

## MEETING NOTES

### Statewide Substance Use Response Working Group Prevention Subcommittee Meeting

November 5, 2025  
3:00 p.m.

Zoom Meeting ID: 825 0031 7472

Call in audio: 1 253-205-0468

No Physical Public Location

#### Members Present via Zoom or Telephone

Chair Jessica Johnson, Erik Schoen, Angela Nickels, Kyra Morgan, Noël Chounet, Stacey Lance

#### Members Absent

Senator Fabian Doñate

#### Attorney General's Office Staff

Joseph Peter Ostunio, Esq.; and Dr. Terry Kerns

#### Social Entrepreneurs, Inc. (SEI) Support Team

Kim Hopkinson, PhD; and Mary O'Leary

#### Members of the Public via Zoom

Stephanie Cook, NV SOTA; CLPearson; Sabrina Schnur; Linda Anderson; Laura Hale; Cade Grogan; Jamie Ross; Kimberley Sarandos; Bquezada; Karina Tomco; Jennifer Tongol; Cherylyn C Rahr-Wood; Lisa Kelso; Ayla Babakitis; and Mark Funkhouser

### **1. Call to Order and Roll Call to Establish Quorum**

Chair Johnson called the meeting to order at 3:01 p.m. She stated for the record that the agenda would be taken out of order; agenda item #7 will precede agenda item #6. Kim Hopkinson then led the roll call and established quorum.

With that, Chair Johnson moved to agenda item #2.

### **2. Public Comment (*Discussion Only*)**

Kim Hopkinson read public comment guidance, and Chair Johnson asked for public comment.

Seeing or hearing no public comment, Chair Johnson moved to agenda item #3.

### **3. Review and Approve Minutes from June 4, 2025, Prevention Subcommittee Meeting (*For Possible Action*)**

Chair Johnson asked for a motion to approve the minutes from the June 4, 2025, Prevention Subcommittee meeting. She explained that approval of these minutes had been delayed because the subcommittee did not have quorum at the August meeting, when the approval was originally scheduled.

- Vice Chair Erik Schoen made a motion to approve the minutes.
- Ms. Stacey Lance seconded the motion.
- The motion passed with one abstention from Ms. Kyra Morgan.

Chair Johnson moved to agenda item #4.

#### **4. Review and Approve Minutes from August 6, 2025, Prevention Subcommittee Meeting** *(For Possible Action)*

Chair Johnson introduced the item regarding the review and approval of the minutes from the August 6, 2025 Prevention Subcommittee Meeting. She noted that while that meeting did occur, no quorum was present, so no formal actions were taken. The minutes therefore served for informational purposes only.

Vice Chair Schoen raised the question as to whether minutes from a meeting lacking quorum could be officially approved. Chair Johnson invited clarification from SEI staff and Deputy Attorney General (DAG) Joseph Peter Ostunio, who was present at the meeting.

Kim Hopkinson explained that SEI had sought prior guidance on this question and asked DAG Ostunio to confirm. DAG Ostunio affirmed his prior position that minutes from meetings without quorum can and should be approved to maintain a record of discussions and presentations that took place. Vice Chair Schoen thanked him for clarifying and said that explanation made sense.

Ms. Noël Chounet then raised a related question, noting that she had participated in the vote to approve the June minutes but had not yet been appointed to the subcommittee at that time. She asked whether new members may vote on minutes from meetings they did not attend.

DAG Ostunio confirmed that, under the Open Meeting Law, members who were not present at a meeting are permitted to motion and vote to approve minutes of that meeting.

Following that clarification, Chair Johnson asked for a motion to approve the minutes from the August 6, 2025, Prevention Subcommittee meeting.

- Vice Chair Schoen made a motion to approve the minutes.
- Ms. Noël Chounet seconded the motion.
- The motion passed with one abstention from Ms. Kyra Morgan.

Chair Johnson moved to agenda item #5.

