark County to support one individual with mental health and SUD counseling.

In Lincoln County, they are open to the program and waiting to move forward with MOUD implementation in the jail. Managed Care Organizations are starting to engage leadership teams in Lincoln County and other jails to gain access to inmate populations and determine Medicaid enrollment plan options.

Mesquite is a rural community on the fringe of Clark County that is completely reliant on emergency medical services. They are currently renovating the jail facility with anticipated completion in November and should be ready for this program by the beginning of next year.

Storey County's Sheriff Cullen has been very supportive of this effort, meeting with Mr. Teel and a representative from NHA within the last couple of months to learn more about the program. They are already utilizing community health workers (CHWs) in contact with Erik Schoen and the Community Chest. Mr. Teel met with the CHWs and discussed the sequential intercept model approach and how it relates to the jail and the continuation of care model. He is hoping to create a presentation in collaboration with Mr. Schoen and the CHWs to encourage replication in other counties.

Mineral County also has wonderful representation with CHWs. Mr. Teel will meet with Judge Schumacher at the end of October. This will coincide with Westcare mobile services there and possible coordination with the drug court program.

At the Henderson Detention Center, their most recent site, they want the same approach based on prior conversations with Mr. Teel about MOUD and continuation of care. They are working toward introducing the sequential intercept model to their leadership teams.

Churchill and Douglas counties have joined in the last month and will discuss some of the issues raised in the previous presentation from Ms. Bennet about removing stigma and working towards finding solutions and bridging the gaps for care needs. Humboldt County is also a target site. Many of the smaller counties are a bit overwhelmed by some of the program requirements so Mr. Teel and partners are trying to help them understand they can take it one step at a time with a lot of support to get through the process and circling back with more support.

The biggest challenges are point of contact availability because the sheriff's departments are stretched thin with limited staffing multitasking. Mr. Teel continues to follow up with direct contact and reviewing program components as needed. He reports to Dawn Yohey who oversees the Fund for Resilient Nevada under the Department of Human Services. Ms. Yohey suggested conducting quarterly meetings with participating county sheriffs' staff which have been well attended.

Contracts for an MOUD service provider in the original pilot sites came to an end in June because expectations of the demand were not being met. Consequently, a new RFP (request for proposals) will be released to find a larger service provider with available resources to accommodate all the jails throughout the state. As relationships build, trust and engagement develop to make a big difference. Mr. Teel has worked with county commissioners and related organizations to increase engagement and endorsement to possibly leverage opioid abatement funds. He provided a list of organizations and named different staff that he continues to work with toward achieving program goals. A similar program in Massachusetts reported on multiple metrics including one that showed a 12% lower risk of being reincarcerated. Mr. Teel encouraged members to consider the impact to families of the incarcerated beneficiaries of these programs, as well.

Chair Ford referenced a bill passed in the 2023 Legislative Session to require jails to employ MAT as funds were available, and asked Mr. Teel if he is seeing that implementation, despite the difficulty of finding contractors. Mr. Teel said they are working toward satisfying the federal requirement for those who participated in MAT programs in the community and have now been re-arrested and they have the prescription while they're back in jail. But the gap that they run into is finding a pharmacy that can provide the prescription. That is where the voucher program will help, but he does not know specifically how jails are utilizing those funds. Leadership representatives he has spoken with are not familiar with how much funding their counties have. More transparency between the sheriffs and their county commissioners could help raise awareness.

Mr. Mandell asked about MOUD and MAT prescriptions in the jails versus methadone or suboxone. Mr. Teel said the only difference is that MOUD would include the behavioral health component whereas MAT does not. Mr. Mandell also asked about the limited number of pharmacies, especially in rural areas, and whether they have explored using injectables with a 30-day supply to lower the risk of an overdose immediately following release from jail. Most treatment programs don't allow methadone but might allow other drugs such as suboxone. Mr. Teel confirmed that this could make reentry easier. He learned recently about the intake process from a Medical Services Director who explained how they incorporate long-term injectables for that population. This is a great example for other counties to replicate, although it's unclear how the costs would be covered sustainably over time, and whether Medicaid would cover costs.

Dr. Dickson learned that Behavioral Health Group was formerly delivering Sublocade, a long-acting buprenorphine shot, to the prisons, but a new doctor is there, and they are no longer doing that. Possibly grant funding ran out.

