

MEETING NOTES

Statewide Substance Use Response Working Group Meeting

Wednesday January 19, 2022

9:00 a.m. – 11:48 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:

955 0463 0353

Members Present in Las Vegas

Chelsi Cheatom, Dr. Leslie Dickson, Attorney General Aaron Ford, Jessica Johnson, Assemblywoman Claire Thomas

Members Present in Carson City

Shayla Holmes, Eric Schoen

Members Present via Zoom or Telephone

Barbara Collins, Senator Fabian Donate, Jeffrey Iverson, Lisa Lee, Debi Nadler, Christine Payson, Steve Shell, Assemblywoman Jill Tolles and Dr. Stephanie Woodard

Mercer Staff via Zoom

Jordan Bublik, Dr. Courtney Cantrell and Kathy Nichols

Attorney General's Office Staff

Joel Bekker, Terry Kerns, Henna Rasul and Ashley Tackett

Social Entrepreneurs, Inc. Support Team

Laura Hale, Deanna Lyons, Kelly Marschall, Sarah Marschall and Emma Rodriguez

Members of the Public via Zoom

JS Adler, Sarah Adler (Silver State Government Relations), Misty Allen (DHHS), Linda Anderson (NV Public Health Foundation), Jeanette Belz (Belz & Case), Lea Case, Nick Christie (DHHS), Cortney Dickenson (PACE Coalition), Rhonda Fairchild (Tinh Las Vegas), Hayley Jarolimek (City of Henderson), Matt Keeler, Linda Lang (Statewide Coalition), Madalyn Larson (UNR), Wendy Madon (Healthy Communities Coalition), Stefaine Maplethorpe (City of Las Vegas), Elyse Monroy (UNR), GM O'Toole, K. Pendergrass (Shatterproof), Jamie Ross (Drug Free Las Vegas), Tammie Shemenski (Churchill Coalition), Stacy Smith (Nye County Coalition), Alex Tanchek (Silver State Government Relations), Lea Tauchen (Tauchen Group), Daria Winslow (Partnership Douglas County), Dr. Dawn Yohey (Addiction Medicine), and Kadie Zeller (Churchill Community Coalition)

1. Call to Order and Roll Call to Establish Quorum

Chair Ford called the meeting to order at 9 a.m. Emma Rodriguez called the roll and announced that a quorum was established.

2. Public Comment

Chair Ford called for public comment. No comments were identified.

3. Review and Approve Minutes for November 16, 2021 SURG Meeting

Chair Ford requested a motion to approve the minutes.

- Mr. Schoen made a motion to approve.
- Dr. Dickson seconded the motion.
- Ms. Nadler asked for a correction regarding a suggestion to combine prevention and treatment into a single topic. The minutes erroneously stated that she had agreed with this, but she did not agree; she said they should be separate topics.

Chair Ford requested a motion to approve the minutes, as amended.

- Mr. Schoen made a motion to approve.
- Dr. Dickson seconded the motion.
- The motion passed unanimously.

4. Annual Report on the Use of State and Local Money to Address Substance Misuse and Substance Use Disorders.

Stephanie Woodard, PsyD, Senior Advisor for Behavioral Health, Department of Health and Human Services (DHHS) referred to legislation ([AB374](#)) requiring an annual report concerning the use of:

1. *All money received by this state pursuant to any settlement entered into by the State of Nevada concerning the manufacture, distribution, sale and marketing of opioids.*
2. *All money recovered by this State from a judgment in a civil action by the State of Nevada concerning the manufacture, distribution, sale and marketing of opioids;*
3. *Any gifts, grants or donations received by the State and each political subdivision of the State for purposes relating to substance misuse and substance use disorders; and*
4. *All other money spent by the State and each political subdivision of the state for purposes relating to substance misuse and substance use disorders.*

Dr. Woodard asked Vice-Chair Tolles to help members understand the legislative intent, because she was one of the primary sponsors of the bill.

