



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>

RESPONSE SUBCOMMITTEE

Substance Use Response Group (SURG)

September 18, 2024

11:00 am

1. CALL TO ORDER AND ROLL CALL TO ESTABLISH QUORUM

Chair Kerns

1. Call to Order and Roll Call to Establish Quorum Cont.

Member	SURG Role	Committee Role
Dr. Shayla Holmes	Rural Human Services (Lyon County)	Vice Chair
Dr. Terry Kerns	Attorney General Appointee	Chair
Nancy Lindler	SUD Treatment Provider	Member
Christine Payson	Sheriffs' & Chiefs' Assoc.	Member
Senator Jeff Stone	Member of the Senate appointed by the Senate Minority Leader	Member

2. PUBLIC COMMENT

Public Comment

- Public comment will be received via Zoom by raising your hand or unmuting yourself when asked for public comment. Public comment shall be limited to three (3) minutes per person (this is a period devoted to comments by the general public, if any, and discussion of those comments). 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 241.020.
- If you are dialing in from a telephone:
 - Dial 669-444-9171
 - When prompted enter the Meeting ID: 868 3331 1069
 - Please press *6 so the host can prompt you to unmute.

3. REVIEW AND APPROVE MINUTES FROM AUGUST 6, 2024 RESPONSE SUBCOMMITTEE MEETING

Chair Kerns

4. UPDATE ON JAIL MEDICATION FOR OPIOID USE DISORDER MULTIDISCIPLINARY TEAMS

Bill Teel, GROWLER Consulting



UPDATE ON JAIL MOUD & THE COMMUNITY CONTINUATION OF CARE PROJECT

Substance Use Response Group (SURG)

Bill Teel

Consultant Contracted with DHHS

GROWLER Consulting

Disclosures

- *My services and scope of work is funded through the Funds for a Resilient Nevada (FRN)*
- *To my knowledge there are no financial conflicts of interests with the information I'm sharing today that would impact on the viewpoints and recommendations.*

Introduction



23 Nevada Jails Surveyed



Boulder City (THF) / Carson City / Churchill Co. / City of Las Vegas / Clark Co. / Douglas Co. / Elko Co. / Esmeralda Co. / Eureka Co. (THF) / Henderson / Humboldt Co. / Lander Co. / Lincoln Co. / Lyon Co. / Mesquite / Mineral Co. / North Las Vegas / Nye Co. / Pershing Co. / Storey Co. / Washoe Co. / West Wendover City (THF) / White Pine Co.

KEY: Declined onsite visit; City Police Department; THF is Temporary Holding Facility

01

*Closing the gap on
implementing MAT into our
state's small & rural jails*

02

*Providing an effective
Continuation of Care Bridge*

Issues

Key Takeaways of 23 jails surveyed:

- 87% don't have community deflection
- 74% don't have diversion alternatives
- 78% are reactive & reliant on EMS most of the time
- Only 1 jail is using a Telehealth option
- 65% don't screen specifically for OUD at intake
- 91% don't have a formal MAT Program
- 65% don't have access to MAT Medications
- 1 jail does not have access to Narcan
- Only 1 site (Douglas) indicated they have CHW's
 - I believe there is a statewide lack of understanding about CHW's and requires more education



Key Takeaways of departments surveyed:

- Top three (3) barriers to implementing MAT Program
 - Lack of onsite medical & mental health resources
 - Lack of funding
 - Lack of community resources
- 87% don't have MDT's to case manage those most at risk
- 65% don't incorporate discharge planning (to include FASST's)
- 70% don't offer Medicaid enrollment
- 22 out of 23 jails willing to work with state on developing MOUD Model



Special Populations

*All demographics within an adult
carceral environment*



*Working with DHCFP on CAA,
2023 and AB 389 for youth
carceral populations*

What's Working Well / Evidence Based Practice

*Use of the
Sequential Intercept
Model as our
roadmap*



*Six (6) or 26% of
our 23 jails are
participating in the
Multi-Disciplinary
Team Approach
towards
implementing Jail
MOUD and the
Community
Continuation of
Care Model*

- *The intention will be to circle back around with all the non-participating Sheriff's Offices*