#### **5. Introductions of New Subcommittee Members** *(For Discussion Only)*

Chair Jessica Johnson introduced the agenda item, noting her excitement to hear from new members. She explained that this discussion item allowed new members to introduce themselves, share their professional backgrounds, and describe their motivation for joining the SURG and the Prevention Subcommittee.

Chair Johnson thanked the new members for choosing prevention as their focus area, emphasizing that their participation would strengthen the subcommittee's work. She then introduced:

- **Kyra Morgan**, as the representative of the Division of Child and Family Services of the Department of Health and Human Services (now Department of Human Services).
- **Noël Chounet**, as a member who is an emergency response employee.
- **Stacey Lance**, as the representative of a local governmental entity that provides or oversees the provision of human services in Washoe County.

Each new member then shared more about themselves and their backgrounds.

**Ms. Kyra Morgan** introduced herself as a medical epidemiologist with the Division of Child and Family Services (DCFS). In her role, she studies factors that impact the health and safety of

children and families, as well as outcomes of programs that support them. She shared that she has worked with the Department of Human Services (DHS) for nearly 16 years, though she has been in her current role for just under 18 months.

From 2015 to 2024, Ms. Morgan served as Chief Biostatistician in the Office of Analytics, where she was appointed to several statewide initiatives, including Governor Brian Sandoval's Opioid Accountability Task Force and the Attorney General's Statewide Prescription Opioid Committee. Before the COVID-19 pandemic, much of her work centered on building active surveillance systems to track and measure the impact of the opioid epidemic in Nevada communities. Those efforts, she noted, were temporarily disrupted when public health priorities shifted toward pandemic response.

Ms. Morgan added that she is also pursuing a doctorate in Environmental Sciences and Health, with her research focusing on gestational exposure to substances of abuse. She expressed enthusiasm for contributing her expertise to the subcommittee's prevention efforts.

**Ms. Noël Chounet** shared that she works as a paramedic and volunteers across two different agencies, providing emergency response services in both rural Nevada and Northern California. In addition to her paramedic work, she also collaborates with a local prevention coalition and is a certified prevention specialist.

Ms. Chounet spoke about the intersections between emergency response and prevention, describing how her field experience often reveals opportunities to integrate prevention strategies into crisis situations. She emphasized her desire to help strengthen the prevention component within emergency medical services, especially in rural communities, which really drove her to join the SURG and the Prevention Subcommittee.

**Ms. Stacey Lance** introduced herself as a Division Director for the Washoe County Human Services Agency (HSA). In her role, she oversees child welfare services and programs. She explained that Washoe County has two division directors for child welfare: one overseeing front-end assessment and one overseeing permanency services. Ms. Lance manages the latter, focusing on children in foster care and family reunification efforts.

Her division also includes clinical teams, such as the Children's Mobile Crisis Unit and a network of twelve embedded clinicians who collaborate directly with child welfare staff. Ms. Lance shared that she has worked in child welfare for 24 years and has served in her current director role for about 10 months. She expressed enthusiasm for the opportunity to collaborate with the subcommittee.

Chair Johnson thanked each member, noting she is looking forward to all the great work they will do together. She then moved to agenda item #7.

## **7. Presentation on Substance Use Prevention Allocations** *(Discussion Only)*

Chair Johnson introduced the item and turned the floor over to Ms. Stephanie Cook, State Opioid Treatment Authority with the Bureau of Behavioral Health, Wellness and Prevention (BBHWP) in the Division of Public and Behavioral Health (DPBH). Ms. Cook thanked Chair Johnson, noting that she is prepared to discuss prevention and what it means within the Bureau.

After going over DPBH's mission, vision, and purpose, Ms. Cook provided an overview of BBHWP's prevention portfolio and funding approach. She explained that BBHWP encompasses two program areas: mental health services, which include community mental health, crisis response teams, and problem gambling; and substance use services, which include prevention,

treatment, and recovery and are overseen by her team. Ms. Cook noted that the BBHWP manages various funding sources, with approximately 98 percent of the Bureau's funding derived from federal grants and about two percent from state general funds.