Vice-Chair Tolles introduced herself and stated her appreciation for members willing to step forward and take on this incredibly important issue. She is serving her third term in the legislature and before that she was an advocate for education and child abuse prevention. She has lived in Nevada since she was 19 years old, going to school and then raising her family here. She has been deeply and personally impacted by the issue of substance use disorders in our state, losing two family members. One family member was the victim of a violent crime during a robbery by an individual who was using controlled substances, and this individual was subsequently sentenced for murder. She also lost her adopted son due to a drug overdose related to opioid dependence that began when he was given pain medication following an accident.

As a legislator, Vice-Chair Tolles was approached about sponsoring a bill to coordinate a statewide response to the substance use epidemic. They wanted to bring together advocates like the Substance Use Response Working Group (SURG) members to reduce duplication of effort and to leverage best practices in a coordinated response to help prevent the impacts of substance use disorders and increase access to treatment. This includes impacts to the criminal justice system, housing, education, and whole communities. They want a statewide vision and plan based on best practices to reduce overdoses and to reduce related violence and crime. She is honored to work with the SURG members and looking forward to hearing their input, to help every way that she can.

Chair Ford thanked Vice-Chair Tolles for her willingness to show her vulnerability, noting her sincere advocacy and dedication, including vice-chairing the SURG and sponsoring this legislation.

Dr. Woodard also thanked Vice-Chair Tolles and then referred back to the legislation requirement for reporting on multiple funding streams, not only for opioid response, but also for substance misuse more broadly. Gathering information from all the political subdivisions can be challenging, so DHHS is looking to the SURG members for ideas on appropriate sources to address the depth and breadth of information required.

Several members requested a copy of the bill and clarification of the section that Dr. Woodard was referring to. Dr. Kerns directed members to language on page seven of their bylaws, which was pulled directly from the bill. (Ms. Lee noted a grammatical error referring to “substance abuses,” rather than “substance abuse.” Dr. Kerns will fix that.)

Chair Ford noted that the draft report from Dr. Woodard was quite good in terms of what should be included; he can also provide updates regarding Nevada’s opioid litigation. The state received \$45 million in the settlement from McKinsey back in March 2021, and his office announced in January of this year receiving another \$285 million in opioid settlement money from distributors. One manufacturer, Johnson and Johnson, is going to be giving approximately \$60 million (rounding up); 95% will be paid this year. Additional funds of around \$35 million will be coming from three distributors. Dr. Kerns has also secured a grant. Actual numbers will be provided to DHHS for the report in coordination with Dr. Kerns.

Dr. Woodard clarified that the report requirements are under section 10.5 of [AB374](#).

Vice-Chair Tolles asked for a link to the packet in the chat to support members and public participants. Ms. Hale explained that support staff had blocked the chat to avoid any issues with the open meeting law. It was opened back up to respond to this request. but participants were asked to avoid anything in the chat system that would impact the open meeting law. Chair Ford asked for clarification from the Deputy Attorney General for this meeting. Ms. Rasul stated that it would be fine as long as the chats are recorded or transcribed in the minutes. (The chat has been appended to the bottom of the minutes.) Chair Ford reviewed items in the chat, up to that point, and asked that members refrain from further utilizing the chat to avoid any issues. Ms. Rasul noted that the chat could be turned off at this point.

Vice-Chair Tolles asked for a walk-through of where the legislation is linked on the agency’s website, so that members of the SURG as well as members of the public could easily find it, and to have it on the record.

Dr. Kerns directed everyone to the links at the bottom of the agenda, below the adjournment: <https://notice.nv.gov/> and [https://ag.nv.gov/About/Administration/Substance Use Response Working Group \(SURG\)](https://ag.nv.gov/About/Administration/Substance%20Use%20Response%20Working%20Group%20(SURG)).¹

Chair Ford asked for any additional clarification regarding the annual report. Dr. Woodard noted that this report is separate from the draft annual report under agenda item 6. For this item, DHHS is seeking input to support standardized requests to each political subdivision for information regarding funding and expenditures to include in the annual report. Additionally, they would consider gathering information from other state departments such as the Department of Corrections, or state divisions such as Medicaid or child welfare.

