

MEETING NOTES

Statewide Substance Use Response Working Group Meeting

Tuesday November 16, 2021

9:00 a.m. – 11:30 a.m.

Meeting Locations: Offices of the Attorney General

- Carson Mock Courtroom, 100 N. Carson St., Carson City
- 4500 Conference Room, Grant Sawyer Building, 555 E. Washington Blvd., Las Vegas

Zoom Webinar ID: 956 1336 9674

Members Present

Chelsi Cheatom, Barbara Collins, Dr. Lesley Dickson, Attorney General Aaron Ford, Shayla Holmes, Jeffrey Iverson, Jessica Johnson, Lisa Lee, Debi Nadler, Christine Payson, Erik Schoen, Steve Shell, Dani Tillman, and Dr. Stephanie Woodard

Members Excused

Senator Fabian Donate, Assemblywoman Claire Thomas and Assemblywoman Jill Tolles

Attorney General's Office Staff

Vicki Beavers, Rosalie Bordelove, Christine Jones-Brady, Terry Kerns, Mark Krueger, and Ashley Tackett

Social Entrepreneurs, Inc. Support Team

Laura Hale, Kelly Marschall, Sarah Marschall and Emma Rodriguez

Members of the Public

Las Vegas: Dave Marlon, Crossroads/Vegas Stronger; Lianne Nishida-Costello, Vegas Stronger; Jamie Ross, PACT Coalition;

Carson City: Yenh Long, Nevada Board of Pharmacy; Dave Wuest, Nevada Board of Pharmacy;

Online: Tray Abney, Jessica Adair, Abigail Bailey, Jeanette Belz, Miranda Branson, Qwin Bush, Lea Case, Jolene Dalluhn, Joe Dibble, Rhonda Fairchild, Jhana Fry; David Gouldthorpe, Carin Hennessey, Ashlyn Huntington, Hayley Jarolimek, Iris Key, Sheila Lambert, Connie Lucido, Sarah McGill, Marianne McKown, Elyse Monroy, Peter Ott, Alex Tanchek, Lee Tauchen, Shawn Thomas, Tam Villar, Victoria Yeghiayan

1. Call to Order and Roll Call to Establish Quorum

Attorney General (AG) Ford called the meeting to order at 9 a.m. Emma Rodriguez called the roll and announced that a quorum was established. Legislators who are members of the Work Group were excused due to a special session of the legislature for redistricting.

2. Public Comment

AG Ford called for public comment. There was none.

3. Welcome and Self-Introduction of SURG Members

- AG Ford introduced himself, noting the historical engagement of his Office with opioid issues, and invited others to introduce themselves.
- Terry Kerns, Substance Use Law Enforcement Coordinator, Attorney General's Office.
- Stephanie Woodard, PsyD, Department of Health and Human Services Senior Advisor for Behavioral Health.
- Dani Tillman, Executive Director, Ridge House.
- Jessica Johnson, Senior Health Educator, Southern Nevada Health District.
- Debi Nadler, Co-founder, Moms Against Drugs and Drug Epidemic Awareness across America.
- Christine Payson, Drug Intelligence Officer, Nevada HIDTA.
- Lesley Dickson, MD, Medical Director, Center for Behavioral Health. She is a psychiatrist working with folks on Medication Assisted Treatment (MAT).
- Shayla Holmes, Director of Human Services and also Public Guardian for Lyon County.
- Erik Schoen, Executive Director, Community Chest, Inc. serving Storey, Lyon, and Mineral counties.
- Steve Shell, Vice President of Behavioral Health, Renown Health in Northern Nevada.
- Lisa Lee, Human Services Program Specialist, Washoe County Human Services Agency and also a person in long-term recovery. If all goes well, she will have 20 years in February.
- Jeffrey Iverson, CEO, Freedom House. He is also in long-term recovery.
- Chelsi Cheatom, Program Manager, Trac-B Exchange.
- Note: Barbara Collins, Principal, Mission High School, Clark County School District was present via zoom, but did not introduce herself.

4. Election of Working Group Chair and Working Group Vice Chair

Emma Rodriguez asked for a motion to nominate a Chair:

- Dr. Woodard made a motion on behalf of Assemblywoman Tolles to nominate AG Ford.
- Jessica Johnson seconded the motion.
- The vote was unanimous in favor.

Chair Ford asked for a motion to nominate a Vice Chair:

- Dr. Woodard nominated Assemblywoman Tolles.
- Dani Tillman seconded the motion.
- The vote was unanimous in favor.

6. Opioid Litigation Settlement

(Agenda Item 6 was taken out of order to accommodate absent members.)