Ms. Cook then explained that substance use prevention is a proactive process that empowers individuals and communities to prevent the initiation of substance use and reduce associated risk. The goal is to promote healthy behaviors, strengthen protective factors, and reduce risk factors before problems occur.

Using the SAMHSA Strategic Prevention Framework<sup>1</sup>, Ms. Cook defined the three different domains of prevention:

- **Primary prevention:** prevent onset of substance use by reducing risk factors and strengthening protective factors (e.g., school-based prevention curricula, parent skill-building, wraparound supports, media promoting healthy choices).
- **Secondary prevention:** stop progression to misuse or dependence through early identification and intervention for those at risk or showing early signs [e.g., Screening, Brief Intervention, and Referral to Treatment (SBIRT), early interventions for youth experimenting with substances].
- **Tertiary prevention:** treatment, recovery support, and harm reduction to reduce impact of established SUD and prevent relapse [e.g., recovery housing and supports, peer services, Medications for Opioid Use Disorder (MOUD), relapse prevention programs].

She added that the Bureau's reporting practices allow for clear accounting of primary prevention dollars, whereas secondary and tertiary prevention spending is more distributed across awards and services. Therefore, her presentation is focused on primary prevention, which BBHWP explicitly tracks.

Turning to state funds used for primary prevention, Ms. Cook began with state general funds. To provide the subcommittee with a baseline, she explained that "state general fund" means it comes from the legislature, and it is allocated through the legislative session every two years. with distribution possibly fluctuating based on governor's recommendations.

Ms. Cook described SubUnit 11, a general fund account that is in their budget and is only used for substance use prevention initiatives in the community. This fund was originally created for methamphetamine prevention and has been broadened to support substance use prevention more generally. Current awards from this account include:

- **Grant a Gift Autism Foundation – Ackerman Center** in Las Vegas for prevention services to at-risk youth diagnosed with Fetal Alcohol Spectrum Disorder (FASD)
- **Nevada Cancer Coalition** to help with education and resources to retailers in Nevada to prevent underage purchases of tobacco and tobacco products
- **PACE Coalition** in Elko County for countywide primary prevention activities

She also noted SubUnit 16, a certification-fee revenue account that supports certification activities for substance use prevention and treatment agencies and coalitions. Ms. Cook noted that they are looking to expand that to other mental health services and crisis support services.

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<sup>1</sup> To learn more about the SAMHSA Strategic Prevention Framework, visit the following link: <https://www.samhsa.gov/technical-assistance/sptac/framework>

Ms. Cook then summarized federal funding for primary prevention. She described the Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant as a two-year award of approximately \$20.5 million per year with a federally required 20 percent set-aside for primary prevention. Nevada uses these dollars for both state-level work, such as data systems, and for community awards to certified prevention coalitions and programs to support school-based prevention, drug take-back events implemented through coalitions, education and awareness, family engagement, and student-led peer groups and activities.

Ms. Cook referenced a combined allocation graphic included in her slide deck (block grant plus general funds) showing roughly \$25.5 million in total substance use funds, with approximately \$8.4 million dedicated to primary prevention. Due to a technical issue impacting readability of the figure during the presentation, this graphic was also posted to the chat. She added that the Bureau's strategic plan now guides investments across prevention, treatment, and recovery.

The following four strategies in the BBHWP Strategic Plan (2025-2030)<sup>2</sup> drove the substance use funding efforts being outlined in the application for the SUPTRS Block Grant:

- **Strategy 4.1:** Reducing stigma and strengthen community engagement around SUD
- **Strategy 4.2:** Expand access and affordability of SUD services
- **Strategy 4.3:** Enhance quality and integration of SUD care
- **Strategy 7.2:** Strengthen family, peer and community-led support systems for youth and special populations

Ms. Cook explained that the Partnership for Success (PFS) grant is a SAMHSA primary prevention award that has been restructured so both the state and other Nevada entities may receive funding. Nevada holds a five-year, \$1.2 million per year PFS award. She noted that the PACT Coalition and the University of Nevada, Reno also hold PFS grants directly. Based on a statewide community assessment, PFS topic areas focus on middle and high school suicide-related behaviors, vaping, prescription pain medication use, and depressive and violent behaviors.