Chair Ford is also interested in understanding money spent by the foster care system and municipalities, as well as jails and the correctional system.

Assemblywoman Thomas is interested to learn if veterans have a higher rate of substance use.

¹ Dr. Kerns subsequently provided the following directions to locate the agenda and related materials:

1. Go to [Nevada Attorney General \(nv.gov\)](#)
2. Scroll halfway down the page and click on [Boards and Committees](#)
3. Scroll halfway down the page and click on [Substance Use Response Working Group](#)

Ms. Lee is also interested in children placed in out-of-home care, as well as family-centered treatment options and families preserving in-home care. She suggested that a racial justice lens could look at how communities are impacted across the state to support public health equity.

Ms. Nadler is interested to see where money is spent for education in the school systems for mental health and counselors; she referenced passage of a bill mandating mental health services in schools, including substance use response. Second, she is interested in where money is going for on-demand treatment services; currently students have nowhere to go. Third, she would like information on Medicaid coverage related to four levels of detox and rehabilitation.

Dr. Woodard confirmed Jessica Johnson's understanding that she is looking for input on money spent, as required under section 10.5 of the legislation. Ms. Johnson suggested that if there is agreement around the special populations listed in the legislation, that could be used as a place to start.

Ms. Payson said from a law enforcement perspective they want to hold as responsible for the cause of death, those who are bringing this poison into our streets. They are the source of the supply that results in overdose. Funding is needed for an independent medical examiner report that verifies the cause of death. The DEA (Drug Enforcement Agency) is requiring this report at the time of case submittal, and there is a significant cost for that. Chair Ford wants to think through where that fits in the conversation. Monies received through settlements or judgements can be allocated to such a program, but it may not be what Dr. Woodard is looking for in this section. He suggested putting a pin in it and to circle back to it.

Mr. Schoen suggested overlaying their priorities with different funding streams as a way of organizing information in a coherent way.

Dr. Woodard would like to pull together recommendations of this group and develop a draft outline with available information, including settlement fund information, to bring back to this group to ensure it's in the right direction.

5. Review Initial Findings and Provide Feedback for the Statewide Needs Assessment for the Advisory Committee for Resilient Nevada.

Courtney Cantrell, PsyD, Mercer provided and presented a power point of the preliminary draft needs assessment to obtain feedback from the SURG members. A copy of the presentation is available online with other meeting materials 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)/).

Dr. Cantrell concluded her presentation and asked for feedback from the group.

Dr. Woodard noted the collective wisdom of the members requesting any additional resources for the Needs Assessment.

Senator Donate had three areas of recommendation. With regard to developing the workforce, he would like to ensure it is diverse in order to build on equity. He would also like to hear about how to close language access gaps. He noted the presentation included programs that could be implemented without funding, but he would also like to hear the reverse: what are other states doing in terms of permanent funding? Although the current funding is historical, it won't last forever.

Chair Ford expressed that he appreciated the need to look at more permanent strategies. Reimbursement rates for Medically Assisted Treatment (MAT) should be legislatively addressed in coordination with the governor to help ensure ongoing support.

Ms. Nadler thanked Dr. Cantrell for the presentation and requested a copy. The data reported is from 2020; but 2021 has brought a whole new pandemic with fentanyl impacting younger age groups. She asked if Nevada's numbers coincide with numbers for all of the United States, or are deaths in Nevada among relatively older populations?

Dr. Cantrell noted the complexity of the data with a six-month lag time due to coroner's reports and other issues.