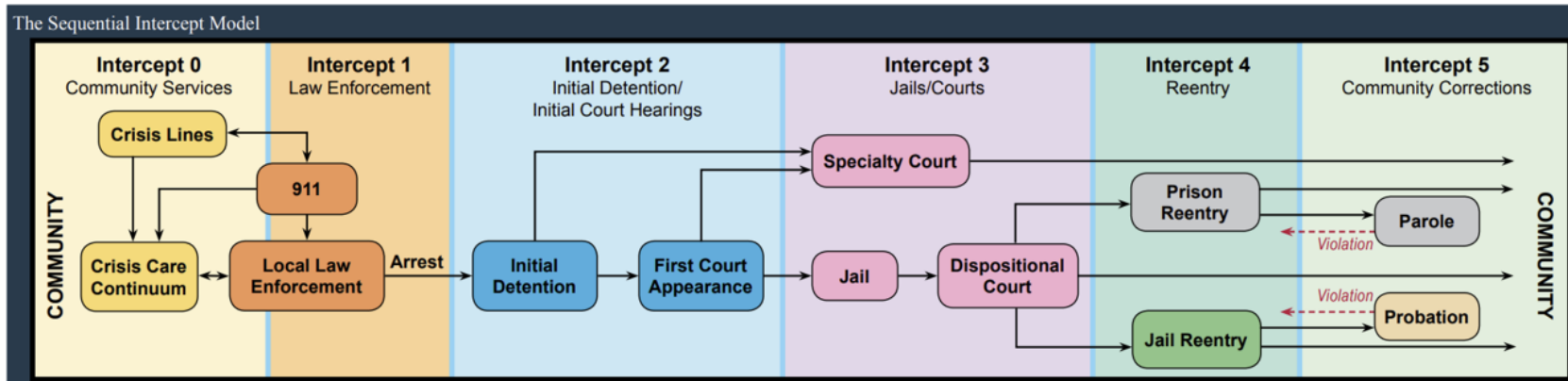
*In addition to
leadership
representation from
six (6) Nevada LE
Agencies, we have
three (3) county
commissioner
groups, two (2)
Judges, and eleven
(11) different
groups contributing
to the project*



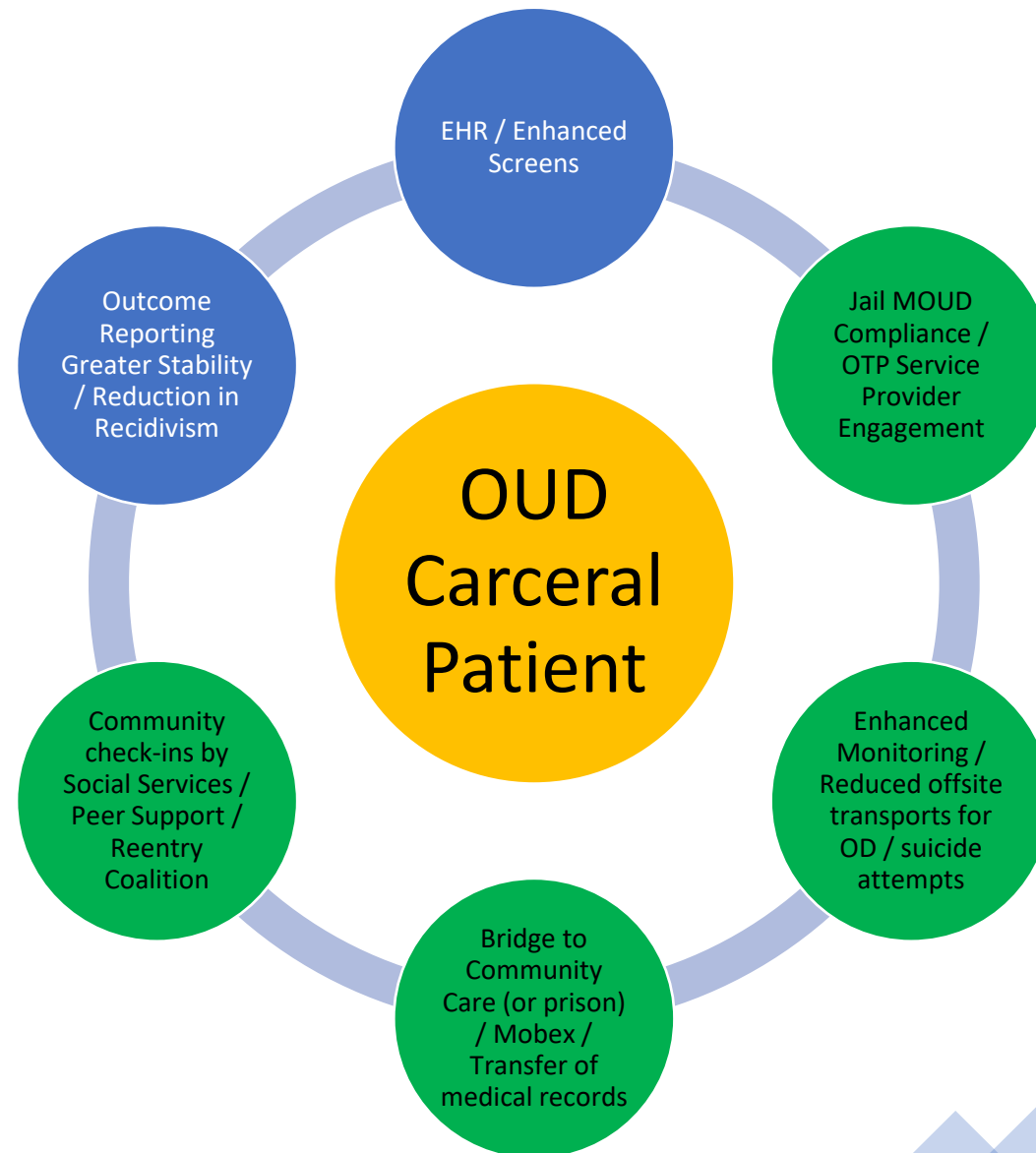
*Sharing with others
– Gaining advocacy
& endorsement*