Ms. Cook stated that State Opioid Response (SOR) funds are broad and difficult to fully disaggregate by prevention level, but current primary prevention allocations under SOR total approximately \$1.3 million annually.

To summarize current funding allocations, Ms. Cook shared the annual numbers from federal funds for primary prevention only:

- **SUPTRS:** \$8,435,646
- **PFS:** \$1,250,000
- **SOR:** \$1,341,761

Ms. Cook closed by emphasizing that effective prevention is an integrated, lifespan effort. She reiterated that the information she shared today is specific to primary prevention and how they allocate it separately, because it is a specific carve-out to their various funding sources.

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<sup>2</sup> To learn more about the BBHWP Strategic Plan (2025-2030), visit the following link: [https://www.dpbh.nv.gov/contentassets/64e2d35343a74d44a7f2f72850b2bb59/nvbh\\_strategic\\_plan\\_dpbh\\_branded\\_508-2.pdf](https://www.dpbh.nv.gov/contentassets/64e2d35343a74d44a7f2f72850b2bb59/nvbh_strategic_plan_dpbh_branded_508-2.pdf)

Chair Johnson thanked Ms. Cook for her detailed presentation and opened the floor for questions from subcommittee members.

Ms. Kyra Morgan asked how the Bureau quantifies the impact that those dollars are having on the community. Ms. Cook agreed that drawing direct links is challenging. She said that their entities track “small wins as it relates to prevention,” and the Bureau is looking at a return-on-investment report spanning prevention, treatment, and recovery services. For PFS, Ms. Cook noted that they monitor Youth Risk Behavior Survey (YRBS) indicators over a five-year cycle to follow middle-to-high-school trajectories. She added that the Office of Analytics is a close partner in linking meaningful data points to better tell an outcomes story. Ms. Morgan asked about surveillance reports; Ms. Cook responded that the Epidemiological Profile is updated every two years with focused reports in off-years, and that the Bureau is improving dashboard accessibility. She noted that she would compile relevant links for the Chair to distribute.

Vice Chair Schoen asked about the funding mix behind the primary prevention total. Ms. Cook stated that the allocated \$8.4 million is approximately 98 percent federal funds and approximately \$1.6 million in state general funds. Mr. Schoen thanked her and sought confirmation that certification fees are not the source of that \$1.6 million; Ms. Cook confirmed the general funds are legislative appropriations.

Ms. Noël Chounet asked whether the Bureau crosswalks its prevention strategy and data with other agencies, such as DCFS, the Department of Education, and emergency services, and how this is used to inform policy, training, and standards. Ms. Cook said the Bureau’s strategic planning incorporated a broad set of statewide and local plans, including the governor’s priorities, the Fund for a Resilient Nevada strategic plan, county strategic plans, and the State Health Improvement Plan for their division. The final plan includes sub-strategies addressing intersections with law enforcement, 988 dispatch, the courts, the jail and prison systems, the Sequential Intercept Model (SIM), and EMS and hospital systems, including low-barrier medications and peer supports. She noted that some investments are aimed at immediate community impact while others focus on building systems and interagency connections.

Dr. Terry Kerns, Chair of the Response Subcommittee, thanked Ms. Cook for prioritizing SURG recommendations in the Bureau’s funding opportunities. Ms. Cook affirmed that the Bureau aligned its strategic plan with SURG recommendations and actively reports against them, adjusting tactics as needed to acknowledge the recommendations.

Ms. Morgan asked whether school-based prevention programming includes training for school personnel to promote positive childhood experiences that buffer adverse childhood experiences, which can intersect with substance use. Ms. Cook responded that coalitions extend beyond student curricula to community-saturation models that include parents, youth sports programs, and other adult supports. She cited the Grant a Gift FASD programming as an example of family- and environmental-level engagement for highest-risk youth.