Ms. Nadler described the epidemic changing every year. She lost her 13-year old cousin a couple of months ago due to fentanyl because kids in the community don't know the danger. Although qualitative and quantitative measures have been used in the past, she is not sure those measures are effective to assess what needs to be done because it's such a different environment. She stated, "if we don't get into the schools and educate these kids, we're going to keep losing more and more of them." Regarding Narcan, she knows it is available in high schools, but asked if it is available or mandated in middle schools, where kids are starting to use substances.

Chair Ford confirmed that Narcan is available in middle schools, but he's not sure if it is mandated. Ms. Collins from Mission High School understands that Clark County School District has Narcan in every level: elementary, middle school, and high school.

Ms. Nadler said she has been begging for billboards in Las Vegas and she reported that they have been effective in Los Angeles. She believes they should be everywhere, including buses and bus stops. She was a "not my child" mom, and she knows there are hundreds of thousands of parents who have no clue about fentanyl and Narcan.

Dr. Cantrell said the Mercer staff are tracking all member questions to make sure they address everything, even if they need to get back to members later. Her colleague, Jordan Bublik, explained the data presented were focused on documents received through Nevada DHHS, after updating some of the rates. Drug death data has a large data lag and can change over time. They are working with both state and national data sources to get the most accurate and up-to-date information to include in the Needs Assessment. With regard to age, the CDC has published nationally for 2019, that the 35-44 age group had the highest rate of overdose deaths, which is close to what they are seeing in Nevada. There is a little bit of a shift into the older population as well. For younger age groups, they do have data for youth overdose deaths for the state, but in this report, they only presented the top three groups.

Chair Ford referenced [AB205](#) which requires Naloxone in the schools.

Ms. Lee thanked Dr. Cantrell for the awesome presentation and excellent data.

Chair Ford noted that the power point presentation will be available to everyone, and all meeting materials will be available in advance in the future.

Ms. Lee referenced Ms. Nadler's point about the need for on demand treatment, which has been a barrier to access for a long time, especially for methadone treatment. The Life Change Center offers evening hours at one of their clinics to help expand access. Telehealth also helps address barriers to access, working effectively during the pandemic. It could be sustained over time, including adjusting some of the reimbursement rates and some of the exclusions to billing for telehealth. It would be great to have more information on that. She also wants to look at funding and reimbursement for peer support specifically, including harm reduction outreach and engagement despite few funding mechanisms. People with lived experience can connect with others to develop relationships and get a feel for what's actually occurring, including drug supply contamination, etc.

Ms. Lee would also like to explore prevention around intergenerational relationships and Adverse Childhood Experiences (ACEs) for behavioral health and substance use as well as physical health, intergenerational poverty, substance use disorder, and involvement with the child welfare system to determine where they can effectively intervene with these endless cycles. Regarding supervised consumption sites, although [AB345](#) didn't pass in the last session, there is legal precedence with overdose prevention sites functioning in New York to challenge the so-called "crack house statute" and the Controlled Substances Act in a future session of the state legislature. Ms. Lee shared that she has lost eleven people in the past twelve months, among her sphere of family and friends, due to drug-related harm or fatal drug poisoning, as she is coming up on 20 years of recovery, with re-traumatization coming up over and over again. The data is going to be very ugly.

Chair Ford thanked Ms. Lee for making herself vulnerable and sharing her story.

Ms. Johnson thanked Dr. Cantrell for a great presentation. With regard to primary prevention programming, it needs to be systematically and adequately funded across the state. They need to learn from higher education and

from other school districts about the barriers to evidence-based prevention. The wonderful network of coalitions statewide helps support that. At the system level, what is hardest to fund with federal dollars across treatment access for different populations? Her understanding is that this report is focused on opioids, but the polysubstance use graph showed marijuana as the highest use in conjunction with polysubstance use. She didn't see alcohol listed, but she is curious about the role of those substances in overdose deaths. With regard to fentanyl deaths in 2021, the Southern Nevada Health District (SNDH) data review show discrepancies for non-fentanyl and fentanyl deaths by age. For non-fentanyl, they [youth] were close to the older age groups, but for fentanyl related deaths they saw an increase for the younger ages. Looking at some of those intersections may be valuable for the report.