Christine Jones Brady, Second Assistant Attorney General presented with Mark Krueger, Consumer Council for Board of Consumer Protection, Office of the Attorney General. (See slides 25 – 30) They worked with Assemblywoman Tolles, Dr. Woodard and Tina Dortch, Program Manager, Nevada Office of Minority Health and Equity, on getting stakeholder involvement in how to utilize settlement funds to overcome substance use issues for Nevada. Ultimately, the Substance Use Response Work Group (SURG) will be making recommendations for how to spend the funds.

Ms. Brady summarized documents available at https://ag.nv.gov/Hot_Topics/Opioid_Epidemic/ including *Declaration of Findings; Contingency Fee Contract, Second Amended Complaint, and One Nevada Agreement on Allocation of Opioid Recoveries.*

The *Declaration of Findings* was established by the Governor to require outside litigation as a large and complex complaint suing over 60 entities. Working with the Bureau of Consumer Protection, they walled off AG Ford from the process, to put out a bid for law firms, with responses across the state and the

country. The selection committee was diverse with members across the state to review and score the law firms.

The *Second Amended Complaint* allows them to add defendants as the discovery process continues, collecting information from defendants and other stakeholders. Ms. Brady gave accolades to Mr. Krueger for reaching out to stakeholders throughout Nevada.

Mr. Krueger described the process with pharmaceutical companies that have filed bankruptcy, pursuing what can be recovered. Nevada's litigation is comprehensive and complex, and people should not get caught up in what is going on in other states' litigation. Nevada's case is unique because it includes defendants who were manufacturers, distributors and pharmacies involved in this opioid epidemic. They are currently in the discovery phase and the amount of documents Nevada has turned over is extensive from the Department of Health and Human Services (DHHS), the Department of Public Safety (DPS) and others at 15 million pages and over three terabytes of data. The trial date of April 17, 2023 is right around the corner in terms of litigation.

Mr. Krueger described the *One Nevada Agreement* to allow the state to figure out up front how to fairly and equitably allocate recovery from litigation. Although the state's trial date is ahead of county trial dates, they are approaching this as a statewide effort in concert with the counties. All 17 Nevada counties agreed to participate, even if they don't have litigation, plus all cities that are in litigation. This agreement sets the process to fairly and equitably allocate money among the stakeholders. State funds go to the Fund for Resilient Nevada according to state law. The SURG will then make recommendations to support the State Plan and Needs Assessment for how to best address the opioid epidemic in different parts of the state.

Ms. Brady noted the complexity of the legislation and the experience of the SURG members regarding not only opioids, but substance abuse in general. The state will not receive one lump sum from the defendants, some of whom have declared bankruptcy. The process and timing of recovery damages for harm created is going to be different from someone who decides to settle versus others who wish to go to trial. The monies that will come in will be staggered. Courts may rule that money will come in over a series of years. It depends on the lawsuits with different defendants. The account (Fund for Resilient Nevada) can take funds from various sources. For example, if a doctor is determined to have mis-prescribed drugs, they could ask for restitution to be paid to this account.

Lisa Lee thanked staff for the presentation and recommended light reading to SURG members, including *Dopesick* which unravels factors of the marketing of oxycontin by Purdue Pharma. The other recommendation is *Unsettled* by Ryan Hampton, who lives in Las Vegas, NV. It's a compelling account of the bankruptcy proceedings.

Jessica Johnson noted the trial date of April 17, 2023 in relation to the work of the SURG, asking if they need to wait until the trial date to allocate or can they move forward. AG Ford explained that SURG has several tasks, including making recommendations to DHHS on how to spend the money and a report due on January 31, 2022. They will be constrained by when funds are available, but even though the trial isn't until 2023, settlements may come in sooner and funds can be appropriated. Ms. Brady explained that there is a lot of work to be done getting the State Plan together, as will be detailed by Dr. Woodard in a later item.

7. Overview of Open Meeting Law

Rosalie Bordelove, Chief Deputy Attorney General, Boards and Open Government Division gave a high-level overview of Nevada's Open Meeting Law (OML) as related to the members of the SURG. (See Slides 33 – 43 and related notes.) None of the members had any questions regarding this presentation.

