STATEWIDE SUBSTANCE USE RESPONSE WORKING GROUP

SUBCOMMITTEE 1: PREVENTION

DRAFT MEETING MINUTES

September 16, 2026 – 3:00 p.m.

Virtual via Zoom

Members Present via Zoom or Telephone
Chelsi Cheatom; Jessica Johnson; Stacey Lance; Kyra Morgan; Senator Dina Neal (joined at 3:16); Wendy Nelsen

Members Absent
Noël Chounet; Rosa O'Bannon

Attorney General's Office Staff
Terry Kerns, Ph.D.; Deputy Attorney General Joseph Peter Ostunio

Social Entrepreneurs, Inc. (SEI) Support Team
Margaret Del Giudice; Mary O'Leary

Other Participants via Zoom
Linda Anderson; Heather Kerwin; Maddison Proctor; Belkis Quezada; Morgan Sollano; Joan Waldock

Unless otherwise identified, members of the public are listed by their name or number as it appeared on Zoom.

1. **Call to Order and Roll Call to Establish Quorum**
   Jessica Johnson, Prevention Subcommittee Chair, called the meeting to order at 3:01 pm. Mary O'Leary (SEI) called roll and established quorum with five out of eight members present.

2. **Public Comment**
   Ms. O'Leary read the statement on public comment and provided call-in information. She provided in the chat the following guidance regarding use of the Zoom chat: *Please do not use the chat for items other than technical support, as this becomes part of the public record. The meeting chat functionality is limited to inquiries regarding technical difficulties or to indicate an interest in offering public comment. Exercise caution with links which may appear in any meeting chat as they could be malicious.*

Hearing or seeing no public comment, Chair Johnson continued to agenda item #3.

Ms. O'Leary provided the following guidance in the chat for members should they need to depart the meeting early: *If a member must depart a meeting prior to adjournment for any reason, the member shall formally announce their departure for the record to ensure accurate minutes and to allow the Chair to confirm that a quorum remains in accordance with Nevada's Open Meeting Law.*

3. **Review and Approve Minutes for May 20th, 2026 Prevention Subcommittee Meeting**

Chair Johnson invited a motion to approve the minutes from the May 20th, 2026 Prevention Subcommittee meeting.

- Member Wendy Nelsen made the motion to approve.
- Member Stacey Lance seconded the motion to approve the minutes.
- The motion passed with no dissent.

With no further discussion, Chair Johnson proceeded to agenda item #4.

4. **Presentation on Data Highlights and Methods for Scoring and Ranking Fund for Resilient Nevada Recommendations**

Chair Johnson introduced presenter Heather Kerwin, MPH, CPH, Opioid & Infectious Disease Epidemiologist, Office of State Epidemiology, Nevada Division of Public and Behavioral Health (DPBH). For complete details on Ms. Kerwin's presentation and secondary data presented, refer to the *PowerPoint Presentation - 2026 NV Opioid Assessment Overview* and the PDF *2027-2031 Nevada Opioid Assessment Secondary Data Excerpt – DRAFT,* both available as part of this meeting's material on the SURG Website: https://ag.nv.gov/About/Administration/Substance_Use_Response_Working_Group_(SURG)/.

Ms. Kerwin's presentation included a review of the seven Fund for a Resilient Nevada (FRN) Statewide Opioid Goals, which identify priority areas for Nevada to address with the state's opioid settlement funds. The presentation also contained the criteria used to score the goals as part of the second iteration of the Nevada Opioid Assessment to inform the Opioid Plan and guide funding decisions made over the next 4-year cycle. Ms. Kerwin noted that the focus will be on six of these goals, as Goal 7 regarding the provision of high quality and robust data and accessible, timely reporting is not scored or ranked within this presentation because it relates to the totality of data overall.

Scoring methodology consisted of a modified Hanlon Method to obtain an average score for each goal. This average is obtained by combining the scores of the goal's indicators and dividing it by the total number of indicators. Indicators are scored using the following weighted criteria: magnitude, trends, severity, key informant/focus group ranking, as well as statewide survey questions that asked participants to rank the goals in terms of their importance for addressing opioid use, gaps and needs in the community, and priorities for funding.

Member Dina Neal joined the meeting at 3:16 pm.

