



DEPARTMENT OF
HEALTH AND HUMAN SERVICES

DIRECTOR'S OFFICE

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Advisory Committee for a Resilient Nevada

Thursday, March 24, 2022, 9:00 a.m.

Approved Minutes

I. Call to Order, Roll Call of Members, and Establish Quorum

Chair Sanchez called the meeting to order at 9:00 a.m. and determined a quorum was present.

Members Present: Barlow, Jessica; Collins-Jefferson, Brittney; Grady, Lilnetra; Kamyar, Dr. Fazad; Loper, Karissa; Loudon, Katherine; Maria, Cecilia; Monroy, Elyse; Patterson, Darcy; Salla, Pauline; Sanchez, David; Saunders, Ariana; Sheehan, Cornelius; Sherwood, Laura; Winbush, Quinnie

Members Absent (excused): Gustafson, Ryan and Wagner, Dr. Karla

Staff and Guests Present: Sheila Lambert, Terry Kerns, Dr. Erika Marquez, Dawn Yohey, Henna Rasul, Dr. Amanda Haboush, Erika Pond, Courtney Cantrell, Jennifer Tongol, Jennifer Witten, Jolene Dalluhn, Eric Smith, Tina Dorsht, Wendy Madson, Jamie Ross, Kadie Zeller, Sofia Allison, Abigail Bailey, Alexa Rodriguez, Kailey Lamber, Kat Pulver, Lea Tauchen, Lilian Hernandez, Anne-Elizabeth Northan, Dominique Seck, Ester Quilici, Gwen Taylor, Jeanette Belz, Jennifer Atlas, Linda Lang, Lisa Lee, Marco Mendez, Michelle Berry, Laura Oslund, Samantha Szoyka, Steve Messinger, Tammie Shemenski, Tawny Chapman, Taylor Allison, Trey Delap, Wendy Nelsen, Morgan Green, Mark Krueger, Sara Adler, Betti Magney, Katree Saunders, Chelsi Cheatom, Abigail Hatefi, Dan Musgrove, Diane Anderson, Joan Waldock

II. Public Comment #1

Ms. Ross, Executive Director of the PACT Coalition, pointed out that opioid prevention has not be extensively covered. She referred members to the guiding document, "Principles for the Use of Funds from Opioid Litigation." Principle 3 is investing in youth prevention. She noted PACT covers Clark County. It subgrants funding for an evidence-based prevention program in 4 of Clark County School District's (CCSD's) 224 elementary schools. At the funded locations, they see increased attendance, increased connection to school and community, and higher grades. The issue they face is scalability. They fund 26 programs in over 100 locations through diverse funding streams, but they could easily add more locations. Ms. Northan is the Executive Director of Join Together Northern Nevada (JTNN) serving Washoe County. She noted the importance of considering the continuum of care, which begins with promotion and prevention. Trauma-informed services and trauma mitigation are at the heart of their efforts. The Centers for Disease Control and Prevention (CDC) and Kaiser Permanente discovered trauma increases risk for seven of ten of the leading causes of death in the United States. Adverse childhood experiences

(ACEs) questions are included in the Nevada Youth Risk Behavior Survey (YRBS), resulting in regional reports to inform prevention efforts. Her coalition goes into schools to talk about coping mechanisms using an evidence-based program to educate school district counselors about the effects of trauma and how to recognize it in students, and programs for parents to teach them to recognize their children's trauma and to engage in difficult conversations to find solutions. "Handle with Care" was enacted to bring stakeholders together to mitigate children's trauma and provide steps to a meaningful and resilient life. Prevention coalitions impact the source. One source is trauma, so prevention uses a structured, data-driven approach. Connecting with a child, training counselors on ACEs strategies, or having a conversation with a parent is the beginning of the continuum of care.