8. Review and Adoption of the Bylaws

Chair Ford directed members to a copy of the Bylaws in their meeting packets. Dr. Kerns noted that the [Bylaws](#) are also posted online and she reviewed some highlights. In part the purpose is to make recommendations to DHHS concerning the use of state and local money, to address opioid substance misuse and opioid use disorder from the Fund for Resilient Nevada utilizing, in part, the State Needs Assessment and State Plan through an integrated approach. The responsibilities will be reviewed by Assemblywoman Tolles and/or Dr. Woodard under agenda item #5. Support will be provided from subject matter experts (SME) and a report is required on or before January 31st of each year. There are 18 members with 2-year appointments from September 2021 to September 2023, who can be reappointed in the same manner as the initial appointment for an additional two years. There is no compensation. If a vacancy occurs, it will be filled in the same manner as the original appointment through the remainder of the term. If someone needs to resign from the committee, they must provide written notice to the Chair of the SURG and to the head of the agency they represent. A person can be removed from the SURG if they miss three or more meetings in a calendar year based on a recommendation from the Chair. The SURG will follow Roberts Rules of Order and the Open Meeting Law. A quorum is 10 members. Members will meet not less than twice per year and as called by the Chair. The Officers are the Chair and the Vice Chair. If someone cannot attend a meeting, they must provide notice to staff at least 48 hours in advance. Members must participate in at least 75% of meetings. Subcommittees will be created as needed. Special meetings may be called by the Chair or requested by members through a written request to the Chair. Each member gets one vote and a proxy can be put in place. Votes pass with a majority of the members in the affirmative. Members must disclose conflicts of interest, financial or otherwise, although the SURG will not be making funding award decisions. The Bylaws will be reviewed every four years.

Chair Ford reiterated that SURG members only make funding recommendations, rather than decisions.

Lisa Lee requested review of item C.e. from Article 3, Section 1. She requested a change from the term “Intravenous drug users,” to people first language, such as “people who inject drugs.” Also, every person who uses by injecting drugs doesn’t do it through the vein. She feels that people first language should be used whenever referring to people who use drugs.

Chair Ford asked for a motion to adopt the bylaws as amended.

- Dr. Woodard made a motion to adopt the bylaws as amended.
- Dr. Dixon seconded the motion.
- The motion passed unanimously.

5. History and Overview of the Legislation, including rule and mission. ([AB374 from the 2021 Legislative Session](#)) (Moved out of order to accommodate members)

Dr. Woodard presented slides 11 – 20 in Assemblywoman Tolles’ absence due to the special session for redistricting. Dr. Woodard continued with slides 22 – 24, noting that there have been many questions regarding the differences between the SURG and the Advisory Committee for Resilient Nevada (ACRN).

Debra Nadler asked for a list of ACRN members. Dr. Woodard noted that the ACRN had met once and would be meeting again later in the week. A list of members is available online at: https://dhhs.nv.gov/Programs/Grants/Advisory_Committees/ACRN/ACRN_Members/.

Dr. Woodard added that [Senate Bill \(SB\) 390](#), which created the ACRN and the Fund for Resilient Nevada had a lot of bipartisan support. [Assembly Bill \(AB\) 374](#), which created the SURG, also had a lot of bipartisan support. The SURG is broader to address all substance use.

9. Review, Discussion and Possible Adoption of the SURG Meeting Schedule and Priorities for the Upcoming Year to Accomplish the Business of the Working Group.

Dr. Woodard presented slides 47 – 57. She explained her granular approach under this presentation was to lay the foundation for SURG members to undertake the work needed over the next two years, reiterating the broad scope to include not just opioids, but all substance use, with cross-agency coordination. Dr. Woodard emphasized key law enforcement issues to be addressed under the Sequential Intercept Model and she also underscored the distinction between treatment and recovery programs. She looks forward to bringing information to this group regarding work that has been done with strategies and implementation plans to prevent and respond to the overdose crisis.

Tasks for the SURG are interrelated and require substantial coordination and support, with grant funding under DHHS to Social Entrepreneurs, Inc. (SEI). Dr. Woodard thanked SEI for coordinating technical arrangements and getting materials together for today's meeting. She reviewed options for organizing future meetings around SMEs across multiple topics, as well as considering impact to special populations. To ensure high quality, SMEs must speak from their expertise rather than presenting a series of program activities. Presentations could include policy or legislative recommendations, as well as practices and programs that could be beneficial.

Ms. Lee thanked Dr. Woodard for the presentation and noted that she is currently working with others to collect qualitative data from people in recovery across the state, including rural Nevada. She would be happy to present their findings and recommendations sometime near the middle of next year. She is also working with Dr. Karla Wagner to do qualitative interviews with people who use drugs in Washoe and Clark Counties. They expect to have quality recommendations that could be presented.

Dr. Woodard had reached out to Dr. Wagner for some of the qualitative data to include in the Needs Assessment under SB 390. She agrees with Ms. Lee that it's a good opportunity to hear the voices of people who use drugs as well as those in recovery to help inform this Working Group.