Chair Johnson then asked about strategy language referencing SUD and how it connects to prevention. Ms. Cook explained that while SUD is diagnosable, strategies such as reducing stigma and strengthening community engagement operate across the continuum, spanning education, early identification, access and affordability, and anti-stigma campaigns aimed at youth, parents, providers, and communities.

Chair Johnson also asked about evaluation priorities, including measures of reach for school-based work. Ms. Cook said reach remains a key denominator, but the Bureau aims to deepen measurement with disaggregated reach metrics and positive youth outcomes such as peer-led culture change.

Chair Johnson noted recent declines in youth substance use, vaping and cannabis aside. Ms. Cook affirmed this and noted that alcohol use has also gone down for youth over the last couple years. She discussed pairing such trends with economic and long-term benefits to illustrate ROI in ways that resonate with stakeholders.

Chair Johnson thanked Ms. Cook and made one final comment. She noted that primary prevention at the policy and community level, when done well, is the absence of many adverse things in the community. It is “the flourishing”. She emphasized that it seems that identifying ways to measure that investment is really where the Bureau is hoping to go as they think about this long term.

Hearing no other comments from subcommittee members, Chair Johnson thanked Ms. Cook again and noted that many elements she mentioned directly inform a SURG recommendation to be taken up next. She invited Ms. Cook to remain available to assist with refining actionable language during the following agenda item.

With that, Chair Johnson transitioned the group to agenda item #6.

## **6. Discuss Proposed 2025 Prevention Subcommittee Recommendations** *(For Discussion Only)*

Chair Johnson began the discussion by welcoming new members into the process of shaping the 2025 Prevention Subcommittee recommendations. She explained that the subcommittee would begin with a short review of the recommendations submission process, before turning to the specific items under consideration for 2025. She then invited Kim Hopkinson to review the process.

Kim Hopkinson summarized that each subcommittee member is encouraged to submit at least one recommendation using the SurveyMonkey form developed for their subcommittee. The form allows members to submit new ideas or re-elevate recommendations from previous years that remain relevant or need refinement. She noted that two of the three draft recommendations under consideration this year are re-elevated items from prior reports.

She explained that the form requires nearly every field to be filled before it can be submitted, but she encouraged members not to let that be a barrier. Members can use placeholders, such as an asterisk, question mark, or note requesting help, and SEI staff will follow up to complete the form.

Kim Hopkinson noted that she will resend the SurveyMonkey link to all members, noting that each subcommittee has a separate, tailored link.

She also reviewed the timeline for the new SURG reporting cadence. In prior years, an annual report with recommendations was approved each January. Beginning this year, a January 2026 progress report will replace that annual report, summarizing progress to date but not including recommendations. The new annual report with recommendations will be approved in July 2026, allowing subcommittees more time to develop actionable proposals.

Chair Johnson thanked Kim and noted that this timeline gives the subcommittee several months to strengthen and finalize its recommendations. She also encouraged members to identify potential presenters early in 2026 whose expertise could inform these recommendations.

Chair Johnson then introduced the first proposed recommendation, centered on increasing primary prevention funding in Nevada. She displayed the current version of the recommendation, showing edits submitted by Vice Chair Schoen and herself, and explained that the proposed recommendation calls for doubling investment in primary prevention programming statewide.

**Recommendation #2 (Submitted by Vice Chair Schoen):** *Recommend to DHHS/DPBH/the Bureau of Behavioral Health Wellness and Prevention to double the amount of investment in SAPTA primary prevention programming (i.e., For example, if the current level of investment was \$12 million, then this would be raised to \$24 million for the next biennium) for ages 0-24 and review the funding allocations annually. This funding should not be at the expense of existing programming. Additionally, this funding should be the State of Nevada's contribution to Prevention efforts; additional Federal and/or other monies that are secured would not change the target allocation of State dollars for primary prevention efforts.*

Chair Johnson invited Ms. Cook to comment from a subject matter expert perspective.