Ms. Madson directs Healthy Communities Coalition (HCC), serving as the backbone for collaborative efforts in Lyon and Storey Counties. This collaboration includes HCC's placement of school-based Safe School professionals—teams licensed clinical social workers (LCSW), master of social work (MSW), clinical social worker (CSW), and community health workers. Teams work with school district counselors, teachers, and administrators. She reinforced the need to focus on Nevada's youth who are in crisis. State school professionals report concern about youth mental health needs, the rates of students at risk of failing, suicidal ideation, suicide attempts, and self-harm. Elementary-level students are in crisis like never before. There is widespread substance use among students, and some parents feel vaping and other substance use may aid their children's mental health. Kids are engaging in risky behaviors at younger ages. They need to focus on healthy choices, strengthening community activities, clubs, and safe spaces. Bringing elders and youth together through mentorships and community involvement would aid both generations. They need to increase Safe School teams. With barriers in access to care, the state can get ahead through prevention and school- and community-based opportunities to increase supports and protective factors for all.

Ms. Zeller is project coordinator of the Churchill Community Coalition, which serves Churchill County. She noted a U.S. Department of Health and Human Services' (HHS's) draft report on pain management best practices recommending the use of evidence-based restorative therapies as an alternative to prescribing opioid medications. Research shows they can play a significant role in chronic pain management. Patient outcomes emphasize overall improvement of wellbeing and help in maintaining functionality. Use of these therapies is often challenged by lack of insurance coverage. Using funds from the Attorney General's Volkswagen settlement, prevention coalitions provided a variety of practices at no cost to high-risk community members. All practices—mindfulness, yoga, reiki, qigong, tai chi, meditation, and other forms of mind-body connection practices—were taught by trained professionals. Since the settlement funding ended, more funding is needed.

Ms. Allison is from Nye Communities Coalition, serving Nye, Lincoln, Esmeralda Counties. She noted the importance of prevention when discussing substance misuse. Prevention is the most effective, efficient, and impactful intervention. A Substance Abuse and Mental Health Services Administration (SAMSHA) substance abuse cost-benefit analysis shows the cost of substance abuse is among the most costly health problems in the U.S. If effective prevention programs were implemented nationwide, substance abuse initiation would decline and be delayed for youth. A delay in onset reduces problems later in life. Every \$1 invested in prevention would save about \$18. Prevention is cost-effective. She asked Committee members to consider the whole continuum of care related to substance misuse. In the SAMHSA strategic plan, many activities fall within prevention. The continuum of care to and between prevention and treatment is key to reducing the harm of alcohol, tobacco, opioids, drugs, and misuse. She asked them to consider how to incorporate prevention as a key tool as they develop their plan.

Ms. Oslund is from PACE Coalition, which covers Elko, Eureka, and White Pine Counties.

Prevention includes interventions and the continuum of prevention. Coalitions understand their service areas and work closely with agencies and organizations, community members, and local government, knowing where prevention would best be placed. They need to branch out into interventions and support recovery with programs to reduce recidivism and to reach impacted families and friends. They need to support law enforcement and those who need to be incarcerated to implement and increase the prevention and intervention necessary for healthy communities.

- III. Introduction of Joan Waldock for professional and administrative support and Dawn Yohey as the new Clinical Program Planner III for the Director's Office Opioid Program
Ms. Waldock offered to provide support. Ms. Yohey shared her background and experiences.
- IV. Discussion and Possible Action to approve the minutes from the January 13, 2022, Meeting
Ms. Monroy moved to approve the minutes. Ms. Loper seconded the motion. The motion passed without opposition or abstention.

This item was taken out of order.