- *Health & Reentry Project (HARP)*
- *National Academy for State Health Policy (NASHP)*
- *Department of Justice – Office of Justice Programs (DOJ OJP)*
- *Police Training And Community Collaboration (PTACC)*
- *National Commission on Correctional Health Care (NCCHC)*

MDT roadmap to developing the Jail MOUD Model



Jail MOUD / Community Continuation of Care Model in development:



What will success look like?

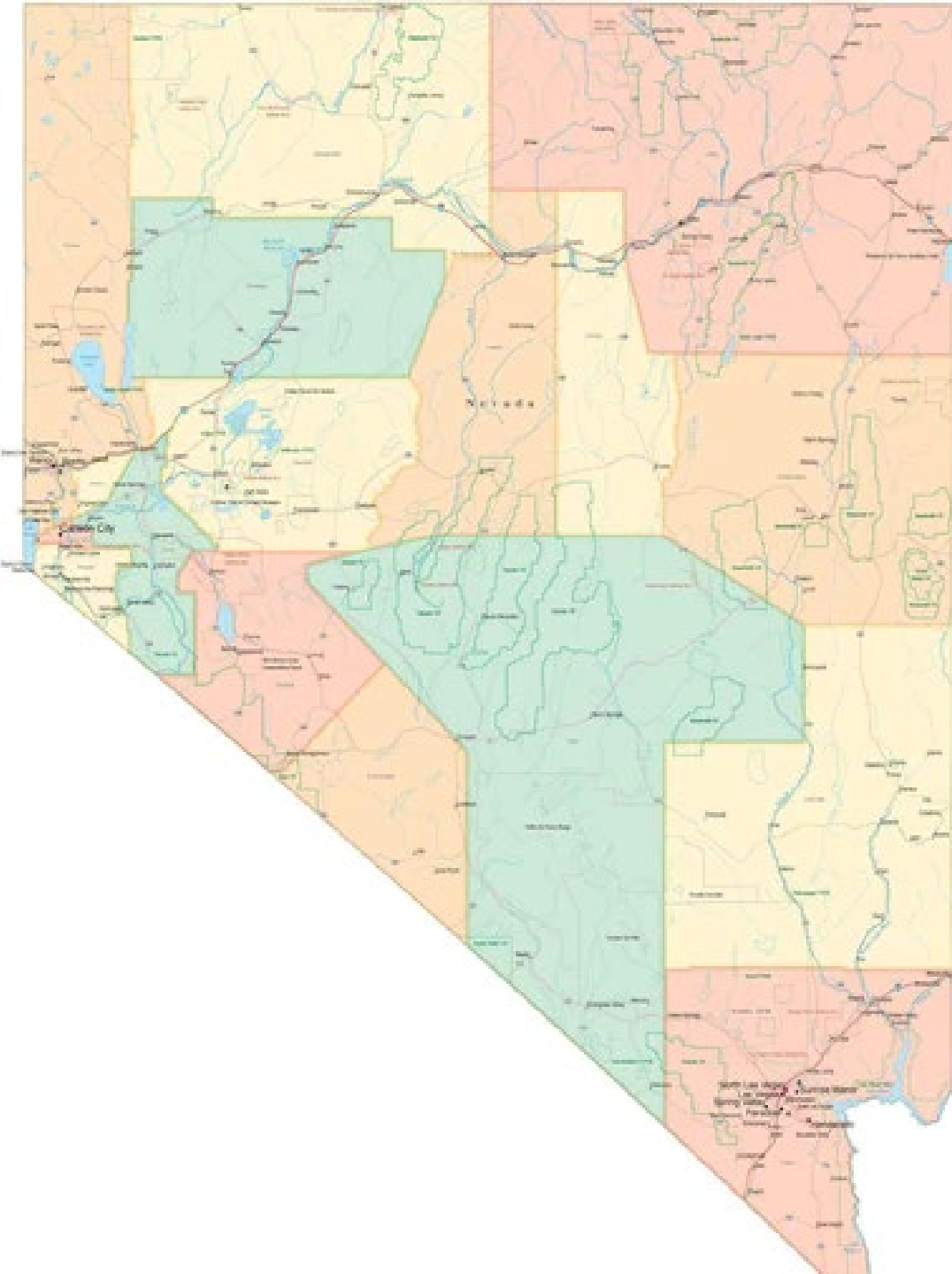
Phase 1: 2024 Program Implementation

Nevada Jail MOUD Program

- Leadership / Staff MOUD Education
- Access to MAT Medications
 - MOU with OTP Provider(s)
- EHR & Enhanced Intake Screen
- Improved jail policy where needed
- Jail MOUD Program consent/compliance
- Enhanced “at risk” monitoring
- Jail / Judicial MDT Engagement
- Commitment to Scheduled Service Provider Engagement / Reentry Coalition
- Data Management Information System CMIS
- 3/6/9/12 Month Outcome Reporting