Dr. Partida Corona thought that Sublocade injections are more appropriate in situations when a currently incarcerated patient is going to be released into the community, because that's when they're at highest risk for relapse and it's hard for them to get their medications because they are no longer "in the system."

Ms. Johnson thanked Mr. Teel for his excellent presentation and asked him about what the community reception has been like in the rural pilot sites where community information is often shared. She also was glad to see the collaboration with Community Chest to build out recovery supports and wondered if other prevention coalitions were working with them. Mr. Teel said the Community Health Alliance (CHA) in Reno reached out recently to participate in the process and be part of the reentry solution for those who start MAT inside the jail. The CHWs in Storey County are working with CHA to reach out to other rural areas in northern Nevada. Farther south in Esmeralda County, they used the shared communication network to establish their first health fair, with a focus on mental health and substance use disorders and will hold another event the first week of November, with contributions from third-party stakeholders.

Mr. Teel went on to say that they are facing a lot of headwinds now and he is seeing a retrenchment of diversion programs relating to reentry issues and recidivism.

Chair Ford thanked Mr. Teel for his presentation and great work, and he called for a 15-minute break, calling the meeting back to order at 3:45 p.m.

9. Update on the Clark County Regional Opioid Task Force

Melanie Rouse, Clark County Coroner and Co-Chair of the Task Force presented her slides.

As the Clark County Coroner who has experienced extreme increases in drug-related fatalities, reaching almost 1,400 in 2024, Ms. Rouse especially appreciates the work the SURG is doing. The Task Force created by [AB132](#) from the 2023 Legislative Session was convened in January 2024 with six in-person meetings and four virtual meetings to work on the final report which was completed in November 2024. They were tasked with doing a systematic review of opiate-related fatalities that occurred after October 1, 2023, to determine what response and community services could be provided.

From October 1, 2023 to August 1, 2024 there were approximately 600 opiate-related fatalities in Clark County, so they narrowed their focus to those in zip codes with the highest number of overdose deaths, and the age demographic groups with more than a 50% increase in deaths during that timeframe. Emerging drug-related fatalities and trends were also part of their review, specifically smoking fentanyl and novel substances.

Their evaluation included social determinants of health and marked increases for meth and fentanyl in the areas represented by the selected zip codes with increased related fatalities of over 137% for individuals in the 30 to 34-year age range. There were also significant increases in other age ranges, specifically related to fentanyl.

For emerging drug-related fatalities, they noticed novel substances in their communities including xylazine, increasing from one isolated death in 2020 to five deaths in 2024. For carfentanil, related fatalities rose from zero prior to 2020 to ten deaths occurring in 2024. They also looked at recurrent hospitalizations where some did not include a urine drug screen. Issuance of narcotics was found without drug screens to many individuals with a history of past drug-related overdoses. Many of them also had a history of receiving naloxone or Narcan in the past. Additionally, many of them suffered from mental health illnesses, including some individuals with legal 2000 (L2K) holds, on suicide watches, or instances of harm to self or others.

They also found histories of arrest in jails and prisons. Histories also included outpatient and inpatient treatment, substance and alcohol use, job loss and unemployment, and lack of permanent housing. These histories were present for 100% of the cases studied. Emerging trends included “smoking the French oil” which is a combination of methamphetamine and fentanyl, which increases the risk of fatality. Although all cases showed an above average risk in the PMP (prescription monitoring program) reports, there was a limitation because it only allows review of a 2-year period.

They found many cases had a positive urine drug screen on admission to the hospital or lacked a urine drug screen upon admission to the hospital. But many did have an admission to drug use history, unemployment, and hospitalizations recurrently with complaints of pain.

Another finding was that extreme heat conditions in southern Nevada greatly impact the likelihood of an individual succumbing to a drug-related fatality, because they lack the ability to thermoregulate, and many opiates (see slides 107-110) increase the body core temperature. Consequently, drug-related

fatalities increased significantly in summer months, even when heat is not a direct contributing factor in their deaths.

State databases were reviewed to better understand impacts on our communities, including opiate-related fatalities and illnesses. They found workforce shortages, lack of training, lack of services and treatment programs, particularly for those that need them the most. There is also a lack of data and delays with data that is available.