Regarding primary data collection efforts, Ms. Kerwin noted that 179 individuals in Nevada with lived or living experiences, who work in the field or adjacent to it, or who have friends and/or family with lived experience participated in the key informant interviews or focus groups, and 413 people responded to the statewide survey. She provided a breakdown of some of the demographics of survey respondents (e.g., race, age, occupation), which included residents from 15 of 17 counties. Ms. Kerwin qualified that only individuals 18 or older were eligible to participate in the survey.

Ms. Kerwin then presented results of the survey that highlighted the following as the highest priorities: Goal 1: Ensure Local Programs Have the Capacity to Implement Recommendations Effectively and Sustainably (referred to on the presentation slide as 'Community Workforce and Capacity Building'), 2: Prevent the Misuse of Opioids, and 4: Provide Behavioral Health Treatment (referred to on the presentation slide as 'Behavioral Health Services'). Ms. Kerwin emphasized that these results are not intended to be restrictive; a lower ranking of a goal does not mean that it isn't a value to address it through funding or programming, but these results can be used to help provide justifications for funding decisions.

She also provided a look at data highlights from the Nevada Opioid Assessment Primary data included in the Opioid Assessment come from the interviews, focus groups, and surveys Ms. Kerwin previously summarized. Secondary data consists of national survey data from the following: Behavioral Risk Factor Surveillance System (BRFSS), the Youth Risk Behavior Survey (YRBS), and National Survey on Drug Use and Health (NSDUH), as well as Vital Statistics, hospital discharge data, and Medicaid billing data. Ms. Kerwin explained that secondary data is often more accurate as prevalence estimates of populations impacted and that primary data are more reflective of the summary of perspectives from individuals who participated in interviews, focus groups, or the statewide survey.

Ms. Kerwin explained that there are approximately 50 indicators for the secondary data, many of which she showed on her PowerPoint slides along with each indicator data source and the goal(s) it aligns with.[1] One indicator regarding counties with a Medication Assisted Treatment (MAT) program implemented in county-level jail was greyed out on the slide pending an update from Bill Teel with GROWLER Consulting. Mr. Teel has been working with Nevada communities and county-level jails to build MAT programs and establish wrap-around services for individuals post incarceration.

Ms. Kerwin expressed gratitude towards the Nevada Health Authority Office of Analytics for their significant support in collecting the secondary data, much of which was not public.

[1] Indicators may align with more than one goal.

Following her overview of the several secondary data indicators, Ms. Kerwin presented FRN Statewide Opioid Goals 1-6 along with both primary and secondary data highlights associated with each goal.

Goal 1: Ensure Local Programs Have the Capacity to Implement Recommendations Effectively and Sustainably

With regards to Goal 1, Ms. Kerwin highlighted that over 90% of Nevadans live in a Health Resources and Services Administration (HRSA) designated Mental Health Professional Shortage Area. She also noted that in 2024, less than 3% of Medicaid authorized providers billed for Screening, Brief Intervention, and Referral to Treatment (SBIRT). While reviewing primary data highlights, she noted that people with lived experience emphasized that adding providers is insufficient without also offering stigma and bias training. She added that screening rarely goes beyond intake-forms with checkboxes, which may not yield honest answers, especially with providers who patients lack rapport with.[2]

Goal 2: Prevent the Misuse of Opioids

With regards to Goal 2, Ms. Kerwin commented that there has been a steady decrease in opioid prescription rates, however this is not typically where people who use opioids are obtaining them. So while it is good to see one source of opioids reduced, it is not solving the problem. Among data presented, Ms. Kerwin highlighted that from 2022 to 2024, nearly 1 in 4 foster care placements were due to parental drug or alcohol use. She also called attention to data showing that 56% of emergency department (ED) visits and 61.4% of hospitalizations due to opioids in 2024 involved persons insured by Medicaid. For context, Ms. Kerwin emphasized that only about 5% of all Medicaid beneficiaries have a diagnosis of substance dependence (which excludes alcohol and tobacco), so this should not be viewed as solely a Medicaid issue such that we should focus investing time and resources towards messaging directed at this population. While reviewing primary data highlights, she commented that there has not been a standardized youth prevention program since DARE, and while substance use prevention coalitions are doing great work delivering evidence-based K-12 programming, a challenge is that students often only receive it once or at different grade levels, and it varies depending on the school district.

Goal 3: Reduce Harm Related to Opioid Use

Moving on to a review of data highlights for Goal 3, Ms. Kerwin commended the Southern Nevada Health District's Harm Reduction 101 training and recommended that anyone who has not engaged with that before do so. She required all who worked on this assessment project to complete that training as well as Narcan training.