Chair Ford called for a seven-minute break until 10:45 a.m.

Chair Ford called the meeting back to order, noting that there were three substantive agenda items still to be covered, asking members to keep that in mind.

Kathy Nichols, Mercer, reviewed areas that are harder to fund with federal funding restrictions, including social determinants of health such as housing and employment programs. Medicaid pays for rehabilitative services and supportive housing, but purchasing houses with criminal justice background checks and working with landlords and housing development would require different sources of funding other than Medicaid and block grant dollars. She has subject matter expertise regarding telehealth and can share what other states do at a future meeting, including funding of broadband and equipment. There is a shortage of broadband and equipment in rural and frontier areas nationwide. She will also touch on working with employment and vocational rehabilitation services.

Ms. Nichols thanked members for their excellent feedback and sharing of powerful stories to accompany the quantitative and qualitative data. They are reviewing reports on schools, and they should have more data for the group at the next presentation. Some of these reports came in after this presentation was put together.

Ms. Bublik responded to Ms. Johnson's question regarding the use of alcohol, referring to slide 8 from the presentation, there is a rate for other contributing drugs for overdose deaths. Slide 17 on polysubstance use was focused on illegal substances, at that time, when marijuana was still considered illegal in Nevada. Alcohol is not included in this particular slide, because it is a legal drug. However, that data may be available for all contributing substances.

Dr. Woodard provided additional information regarding the limitations of federal funding. Further analysis needs to take place as they push out recommendations to meet the needs and gaps. Many of the federal funds that the state receives through DHHS specifically around substance use treatment and prevention are categorical funds. There are federal regulations that stipulate how the funds can and cannot be used, that must be followed for compliance and reporting. In addition, a lot of federal funds come with a mandatory set-aside, where a portion of funds are earmarked for different types of activities. This constrains the ability to use those funds flexibly. Another issue is that they don't know what kind of funding will be available year over year. While they do receive block grants that are typically formula funds, all grant funds are time-ended so they don't have the ability to forecast sustainable funding. They try to use grant funds to provide a proof of concept for different pilot programs, working diligently around sustainability. Programs that are 100% grant-funded have a very significant risk of potentially doing more harm to a community if they can't be sustained after the infrastructure is built. DHHS works very closely with Medicaid to increase sustainability through other funding streams, but it continues to be an issue for things like recovery, housing, and harm reduction programs.

Dr. Dickson referenced workforce discussions with her colleagues who are mental health and behavioral health care professionals. She is interested in data about who is prescribing buprenorphine. There is a huge list of prescribers with over 200 in Clark County alone, yet they know they are not prescribing. She would like to find out what Dr. Woodard learned through a recent survey. They are starting a project to start calling these doctors and see if they're really doing this. Part of the problem is reimbursement. With the pandemic, a lot of people got put on Medicaid, and fortunately Medicaid will pay for medication. She works for a clinic that prescribes

buprenorphine. They pay a small amount for the visit, but it's a small amount. Between 10-20% of their patients are self-pay (no insurance), but even with insurance, the pay is so low, and they can't charge the difference. They can't make a whole lot of progress because of these insurance companies paying so little for such a valuable service and preventing hospitalizations. These are people who are going to overdose or be in withdrawal in an emergency room. "It's very expensive to pay for hospitals; it's very cheap to pay for us."

Dr. Dickson described the Southern Hills Residency program providing an addiction medicine fellowship that started last year. They have one fellow finishing up who is halfway through, but they haven't succeeded in getting fellows for next year. Nationally, this is not a popular specialty because there is a lot of stigma, and the reimbursement is low. It's not cost-effective to provide this kind of service.

Ms. Cheatom supports harm reduction programs, including vending machines and shipping) which have very little funding due to federal restrictions on purchasing syringes. She also supports mobile MAT, but there are restrictions at both the federal and state levels.