Chair Ford noted this will supplement the experience of SURG members, and he appreciates Ms. Lee's offer. He referenced the significant amount of work to be done and suggested additional meetings would be needed beyond the two meetings per year required in the legislation. A report is due January 31, 2022, then more robust recommendations would be developed by 2023. Members should anticipate more than two meetings in 2022.

Dr. Woodard made further recommendations for how the group could move forward by subject matter, focusing each meeting on specific topics as identified on slide #56: Substance Use Prevention, Reducing Harms, Early Intervention and Treatment, Recovery Supports, Criminal Justice, and Data and Information Sharing. She hopes the group can reconvene in January to review the report that is due, and she recognizes there are parallel tasks with ACRN and SURG.

The ACRN is contracted with Mercer and UNLV to do qualitative and quantitative analysis, including a Needs Assessment that is required by SB 390. It is expected to be completed sometime in February. If the SURG meets again in January to review the draft report, and to review initial findings of the Needs Assessment and provide feedback, they can ensure getting their foot in the door on recommendations to the ACRN. This Needs Assessment will culminate in a prioritization process as well as a State Plan that

will be used for the allocation of funding at a high level under the DHHS. Completion of the State Plan is targeted for March or April, so the SURG would have to meet, again, before then to provide feedback on the Plan.

Chair Ford stated January 19, 2022, 9 a.m. is flagged for the next meeting of the SURG. Subsequent quarterly meetings were proposed, but Dr. Woodard reported that information about the timing of the State Plan just became available this morning, impacting the dates from slide #57. Chair Ford advised a doodle poll would be sent out to schedule another meeting date in March.

Dr. Woodard highlighted agenda items for the January 19, 2022 meeting. They will review the draft report and make recommendations. Then, at the Chair's discretion, they would have staff from Mercer and UNLV report on initial findings for the Needs Assessment they are conducting. Chair Ford agreed to add this to the agenda.

Dr. Dickson asked what the Needs Assessment would consist of – who and what is being assessed.

Dr. Woodard explained that the Needs Assessment is specifically for the Fund for Resilient Nevada to look at the risks, harms and impacts that the opioid crisis has had on Nevada. It's not new information to those working on the opioid epidemic response in Nevada over the last seven years. As noted in the presentation from Agenda Item #6, they have voluminous data and information. The goal of the Needs Assessment is to elevate what is known regarding the priorities for the State Plan. The approach would look from the current date backwards as the opioid crisis has shifted over the last couple of years and they want to make sure they are capturing the present-day situation to make real-time recommendations. There are three priorities in legislation: first is to stabilize, so they want to get funds out to communities as quickly as possible to reduce harms such as overdose, which will require strategies used to date. It also prioritizes prevention of substance use and racial equity. They will be leveraging existing documentation for work that has been done and data that has been collected, including what was used for litigation.

Dr. Woodard suggested a goal for the March meeting would be to review the draft State Plan and have an open discussion and deliberations regarding if the SURG wants to be part of the State Plan.

Dr. Woodard continued her presentation on the framework for SURG Meetings later in 2022. Chair Ford suggested grouping the six topics two at a time for meetings throughout the rest of 2022. Bill Draft Requests (BDRs) will be due well before the January 2023 deadline, but these discussions can help inform that process, even if it is just a placeholder. Maybe some items could be included in the March meeting, then schedule at least another three meetings.

Dr. Woodard asked about the length of the meetings. Chair Ford suggested setting time limits to respect people's time, and he asked if two hours would be enough to cover two topics per meeting. Dani Tillman suggested that two to three hours would be a minimum amount of time for a single topic. Jessica Johnson agreed with Ms. Tillman and asked if subcommittees would be useful to move meetings timely.

Chair Ford suggested possibly assigning members to subcommittees in January, and planning on four-hour meetings, starting at 9 a.m. with a lunch break, with two hours per topic. Subcommittees can work with SME on bringing forward topics.

Ms. Johnson referenced the need for data as presented earlier by Dr. Woodard. She thinks it would be important for this group to have SMEs presenting regional information across the different topics and to

consider current efforts that have been successful in different regions. That would help ground the committee and identify what to continue or what might be new or innovative.

Chair Ford acknowledged Ms. Johnson's suggestions and asked for additional comments.

Ms. Johnson asked if criminal justice could be separated in two categories under the sequential intercept model – pre-justice system versus re-entry programs and strategies within the community. Chair Ford said they would think about that.

Dani Tillman expanded on Ms. Johnson's comments, suggesting three criminal justice areas: pre-incarceration, incarceration treatment and then re-entry programs. Chair Ford said he was not averse to this idea, but asked members to keep in mind the number of meetings that would be required. It is unlikely they will be able to accomplish everything ahead of the 2023 legislative session, so they need to think about what to prioritize.