[2] Ms. Kerwin corrected an error on the slide entitled Goal 1 – Key Informant & Focus Group Highlights where it says, 'peer support service specialists (PRSS)' but should say 'peer recovery support specialists.'

Looking over the data highlights for Goal 3, Ms. Kerwin noted that an opportunity for prevention is apparent when looking at data that showed that 9.5% of Nevadans who died due to an unintentional drug overdose in 2024 had been released from a hospital the month prior, and 8.6% had a history of a previous overdose. While reviewing primary data highlights, she shared that she spoke with several people who had 8 or 9 years of recovery and then relapsed after losing a family member or someone significant to them. She also shared that she has worked with street outreach programs in Nevada since 2008, confirming a theme that came up in the primary data that people who are unhoused are often targets of theft and violence. Ms. Kerwin emphasized the importance of getting Narcan to the right population and how often people within the community are unaware of the resources it offers. As an example, she recalled a focus group with Narcotics Anonymous that was held at a location that dispenses free Narcan; participants were citing difficulty obtaining Narcan from pharmacies at $40 a dose, unaware that this location offered Narcan for free.

Goal 4: Provide Behavioral Health Treatment

Regarding data highlights for Goal 4, Ms. Kerwin noted that the proportion of Medicaid beneficiaries with a SUD diagnosis who received MAT increased from 23.7% in 2020 to 30.0% in 2024. She clarified that this is an indicator of increased accessibility but qualified that the denominator includes anyone with a substance use disorder, including stimulant use disorders that do not have a designated MAT treatment. While reviewing primary data highlights that included a lack of access to resources in rural and frontier communities, Ms. Kerwin noted that people with lived experience in some rural communities indicated that they were very uncomfortable with telehealth, which is often thought of as a solution to the lack of resources.

Goal 5: Implement Recovery Communities Across Nevada

Continuing with Goal 5, Ms. Kerwin provided additional context to the Key Informant and Focus Group Highlights slide wherein people with lived experience are learning to cope with life's challenges while maintaining recovery and feel as though they need to address various serious problems all at once, like owning a car, paying rent, setting up bank accounts, getting a job, and paying bills. She continued that many described the significant challenge of missing out on their formative years, when you typically learn how to manage these types of things while building resilience slowly, and then having to do all of it at once while maintaining recovery. While discussing distrust of telehealth in rural communities, she commented that this may be generational as many rural participants were over the age of 40, but that nevertheless this is representative of the current population.

Goal 6: Provide Opioid Prevention and Treatment Consistently Across the Criminal Justice and Public Safety Systems

Regarding Goal 6's data highlights, Ms. Kerwin provided additional context for data showing that 2.0% of Nevadans who died due to an unintentional drug overdose in 2024 had been released from jail or prison within the month before death. Ms. Kerwin explained that this is often because people return to using a substance at the

dose they'd used prior to incarceration, but their body is no longer able to tolerate it as before. While reviewing primary data highlights, she noted that some people with lived experience indicated that incarceration was the primary reason for initial sobriety because substances were not available, but it was not a great system for sustained recovery. She emphasized that often people cycle in and out of the justice system, offering many touchpoints that could serve as opportunities for intervention. Ms. Kerwin called attention to Bill Teel's great work in this area.

Ms. Kerwin reminded meeting participants that Goal 7 is not scored or ranked in this presentation as it is related to data quality and reporting. She offered that if there are relevant secondary data points that have not been considered, reach out to her as she may be able to incorporate additional data. She clarified that they look for data that is standardized and relates to the entire state of Nevada rather than client or personnel data.

Closing her presentation, Ms. Kerwin provided an overview of the Recommendation Ranking Survey that SURG members were asked to participate in following the meeting. This survey will ask members to rank ACRN and SURG recommendations that align with the FRN Statewide Opioid Goals. She explained that while the modified Hanlon Method produces a score for each goal, it does not identify next steps, which is where recommendations put forth by the Advisory Committee for a Resilient Nevada (ACRN) and the SURG can help. Recognizing that the SURG recommendations have already been prioritized relative to each other, the survey asks respondents to prioritize these and the ACRN recommendations within the context of each FRN Statewide Opioid Goal. She clarified that only opioid-specific SURG recommendations were included, and SURG recommendations addressing substance use more generally were excluded. Ms. Kerwin asked members to allow at least 30 minutes to complete the survey and noted that the survey does not include the current status of each recommendation, so members were encouraged to draw on their own expertise regarding whether a recommendation is already underway or actively being worked on.

