



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>

Statewide Substance Use Response Working Group Meeting

October 8, 2025

1. Call to Order and Roll Call to Establish Quorum

Attorney General Ford

2. Public Comment

(Discussion Only)

Public Comment

- Public comment shall be limited to three (3) minutes per person. We will begin with comments from Las Vegas and then invite comments from Carson City, followed by virtual participants.
- No action may be taken upon a matter raised during a period devoted to comments by the general public until the matter itself has been specifically included on an agenda as an item upon which action may be taken pursuant to NRS 241.021.

In Person

- Please form a line.
- Before commenting, please state your full name for the record.

Public Comment

Attending Virtually

If you are dialing in from a telephone:

- Dial 719-359-4580
- When prompted enter the Webinar ID: 841 1615 6896
- Then enter the Meeting Passcode: 676835
- Please press *6 so the host can prompt you to unmute.

If you are joining virtually with computer audio, please use the “raise hand” feature to indicate you would like to provide public comment so the host can prompt you to unmute.

Before commenting, please state your full name for the record.

Members of the public are requested to refrain from commenting outside the designated public comment periods, unless specifically called upon by the Chair.

Please do not use the chat for items other than technical support, as this becomes part of the public record.

*Comments can also be emailed to lhale@socialent.com. These comments and questions will be recorded in meeting minutes.

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

(For Possible Action)

Attorney General Ford

4. New Member Introductions, Appointments, and Subcommittee Assignments

(Information and Discussion)

Terry Kerns, Ph.D.

New Members Per AB 19

- Kyra Morgan, as the representative of the Division of Child and Family Services of the Department of Health and Human Services. Ms. Morgan will serve on the Prevention Subcommittee.
- Stephanie Cook, as the member designated by the Director of the Department of Health and Human Services. Ms. Cook will serve on the Treatment and Recovery Subcommittee.
- Peter Handy, as the Executive Director of the Department of Indigent Defense Services. Mr. Handy will serve on the Response Subcommittee.
- Robert Banghart 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.
- Chief Deputy District Attorney Nicole Hicks, representing the Nevada District Attorneys Association, or its successor organization. Chief Deputy DA Hicks will serve on the Response Subcommittee.
- Noël Chounet as an emergency response employee. Ms. Chounet will serve on the Prevention Subcommittee.

The members above will serve two-year terms beginning October 2025 and expiring October 2027.

Appointments

The following members assumed the appointment of outgoing members:

- **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.

Membership for the above members is effective as of today's date, with their reappointment occurring in January 2027.

Appointments

The following members assumed the appointment of outgoing members:

- **Steve Shell** as the advocate for persons who have substance use disorders and family members of such persons, assuming the role vacated by Debi Nadler in July. He will be up for reappointment in January 2026. Mr. Shell is the Vice Chair of the SURG and the Chair of the Treatment and Recovery Subcommittee.
- **Guiseppe Mandell** in the position of a person who is in recovery from a substance use disorder. This position was formerly filled by Jeffrey Iverson. Mr. Mandell has opted to serve on the Treatment and Recovery Subcommittee. This position is up for reappointment in January 2026.
- **Bud Schawl** as a representative of a hospital. Mr. Schawl is assuming the position Vice Chair Shell was formerly in. This position is up for reappointment in January 2026. Mr. Schawl will serve on the Response Subcommittee.

Effective today, members above are being appointed for a two-year term beginning January 2026, expiring in January 2028.

New Members as of January 2026

- **Angela Nickels** who will be succeeded by **Rosa O'Bannon**, Clark County School District, Coordinator, Education Services Division, Department of Safe and Drug Free Schools.
- **Erik Schoen** who will be succeeded by **Wendy Nelson**, Executive Director, Frontier Community Coalition
- **Dr. Lesley Dickson** who will be succeeded **Dr. José Partida Corona**

Effective today, members above are being appointed for a two-year term beginning January 2026, expiring in January 2028.

Reappointments

- **Chelsi Cheatom** whose term was set to expire in 2026, has decided to remain on the SURG for another two-year term. Effective today, Chelsi is being appointed for a two-year term beginning January 2026, expiring January 2028.
- **Nancy Lindler's** term is set to expire in 2026. A replacement will be identified to fill the position of a person who provides services relating to the treatment of substance use disorders.

5. Approval of Bylaws

(For Possible Action)

Terry Kerns, Ph.D.

Statewide Substance Use Response Working Group Bylaws

Assembly Bill 19 amendments to NRS 458.460

Change to membership

SURG Bylaws (Section 1 – Members. Defined by NRS 458.460(2).)

Changes to current membership

Added new members

Numbering of the membership changed in NRS 458.460

Change to reporting date

SURG Bylaws Section 4. Responsibilities for Reporting b. Provided in NRS 458.480 and 458.490

Made a change in the date the annual report is due

NRS 458.480

NRS 458.480 Duties; report.

1. The Working Group shall:

(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 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

NRS 458.480

(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 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.

NRS 458.480

- (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.
- (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.

NRS 458.480

(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.

(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.

NRS 458.480

- (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.

NRS 458.480

(q) Study, evaluate and make recommendations to the Department of Health and Human Services concerning the use of the money described in [NRS 458.490](#) to address substance use disorders, with a focus on:

- (1) The use of the money described in subsections 1, 2 and 3 of [NRS 458.490](#) to supplement rather than supplant existing state or local spending;
- (2) The use of the money described in [NRS 458.490](#) to support programs that use evidence-based interventions;
- (3) The use of the money described in [NRS 458.490](#) to support programs for the prevention of substance use disorders in youth;
- (4) The use of the money described in [NRS 458.490](#) 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.

NRS 458.490

[NRS 458.490](#) Report by Department of Health and Human Services to Working Group concerning use of certain money.

Membership Changes

NRS 458.460 section 1 (1)(b) + (c)

(b) The Director of the Department of Health and Human Services, or his or her designee [;] **from within the Division;**

(c) The Executive Director of the Department of Indigent Defense Services, or his or her designee;

Membership Changes Continued

NRS 458.450 section 1 (1)

(h) The following members, appointed by the Attorney General:

(13) One 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;

(14) One person who is an emergency response employee;

(15) One representative of the Division of Child and Family Services of the Department of Health and Human Services; and

(16) One representative of the Nevada District Attorneys Association, or its successor organization.

Definitions

NRS 458.460 Section 1 (7)

As used in this section [, “**substance**”]:

(a) “Attendant” has the meaning ascribed to it in NRS 450B.050.

(b) “Emergency response employee” means a firefighter, attendant, volunteer attendant, emergency medical technician, advanced emergency medical technician, emergency medical dispatcher, paramedic, law enforcement officer, correctional officer, other peace officer or person who is employed by an agency of criminal justice, including, without limitation, a law enforcement dispatcher, county coroner or medical examiner or any of their employees, or any other person who, in the course of his or her professional duties, responds to emergencies in this State.

(c) “Substance use disorder prevention coalition” means a coalition of persons and entities who possess knowledge and experience related to the prevention of substance misuse and substance use disorders in a region of this State.

Definition of Attendant

NRS 450B.050 “Attendant” defined. “Attendant” means a person responsible for the care of a sick or injured person in an ambulance or air ambulance, and includes the driver of an ambulance but not the pilot of an air ambulance.

(Added to NRS by [1973, 1141](#))

Reporting

NRS 458.460 section 1.5 (2)

2. On or before **[January 31] August 1** of each year, the Working Group shall:

(a) 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; and

(b) Submit the report to the Governor, the Attorney General, 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 Joint Interim Standing Committee on Health and Human Services, the Joint Interim Standing Committee on the Judiciary and the Interim Finance Committee; or

(2) During an odd-numbered year, the next regular session of the Legislature.

Questions

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

(Information and Discussion)

Chief Deputy Attorney General Mark Krueger, Office of the Attorney General, or
Designee

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

(Information and Discussion)

Shannon Bennett, Bureau Chief, Bureau of Behavioral Health Wellness and
Prevention, Division of Public and Behavioral Health

Strategic Plan Presentation

Shannon Bennett, Bureau Chief
Bureau of Behavioral Health Wellness and Prevention

October 8, 2025



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

ALL IN GOOD HEALTH.



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ABOUT DPBH

MISSION

To protect, promote, and improve the physical and behavioral health and safety of all people in Nevada, equitably and regardless of circumstances, so they can live their safest, longest, healthiest, and happiest life.