Ms. Cook first clarified that the term “SAPTA,” used in prior reports, is outdated; the correct title is Bureau of Behavioral Health, Wellness and Prevention (BBHWP). She also cautioned that doubling current allocations within the existing biennium would not be feasible because the state budget for the next two years is already fixed. Any expansion would require legislative action during the next budget cycle. She emphasized that if they were to double the primary prevention allocations today, it would be at the expense of existing programming.

Ms. Cook noted that increasing the general fund line for prevention is not within her Bureau’s direct authority; those allocations are determined through the Governor’s Finance Office and the legislature. She explained that what it would take to increase their general fund accounts would be lobbying and advocacy at the legislative level.

Vice Chair Schoen acknowledged this clarification and said that his intent was precisely to advocate for greater state-level investment, rather than to shift existing program dollars. He emphasized that the purpose of the recommendation was to signal that prevention deserves stable, ongoing general fund support, not solely reliance on fluctuating federal grants or one-time settlement funds.

He noted that the committee had initially considered total prevention investments, which included federal dollars, but that the true amount of state general fund support for prevention is only around \$1.6 million annually. Doubling that base would bring it to roughly \$3.2 million. He acknowledged that this would need to be advocated for through the legislature so that Ms. Cook and her team in a future biennium could have more prevention dollars from the general fund.

Chair Johnson supported this clarification and suggested that the recommendation might be best directed toward a bill draft request (BDR) during the next legislative session, proposing an increase to BBHWP’s primary prevention line item in the state general fund. She said this could be paired with language specifying the target population, such as ages 0 to 24, and prioritizing evidence-based and locally led prevention programming. Vice Chair Schoen commented that they would also need to be more specific on the intended start date in order to try to ensure implementation in the next biennium.

Dr. Terry Kerns, Chair of the Response Subcommittee, then joined the discussion to ask whether the committee wanted to consider other sources of prevention funding, such as the Fund for a Resilient Nevada (FRN), in addition to BBHWP's state allocations. She asked if there might be value in cross-walking those efforts to avoid duplication and enhance collaboration.

Chair Johnson noted that the original intent of the recommendation was to expand the primary prevention programs specifically for the 0-24-year-olds related to evidence-based prevention programming. Vice Chair Schoen added that they also had wanted a consistent state-level funding stream, independent of FRN or settlement dollars, which can fluctuate year to year. He said the subcommittee wanted to send a clear message that prevention is a core public health responsibility deserving of stable state investment.

Chair Johnson agreed, stating that this direction strengthens accountability and underscores prevention as a long-term state priority, rather than one dependent on outside funding cycles.

Ms. Cook concurred that focusing the recommendation on general fund allocations was appropriate, since FRN already follows its own Advisory Committee for Resilient Nevada (ACRN) planning process for determining priorities.

Ms. Noël Chounet asked whether general fund dollars are identified as match. Ms. Cook confirmed they count toward the state's maintenance of effort formula but clarified that increasing the general fund allocation would not create any conflicts, though it would increase the required maintenance level in future cycles.

Ms. Kyra Morgan observed that while FRN funding is distinct from general fund appropriations, it does represent a stable 20-year funding stream, and suggested the subcommittee could explore loosening the recommendation in order to enhance the support if they wanted to make a pitch for FRN funding. Chair Johnson agreed and said the subcommittee might explore wordsmithing this recommendation or drafting an additional recommendation later.

Ms. Cook concluded by cautioning against writing dual recommendations into a single item, as this complicates tracking and evaluation. She said the subcommittee's discussion had been helpful for her team's understanding of intent and confirmed her willingness to help refine language so that the final recommendation is actionable and appropriately directed.

Chair Johnson thanked Ms. Cook for her insights, saying the subcommittee's goal is to get a recommendation to her in time for something to be actionable either by the Bureau or the legislature.

Chair Johnson then introduced the next recommendation proposing that the Nevada Board of Pharmacy issue formal guidance to clarify regulations surrounding naloxone distribution from hospital emergency departments.