Assemblywoman Thomas referenced financing for Native American populations. She thanked Dr. Cantrell for the awesome presentation. She is always concerned about the "why." They can throw money at this "pandemic," but they need to find out "why" before they can get the problem solved. She asked if they have any data or professionals who can give them that answer? "Is it the economy or lack of education? What is the reason this is happening here? Why does the data show high rates for white males?"

Chair Ford referenced slide 23 on the Nevada Vulnerability Assessment. The most vulnerable counties are Nye, Lyon, Storey, Mineral, Washoe, and Carson. He asked if there is a correlation to explain why those counties are the most vulnerable.

Dr. Dickson said that as a clinician, they don't think about data, but they get to know their patients. She asks how they get started, and it has changed over the last few years with new prescribing laws controlling doctors, so she almost never sees patients now that started with prescription pain medication. It's mostly younger folks who are sharing drugs with friends, and it's culturally accepted for some younger populations.

Chair Ford reiterated the disproportionate affect for different populations, including Native Americans.

Ms. Holmes referenced significant research shifting towards Positive Childhood Events (PCEs) to counteract Adverse Childhood Events (ACEs). She would like to see how PCEs could be layered in with youth programs to be more preventive, building resilient youth. Her county – Lyon County – is in the top five for substance use in Nevada and she also wants to know why. She looks at vulnerability assessments, poverty rates, provider ratios, transportation, and access. Getting to the bottom of how to build resiliency for their youth will have a big bang for their buck on the preventive measures.

Ms. Homes thanked Ms. Nichols for touching on broadband and telehealth issues in rural areas, in the context of poverty as a vulnerability factor and the cost of maintaining that resource. She pointed out that Lyon County does provide community re-entry programming from jail, but they were not included on the list from the presentation, so she is wondering what other local programming might not have been included in the assessment and how they can aid in completing that picture.

Dr. Cantrell explained that the data presented was a sample from some of what they read. She has made a note of it and if county programs are not in there, then they do need to go back and correct that, so the needs and gaps are accurate in the final report.

Mr. Schoen referenced the *Rural Eight Coalition* which has done needs assessments for the eight counties that are part of that coalition. He is happy to share those with Mercer staff if it would be helpful. Ms. Nichols requested that any materials go through Dr. Woodard to avoid duplication.

Chair Ford described a settlement they are working on with T-Mobile to get broadband into rural and frontier Nevada a lot quicker. Reports will be coming soon.

Dr. Woodard reminded members that counties would be getting separate funds as part of the settlement and she encouraged representatives of local governments or regions to work on developing their own strategic plans to utilize those funds to meet their specific needs, as well.

6. Review and Provide Feedback for Annual Report of the Statewide Substance Use Response Working Group.

Dr. Kerns thanked SEI (Social Entrepreneurs, Inc.) for pulling together this report. She distinguished this annual report on SURG activities from the previous report described by Dr. Woodard under agenda item #4 regarding the use of state and local money to address substance misuse and substance use disorder. Dr. Kerns reminded members that the SURG is addressing all substances, not just opioids. She also noted there has been one resignation from the SURG, as Dani Tillman has taken a job out of state. Chair Ford will be replacing Ms. Tillman in the future. The report will be updated with additional funding and a grant the state will be receiving this year, per Chair Ford. A copy of the presentation is available online with other meeting materials 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)/)

Ms. Lee asked for consistent non-stigmatizing language to replace “substance abuse” with “substance use or misuse.” She is also concerned about the terms of service and would like them to be staggered so that members aren’t coming off the SURG at the same time.

Chair Ford asked members to get comments to Dr. Kerns before the end of the month to make appropriate changes for submission.

Ms. Nadler referenced earmarked funding from federal sources, and she asked if they would receive a report to help make appropriate recommendations.