Member Chelsi Cheatom announced her departure from the meeting at 4:11 pm.

Ms. O'Leary noted that Member Sen. Neal had also left the meeting. The result of this was that quorum was lost and that in compliance with Open Meeting Law, the rest of the meeting must be *Information Only* with no discussion.

Ms. Kerwin concluded by emphasizing the role of ranking recommendations in identifying how to best address efforts associated with the FRN Statewide Opioid Goals, as well as proposals for funding under these goals. She invited members to reach out with any questions and offered to speak at a later meeting if there was anything Chair Johnson would like her to address. She requested that members complete the survey by the end of September to allow time for her to compile the results and present them to SURG members at the October SURG meeting. For full presentation details, please refer to the *PowerPoint Presentation - 2026 NV Opioid Assessment Overview* and the PDF *2027-2031 Nevada Opioid Assessment*

Secondary Data Excerpt – DRAFT, both available as part of this meeting's material on the SURG Website: https://ag.nv.gov/About/Administration/Substance_Use_Response_Working_Group_(SURG)/.

Chair Johnson sought clarification with Deputy Attorney General Joseph Ostunio on whether members could ask questions given the loss of quorum. Mr. Ostunio responded that questions are preferably avoided because they could turn into a discussion, but that it would be fine if necessary. Chair Johnson encouraged members with questions to follow up with Ms. Kerwin by email.

Chair Johnson moved on to agenda item #5.

5. **Subcommittee Reorientation**
   Chair Johnson noted that this reorientation happens annually to make sure subcommittee members are clear on expectations around participation.

   Ms. O'Leary reviewed how attendance is tracked and that members should reach out in advance if they cannot make a meeting. She then reviewed the recommendation submission process via SurveyMonkey, a link for which would be provided in a follow-up email in the coming weeks. If members would like to submit a recommendation prior to this email, they can reach out to Ms. O'Leary directly. She also emphasized that members do not need to wait until they have a perfectly developed recommendation to submit something. In fact, the earlier they send in an idea, the more opportunity there is to identify relevant presenters, bring additional information before the subcommittee, and use meetings to workshop and refine the recommendation. In lieu of discussion, Ms. O'Leary advised members to reach out to her directly with any questions. For details on the subcommittee meeting and recommendation process, please refer to the SURG Meeting PowerPoint.

   Chair Johnson moved to agenda item #6.

6. **Review AB374 Section 10 Requirements and Subpopulations Addressed in Prior Recommendations**
   Chair Johnson recalled that a review of AB374 Section 10 requirements and subpopulations addressed in prior recommendations happens annually in tandem with the previous reorientation agenda item to make sure subcommittee members are clear on the charge of the subcommittee.

   Ms. O'Leary reviewed the AB374 components assigned to the Prevention Subcommittee as well as those determined to be crosscutting across all SURG subcommittees to revisit the legislative charge that guides the work of this subcommittee and look at how recommendations to date have aligned with that charge. She clarified that the intent was not to go through every component in detail but rather serve as a reorientation and a way to keep these areas top of mind as the subcommittee begins developing new recommendations. She commented that the Prevention Subcommittee has done a good job of ensuring that its recommendations reach across all the special populations of focus and overall highlighted the

thoughtful approach the subcommittee has taken to collectively fulfill the charge of the Prevention Subcommittee. For complete details, please refer to the Meeting PowerPoint.

Chair Johnson noted that there was significant interest and traction around the 2025-26 recommendations, which likely reflects both the amount of research, discussion, and deliberation that went into developing the recommendations and the change in the reporting timeline. She continued that moving the Annual Report and recommendations from the end of January to August puts them forward at a more useful point in the legislative cycle when agencies and legislators are beginning to develop ideas and recommendations for BDRs, creating a better opportunity for the SURG recommendations to inform that work. She added that at the last full SURG meeting, the Attorney General noted that the Prevention Subcommittee's recommendation related to funding for primary prevention has traction and is moving forward.

Chair Johnson moved to agenda item #7.

7. Review of the Carry Forward Prevention Recommendation

Chair Johnson noted that this item will now be for information only. She stated that two Prevention Subcommittee recommendations that were not considered or approved during the 2025-26 reporting cycle are considered carryover recommendations for discussion and possible consideration in the next annual report.