- V. Presentation and Discussion from the Director's Office, GMU on Process Activities
The [Advisory Committee for a Resilient Nevada Needs Assessment Process](#) document was reviewed by Ms. Lambert. The common thread is community engagement, outreach, and partnership. The Substance Use Response Working Group (SURG) and the Advisory Committee for a Resilient Nevada (ACRN) were established under the community engagement framework. The needs assessment should be finalized at the end of April. After it is completed, State Plan development will take place. The goal is to get funds to the communities quickly to address high-need areas. The ACRN's and the community's input will be heard; recommendations will be collaborative. The Grant Management Unit (GMU) will review allowable activities and finalize priorities through continued engagement with ACRN and SURG. Recommendations from ACRN and SURG will be provided to Director Richard Whitley. In finalizing the State Plan, the Director will consider the diverse communities in the state and key system-level impacts. He will ensure marginalized communities are not left out. A notice of funding opportunity (NOFO) will be developed. In the request for proposals/NOFO development, there will be a public input. They will do a statewide opioid review, continue with ACRN and SURG updates, identify gaps to meet needs, braid activities with state opioid response programs, collaborate with the community, and impact and quality assurance review. One staff member to be hired will fill a Quality Assurance II position, working with Ms. Yohey, Dr. Woodard, and the team to ensure programs operate as designed and work toward statewide goals. Surveillance monitoring will be ongoing, focusing on Senate Bill (SB) 390. Reporting to the Legislature, the Office of the Attorney General, the Office of the Governor, and the Director of Health and Human Services (DHHS) is required, as well as state-, county-, and city-level reporting. Assembly Bill (AB) 374 requires the Director's Office to complete reports identifying all the opiate funding—county, state, or city—and how it is being used. That information will be brought back to ACRN and SURG to share where money is going and whether it is direct funding or subgrants.
Ms. Monroy asked for a timeline. Ms. Lambert said there is roughly \$24 million in the account; they are doing a ten-year spend plan. The first funding will be about \$14 million for the first year. Awards will be issued after July. They will do a ten-year budget plan based on the anticipated dollars. There is an 8 percent cap on administration; 92 percent of the funds must go toward services.

VI. Presentation and Discussion from the Attorney General's Office on the Nevada One Agreement

Mr. Krueger reviewed the [One Nevada Agreement on the Allocation of Opioid Recoveries](#). Every county and litigating city and district in the state worked toward consensus on fairly and equitably allocating recoveries to prevent disparity since opioids have impacted all Nevadans. The document recognizes not all entities are involved in litigation. Opioid remediation must be addressed. The Agreement removes arguments about allocations as it includes metrics. The Attorney General's Office recognized certain entities carried the lead share of costs. The State of Nevada's case goes to trial on April 17, 2023; the State is further along and has incurred more costs. Lead litigator costs will be taken off the top; other fees and costs will also be removed—everything except each litigant's sole contingency fee, which comes off after the recovery. Any recoveries must be used for remediation of the harm, risk, and impacts of the opioid epidemic. For the State, the settlements must go into the Fund for Resilient Nevada, which was created through SB 390. Dr. Woodard added the One Nevada Agreement impacts ACRN's work. Funding to the state will go to the Attorney General's Office to be allocated to cities and counties based on the Agreement. The State's share goes to the Fund for Resilient Nevada, overseen by the Department of Health and Human Services with the ACRN. A needs assessment and plan must be conducted by counties, regions, or tribes to be eligible for funds. There will be ongoing monitoring of additional dollars received by counties or local jurisdictions. If opportunities are identified for supplanting versus supplementing the funding, there is a pathway to remediate those concerns.

Mr. Krueger clarified the local governments' share for counties, cities, and districts is 38.77 percent, but 17.3 percent also goes to counties only and is partially allocated on a population basis; the other is allocated on a percentage share basis. The State gets 43.86 percent. Before it is split up, the Attorney General's office will handle receipt of the money and do the calculations. The lead litigator costs include lead litigators besides the State's. Once the costs and fees are removed and allocation is done, the state or counties pay their own contingency fees. The residual must be spent for the remediation of the opioid epidemic. As money comes in, every payment will go through the allocation metrics and be distributed. Counties, cities, or regions should work together to maximize the effect. The Agreement allows joint work between DHHS and regions or counties to ensure there is no duplication of things done to abate the epidemic. The process is different than the one used for the tobacco settlement to ensure errors made in the past were not repeated.