The following recommendations were made by the Task Force:

Regional Oversight and Review

- Recommendation for the establishment of a Comprehensive Opioid Overdose Surveillance and Prevention Committee.
- Purpose: To establish a Comprehensive Opioid Overdose Trends Review Committee ("Committee") comprising multidisciplinary experts and interagency representatives to address the critical public health concern of opioid overdoses in Clark County. This committee shall be bound by confidentiality to encourage information sharing but not compromising HIPAA compliance or privacy rights. All shared information from the committee shall be deidentified.
- Scope and Objectives: The Committee shall be charged with three primary responsibilities:
- Systematic Review and Analysis: Conduct comprehensive surveillance of all opioid-related overdose incidents within Clark County
- Risk Factor Assessment: The Committee shall evaluate multiple dimensions of each case
- Policy Development and Resource Allocation: The Committee shall submit annual reports to the Board of Clark County Commissioners and other community stakeholders, addressing:
 - Requirements for Implementation of Systemic Review
 - Law Enforcement Intervention
 - Opportunities for Collaboration
 - Community Education Needs
 - Address Provider Shortages and Increase Provider Outreach and Support
 - Data Initiatives
 - Funding

The final report can be found [here](#).

Chair Ford thanked Ms. Rouse for her presentation and opened the floor for questions and comments.

Dr. Kerns also thanked Ms. Rouse for her excellent presentation and asked about real time data on fatalities related to xylazine and carfentanil within problem areas. Ms. Rouse confirmed review of real time data in their communities and presentations from multiple data sources, including hospitalizations, EMS, and distribution of naloxone. Fatalities were a big part of it, but they also looked at other data sources for real-time information on non-fatal drug-related episodes.

Mr. Mandell asked if most of the fatality related cases were methamphetamine overdose or if fentanyl was still the primary cause for fatality. He also asked if these cases were higher for housed versus unhoused people. Ms. Rouse said that there is a drastic increase in deaths among housed individuals related to opioids, and the combination of methamphetamine and fentanyl. She thought this had surpassed the fatalities related to fentanyl use only. They are also seeing the emergence of some other novel substances, as well as a marked increase in carfentanil-related fatalities, as of 2025.

Dr. Dickson asked if carfentanil is coming into the area in the same way regular fentanyl is coming in. Ms. Rouse didn't want to speak outside of her scope, but she said the individuals that they have seen dying as a result of carfentanil do reside in Clark County.

10. Statewide Opioid Assessment and Plan

Heather Kerwin, MPC, CPH, Opioid & Infectious Disease Epidemiologist, Contractor, Office of State Epidemiology, Division of Public and Behavioral Health recognized the late hour and said she is available for later follow up if needed. This project is supported entirely by the Fund for Resilient Nevada (FRN). Under Nevada Revised Statutes (NRS), assessment is required every four years to help create and develop the statewide plan to guide allocation of opioid settlement dollars. The current plan is active through 2026 and was developed by an out-of-state entity. It has a wealth of information from secondary data indicators, such as hospital level information that will be included in the next iteration. The current assessment and plan include a robust review of other assessments and some of the primary data that were collected for the purpose of those assessments. A gaps and needs analysis led to the creation of the seven statewide goals that exist under the FRN today.

For this round with the assessment and plan, they will continue to collect secondary data on the 30-plus indicators, as well as primary data from Nevada residents across all 17 counties with key informant interviews through the winter. In the summer, they will prioritize areas of need through a collaborative process with FRN, SURG and other stakeholders, building a combined assessment and plan, with a deadline of December, although they anticipate earlier completion.

Ms. Kerwin described some of the process with 60-minute one-on-one conversations with key informants who have lived experience, county and community leadership, and healthcare providers. They will also hold focus group conversations for sessions that will be up to 90 minutes. These will include friends and family of those with a history of opioid use disorder or misuse. People may complete a survey online or on paper. This model is an evidence-based practice and Ms. Kerwin is an epidemiologist who has been doing data collection for over 20 years.

A survey will be distributed to veterans, persons with a history of incarceration, pregnant women, persons with lived experience, sexual minority populations, and Peer Recovery Support Specialists & CHW across all 17 counties.

A county-by-county snapshot will be summarized in aggregate to support comparisons for community stakeholders who will also be able to utilize the materials for their own surveys and outreach, including technical assistance.