Community Continuation of Care

- Discharge Planning / Reentry Bridge to Community / Regional OTP Service Provider(s)
- Engagement from Social Services Case Management / Peer Support / CHWs
- Community MDT Engagement
- 3/6/9/12 Month Outcome Reporting



Nevada Rural Jail MOUD / Community Continuation of Care Model 2024

Implementation Phase:

- **Current Jails with Multi-Disciplinary Teams**
 - Esmeralda
 - Lander
 - Lincoln
 - Mesquite
 - Mineral
 - Storey
- **Community Continuation of Care**
 - Esmeralda
 - Lander
 - Mesquite

It takes a village....



Welfare &
Supportive Services



RBH Coordinators



Community Chest



Nevada Trailblazing Efforts

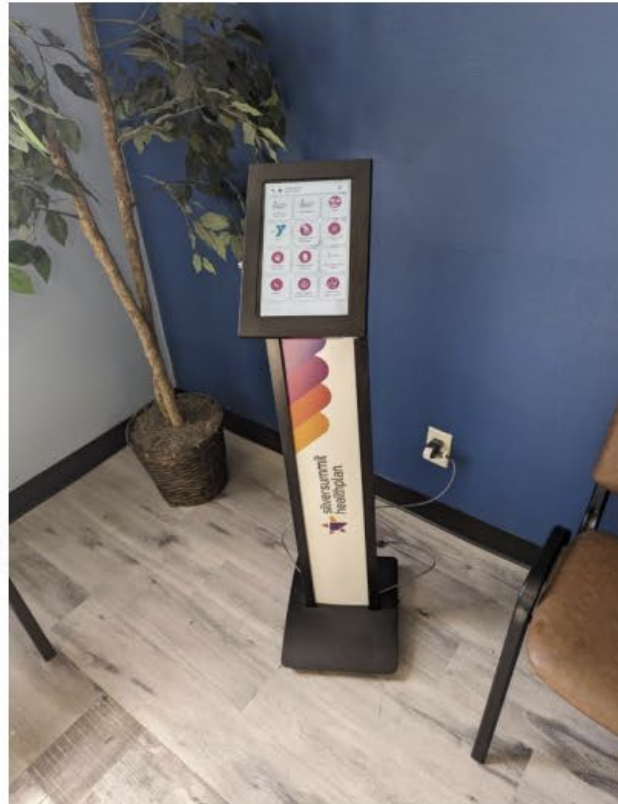
- Statewide MAT medications. Pharmacy voucher process.
- Introduction of technology solutions
 - “At Risk” Signs of Life monitoring
 - Community connection to resource(s) kiosks
 - Real time biometrics
- Access to CMIS consideration
- Sober living accountability
- Increase in Community Health Workers / Peer Support resources
- Virtual Medicaid enrollment
- Reentry Coalition exploration



MobexHealth Community Kiosks

Kiosk stations offer easy access to clinical care, community resources, health education, and telehealth services for populations such as underserved communities.

- You define what links and resources to display on device
- MobexHealthID personal Health ID integration
- Ability to scan QR code on kiosk to take resources and information home
- Translation Services
- Tablets can also be used as hand-held devices



Customizable Kiosk Dashboard



QR Codes Available for Accessing Links

Employ NV

Geographic Solutions Inc.

FREE - In Google Play

VIEW

There will be scheduled maintenance Saturday, June 22, 2024, between 3:00 am and 8:00 am PST. You may experience intermittent periods of unavailability during this period.

The Official Site of the State of Nevada

Employ NV

Sign In / Register

En Español

Find a Candidate

Find a Job

Featured Jobs

Event Calendar

Enter a keyword and/or location to find jobs.