VISION

A Nevada where preventable health and safety issues no longer impact the opportunity for all people to live life in the best possible health.

PURPOSE

To make everyone's life healthier, happier, longer, and safer.



ALL IN GOOD HEALTH.

AGENDA

1. Methodology
2. Needs Assessment and Findings
3. Strategies and Moving Forward

Methodology



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The Approach

- Community input through around 16 key informants and approximately 60 people with lived experiences were the key drivers of the strategies identified in this strategic plan.
- The needs assessment also included a comprehensive quantitative analysis of the data available to both the public and to DPBH.
- The goal of these strategies was to serve as a direct reflection of the wants of Nevadans, particularly those going experiencing a part of Nevada's behavioral health system.



Cross-Cutting Findings

- Across multiple subject areas, experts and community members voiced a need for:
 - **Stigma Reduction**
 - **The Power of Peer Services**
 - **Strengthening CCBHCs**
 - **Increasing Access to Care**

Workforce Development



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Key Workforce Findings

- Experts expressed that the behavioral health workforce shortage was driven by burnout, low salaries and an uneven distribution of providers, with larger shortages in rural areas.



Workforce Strategies

- **To Strengthen and Sustain Nevada's Behavioral Health Workforce (Strategy 2.1)**
 - Recommends expanding training opportunities for BHCEN-certified providers for dual diagnosis
 - Promoting telehealth as a workforce extender while ensuring quality and appropriate care

Social Determinants of Health



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Key Social Determinants Findings

- **Community members highlighted housing stability, transportation challenges, and other barriers to accessing behavioral health care**
- **Community members described a lack of affordable childcare and other support systems making it more difficult to achieve lasting recovery and stability**
- **Limited or inaccessible resources exacerbate behavioral health crises, especially for vulnerable populations**

Social Determinants Strategies



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- To **Expand and Stabilize Foundational Supports** (Strategy 3.1)
 - Expand housing supports for individuals in recovery
 - Improve Transportation Access
 - Strengthen Employment Pathways
 - Invest in coordination across different community organizations
- To **Design Inclusive, Community-Informed Systems** (Strategy 3.2)
 - Integrate Social Determinants of Health into aforementioned care coordination
 - Develop culturally responsive services

Youth & Special Populations



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Findings About Youth & Special Populations

- Community members expressed a need for early support services for youth, highlighting the role of parents, schools and accessible behavioral health services
- Community members also raised concern about social isolation for other vulnerable groups, such as veterans, LGBTQIA+ people and the elderly, highlighting a need for more tailored support
- Incarcerated individuals also were identified as lacking adequate behavioral health care

Special Population Strategies



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- **To Increase Access to Timely and Ongoing Behavioral Health Services (Strategy 7.1)**
 - - Recommends expanding school and community-based services for youth
 - - Utilize telehealth to improve access for priority populations
 - - Utilize the sequential intercept model to support diversion and deflection
- **To Strengthen Family, Peer and Community-Led Support Systems (Strategy 7.2)**
 - - Empower caregivers as behavioral health champions
 - - Build inclusive peer and community support networks
 - - Promote intergenerational and cross-cultural learning

A blue-tinted photograph of a family walking in a park. A man and a woman are walking, with a young girl in the foreground wearing a helmet and riding a scooter. A stroller is visible behind her. The background shows trees and a house.

Problem Gambling



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Problem Gambling Findings

- - **Community members and experts highlighted that problem gambling is underrecognized and highly stigmatized, with limited public understanding.**
- - **Experts and community members noted that community members often access recovery supports through Gambler's Anonymous or other helplines.**

Substance Use Disorder



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Substance Use Findings

- Community Members noted increasing use of methamphetamines, and that stigma limited access to prevention, treatment and recovery services.
 - Community members also stressed that limited public understanding and misconceptions actively hindered timely help-seeking.
- Community members identified barriers to accessing substance use treatment, including limited-service availability, high costs and other challenges.
- Community members want a stronger integration between physical and behavioral health systems to improve early identification of substance use.



Substance Use Strategies

- **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



Substance Use Strategies, Cont.

- **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

Mental Health Findings



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Mental Health: Findings

- Community Members shared about the ongoing impact of stigma and emphasized the challenge of accessing mental health services, including provider shortages and geographic barriers.
- Community Members wanted more comprehensive, personalized mental health care that could address complex and overlapping issues and identified gaps between current available services to Nevadans and the support that individuals and their families actually need.

Crisis Response & Suicide Prevention



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Crisis Response Findings

- Community Members described the emotional weight of suicide and preferred a response from mental health professionals rather than law enforcement.
- Community Members described a wide range of experiences when accessing crisis services, including delayed care, poor awareness of available resources and a lack of coordinated and community-informed crisis support.
- Experts noted that unclear responsibilities and limited follow-up care after a crisis prevent individuals and families from receiving support needed to reduce repeat incidents

Data Infrastructure



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Data Infrastructure Findings

- Experts noted that fragmented data systems, access barriers and limited capacity limit the use of data in guiding program development

How Has the Plan Been Used?



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Using the Plan

- The Strategic Plan will be evaluated yearly against the goals and objectives mentioned in this presentation for the next five years
- Strategic Plan was used to multiple Requests for Applications for both substance use and mental health programs
- As available federal funding decreases, the Strategic Plan will be used to maximize the impact of all dollars currently available to the Bureau



Distributing the Plan

- The full strategic plan will be distributed on the Bureau's LISTSERV
- Upcoming public meeting, October 28, 2025, 3:00 pm. will provide the public with an opportunity to receive a full presentation on all findings and provide feedback
- To sign up for the Bureau's LISTSERV to receive a copy of the strategic plan, contact Public Information Officer Jesse Stone at j.stone@health.nv.gov



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CONTACT INFORMATION

Shannon Bennett
Bureau Chief
Bureau of Behavioral Health Wellness and Prevention
sbennett@health.nv.gov
(775) 350-5261

QUESTIONS?



**NEVADA DIVISION of PUBLIC
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**NEVADA DIVISION of PUBLIC
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8. Update on MOUD (Medications for Opioid Use Disorder) in Rural Jails

(Information and Discussion)