Staff will continue to align with the seven existing goal areas, developing the top three to five topic areas within each of those goals to help guide projects, programs, and policies to be implemented over the next four year iteration. Awareness includes opioids and polysubstance use. They welcome input from SURG members and any referrals, to help raise awareness about the available resources and possible projects to implement in their communities and programs.

Ms. Kerwin said she tries to stay on top of the SURG recommendations to look for ways to work together or to complement this work. She may be contacted at h.kerwin@health.nv.gov.

Dr. Kerns announced that Chair Ford handed the meeting over to Vice Chair Shell who thanked Ms. Kerwin for her presentation.

Ms. Johnson also thanked Ms. Kerwin for her presentation and asked about the syndemic plan for the State of Nevada, and how that related to the strategic plan. Also, aside from community-based

participatory research, is there an evidence-based framework for this data and all the different aspects of opioid overdose prevention, rescue, treatment and recovery?

Ms. Kerwin referenced different timelines for the syndemic plan, which she is leading. This plan focuses on the intersection of infectious disease and substance use, and looks at HIV, sexually transmitted infections, viral hepatitis B and C, and then the substance use component. It's not focused on opioids – that is a standalone and separate plan with a legislatively delineated four-year cycle to guide the funding. The syndemic plan will be separate with a different timeline, but there is a lot of overlap from the data collection. They will be using some of the same thematic elements. For secondary data, they will be pulling all the same indicators including new indicators from programs with shared goals.

Ms. Johnson thought the mixed methods approach would benefit the state and wondered if they are considering any type of community-based framework or if it is a more thematic analysis based on information gathered.

Ms. Kerwin described a review of the NRS requirements for agencies, occupations, and populations that need to be included, and determined which kind of approach is best suited to meet these requirements. She gave the example of Hanlon ranking with categories of severity, magnitude and trend which is then overlaid with the population themes, again, with county-level data and analysis. She reiterated the availability of technical assistance for counties who want that. They will also work with SURG and FRN on how to sort the data to support their work, including recovery, transition, treatment, prevention, and education.

Chair Shell thanked Ms. Kerwin for her great presentation.

11. SURG Subcommittee Reports

Ms. Johnson presented activities of the Prevention Subcommittee for the last quarter. The meeting in August reviewed discussion items only, due to a lack of quorum with only two members in attendance. A presentation on naloxone distribution in hospital emergency departments from the Nevada Board of Pharmacy provided clarity on the regulations on disbursement, to help refine an earlier recommendation. The September meeting was cancelled to provide members with additional time to prepare and refine recommendations. They will meet again in November.

Vice Chair Shell presented activities of the Treatment and Recovery Subcommittee, which also reviewed progress on prior recommendations for possible amendments. They had a presentation related to Ms. Cheatom's recommendation to create a retrospective assessment and/or prospective study to assess the outcomes of patients following discharge from detox and examine mortality and overdose rates. John Hamilton from Liberation Programs in Connecticut provided extensive data reflecting great success. Members are interested in reviewing more Nevada-based outcomes.

They also heard from John Firestone, Executive Director of the Life Change Center in Reno, who presented on [CFR 42 Part 8](#) regulations for opioid treatment programs, and related legislative bills that were recently passed. The third presentation was by Dr. Jose Partida Corona on trends and opportunities related to substance misuse treatment, providing some great ideas to consider for recommendations. Future presentations may include treatment modalities and another retrospective assessment of patient outcomes. Another recommendation they are working on is how to support or incentivize Nevada hospitals to provide Peer Support teams in the emergency rooms, as most insurance companies do not reimburse these services.

Ms. Johnson reported a presentation regarding a new Medicaid code approved in the last legislative session that is supportive of Peer Support Specialists. She will reach out to Vice Chair Shell offline

regarding a potential presenter. Vice Chair Shell reflected that although the new bill supports Medicaid coverage, he would like to get other insurance companies to reimburse these services.

Dr. Kerns presented activities of the Response Subcommittee which also reviewed past recommendations for possible updates. They hosted multiple presentations including updates on prior recommendations and new information on current recommendations. Some of the future presentations include workforce development and defining recidivism and desistance and looking at the SIM model for that. Desistance is about the factors that keep people from recidivating. They also will have presentations on drug and alcohol prevention education and enforcement, such as the “[Tall Cop](#).” This recommendation looks at things that can be bought in smoke shops, or in convenience stores, and aims to promote better labeling based on specific community data. The subcommittee will also be meeting in November.