Search Jobs ▾

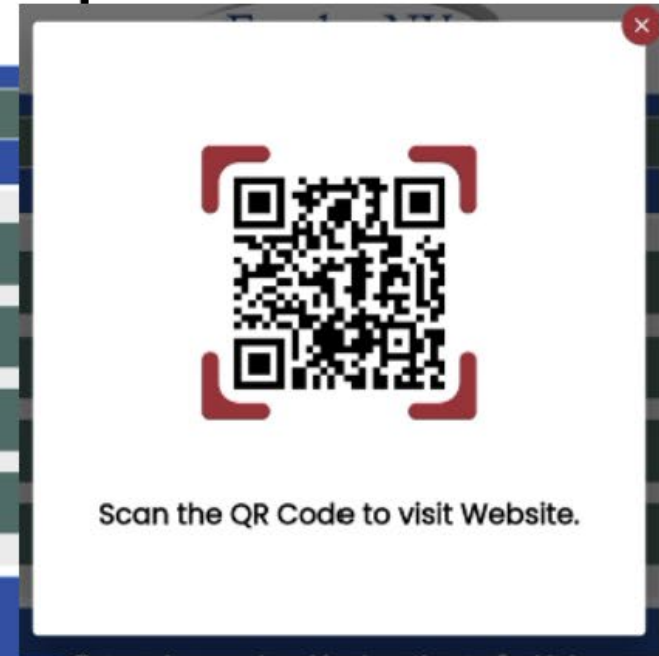
Job Title, Company, Occupation or Military Code


City, State, County, Region, Zip, Remote or Hybrid

Search

[Additional Search Options]

Live Chat





Community Management Information System (CMIS)



What will success look like?

Phase 2: 2024 Annual Program Analysis / CQI

Nevada Jail MOUD Program

- 3/6/9/12 Month Outcome Reporting – Does data show program success?
 - Program compliance
 - Aggregate
 - Trend line
 - Institutional Occurrences / Behavior
 - OD Send Outs
 - Suicide Attempts
 - Inmate vs. Inmate Fights
 - Attacks on Staff
 - Work with MDT on CQI process
 - SWOT Analysis / Program update

Community Continuation of Care

- 3/6/9/12 Month Outcome Reporting – Does data show program success?
 - Discharge Planning / Reentry Bridge to Community / Regional Service Provider(s)
 - Aggregate
 - Trend line
 - Engagement from Social Services Case Management / Peer Support / CHWs
 - Aggregate
 - Trend line
 - Local reduction in recidivism
 - Aggregate
 - Trend line
 - Work with MDT on CQI process
 - SWOT Analysis / Program update

Gaps

- **Deflection / Diversion**
 - Transportation for people in crisis – avoiding unnecessary arrests
 - Regional Behavioral Health Coordinator Mark Funkhouser is working on this
- **Expansion of Community Health Workers (CHW) / Peer Support (PS)**
 - This is being worked on with Freedom Bridges
- **Access to information**
 - Community Management Information System (CMIS)
 - This is being worked on
 - Community Resources
 - This is being worked on - Mobex
- **Medicaid Enrollment**
 - This is being worked on with DWSS
- **Reentry Accountability**
 - This is being worked on - Lander County Pilot / Freedom Bridges

Recommendation(s)

Provide feedback on the status of Jail MOUD / CCC Model

- Is this program meeting SURG expectations?
- How can Jail MOUD / CCC Model be improved?

Offer support to close the gaps

- Improve transportation needs
- Promote CHW's / PS Resources
- Consider CMIS expansion
- Endorse the expansion of virtual Medicaid enrollment
- Consider Statewide Reentry Coalition
 - DHHS will be assessing Lander Co. effort

Name	Bill Teel
Title	Consultant / Contractor with DHHS
Phone	702-286-9261
Email	billteel@yahoo.com

CONTACT INFORMATION

5. KNOWN BILL DRAFT REQUESTS AFFECTING THE BEHAVIORAL HEALTH WORKFORCE

Valerie M.C. Haskin, MA, MPH, Rural Regional Behavioral Health Coordinator

6. UPDATE FROM THE NEVADA OPIOID CENTER FOR EXCELLENCE

Morgan Green, MA, Project Manager, CASAT, University of Nevada, Reno School of
Public Health

PRESENTATION TO THE RESPONSE SUBCOMMITTEE

Substance Use Response Group (SURG)

Morgan Green

Project Manager

Nevada Center of Excellence, CASAT



**Nevada Opioid
Center of Excellence**
School of Public Health

Disclosures

Funding for this activity was made possible in whole or in part by the Nevada Department of Health and Human Services (DHHS) Director's Office through the Fund for a Resilient Nevada, established in Nevada Revised Statutes 433.712 through 433.744. The opinions, findings, conclusions, and recommendations expressed in our courses are those of the author(s) and do not necessarily represent the official views of the Nevada Opioid Center of Excellence or its funders.

Welcome to the Nevada Opioid Center of Excellence

The Nevada Opioid Center of Excellence (NOCE) is dedicated to developing and sharing evidence-informed training and offering technical assistance to professionals and community members alike. Whether you are a care provider or a concerned community member, NOCE provides resources to support those affected by opioid use.