Bill Teel, GROWLER Consulting

Nevada Jail MOUD / CCC

Substance Use Response Group - SURG

October 2025 Updates

Bill Teel – Contracted with State of Nevada DHHS

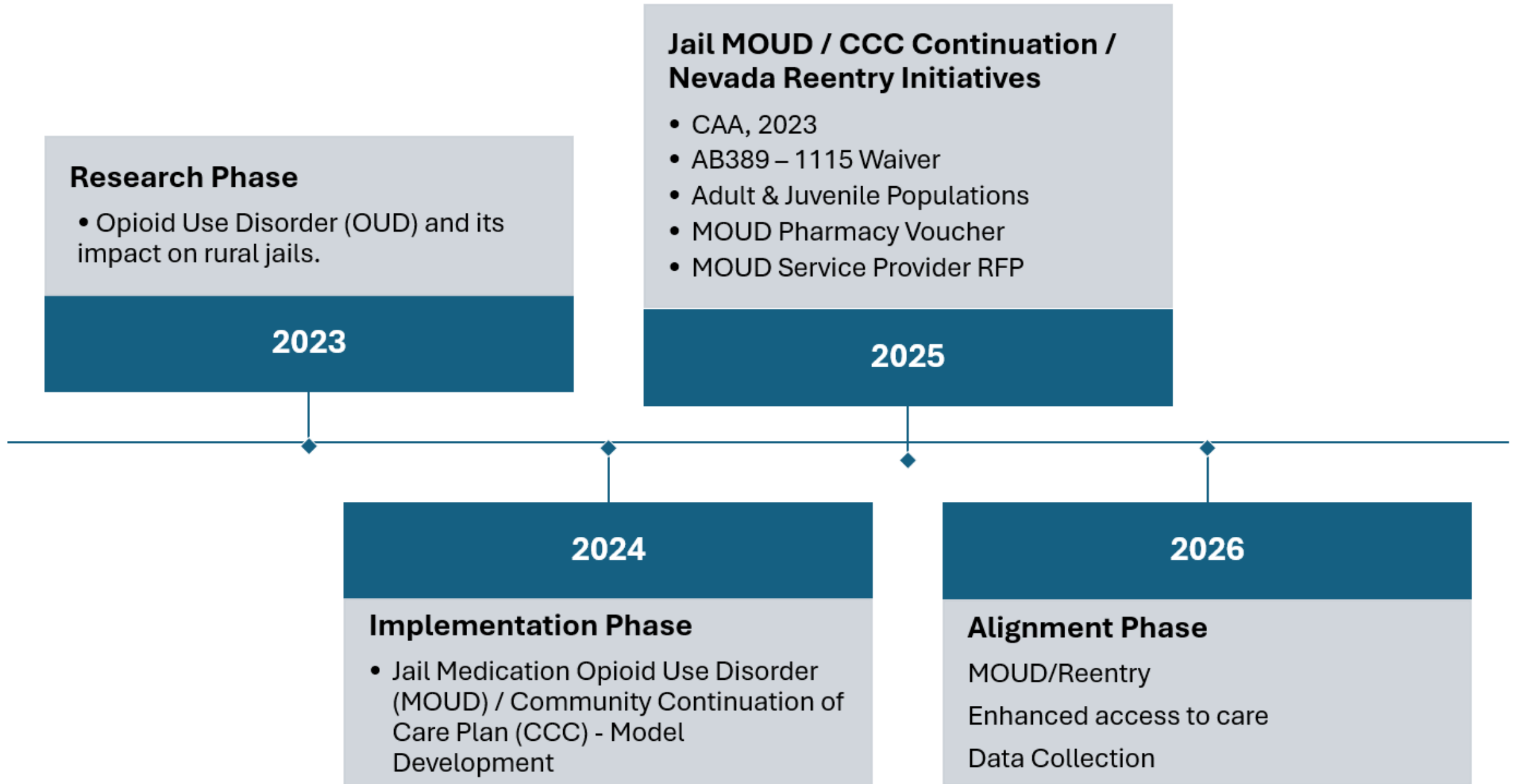
Disclosures

Pursuant to NRS 433.734, one of the DHHS's responsibilities is the development of the statewide needs assessment and a statewide plan to identify priorities. FRN recoveries must be used to address risk, harms and impacts of the opioid crisis on the state, using a data-driven and evidence-based approach. The Jail MOUD / Community Continuation of Care effort is funded through the FRN.

Abbreviations

- MOUD – Medications for Opioid Use Disorder
- CCC – Community Continuation of Care
- BHG – Behavioral Health Group
- NCCHC – National Commission on Correctional Health Care
- SIM – Sequential Intercept Model
- CHW – Community Health Worker
- SURIS – Substance Use Recovery Intelligence System
- TCM – Targeted Case Management
- NAJJA – Nevada Association of Juvenile Justice Administrators
- MAT – Medication Assisted Treatment

Jail MOUD / CCC Recap



Current Jail
MOUD / CCC
Implementation
Sites (30%)

Lander County

Esmeralda County

Lincoln County

Mesquite Detention Center

Storey County

Mineral County

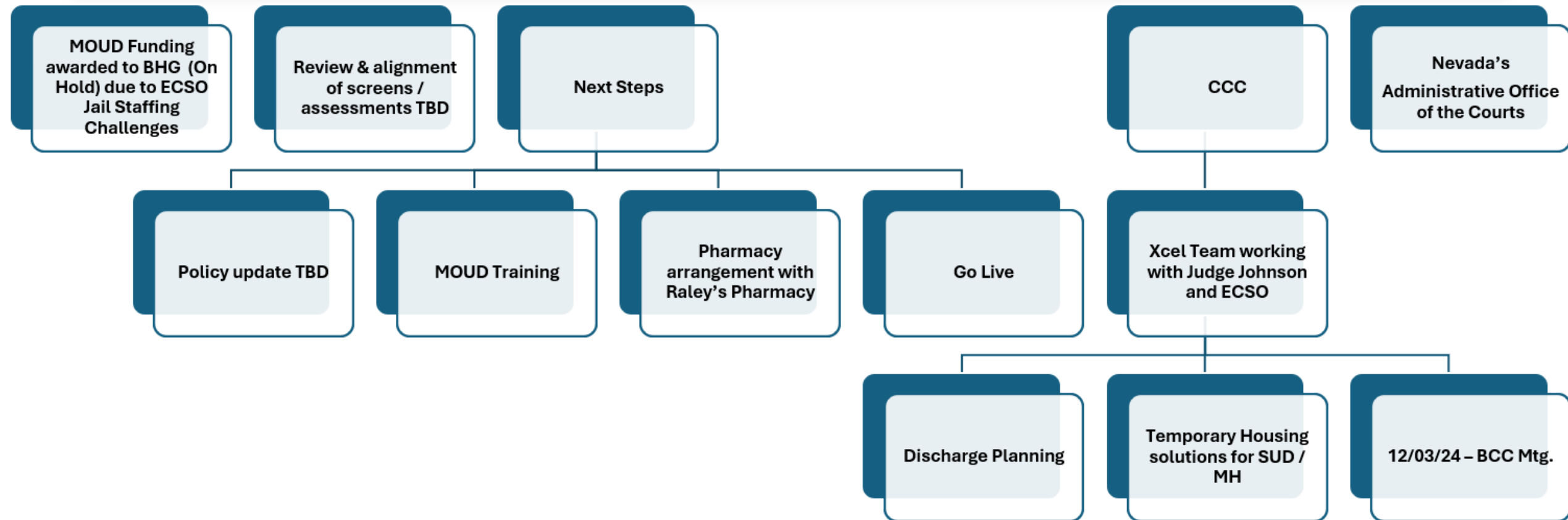
Henderson Detention Center

Lander County:



**BHG Contract ended 06/30/25 and was not extended
Nevada Statewide MOUD RFP is going through the approval process.**

Esmeralda County:



Lincoln County:

**MOUD Services Provider
not determined at this
time**

**Review & alignment of
screens / assessments
TBD**

Next Steps

CCC

Policy update TBD

MOUD Training

**Pharmacy arrangement
with Caliente Hospital
December 12th – Jail
MOUD Mtg. #7 - Reentry**

**Lincoln County Coalition
is actively engaged**

Mesquite:

MOUD Funding awarded to BHG

Mesquite PD requested to hold Jail MOUD Program due to jail renovation

Steps taken

- 12/02/24 - Site walk through with BHG – Rescheduled for 12/10/24
- Policy update - TBD
 - Working on adopting LVMPD / CCDC Policy
- Working on identifying pharmacy – Canyonlands Pharmacy
- Go Live – TBD

CCC

- Xcel is working on developing similar Discharge Planning effort as Esmeralda with Judge Toone

Storey County:

MOUD Provider
Pending RFP

07/17/25 – Jail
MOUD Mtg. #7 –
Reentry

Community
Chest is actively
engaged

Sheriff Cullen &
BCC supports
the effort

Community
Health Workers /
Community
Health Alliance

Mineral County:

MOUD Funding
Source – TBD

07/07/25 – Jail MOUD
Mtg. #5 – Team Huddle

Community Chest is
actively engaged

October meeting with
Judge Schumacher
and introduction to
WestCare Mobile
Vehicle

08/11/25 – Jail MOUD
/ CCC Mtg. #6 – SIM #3
(Jails / Courts)

CHW's

Henderson Detention Center

Fentanyl Awareness Summit

- Led to Jail MOUD / CCC Introduction

Jail MOUD / CCC introduction made

NCCHC – Provided Medical/Mental
Health Services Evaluation

Steps being taken to introduce SIM to
staff

Target Sites:

White Pine County

Elko County

✓ **Churchill County**

Lyon County

Pershing County

North Las Vegas

✓ **Douglas County**

Biggest Challenges:



**POC
availability**



**Consistent
Stakeholder
Participation**



**BHG follow
through**



**Data
Collection
Solutions**

Biggest Victories:

Relationship Building / Trust Development

- DHHS / DHCFP demonstrating good partnership

Communication / Information Sharing

Sheriff's Departments wanting to succeed with MAT

Jail MOUD / CCC Model Development

- The MDT Approach / Relationship Building

County(s) willingness to be innovative and push boundaries

NACO Engagement and Endorsement

In Development:

Beth Slamowitz
working through
statewide
pharmacy
process

Statewide MOUD
Service Provider

Continued
updates through
Nevada
Detention
Administrative
Working Group
(NDAWG)