Vice Chair Shell thanked Dr. Kerns for her great work on the Response Subcommittee.

12. Approval of 2025 SURG Progress Report Template

Ms. Hale provided a brief overview of the Progress Report template. The Purpose and Background is updated from prior reports to include [AB19](#) that expanded SURG membership and changed the nature of this report, pushing recommendations to August. As previously noted, this will better align with the deadlines for bill draft requests for the legislative session. Consequently, this progress report for January will reflect progress on recommendations without finalized recommendations. It will also include legislative activities related to the SURG.

Structural information on the subcommittees and the alignment of duties is retained for readers who may not be familiar with that background. The SURG page on the Attorney General’s website is also available for those who want more detailed information on past meetings and materials. The appendix will have prior recommendations with related status from the Department of Human Services and the Nevada Health Authority (formerly part of the Department of Health and Human Services). Membership structure and links to the opioid settlement funds will also be provided in the appendix.

This report will be submitted in January, so if members have questions, suggestions, or comments, they can send them to staff or bring them to the January SURG meeting.

Dr. Holmes asked to include more links for the AG’s website for readers who may want to access more information at different points in the report. Ms. Hale will make these additions.

Vice Chair Shell confirmed that approval of the draft was needed today, and then members will have another opportunity to approve the final draft in January and asked for a motion.

- Assemblymember Goulding made the motion to approve the draft.
- Dr. Holmes seconded the motion.
- The motion was approved unanimously.

13. Review and Consider Items for Next Meeting

Dr. Kerns reviewed the timeline and topics for meetings in 2026.

January 2026 (FFY26 Quarter Two)

- Special Topics Presentations
- Approve Final Progress Report

April 2026 (FFY26 Quarter Three)

- Review Preliminary Recommendations from Subcommittees

June 2026 (Additional Meeting)

- Approve 2025 Annual Report Template
- Finalize Recommendations to be included in 2025 Annual Report

July 2026 (FFY26 Quarter Four)

- Approve 2025 Annual Report

Dr. Kerns also noted that most of the work is done at the subcommittee level, and those meetings are scheduled in between the SURG quarterly meetings. Staff from Social Entrepreneurs, Inc. (SEI) will send out a survey for member availability for upcoming meetings. Ms. Duarte noted that SURG meetings will likely continue to be held on the second Wednesday of the month, but the subcommittee meetings will be scheduled to accommodate members to ensure quorum.

Dr. Kerns noted that previously, the end of the year was very busy wrapping up recommendations for the report due in January, but that will now shift to June and July for the August report. She also recalled a special meeting that was scheduled for harm reduction before it was embedded with the Prevention Subcommittee, although all three subcommittees have components of harm reduction. Other cross-cutting topics may similarly result in additional SURG meetings, and multiple recommendations may be combined into one. Dr. Kerns invited members to reach out to her with any other potential meeting topics.

14. Public Comments

Ms. Johnson wanted to thank some of the outgoing members, Angela Nickels, Erik Schoen, and Dr. Lesley Dickson for their time and service on the SURG. She noted that Angela and Erik both served on the Prevention Subcommittee and were instrumental in developing recommendations. She also said that she would miss Dr. Dickson's expertise and her wealth of knowledge. She also looked forward to working with Dr. Partida Corona.

Dr. Kerns echoed Ms. Johnson's comments and added her thanks to Nancy Lindler who served on the Response Subcommittee, appreciating all her hard work, dedication, and participation. She looked forward to continuing to work with Ms. Lindler for the rest of the year.

Vice Chair Shell echoed these comments on Chair Ford's behalf and his own.

15. Adjournment

Vice Chair Shell adjourned the meeting at 4:36 p.m.

Chat Record:

01:02:15 Crystal Duarte (she/her): We have lost connection with Las Vegas.

01:03:11 Jamie Ross: I've been added as a panelist, but I am not a member of the SURG, do I need to be moved to the attendee section?

01:03:50 Kelly Marschall, SEI (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.

01:07:46 Crystal Duarte (she/her): Hello, is this Senator Stone by any chance?