TA Requests Received (April-August)

- 23 received
- 6 Closed with Resources sent
- 5 Closed with In Person or On Demand Training
- 9 Closed due to unresponsiveness to follow-up attempts
- 3 Ongoing

Live Virtual Trainings Completed

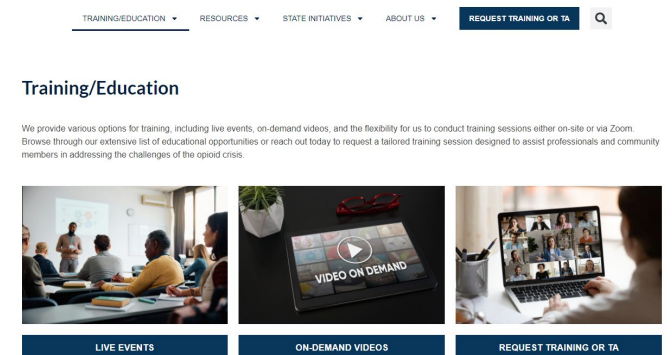
- Listening Session: Prevention & Diversion. (June 18)
 - 93 live attendees
- Good Samaritan & Drug Induced Homicide Laws in Nevada (June 24)
 - 91 live attendees
- Community Response and Best Practices for Opioid Antagonists (July 15)
 - 104 live attendees
- Assembly Bill 156- Pharmacists Prescribing Medications for Opioid Use Disorder (MOUD) (July 23)
 - 74 live attendees

On Demand Trainings Available

- Overdose Education & Naloxone Distribution for Law Enforcement (Updated)
- Overdose Education & Naloxone Distribution for the Community (Updated)
- Reducción de Daños Durante una Sobredosis de Opioides Administrando ‘NALOXONA’
- How to Use Fentanyl Test Strips- IV Users Guide (Partnership with Wisebatch)
- How to Use Fentanyl Test Strips- Amphetamines & MDMA Guide (Partnership with Wisebatch)
- How to use Fentanyl Test Strips- Pills and Powders Guide (Partnership with Wisebatch)

Can Access at:

<https://nvopioidresponse.org/training-education/on-demand/>



Scheduled Upcoming Live Virtual Trainings

[Listening Session: Harm Reduction](#)

September 17, 2024 @ 11:00 am – 12:30 pm PDT

- This Listening Session shares experiences with fentanyl test strip education and distribution, preparedness for overdose emergencies; the evolution of Harm Reduction, and emerging groups of synthetic opioids.

[An Overview of Opioid Use: Recent Trends, Emerging Substances and Strategies for Providers](#)

October 10, 2024 @ 9:00 am - 10:00 am PDT

- This one-hour webinar will provide an overview of emerging opioids and related substances. Providers working in local communities need to be prepared for emerging substances and how they can complicate the response to opioid overdose. The session will begin with a description of opioid trends and emerging substances such as xylazine and nitazines, including mechanisms of action and acute health effects when substances are combined. The presentation will incorporate a discussion on how to implement effective approaches for emerging substances and strategies for overcoming barriers.

[Medications for Opioid Use Disorder \(MOUD\): The Basics](#)

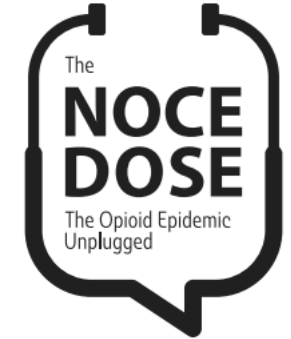
October 22, 2024 @ 9:00 am- 10:00 am PDT

- An introduction for smaller agencies seeking to adopt MOUD practices with emphasis for Rural clinics. Includes a testimony from Dr. Jennifer Cope.

In the Works but not Scheduled Yet

- Introduction to ACEs
- Basics of Nevada's Plan of Care
- Understanding the Open Beds System
- Integrating Family-Centered Care

Extra Activities



- *Podcast Launch- The NOCE Dose: The Opioid Crisis Unplugged*
 - In conjunction with the Listening Sessions, podcasts will be a more in-depth discussion with the panel participants
 - Launch Mid September– will be available for streaming and download on Spotify, Apple Podcasts, and other streaming services.
- *Campus Distribution*
 - University of Nevada, Reno launched an Overdose Education Module on Web Campus available for all students
 - Those that complete the course are able to access naloxone through 3 points on the campus
 - Staff and Faculty have access to course outside of Web Campus
 - Course went live in August 2024
 - TMCC is adding the same module on Web Campus for all students
 - Will be able to access naloxone at 2 points on campus

Contact Information

Name	Morgan Green
Title	Project Manager
Phone	775-240-0508
Email	mgreen@casat.org

7. FINALIZE PRELIMINARY RECOMMENDATIONS

Chair Kerns

Recommendations Discussion

- The subcommittee needs to determine if it will:
 - Move each recommendation forward as a 2024 recommendation.
 - If moving forward, determine if there are revisions to be made to the recommendation language and corresponding components.
- Items in **red** indicate a suggested change or new information collected by staff from subcommittee members and subject matter experts for subcommittee consideration.
- Please refer to the SURG Response Subcommittee Recommendation Submissions- Sept 2024 handout for additional information (e.g., urgency, advancement of racial equity, and capacity) on each recommendation.