Chair Ford explained that the Advisory Committee for Resilient Nevada (ACRN) makes decisions for expenditures, with consideration of recommendations from the SURG. That information will then be provided back to SURG members. He further clarified for Ms. Nadler that over \$335 million has come to the Fund for a Resilient Nevada, and the ACRN is already allocating those funds. Additional funds from two settlements will be coming in April, or maybe even before, and those funds will be distributed to counties and to the state.

Vice-Chair Tolles congratulated Chair Ford on fighting for these settlements. She requested holding off on the vote for this item until after agenda item #7, as she would like to suggest a structure for the subcommittees that could be incorporated into the report.

Chair Ford moved to agenda item #7, while holding open agenda item #6 for further comments and possible action.

Following discussion under agenda item #7, with no additional comments or concerns regarding the report, Chair Ford asked for a motion to adopt the report as amended, and to authorize Dr. Kerns to submit the report by the deadline.

- Vice-Chair Tolles made the motion.
- Dr. Dickson seconded the motion.
- The motion carried unanimously.

7. Establish Priorities and Process for the Upcoming Year to Accomplish the Business of the Working Group.

Vice-Chair Tolles suggested quarterly meetings for the SURG, with three subcommittees as follows: one for prevention, one for treatment and one for response, including community impacts, criminal justice and harm reduction. She understands there is crossover among these three areas. She further suggested these groups meet monthly with members who want to be on the subcommittees, in collaboration with non-members who specialize in these areas. Input from subject matter experts could be used to make recommendations on policy, expenditure of funds and any other actions that can be taken. This would be reported back to the SURG at quarterly meetings to then set up a timeline for action steps including BDRs (bill draft requests) for legislation, campaigns, etc.

Vice-Chair Tolles requested feedback on this proposed structure to include in the annual report. In response to a question from Ms. Johnson, she clarified that her concept was that recovery would be part of treatment, and that response would address more community impacts, including everything from criminal justice to family impacts, to homelessness.

Chair Ford supported this structure, adding that logistically, they could not have more than three subcommittees due to limited administrative resources. He suggested adopting this structure to include in the report, and then getting members to identify which subcommittees they want to join. He reminded members that the subcommittees would be working with Dr. Kerns and Dr. Woodard, under the Office of the Attorney General.

Vice-Chair Tolles suggested sending a survey to members regarding which subcommittees they would like to serve on and whether they would like to serve as chair or vice-chair. They could also identify what other stakeholders they would like to see across the state, and what other topics they would like to get information on. Then announcements can be made at the March meeting for the subcommittee make-up and who would like to be chair or vice-chair.

Dr. Kerns affirmed to Chair Ford that she would follow up with a survey to members.

Chair Ford returned to agenda item #6 to incorporate this concept into the report.

8. Review and Consider Items for March 9, 2022 SURG Meeting

For the March 9, 2022 SURG meeting, Dr. Woodard suggested two agenda items: 1) review the information that Assemblywoman and Vice-Chair Tolles described around the membership and the topics that will be covered by each of the subcommittees; and 2) review a draft of the State Plan generated out of the ACRN toward the direction of funding for the Fund for a Resilient Nevada.

Vice-Chair Tolles asked about a progress report on the Needs Assessment, incorporating feedback from the SURG members. Dr. Kerns asked Dr. Woodard if that would be a separate item or if it should be part of the draft State Plan. Dr. Woodard indicated it would be part of the draft State Plan.

Chair Ford added that they would also be appointing a new member for the SURG, so that would be an agenda item. He asked members to submit any other suggestions to Dr. Kerns for consideration.

Chair Ford confirmed to Dr. Kerns that the March 9th date would include assignment of membership for the subcommittees.

Ms. Johnson asked if the framework of the subcommittees would be included, regarding community partners, data, community programs, topics, etc. to return to the SURG with the most robust findings, based on that input. She thinks it would be beneficial so that the subcommittees are asking similar questions about the multiple stakeholders in different locations.

Joel Bekker, Deputy Attorney General (DAG), reminded Chair Ford, via the chat that yes/no votes on subjects should be verbal for the record.