Dr. Woodard clarified for Ms. Nadler that the order of items listed on slide # 56 was not intended to determine the order in which the SURG considers these topics. It is at the discretion of the Chair. Ms. Nadler opined that Substance Use Prevention alone needs a full four hours, given the current epidemic and the impact to younger children.

Ms. Lee suggested that social determinants of health (SDOH) such as isolation and housing impact people's experience in different ways, interrupting intergenerational cycles. Social isolation and poverty can really impact youth; she's not sure where they fit in, but they should be considered.

Dr. Woodard recapped the group's decisions, including grouping topics together, and in addition to January and March meetings, there will be at least another three meetings with two topics per meeting and an allotment of four hours for each of those meetings. Subcommittees will be considered as the depth and breadth of many of these topics could easily exceed four hours. They will need to be selective and strategic in addressing these issues, keeping in mind Chair Ford's point that they won't be able to get to everything in time for the legislative session, while making sure that each member has an opportunity to contribute to the recommendations coming out of this group. She asked for topics that the group would like combined or an order of topics for consideration.

Erik Schoen referenced Ms. Lee's discussion of SDOH, adding that in rural Nevada the capacity is limited, requiring nuanced work to address how SDOH drive choices. They need to address how to build capacity in rural Nevada that meets the needs there as the agenda is developed.

Ms. Nadler suggested starting with awareness and prevention due to high overdose rates among young kids. The first priority would be to work on prevention in the schools and all over.

Chair Ford asked if it makes sense to combine substance use prevention with early intervention and treatment. Ms. Nadler agreed early intervention fits with prevention, but she thinks prevention and treatment should be separate topics for discussion. (Note: This item was corrected at the 1/19/22 meeting of the SURG.)

Ms. Johnson referenced the [Institute of Medicine's Continuum of Care](#) for substance abuse, suggesting they discuss universal prevention efforts and some selected secondary prevention efforts. Reducing harm is kind of a tertiary prevention effort, before getting to a diagnosis, which would then qualify as treatment. One strategy might be to talk about health promotion and prevention, so reducing harm could

be grouped there in one presentation. Then early intervention and treatment, and recovery support could be a second grouping. Under the criminal justice piece, there are opportunities for information and data sharing. There may be some overlap from a public health perspective and there may be great recommendations from SME.

Ms. Lee suggested a conversation on the child welfare system and substance use, separate from the criminal justice system. For opioid use in particular, recently published research shows a correlation between overdose rates increasing where child welfare rates increase in communities. Overdose prevention in general may deserve its own spot on the agenda. There are efforts across the state to incorporate [CARA Plans of Care](#) as well as [Families First Prevention Services Act](#). Some of these programs are related to parental substance use and prenatal substance exposure. They should think about that and where to start interrupting intergenerational cycles. She thinks that is a separate conversation from early intervention and treatment or criminal justice.

Chair Ford expressed feeling overwhelmed with the volume of topics to consider. He suggested it may be helpful to send topic ideas to Dr. Kerns to compile all of them and revisit in January to determine the approach. Dr. Kerns asked to also look at the information from the Needs Assessment in January. Dr. Woodard will ensure that the contracted vendors can bring forward initial findings for the Needs Assessment to the January meeting.

Chair Ford asked Dr. Kerns to track the topic ideas submitted and to group them together. Dr. Woodard suggested that each topic submitted should also reference the specific legislative task that the topic would be assigned to, in order to avoid scope creep while also ensuring each task is addressed. Chair Ford agreed, advising members to keep their Bylaws handy and to attach suggestions to items A-Q to determine where it fits in their scope.

Chair Ford thanked members for a robust conversation and reminded them of the January 19, 2022 meeting at 9 a.m.

10. Public Comment

Dr. Dickson advised members of a conference in February sponsored by the Nevada Psychiatric Association. It is oriented to psycho-pharmacology, but the pre-conference is going to be on addiction psycho-pharmacology with national speakers addressing substance abuse. Some members might enjoy it. She has brochures.

Ms. Nadler asked if member events could be distributed by staff in the AG's Office. Dr. Kerns agreed to distribute information that is emailed to her.

Rhonda Fairchild, Center for Behavioral Health and There is No Hero in Heroin (a non-profit in Las Vegas), asked if the subcommittees would meet privately or if they would be open. Chair Ford responded that as a general matter, he can't respond to questions under public comment, but subcommittees are also subject to the open meeting law.

The meeting was adjourned at 10:55 a.m.