**Recommendation #3 (Submitted by Chair Johnson):** *Request guidance from the Nevada Board of Pharmacy posted to their website and communicated to pharmacists to clarify regulations pertinent to the distribution of naloxone in hospitals to permit low barrier naloxone distribution from Emergency Departments (EDs) and Permit EDs to adopt a naloxone-specific standard operating procedure (SOP) for public naloxone distribution, separate from and exempt from the regulatory framework surrounding hospital formulary medications used in patient care.*

Chair Johnson explained that the subcommittee previously heard presentations from the Board of Pharmacy and the California Bridge Program relating to this topic. She proposed that, for the

sake of time, this recommendation could be revisited in greater detail during the next subcommittee meeting.

Ms. Morgan agreed, requesting that the subcommittee revisit the item. She asked whether the intent was to allow individuals to obtain naloxone from hospitals without being admitted or billed for an ER visit. Chair Johnson confirmed that this was the spirit of the proposal – making naloxone as accessible as possible while removing procedural barriers for pharmacists and hospitals. She noted that there seems to be a gap in information for hospital pharmacists regarding whether they can provide community-based naloxone distribution and what that might look like.

Chair Johnson briefly introduced another recommendation elevated from the 2024 report, proposing that a greater share of cannabis retail tax revenue be allocated to cannabis prevention efforts using a local lead agency model.

**Recommendation #1 (Submitted by former Subcommittee member Ms. Debi Nadler):**

*Create a bill draft request to allocate a 15 percent set aside of cannabis retail funds to be distributed using a local lead agencies model to reach \$2 per capita, a recommended funding goal from the Nevada Tobacco Control & Smoke-free Coalition and subject matter experts.*

Chair Johnson noted that a former subcommittee member, Ms. Nadler, had originally brought this forward, and that the item will be revisited in 2026 with a presentation from a subject matter expert to inform next steps.

With that said, Chair Johnson closed the discussion and transitioned to the agenda item #8.

**8. Discuss Report Out for January 14, 2026, SURG Meeting (For Possible Action)**

Chair Johnson introduced this agenda item, explaining that the full SURG will convene on January 14, 2026, and that each subcommittee will be expected to provide a progress update. She stated that during that meeting, she will present on behalf of the Prevention Subcommittee, summarizing the group’s work to date, including its discussions from this meeting and progress since the last SURG convening in October.

Chair Johnson then opened the floor for any additional discussion on this item. Hearing no further comments or questions, Chair Johnson moved onto agenda item #9.

**9. Public Comment (Discussion Only)**

Chair Johnson opened the floor for public comment, asking Kim Hopkinson to read the public comment guidance. Once completed, Chair Johnson called for public comment.

Chair Johnson recognized Ms. Jamie Ross.

Ms. Jamie Ross, speaking for the record on behalf of a member of the ACRN, expressed hope that Chair Johnson and Kim Hopkinson could collaborate with ACRN leadership, once the new coordinator is confirmed, to collaborate efforts, particularly around the committee’s proposed recommendation to double prevention funding. She also noted that she was awaiting reappointment to ACRN and hoped to continue serving in that capacity.

Chair Johnson thanked Ms. Ross for her comment. She recognized Ms. Cherylyn C. Rahr-Wood.

Ms. Rahr-Wood, Director of Behavioral Health for Nevada Rural Hospital Partners, stated that as the subcommittee considers its recommendation regarding naloxone access in emergency

departments, it should also be aware of a related challenge faced by critical access hospitals in rural areas.

Ms. Rahr-Wood explained that many rural hospitals are looking to be able to hold medications used in Medication Assisted Treatment (MAT), especially for patients who are getting put on a prescription but live in the rural region. This includes patients who are discharged or recently released from custody. Individuals returning to rural communities often have difficulty filling prescriptions with that medication. She noted this may be something that the subcommittee could look into to inform another recommendation.

Chair Johnson thanked Ms. Rahr-Wood for her comment. Kim Hopkinson then confirmed that no further members of the public had requested to speak.