Vice-Chair Tolles said she is happy to work with Dr. Kerns on the framework. She added that when she served as Vice Chair of the Task Force for School and Safety, they used a similar structure with working groups and a spreadsheet to include:

- what the recommendation was,
- how it met the requirements of the task force,
- what the research was;
- whether it was evidence-based methodology, and
- what category it would fall into in terms of:
 - the type of recommendation, e.g., budget, revenue dollars, grants, state donations;
 - was it a policy recommendation that could turn into a BDR for the next legislative session; or
 - another type of recommendation that could be executed through their partners more immediately, without a need for budgetary approval or for policy passage.

Vice-Chair Tolles is happy to work with the team to put this together.

Chair Ford thanked Vice-Chair Tolles and he will rely on her expertise, working with Ms. Johnson and Dr. Kerns, as well.

9. Public Comment

Rhonda Fairchild commented on the Needs Assessment Report. She would like to see more information about the Nevada Department of Corrections, including recidivism rates and any substance use data for incarcerated individuals, [from facilities] such as Clark County Detention Center or City of Las Vegas.

Ms. Lee invited everyone to an event on behalf of Washoe County Human Services Agency. They will be hosting an event on March 4, 2022, from 8 a.m. to 5 p.m. at the Renaissance Reno Hotel and Casino, with an option to attend virtually via zoom. The title is “March Forth for Reproductive Health Prenatal Substance Exposure Learning Series Number One.” It is part one of a multi-part learning series on the topic of prenatal substance exposure and substance use disorder. Those who would like to be added to the list, should email her at lclee@washoecounty.gov.

Ms. Nadler announced the Tinhih Las Vegas event on February 7th with open resources at Central Church in Henderson, starting at 4:30. Additional information is available at <https://www.facebook.com/TINHIIHLasVegas>.

The meeting was adjourned at 11:48 a.m.

Zoom Chat Record (as typed)

01:24:58 Sarah Marschall (she/her): Greetings, Stefaine. I see your raised hand. Do you have public comment related to the agenda as the Chair specified? If so, we may be able to go back. If not, there is general public comment at the end.

01:29:09 Stefaine Maplethorpe: No. Thank you.

01:31:30 Sarah Marschall (she/her): Thank you. I apologize that we didn't ask sooner. I will lower your hand now, but if you have public comment there will be another opportunity.

01:34:01 Lisa Lee: Link to AB374

<https://www.leg.state.nv.us/App/NELIS/REL/81st2021/Bill/7952/Overview>

01:34:23 Jill Tolles: <https://www.leg.state.nv.us/App/NELIS/REL/81st2021/Bill/7952/Overview>

01:35:38 Emma Rodriguez (she/her): All materials can be found here:

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

01:35:48 Jill Tolles: Thank you!

01:38:45 Lisa Lee: <https://notice.nv.gov/>

01:38:54 Lisa Lee:

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

01:49:19 Sarah Marschall (she/her): Christine Payson online & Erik in Carson City also have hands raised.

02:02:51 Barbara Collins: Are there any statistics for youth under the age of 25? Preferably age groups 14-18?

02:17:27 Lisa Lee: The bill did not pass to establish overdose prevention sites.

02:32:04 Sarah Marschall (she/her): Greetings! My understanding that at this time, only SURG workgroup members will ask questions, but there will be opportunities for public comment at meeting end. If your question or comment is not invited at this time, please stay for public comment.

02:43:17 Debi Nadler: Can we bring. Dana Walburn on. A meeting to answer Jessica question on schools

02:45:34 Debi Nadler: Yes please. Can you call me at your earliest convenience. 702-271-1666

03:16:59 Sarah Marschall (she/her): Lisa Lee

03:53:49 Joel Bekker, DAG: just a reminder that yes/no votes on subjects should be verbal for the record

03:54:22 Joel Bekker, DAG: no, you're good, just some informal questions

03:59:16 Barbara Collins: Black Monday Flyer