SURIS

Community
Continuation of
Care Model

Housing
Exploration with
BOXABL through
Xcel

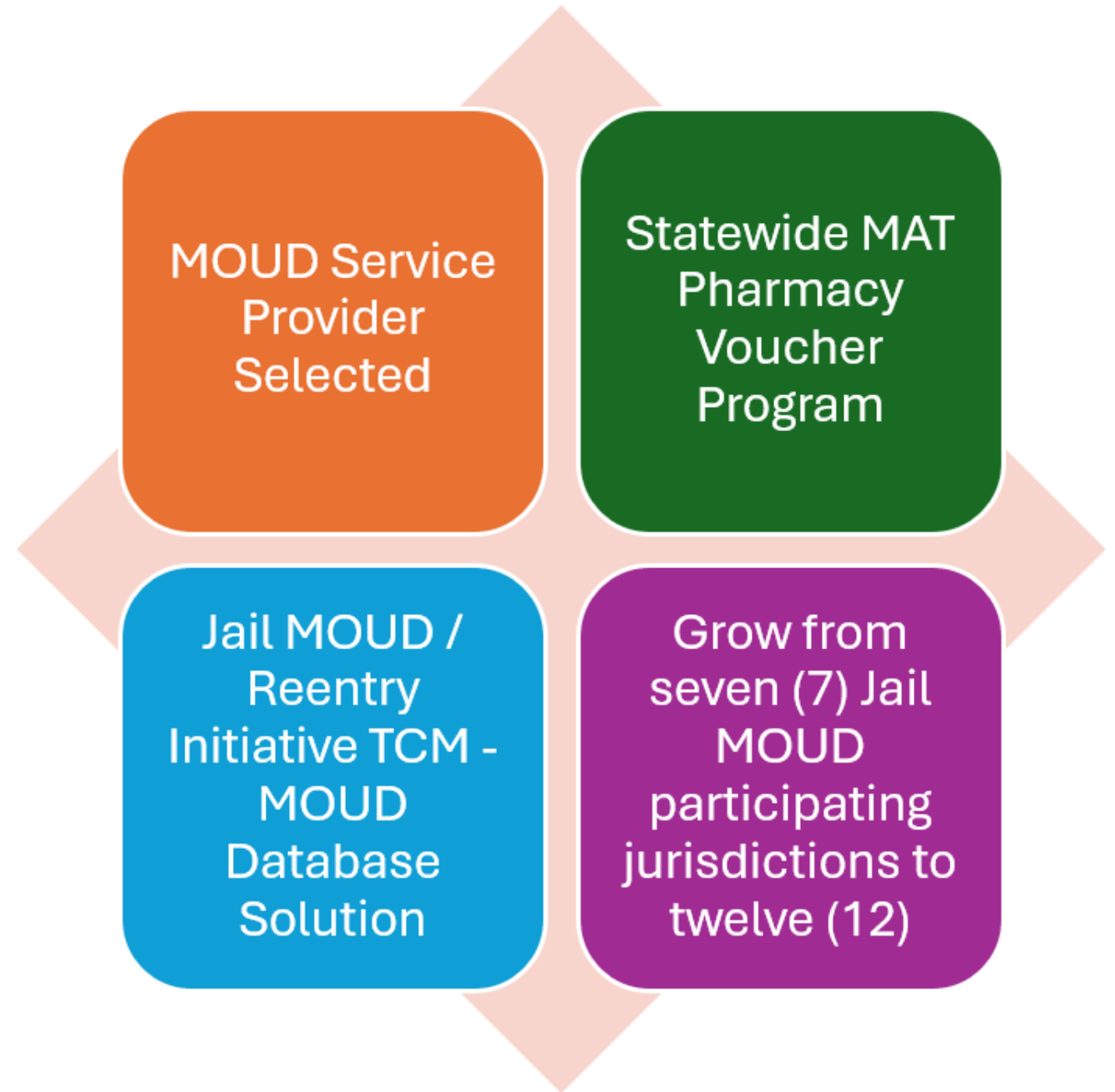
Access to
Service
Providers

CAA, 2023 /
AB389

Site Visits /
Presentations

NAJJA

2025 Goals



Greatest Support Needs



Data Collection Solution



Medicaid Enrollment



Virtual Access To Care Platforms



Peer Support / CHW Advocacy

Why it matters?

MOUD Study from Massachusetts

- 6400 people studied – 42% (2,688) received MOUD in **jail**
- 60% (1,613) likely to continue treatment after release (1st 30 days)
- 52% lower risk of fatal overdose
- 24% lower risk of nonfatal overdose
- 56% lower risk of death from any cause
- 12% (323) lower risk of being reincarcerated
 - **16,150 - If replicated in one major city in all 50 states**
- Over half (1,344) remained on MOUD at 6 months

The results of this study demonstrates that MOUD saves lives, reduces overdoses, and improves reentry outcomes and highlights the significance of reentry efforts when connecting individuals with community resources after release for continuation of care.



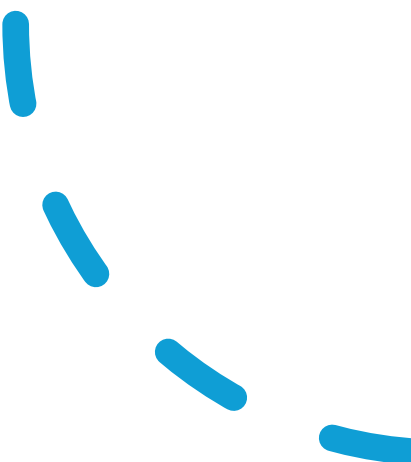
Rural Nevada MOUD Projection Overview

- Estimate effects of MOUD in rural Nevada jails
- ADP ranges from 16 to 50
- Reference outcomes from Massachusetts
- Project measurable improvements over 3-5 years

Key Assumptions

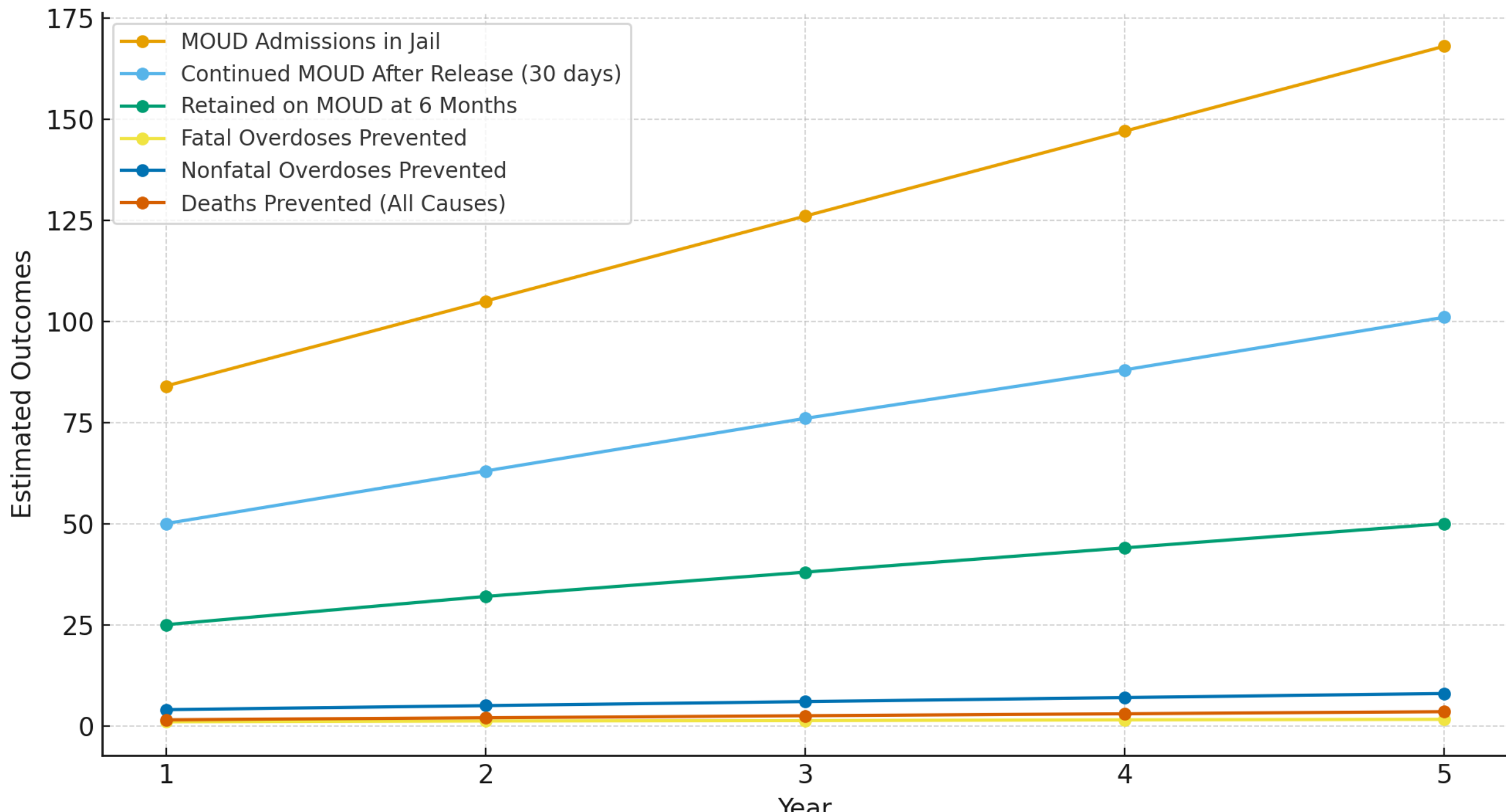
- Annual jail admissions ~200 individuals
- 42% receive MOUD during custody
- 60% continue treatment 30 days post-release
- 50% remain on MOUD at 6 months
- Outcomes reflect Massachusetts data: 52% fewer fatal overdoses
- 24% fewer nonfatal overdoses
- 56% fewer all-cause deaths
- 12% lower reincarceration risk