Recommendations Received and Next Steps

- **Recommendation #1:** Recommend state agencies under the legislative, judicial, and executive branches involved with deflection and diversion programs have a comprehensive definition of recidivism, and policies related to measuring and reporting recidivism.
- **Submitted by:** Dr. Terry Kerns
- **Justification:** Recidivism is the act of committing another crime or coming into conflict with the criminal justice system (CJS) again. It is an important measure of the effectiveness of CJS efforts to promote rehabilitation, reintegration, and public safety. Recidivism rates are not available at a national level 1 since there is no national consensus on the operational definition of recidivism and there are significant variations in how recidivism is defined and counted (e.g., re-contact, re-arrest, re-incarceration, or reconviction) in different jurisdictions. For this reason, comparisons between studies and jurisdictions should not be made. (Recidivism in Criminal Justice, <https://www.justice.gc.ca/eng/rp-pr/jr/jf-pf/2020/aug01.html>). The Nevada Department of Corrections defines recidivism as a return to incarceration with NDOC within 3 years of an offender's date of release.
- **Action Item:** State agencies involved with deflection and diversion programs; to include but not limited to the Department of Health and Human Services, Department of Administration, Department of Corrections, and Court Systems have a comprehensive definition of recidivism, and policies related to measuring and reporting recidivism. Recidivism is often broadly defined as reoffending, however more specificity is necessary for understanding and measuring recidivism rates.

Recommendations Received and Next Steps

Feedback on recommendation to develop a definition of recidivism from Nevada Sheriffs' and Chiefs' Association:

- In developing the definition, Elko Police Chief Tyler Trouten would like arrests, rather than convictions, to be part of the criteria, as this would account for instances in which someone enters into a plea agreement. He further recommended that three years would be too short a time period, as felony offenders are often not convicted within that time period.

Recommendations Received and Next Steps

- **Recommendation #2:** Recommend research into implementation of statewide data sharing agreements with the Chief Data Officer of the State of Nevada and implementation of a cross-sector database housing multiple points of data across prevention, treatment, recovery, and criminal justice **to include data such as controlled substance outlets (tobacco, cannabis, alcohol) to help tailor interventions geographically.**
- **Submitted by:** Dr. Shayla Holmes
- **Justification:** Virginia's Framework for Addiction Analysis and Community Transformation (FAACT) is a secure data-sharing platform led by the Department of Criminal Justice Services (DCJS) in collaboration with Virginia's chief data officer (CDO). It combines previously siloed data from different agencies, secretariats, localities, social services, public safety and corrections, drug courts, community coalitions and private healthcare systems. It generates insights about contributing factors, brings awareness and delivers actionable intelligence to community leaders supporting their timely and effective response. (https://www.nascio.org/wp-content/uploads/2020/09/NASCIO_FAACT_Entry_2020_FINAL.pdf).

In 2023 the SURG Prevention Subcommittee put forth a recommendation to "...the DHHS (Office of Analytics/or the appropriate entity) to create a data dashboard or other type of regularly updated report on alcohol outlet, tobacco outlet, and cannabis outlets density." Overall, there is evidence from U.S. studies to suggest that higher outlet density is associated with alcohol-related harm. Greater alcohol outlet density is associated with higher rates of intimate partner violence and child abuse and neglect. There is strong scientific evidence that regulating alcohol outlet density is an effective intervention for reducing excessive alcohol consumption and related harms. This would complement information at the state level to inform better decisions about interventions and it would help in identifying communities where additional policies or program/interventions around outlets could be put in place. It could also look at how outlet density is correlated with other health outcomes.

- **Action Item:** Identify if NRS would allow for a similar Data Sharing platform could be implemented or if it would require changes to NRS.

Recommendations Received and Next Steps

- **Recommendation #3:** Support the collaborative proposal to the Fund for a Resilient Nevada to conduct sampling of high schools, college/university campuses and bars/nightclubs and use information gained to develop public health awareness programs, deploy targeted naloxone, increase provision of fentanyl test strips to targeted locations and to develop a plan for expanding high risk substance wastewater surveillance in Nevada and review the outcomes from this pilot program to identify if it and similar targeted programs may aid in the community response.
- **Submitted by:** Dr. Shayla Holmes
- **Justification:** This was utilized at UNR for COVID on an opt-in voluntary basis. This similar technology is being used for tracking substance use at a community/neighborhood level. "Wastewater-based epidemiology (WBE) has emerged as a powerful tool for monitoring public health trends by analysis of biomarkers including drugs, chemicals, and pathogens. Wastewater surveillance downstream at wastewater treatment plants provides large-scale population and regional-scale aggregation while upstream surveillance monitors locations at the neighborhood level with more precise geographic analysis. WBE can provide insights into dynamic drug consumption trends as well as environmental and toxicological contaminants. Applications of WBE include monitoring policy changes with cannabinoid legalization, tracking emerging illicit drugs, and early warning systems for potent fentanyl analogues along with the resurging wave of stimulants (e.g., methamphetamine, cocaine)." Use cases specific to Nevada were provided at the August 6, 2024 Response Subcommittee meeting.
- **Action Item:** Expenditure of Opioid Settlement Funds