Dr. Woodard said the One Nevada Agreement points back to SB 390 and ensures funding is spent in accordance with that legislation. There is an intentional effort to weave together the policies that go into the distribution, oversight, and management of all opioid funds coming into the state. Senate Bill 390 ensures that, should a local governmental entity apply for these funds, there will not be duplication. If something is funded to fill a gap and that community recovers additional settlement funds, the State can pull back its share of funding. The state can ensure needs assessment and plans are evidence-based and align with the state's needs assessment plan. To do this to scale takes a significant commitment and a long-term investment. There is an opportunity to work with local jurisdictions and the state's funding for an exponential funding effect at the local level. Counties and cities receiving dollars will have ways community organizations can request funds. They are outlined in SB 390 as eligible to receive funds. It cannot all go to local, cities, and counties to be administered. There are programs already doing this work that would greatly benefit from additional funding.

VII. Presentation from the University of Nevada, Las Vegas (UNLV), Minority Health and Equity Coalition on the Community Based Participatory Research (CBPR).

Dr. Haboush is the Executive Director for the Nevada Institute for Children's Research and Policy

and the co-director of research, with Dr. Erika Marquez, of the Nevada Minority Health and Equity Coalition. She went through the [Voices of the Opioid Epidemic](#) presentation. Their purpose was to highlight the voices of those with lived experience. She noted the [Community-Based Participatory Research \(CBPR\)](#) document that explains the CBPR process. The approach ensures research, data collection, and understanding is done with the community, not on the community and includes the community from beginning to end so the community has a vested interest in the information gathered. They collected data through focus groups and provided individual interviews for those not comfortable sharing in a group format. There was representation from rural and urban areas, from different racial and ethnic minority communities, and from gender minority communities. Data collection ended March 18, 2022, but they are working with Native communities to ensure their voice is included. Their final report is to be submitted April 4. They are gathering feedback from participants.

Ms. Lambert pointed out if there are gaps or if more outreach or engagement is needed, this is the time to note it. Ms. Monroy was interested to hear Alcoholics Anonymous (AA) is a main type of support for people in recovery. Some facets of AA make people uncomfortable. If it is in the needs assessment as something to expand to enhance recovery support, that is a problem. Her program supports Smart Recovery, an intensive outpatient therapy program. Ms. Lambert noted since members of this group were selected for lived or direct experience, their comments need to be heard. Each member is the voice of the segment of the population for which they were appointed. Dr. Haboush clarified comments about AA were made by people using those services as part of recovery. Since there are no other support groups, AA is better than not having a support group at all. They recommended having more support groups specific to use of other substances. Ms. Loper asked how they could develop such groups in the community to meet the needs of people suffering from opioid use or substance use that is not alcoholism. She also wondered how they can address the needs of veterans who fear losing benefits if treated for substance use. She suggested looking at which projects they can fund and how they can help the community by enhancing activities. Ms. Collins-Jefferson mentioned the need for more specific support groups. She asked if participants identified the types of support groups they were seeking. She also noted the small size of the focus group compared to the population using substances. One challenge mentioned was housing for the substance-using population. People using substances need stable housing, but some housing programs do not allow active users as residents. She asked if laws are being addressed to allow active users to be housed and getting treatment at the same time. Mr. Sanchez was not aware of laws disallowing people to participate in inpatient or long-term residential services if they are using. Dr. Haboush said participants suggested access to support groups for opioid or other substance use is critical. Ms. Collins-Jefferson asked whether people were looking for community support groups or treatment support groups. Dr. Haboush replied they were looking for more community-based support groups outside of residential treatment. She noted the number of participants in their focus group was limited by the timeframe for the research. Mr. Sanchez noted the population seemed to be looking for support groups similar to 12-step programs. The Committee could look into implementing support groups where Narcotics Anonymous (NA) is not available. Ms. Saunders noted her expertise is in homelessness and supportive housing. Supportive housing is an intervention folks often use for people recovering from substance use disorder. It does not require sobriety; it is a housing-first model, coupled with support services. The Nevada Housing Coalition has provided recommendations to the Governor, who has set aside \$500 million for affordable housing. They lack support services. Supportive housing is affordable housing with support services—any service an individual needs to keep them housed, which is often related to their recovery and overall wellness. Folks need options. Recovery housing that requires sobriety works for some. Supportive housing has minimal requirements. The Clark