Yearly Projections

- Jail admissions on MOUD: ~84 to ~168
 - Approx. 10 per month (average)
 - Continue MOUD after release: ~50 to ~101
 - Retained on MOUD at 6 months: ~25 to ~50
 - **Prevented fatal overdoses: 0.5–1 to 0.9–1.6**
 - Prevented nonfatal overdoses: 3–5 to 7–9
 - Prevented deaths (all causes): 1–2 to 2.3–3.6
 - **Reduced reincarceration (jail bed-days saved): 20–30 to 40–55**
- 

Rural Nevada MOUD Impact Projection (5 Years)

ADP: 16-50



References

- [Americans with Disabilities Act keywords - Burton Blatt Institute – Syracuse University](#). As reviewed on March 15, 2024.
- [Criminal Justice System Sequential Intercept Model | SAMHSA](#). As reviewed on March 15, 2024.
- [Friedmann, P. D., Wilson, D., Stopka, T. J., Bernson, D., Pivovarov, E., Ferguson, W., Hoskinson, R. A., Jr., et al.](#) “Medications for Opioid Use Disorder in County Jails — Outcomes after Release.” *The New England Journal of Medicine*, vol. 393, no. 10, 10 Sept. 2025, pp. 994-1003. DOI: 10.1056/NEJMsa2415987.

Questions / Needs from me?



Am I meeting your expectations?



Any additional goals you'd like me to include?



Other comments / requests / recommendations?



Contact Information

| Name | Bill Teel |
|-------|--------------------|
| Title | Consultant |
| Phone | 702-286-9261 |
| Email | billteel@yahoo.com |

9. Update on the Clark County Regional Opioid Task Force

(Information and Discussion)

Melanie Rouse, Clark County Coroner and Opioid Task Force Chair



togetherforbetter

Clark County Regional Opioid Task Force – SURG

10.8.2025

Melanie Rouse, Clark County Opioid Task Force Chair/Clark County
Coroner

Overview

- Task Force was convened in January 2024.
- Six (6) in-person meetings; Four (4) virtual meetings to work on final report.
- Final report completed November 26, 2024 in advance of the 2025 session.

Assembly Bill 132

- **After reviewing data pursuant to subsection 2, the Task Force may elect to conduct:**
- (a) A systemic review of opioid overdose fatalities occurring on or after October 1, 2023, as necessary to determine the responsiveness of community services; or
- (b) A review of opioid overdose fatalities in the zip codes of Clark County with the highest numbers of opioid overdose fatalities.



Volume of Cases Summary

- From October 1, 2023 to August 1, 2024
- Looking at closed cases only
- >600 opiate related fatalities in Clark County
- Narrowed focus to distinct areas:
 - Highest zip codes with opioid overdose deaths
 - Age/demographic groups with more than a 50% increase in death during the timeline
 - Emerging drug-related fatalities

Categories Of Cases Reviewed

Category #1: ZIP Codes with the Highest Crude Opioid Overdose Death Rates

• ZIP Codes

- 89101
- 89104
- 89106
- 89119
- 89121
- 89103
- 89011
- 89123
- 89115

Category #2: Groups with Marked Increase in Deaths

• Fentanyl Deaths

- 30–34-Year-olds
- 45–49-Year-olds

• Meth & Fentanyl Deaths

- 30–34-Year-olds
- 40–44-Year-olds

Category #3: Emerging Drug- Related Fatalities

• Smoking Fentanyl

- Novel Substances

Review

Category #1: ZIP Codes With Highest Crude Opioid Overdose Death Rates

Top Resident ZIP Codes with the Highest Crude Opioid Overdose Death Rate per 100,000 Clark County Residents, 10/2023-08/2024

| ZIP | Count of Deaths | Population | Rate per 100,000 |
|-------|-----------------|------------|------------------|
| 89101 | 32 | 41479 | 77.147 |
| 89104 | 21 | 36516 | 57.509 |
| 89106 | 12 | 30811 | 38.947 |
| 89119 | 15 | 47594 | 31.517 |
| 89121 | 19 | 67609 | 28.103 |
| 89103 | 12 | 45170 | 26.566 |
| 89011 | 11 | 41693 | 26.383 |
| 89123 | 13 | 58026 | 22.404 |
| 89115 | 13 | 73305 | 17.734 |

Category #2: Groups with a 50% or Greater Increase in Deaths: Oct 2023 - Aug 2024 vs. Oct 2022 - Aug 2023.

Drug Overdose Death Comparisons

| Date Age | All Opioid | | | Fentanyl | | | Meth + Fentanyl | | |
|-------------------|-----------------|-----------------|----------|-----------------|-----------------|----------|-----------------|-----------------|----------|
| | 10/2023-08/2024 | 10/2022-08/2023 | % Change | 10/2023-08/2024 | 10/2022-08/2023 | % Change | 10/2023-08/2024 | 10/2022-08/2023 | % Change |
| Under 1 year | 0 | - | - | 0 | - | - | 0 | 0 | 0 |
| 1 to 4 years | - | - | - | - | - | - | 0 | 0 | 0 |
| 5 to 9 years | - | 0 | - | - | 0 | - | 0 | 0 | 0 |
| 10 to 14 years | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15 to 19 years | - | 6 | - | - | - | - | - | - | - |
| 20 to 24 years | 11 | 19 | -42.11 | 9 | 18 | -50 | - | 5 | - |
| 25 to 29 years | 45 | 33 | 36.36 | 41 | 33 | 24.24 | 21 | 12 | 75 |
| 30 to 34 years | 74 | 50 | 48 | 71 | 40 | 77.5 | 38 | 16 | 137.50 |
| 35 to 39 years | 49 | 62 | -20.97 | 47 | 48 | -2.08 | 32 | 27 | 18.52 |
| 40 to 44 years | 43 | 39 | 10.26 | 37 | 32 | 15.63 | 21 | 11 | 90.91 |
| 45 to 49 years | 36 | 36 | 0 | 33 | 22 | 50 | 16 | 14 | 14.29 |
| 50 to 54 years | 36 | 30 | 20 | 28 | 23 | 21.74 | 16 | 17 | -5.88 |
| 55 to 59 years | 25 | 23 | 8.70 | 20 | 16 | 25 | 8 | 6 | 33.33 |
| 60 to 64 years | 25 | 25 | 0 | 15 | 14 | 7.14 | 10 | 9 | 11.11 |
| 65 to 69 years | 19 | 24 | -20.83 | 14 | 14 | 0 | - | 6 | - |
| 70 to 74 years | 5 | 5 | 0 | - | - | - | - | - | - |
| 75 to 79 years | - | - | - | - | - | - | 0 | 0 | 0 |
| 80 to 84 years | - | - | - | 0 | - | - | 0 | 0 | 0 |
| 85 years and over | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Race | | | | | | | | | |
| Hispanic | 90 | 78 | 15.38 | 84 | 67 | 25.37 | 38 | 30 | 26.67 |
| Black | 67 | 51 | 31.37 | 62 | 42 | 47.62 | 30 | 18 | 66.67 |
| AI/AN | - | - | - | - | - | - | - | - | - |
| Asian/PI | 7 | - | - | 6 | - | - | - | - | - |
| White/Caucasian | 192 | 214 | -10.28 | 151 | 148 | 2.03 | 90 | 69 | 30.43 |
| Other | 5 | - | - | - | - | - | - | - | - |
| Multi-racial | 11 | 7 | 57.14 | 10 | 6 | 66.67 | - | - | - |
| Gender | | | | | | | | | |
| Female | 101 | 100 | 1.00 | 81 | 62 | 30.65 | 44 | 26 | 69.23 |
| Male | 275 | 260 | 5.77 | 240 | 210 | 14.29 | 127 | 99 | 28.28 |

| Legend | |
|--------|------------------|
| | >=50% Decrease |
| | 50-100% Increase |
| | >=100% Increase |