Recommendations Received and Next Steps

- **Recommendation #4:** Resolve the conflict between the Good Samaritan Drug Overdose Act and Drug Induced Homicide Law; immediate actions may include recommending community-level education using best practice guidelines, as well as education for law enforcement personnel, **and exploring options for altering the Good Samaritan language to expand coverage to a greater population of individuals living with substance use disorder.**
- **Submitted by:** Dr. Shayla Holmes
- **Justification:** The Good Sam Act (SB 459) states that a person acting in good faith would not be arrested for drug related charges if they call 911, provide support to the person who overdosed and stay with them. However, according to the drug induced homicide law, which makes it a class A felony “If the death of a person is proximately caused by a controlled substance which was sold, given, traded or otherwise made available to him or her by another person in violation of this chapter, the person who sold, gave or traded or otherwise made the substance available to him or her is guilty of murder”. Therefore, people are afraid to call 911 for those who have overdosed, out of fear of prosecution under NRS 453.333.

The subcommittee previously reviewed the Good Samaritan (NRS 453.C.150) and Drug Induced Homicide (NRS 453.333) Laws at its August 2022 and August 2023 meetings. From the August 2023 minutes and presentation by Teresa Benitez-Thompson, Chief of Staff and Alissa Engler, Chief Deputy Attorney General, Office of the Nevada Attorney General:

Recommendations Received and Next Steps

Recommendation #4 continued

The Drug Induced Homicide Law applies if there is evidence that a person supplied a drug that is the proximate cause of a person's death, they could be charged with murder. Supplied can mean:

- Selling
- Giving
- Trading
- Or otherwise making the drug available to an individual

This law is very broad and could open up anyone to being charged if there is evidence that someone supplied a drug that caused a death. However, prosecutors in Nevada have stated they would only charge in instances where there was evidence the person was selling the drugs.

Ms. Engler talked through the requirements to have immunity under the Good Samaritan law. It could include:

- Reporting a drug or alcohol overdose to an emergency service
- Providing care to a person or
- Delivering someone to an emergency room.

There are a wide range of options for immunity under this law.

- **Action Item:** Subcommittee to continue to research and track.

Recommendations Received and Next Steps

- **Recommendation #5:** Implement a voluntary program to install “drug take back bins” in retail pharmacies.
- **Submitted by:** Senator Jeff Stone
- **Justification:** Will allow patrons to easily dispose of pharmaceuticals including narcotics that have expired or unused free.
- **Action Item:** Bill Draft Request, Expenditure of Opioid Settlement Funds

Additional Recommendation for Consideration

- Revised from 2022 and removed from 2023 Annual Report Rankings for further consideration in 2024

Review the operations and lessons learned from Clark County's Overdose Fatality Review Task Force when that body's report is released in December 2024 and take this into account when supporting legislation to establish regional Overdose Fatality Review (OFR) Committees allowing flexibility as to the makeup and practice and for the OFR to remain at the county or regional level, as needed, to effectively identify system gaps and innovative community-specific overdose prevention and intervention strategies in accordance with established best practices such as the Bureau of Justice Assistance's Overdose Fatality Review: A Practitioner's Guide to Implementation.

(See also Overdose Fatality Review for additional resources.)

8. PRESENTATION OF RESPONSE SUBCOMMITTEE RECOMMENDATIONS FOR OCTOBER 9, 2024 SURG MEETING

Vice Chair Holmes

October 9, 2024 SURG Meeting

- Report out of Subcommittee recommendations with feedback from other SURG members.
- Note that the Response Subcommittee will meet again on November 5th to consider the October meeting feedback and finalize recommendations.

9. UPCOMING RESPONSE SUBCOMMITTEE MEETINGS

Vice Chair Holmes

2024 Response Subcommittee Meetings

Current Presenter/Topic Suggestions for Upcoming Meetings:

- Clark County Opioid Task Force (November)
- Finalize Recommendations with feedback from SURG (November)

Response Meeting Dates:

- November 5 from 11:00 am – 12:30 pm

SURG Meeting Dates:

- October 9 from 2:00 – 5:00 pm
- January 13, 2025 from 1:00 – 3:00 pm (to be scheduled)

10. PUBLIC COMMENT

Public Comment

- Public comment will be received via Zoom by raising your hand or unmuting yourself when asked for public comment. Public comment shall be limited to three (3) minutes per person (this is a period devoted to comments by the general public, if any, and discussion of those comments). 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 241.020.
- If you are dialing in from a telephone:
 - Dial 669-444-9171
 - When prompted enter the Meeting ID: 868 3331 1069
 - Please press *6 so the host can prompt you to unmute.

11. ADJOURNMENT

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>