She reviewed the following recommendation to re-elevate it for consideration by the subcommittee:

> *Recommend to Nevada DHS to develop and share an annual naloxone saturation and distribution plan for overdose reversal medication. DHS should utilize opioid settlement dollars to designate a baseline level of identification and overdose reversal medication for the next 10 years in Nevada (which should be based on the state's Naloxone Saturation Plan) to create a supply of stable, sustainable overdose reversal medication throughout the state. The distribution should ensure reach and saturation based on overdose burden, and ensure it is staffed appropriately to allow for timely turnaround for naloxone access.*

Chair Johnson noted that SEI has reached out to SURG Member Stephanie Cook, the Bureau Chief at the Bureau of Behavioral Health Wellness and Prevention, for a potential presentation at the November Prevention Subcommittee meeting to help refine the recommendation and potentially move it forward.

For the second carry forward recommendation, Chair Johnson relayed plans to follow up with Anne-Elizabeth Northan from CASAT on at least one possible recommendation focusing on clarifying the roles and authority of prevention specialists and/or coalitions in the state of Nevada. She indicated that SEI is working to schedule a presentation with Ms. Northan at the December Prevention

Subcommittee meeting to provide more information to members and help refine language.

Chair Johnson moved to agenda item #8.

8. **Review 2026 Prevention Subcommittee and SURG Meeting Topics and Timeline**
Chair Johnson introduced the agenda item and passed it to Ms. O'Leary to briefly go over the 2026 Prevention Subcommittee and SURG meeting topics and timeline.

Ms. O'Leary shared the intent to bring in SMEs to discuss recommendations, including SURG Member Cook and Ms. Northan previously mentioned. Ms. O'Leary encouraged subcommittee members to reach out if they have any ideas around speakers or presentations.

Subcommittee Meeting Topics and Timeline

Ms. O'Leary explained that subcommittee meetings in November and December are currently anticipated to include presentations from SURG Member Cook (or her designee) and Ms. Northan and that meetings generally from November to February are dedicated to presentations from subject matter experts, after which they'll move into ranking and finalizing recommendations. Ms. O'Leary encouraged members to begin thinking of recommendations and any potential speakers they'd like to hear over these next few meetings.

Regarding the full SURG, Ms. O'Leary added that the October meeting will include an overview of Open Meeting Law, discuss morbidity and mortality rates, and include a follow-up presentation from Ms. Kerwin. In January, the SURG is tentatively planning to discuss the crisis response system, receive a final presentation on the FRN assessment, and revisit the election of officers, including the full SURG Vice Chair role, and an assessment of subcommittee membership and leadership. Some of this is still pending so it is subject to change. For complete details, please refer to the Meeting PowerPoint.

Chair Johnson encouraged members to submit recommendations as early as possible to allow time for discussion before the next annual report is prepared and moved to agenda item #9.

9. **Public Comment**
Ms. O'Leary read aloud guidance for public comment. She provided in the chat the following guidance regarding use of the Zoom chat: *Please do not use the chat for items other than technical support, as this becomes part of the public record. The meeting chat functionality is limited to inquiries regarding technical difficulties or to indicate an interest in offering public comment. Exercise caution with links which may appear in any meeting chat as they could be malicious.*

Hearing or seeing no public comment, Chair Johnson continued to agenda item #10.

10. **Adjournment**
Chair Johnson adjourned the meeting at 4:30 pm.

DRAFT

Chat Record:

From Mary O'Leary (she/her) to everyone 3:02 PM: Please do not use the chat for items other than technical support, as this becomes part of the public record. The meeting chat functionality is limited to inquiries regarding technical difficulties or to indicate an interest in offering public comment. Exercise caution with links which may appear in any meeting chat as they could be malicious.

From Mary O'Leary (she/her) to everyone 3:05 PM: If a member must depart a meeting prior to adjournment for any reason, the member shall formally announce their departure for the record to ensure accurate minutes and to allow the Chair to confirm that a quorum remains in accordance with Nevada's Open Meeting Law.

From Mary O'Leary (she/her) to everyone 4:28 PM: Please do not use the chat for items other than technical support, as this becomes part of the public record. The meeting chat functionality is limited to inquiries regarding technical difficulties or to indicate an interest in offering public comment. Exercise caution with links which may appear in any meeting chat as they could be malicious.

DRAFT