Category #3: Emerging Drug-Related Fatalities

Smoking Fentanyl:

Drug and Alcohol Dependence: Transition from injecting opioids to smoking fentanyl in San Francisco, California

Human Organization: Fentanyl smoking in San Francisco: Early signs of a new connoisseurship

National Library of Medicine: Changes in injecting versus smoking heroin, fentanyl, and methamphetamine among people who inject drugs in San Diego, California, 2020 to 2023

MMWR: Routes of Drug Use Among Drug Overdose Deaths — United States, 2020–2022

Novel Substances:

- Drug overdose deaths involving xylazine among Clark County residents have risen from 1 death in 2020 to 5 deaths in 2024.
- Drug overdose deaths involving carfentanil among Clark County residents have risen from 0 deaths in 2020 to 10 deaths in 2024.

Categories for Data Calculation

- Hx recurrent hospitalizations
- Hospitalizations with c/o pain
- Hospitalizations w/o UDS
- Issuance of Narcotics w/o drug screen
- Hx past OD
- Hx of Receiving Narcan
- Hx Mental Illness
- L2K hold
- Hx of arrests, jail, incarceration
- Hx of outpatient treatment
- Hx of inpatient treatment
- Hx of admission to substance abuse
- Hx ETOH use
- Hx of smoking/vape
- Hx job loss
- Hx unemployment
- Hx of being unhoused
- Hx of lacking permanent housing
- PMP

| | Percentage with Risk Factor Methamphetamine and Fentanyl | Percentage with Risk Factor Fentanyl | Percentage with Risk Factor Smoking Fentanyl | Percentage with Risk Factor Novel Substances | Total Percentages Across all Groups |
|---------------------------------------|---|--------------------------------------|--|--|-------------------------------------|
| Hx recurrent hospitalizations | 50.0% | 100.0% | 66.7% | 66.7% | 66.7% |
| Hospitalizations with c/o pain | 83.3% | 100.0% | 66.7% | 33.3% | 73.3% |
| Hospitalizations w/o UDS | 66.7% | 66.7% | 66.7% | 33.3% | 60.0% |
| Issuance of Narcotics w/o drug screen | 66.7% | 33.3% | 33.3% | 33.3% | 46.7% |
| Hx past OD | 50.0% | 33.3% | 66.7% | 33.3% | 46.7% |
| Hx of Receiving Narcan | 50.0% | 33.3% | 66.7% | 33.3% | 46.7% |
| Hx Mental Illness | 83.3% | 100.0% | 66.7% | 0.0% | 66.7% |
| L2K hold | 33.3% | 33.3% | 66.7% | 0.0% | 33.3% |
| Hx of outpatient treatment | 50.0% | 33.3% | 66.7% | 33.3% | 46.7% |
| Hx of inpatient treatment | 16.7% | 33.3% | 66.7% | 0.0% | 26.7% |
| Hx of arrests, jail, incarceration | 50.0% | 66.7% | 33.3% | 0.0% | 40.0% |
| Hx of admission to substance abuse | 83.3% | 100.0% | 100.0% | 100.0% | 93.3% |
| Hx ETOH use | 16.7% | 33.3% | 66.7% | 66.7% | 40.0% |
| Hx of smoking/vape | 50.0% | 33.3% | 66.7% | 33.3% | 46.7% |
| Hx job loss | 16.7% | 33.3% | 33.3% | 0.0% | 20.0% |
| Hx unemployment | 83.3% | 66.7% | 100.0% | 66.7% | 80.0% |
| Hx of being unhoused | 50.0% | 33.3% | 66.7% | 66.7% | 53.3% |
| Hx of lacking permanent housing | 66.7% | 33.3% | 66.7% | 66.7% | 60.0% |
| PMP | 83.3% | 66.7% | 100.0% | 66.7% | 80.0% |



Key Highlights

- “Smoking the French Oil”
- Average and Above Average PMP reports
 - Noted 2 year limitation on PMP
- Positive UDS screens
- Lack of UDS screens
- Admission to Drug Abuse
- Unemployment
- Hospitalizations with c/o pain



Regional Condition: Extreme heat in Southern Nevada

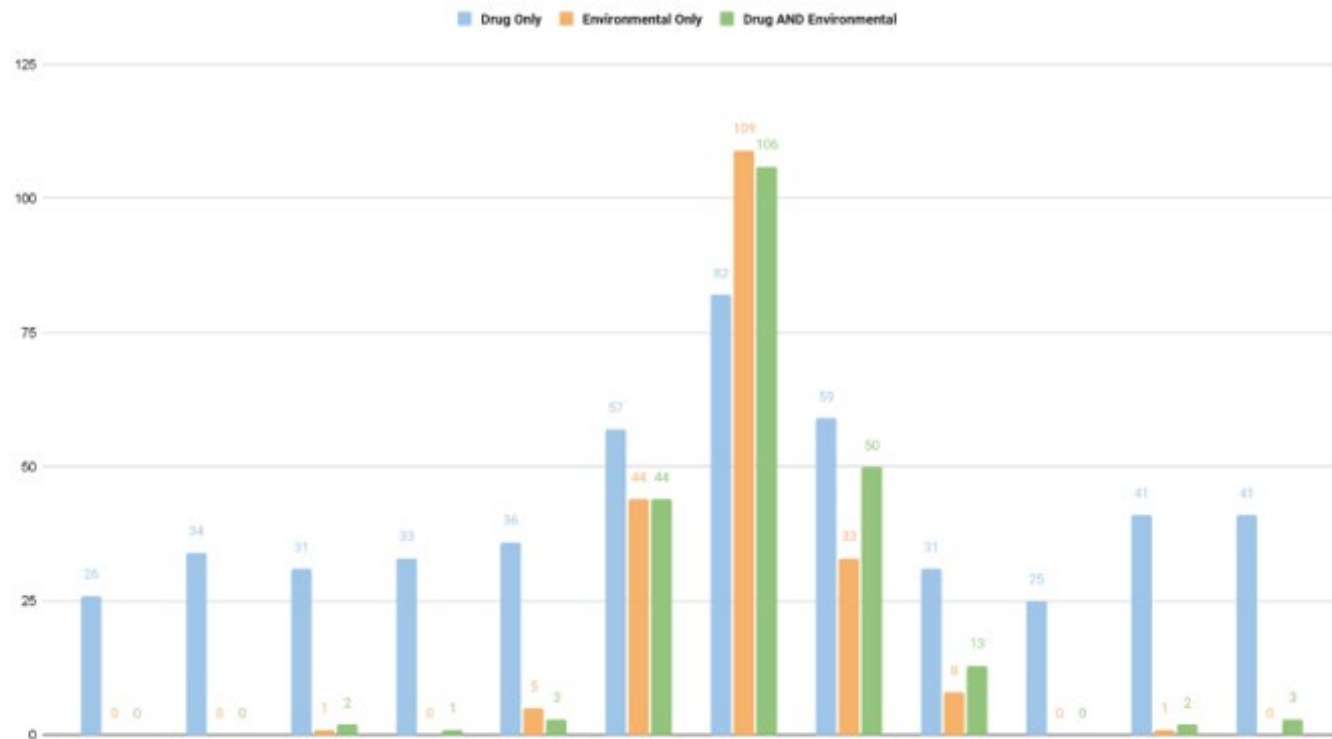
Extreme heat conditions in Southern Nevada impact individuals' ability to thermoregulate.