Before closing the public comment period, Chair Johnson took a moment to recognize Vice Chair Erik Schoen and Ms. Angela Nichols, whose terms on the Prevention Subcommittee were concluding. She expressed deep gratitude for their hard work and commitment to advancing impactful prevention strategies. She commended their contributions toward several major recommendations. Chair Johnson noted that she hopes that they will continue to be involved with prevention efforts in their professional capacities to help keep this work moving forward in the community.

Vice Chair Schoen thanked Chair Johnson for her remarks and reflected briefly on his time with the subcommittee, describing it as “a pleasure and a joy” to work alongside such a passionate group. He encouraged the new members, noting that serving on this subcommittee is a great opportunity to really make a significant difference in what can be achieved for Nevada.

Chair Johnson thanked him again for his service, and seeing no further comments, she closed the period of public comment and proceeded to agenda item #10.

## **10. Adjournment**

Chair Johnson thanked subcommittee members, presenters, and others in attendance and adjourned the meeting at 4:35 p.m.

**Meeting Chat Log:**

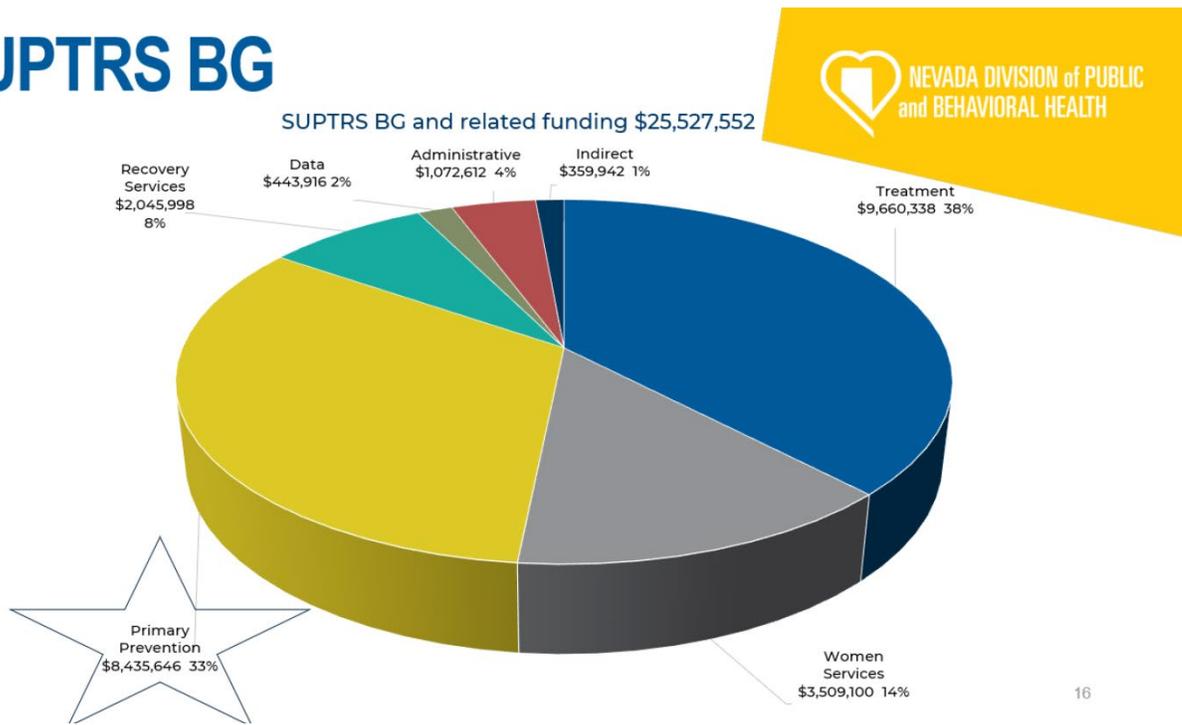
**Kim Hopkinson (she/her) 3:05 PM**

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**Stephanie Cook, NV SOTA 3:43 PM**

From slide 16:

# SUPTRS BG



**Kim Hopkinson (she/her) 4:31 PM**

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