Risk Factors for heat death

- Drugs
 - Anticholinergics
 - Phenothiazines
 - Tricyclic Antidepressants
 - MAO Inhibitors
 - Lithium
 - Antihistamines
 - Diuretics
 - Ethanol
 - Salicylates
 - Sympathomimetics
 - **Opioids**
- Opioid drugs and endogenous opioid peptides exert profound effects on body temperature
- Most likely to be of physiologic significance is hyperthermia.
- This increase in body temperature is the result of coordinated changes in both physiological and behavioral thermoregulatory activities and, like fever, reflects an increase in the level about which body temperature is regulated.
- **Considerable variation in the dose of naloxone required to antagonize the different agonists indicates that more than one type of opiate receptor is involved in these pharmacologic responses. (Adler)**

Environmental Exposures and Drug-Related Deaths

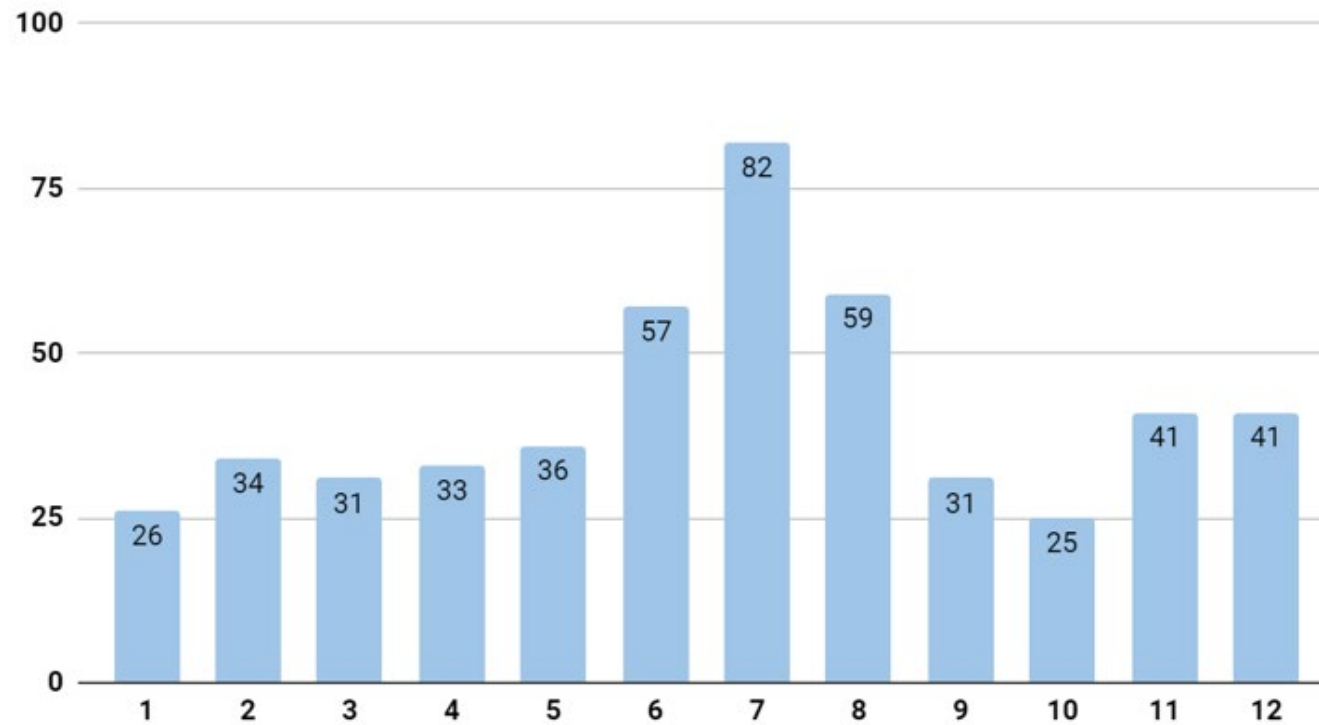
Total Deaths by Month



| Drug Category | Heat | Cold | Unknown |
|--|------------|------|---------|
| Cocaine | 7 | 0 | 0 |
| Fentanyl | 1 | 0 | 0 |
| Methamphetamine | 204 | 7 | 1 |
| Methamphetamine and Cocaine | 3 | 0 | 0 |
| Methamphetamine and Fentanyl | 1 | 0 | 0 |
| Fentanyl and Cocaine | 0 | 0 | 0 |
| Methamphetamine, Fentanyl, and Cocaine | 1 | 0 | 0 |
| Other Drugs | 0 | 0 | 0 |
| Total | 225 | | |

Drug Related Deaths by Month

Drug-Related Only Deaths by Month



| Drug Category | Totals |
|------------------------------|--------|
| Methamphetamine Only | 335 |
| Fentanyl Only | 9 |
| Cocaine Only | 41 |
| Methamphetamine and Fentanyl | 38 |
| Methamphetamine and Cocaine | 12 |
| Fentanyl and Cocaine | 1 |
| All Drugs | 1 |
| Other Drugs Only | 59 |
| Total | 496 |



Existing Statewide and Community Databases

- Overdose Detection Mapping Application (ODMAP)
- ESO
- Electronic Surveillance System for the Early Notification of Community Based Epidemics (ESSENCE)
- Electronic Death Registry System (EDRS)
- Center for Health Information Analysis (CHIA)
- Nevada EMPOWER Program
- Naloxone Distributions & Administrations:

Gaps in Current System

- Workforce
- Training
- Lack of Service and Treatment
- Lack of Access to Resources
- Lack of Data

Clark County Regional Opioid Task Force Recommendations


- 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.

Clark County Regional Opioid Task Force

Recommendations cont.

- 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

Clark County Regional Opioid Task Force Recommendations cont.

- Requirements for Implementation of Systemic Review
 - Law Enforcement Intervention
 - Opportunities for Collaboration
 - Community Education Needs
- 

Clark County Regional Opioid Task Force Recommendations

- Address Provider Shortages and Increase Provider Outreach and Support
 - Data Initiatives
 - Funding
-
- <https://www.clarkcountynv.gov/adobe/assets/urn:aaid:aem:9d5d8b46-cb28-46e9-b51c-3d7a5218caf5/original/as/opioid-task-force-rpt-12-10-24-final-rpt-with-appendices.pdf>

References

- The Clark County Regional Opioid Task Force
- Clark County Office of the Coroner/Medical Examiner. (n.d.). *Moon client*. Moon Client. <https://clark.vertiq.us/>
- Johnson, L. Gaddis, K. Gavin, L. (2024). Heatwaves and Health: Exploring thermoregulation and mortality risks among the unhoused.

10. Statewide Opioid Assessment and Plan

(Information and Discussion)

Heather Kerwin, MPC, CPH, Opioid & Infectious Disease Epidemiologist,
Contractor, Office of State Epidemiology, Division of Public and Behavioral Health

PRESENTATION TO THE SURG STATE COMMITTEE

Substance Use Response Group (SURG)

Heather Kerwin

Opioid & Infectious Disease Epidemiologist

Fund for a Resilient Nevada

Office of State Epidemiology, Nevada Department of Human Services

Disclosures

- *This project is supported by the Fund for a Resilient Nevada*

Statewide Opioid Assessment & Plan

- Nevada Revised Statutes [433.734](#) requires a statewide needs assessment be conducted at least once every 4 years to inform a statewide plan for allocation of opioid settlement dollars
- The first assessment and plan currently in place, 2022-2026, conducted by an out of state entity
- Inclusion of many secondary data indicators (ex: hospital data, state and national data collected annually, census data)
- Reviewed existing assessments and primary data collected for the purpose of those assessments
- Identified gaps and needs to be addressed
- Created 7 statewide goals

Content & Timeline

- Secondary data for 30+ indicators, continuation of data presented in initial assessment
- Primary data – collected from Nevada residents through
 - Key informant interviews
 - Focus groups
 - Survey
- Estimated timeline for assessment and plan development
 - Fall '25 – Winter '26: Assessment data to be gathered and analyzed
 - Winter '25 – Spring '26: Development of written assessment
 - June '26: Written assessment to be completed
 - Summer '26: Prioritization of areas of need through collaborative process, FRN and SURG, among other entities
 - Fall '26: Development of full assessment + plan
 - December '26: Final assessment + plan finalized and ready for distribution

Special Population Input through Primary Data Collection

- Key informant interviews – ~ 60-minute one-on-one conversations
 - Persons with lived experience
 - County leadership
 - Healthcare providers
- Focus groups – ~ 90 minute 4-10 persons, conversational approach with questions related to what would have helped them or did help them assist in navigating their loved one through the recovery process (as applicable)
 - Friends and family of those who has/had a close loved one with opioid use disorder or history of opioid misuse
- Survey – Broader community with intensive outreach and engagement with organizations who serve priority populations including
 - Veterans
 - Persons with a history of incarceration
 - Pregnant women
 - Persons with lived experience (PWLE)
 - Sexual minority populations (LGBTQ)
 - Peer Recovery Support Specialists & Community Health Workers

Evidence Based Practice

- Community based participatory research model required by [NRS 433.736](#)
- Crosswalk and prioritization of primary and secondary data to identify and prioritize needs is in alignment with best practice as defined by entities including, but not limited to:
 - World Health Organization, the Centers for Disease Control and Prevention, HHS Office of Disease Prevention and Health Promotion, Public Health Accreditation Board, The Joint Commission (hospitals and patient care), Association for Community Health Improvement, National Association of County and City Health Officials, Robert Wood Johnson's County Health Rankings, US Department of Education, US Department of Housing and Urban Development, FEMA, and others
- Working in partnership with analysts who specialize in opioids, child and family services, Nevada Overdose Data to Action Program (OD2A)

Additions to the Assessment Process

- Data gathered from residents of each community will be summarized and provided back to each county, for reference in county-specific opioid assessments
- Data collection protocols will be shared with county leadership or appointed entities conducting county-specific opioid assessments so they can replicate and expand on statewide community insight and input processes, as needed
- Will continue to align with the 7 existing goal areas, however, will identify the top 3-5 topic areas within each of the existing goals to help guide projects, programs, and policy
- Overall aim is to prevent and reduce substance use and related loss of life, specific to opioids, including polysubstance use

Next Steps & Asks

- Requesting participation through
 - Providing feedback and recommendations related to the process
 - Helping to recruit for primary data collection including sharing survey links or providing connection with organizations serving priority populations
 - Encourage county leadership to connect and engage
 - Increase overall awareness for this updated assessment and plan
- Sharing priorities and planning documents other organizations are publishing to ensure we are not duplicating efforts without being complimentary
 - Meaning if we also identify a similar priority or need, we want to be aware of **how we can bolster those efforts and work collaboratively** without repeating unnecessary steps

Contact Information

| | |
|-------|--|
| Name | Heather Kerwin |
| Title | Opioid & Infectious Disease Epidemiologist |
| Phone | (775) 688-0457 |
| Email | h.kerwin@health.nv.gov |

11. Subcommittee Reports

(Information and Discussion)

Jessica Johnson, Chair, Prevention and Harm Reduction

Steve Shell, Chair, and Recovery

Terry Kerns, Chair, Response

Prevention Subcommittee

- Reviewed progress on prior recommendations
- Received presentations on:
 - **Low Barrier Emergency Department Based Naloxone Distribution** by Kelly Morgan, MD, Emergency Physician; Medical Director, Las Vegas Fire & Rescue; Cofounder/Chief Medical Officer, Elite 7 Sports Medicine and Josh Luftig, PA-C
 - **Update on Multi-Tiered System of Support (MTSS) Project** by Kaci Fleetwood, M. Ed, BCBA, LBA; Dr. Ashley Greenwald, Ph.D., BCBA-D, LBA; and Brooke Wagner, MSC-SC, M.Ed., BCBA, LBA
 - **Boys and Girls Club of Nevada Alliance: Fund for Resilient Nevada SMART Moves Tween & Teen Initiative** by Noelle Hardt and Tamika Shauntee Rosales
 - **Presentation on Naloxone Distribution in Nevada Hospital Emergency Departments** by Darla Zarley, Pharm.D., Nevada State Board of Pharmacy
- Future presentations may include:
 - Feedback on existing recommendations related to cannabis and tobacco to make them more actionable
 - Feedback on existing SAPTA primary prevention programming recommendation to make it more actionable
- Currently workshopping three recommendations

Treatment and Recovery Subcommittee

- Reviewed progress on prior recommendations
- Received presentations on:
 - **A Retrospective Assessment or/and Prospective Study to Assess the Outcomes of Patients Following Discharge From Detoxification and Examine Mortality and Overdose** by John Hamilton, Liberation Programs, Connecticut
 - **CFR 42, Part 8: Updating Regulations for Opioid Treatment Programs** by John Firestone, Executive Director, Life Change Center, Reno
 - **Trends and Opportunities Related to Substance Misuse Treatment** by Dr. José Maria Partida Corona, Partida Corona Medical Center, Las Vegas
- Future presentations may include:
 - Treatment modalities
 - Retrospective assessment on the outcomes of patients following discharge from detoxification
- Currently workshopping two recommendations

Response Subcommittee

- Reviewed progress on prior recommendations
- Received presentations on:
 - **Good Samaritan Drug Overdose Act Community Education and Prescription Take-Back Programs** by Jamie Ross, CEO, PACT Coalition, Director, Nevada Statewide Coalition Partnership and Daria Singer, Executive Director, Partnership of Douglas County
 - **Emergency Bridge Program** by Kelly Morgan, MD, Emergency Physician; Medical Director, Las Vegas Fire & Rescue; Co-Founder/Chief Medical Officer, Elite 7 Sports Medicine
 - **Medication Assisted Treatment (MAT)/Medications for Opioid Use Disorder (MOUD) Access in Certified Community Behavioral Health Clinics (CBHCs)** by Mark Disselkoen, MSW, LCSW, LADC Project Manager, Center for Application of Substance Abuse Technologies (CASAT), University of Nevada, Reno, and Lori Follett, Social Services Chief II, Nevada Department of Health and Human Services (DHHS), Division of Health Care Financing and Policy (DHCFP), Behavioral Health Benefits Coverage Team

Response Subcommittee (cont.)

- **Update on Wastewater Surveillance of High-Risk Substances in Nevada** by Daniel Gerrity, Ph.D., P.E., Principal Research Scientist, Southern Nevada Water Authority, and Edwin Oh, Ph.D., Associate Professor, Neurogenetics and Precision Medicine Lab, University of Nevada, Las Vegas
- **Presentation on Behavioral Health Education, Retention & Expansion Network of Nevada (BeHERENV)** by Sara Hunt, PhD, Executive Director BeHERE Nevada and Roberta A. Miranda-Alfonzo, PhD, CPC-S (NV), LCADC-S (NV), NCC, ACS, CPCG-I (NV), Associate Director of Recruitment and Outreach, Kirk Kerkorian School of Medicine, UNLV
- Future presentations may include:
 - Workforce
 - Defining recidivism and desistance
 - Drug and alcohol prevention, education, and enforcement
- Currently workshopping two recommendations

12. Approval of 2025 Progress Report Template

(For Possible Action)

Laura Hale, Social Entrepreneurs, Inc.

13. Review and Consider Items for Next Meeting

(Information and Discussion)

Terry Kerns, Ph.D.

Full SURG Meeting and Revised Reporting Timeline and Topics

- 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

14. Public Comment

(Information Only)

Public Comment

- Public comment shall be limited to three (3) minutes per person. We will begin with comments from Las Vegas and then invite comments from Carson City, followed by virtual participants.
- No action may be taken upon a matter raised during a period devoted to comments by the general public until the matter itself has been specifically included on an agenda as an item upon which action may be taken pursuant to NRS 241.021.

In Person

- Please form a line.
- Before commenting, please state your full name for the record.

Public Comment

Attending Virtually

If you are dialing in from a telephone:

- Dial 719-359-4580
- When prompted enter the Webinar ID: 841 1615 6896
- Then enter the Meeting Passcode: 676835
- Please press *6 so the host can prompt you to unmute.

If you are joining virtually with computer audio, please use the “raise hand” feature to indicate you would like to provide public comment so the host can prompt you to unmute.

Before commenting, please state your full name for the record.

Members of the public are requested to refrain from commenting outside the designated public comment periods, unless specifically called upon by the Chair.

Please do not use the chat for items other than technical support, as this becomes part of the public record.

*Comments can also be emailed to lhale@socialent.com. These comments and questions will be recorded in meeting minutes.

15. Adjournment

Attorney General Ford

Additional Information, Resources & Updates Available At:

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



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>