County homeless continuum of care looked at how many people live on the streets and surveyed them about what prevents them from seeking housing. The 2021 point in time count said 86 percent identified they had a substance use disorder, which was almost double what it was the previous year. This is an overlapping epidemic that could be prioritized. Ms. Grady asked if they would be able to provide resources for where people can access services. She works for a certified community behavioral health clinic (CCBHC) that provides groups for substance use disorder. Mr. Sanchez noted people need to be aware CCBHCs offer support groups. Nevada is developing CCBHCs for those who do not know where to go or what to do when having a problem. Dr. Haboush mentioned participants felt there were not enough resources, or they were not available in their area, or they did not know about them. Mr. Sanchez suggested destigmatizing behavior health, substance use, or mental health problems so people see reaching out is okay. Ms. Salla observed that when looking at interventions, they should be adolescent-specific and adult-specific.

VIII. Presentation and Discussion from Mercer on the status of preliminary results of the draft needs assessment in compliance with the Senate Bill (SB) 390 legislation which will be codified in *Nevada Revised Statutes* (NRS) 433. This serves as a work group item for input, engagement, and recommendations from ACRN.

Dr. Cantrell provided an update on their report-writing process for the needs assessment. She reviewed the Advisory Council for a Resilient Nevada Needs Assessment presentation. She went over ACRN feedback, the structure of the needs assessment, and the updates. Ms. Monroy asked if the assessment looked at insurance coverage in regard to access to care. She suggested looking at people who report having substance use disorder and are experiencing homelessness. She also asked if treatment data from jails and prisons was available. Mr. Sheehan added he would like information about the scope and types of services covered under insurance.

IX. Presentation of calendar for the ACRN Meeting Dates and discussion of upcoming presentations.

- April 20, 2022, 9:00 a.m.
Tina Dorch, Office of Minority Health and Equity, will present the tool to support the ACRN community in looking at the needs assessment through a health and marginalized community lens
Mercer will bring their needs assessment
- May 18, 2022, 9:00 a.m.
- June 15, 2022, 9:00 a.m.

X. Public Comment #2

Ms. Katre Saunders stated she grew up in Nevada and has worked in the travel and tourism and cannabis industries. She has lived experience from those industries and from being a medical cannabis patient advisor. She has seen their pain and helped them get off opioids. She has seen the effects of medical cannabis, education of the endocannabinoid system, and having a support system. She did not have anybody when she got out of prison. She went to prison for helping a patient from Nevada; 11 years later, she is still affected by the War on Drugs. She switched to medical cannabis to save her life so she would not die from opiates. During pretrial, she was in a car accident, which put her back on opiates. She worked hard to get off opiates. She is thankful for turning her life around, going to school, and being there for her kids. She is concerned her voice is being left out. She struggles today. She lives with her mom; her kids live with their fathers; she is in disarray. Everything she has done she did by herself with her

own resources. Her foot is broken. She does whatever it takes so she does not have to ask for resources and help. She believes her voice could be integral in implementing real-life programs that are effective and help people, not just statistics. There does not need to be more talk, there needs to be action. She will help in any way possible. She would like to help start healing some of the situations and the pain people are experiencing.

Gwen Taylor is with ACCEPT. It has been using Positive Action and evidence-based programs approved by SAMHSA since 2002. They have a Positive Action program for fourth and fifth graders and a teen program at the Washoe County Juvenile Detention Center and other community locations. Positive Action programs have improved outcomes related to the use of alcohol among high-school and middle-school students. Effective prevention strategies can minimize disease burden by reducing the harms associated with alcohol and illicit drugs. Prevention education in elementary school is critical. Positive Action prevention programs address risk and protective factors common to a range of behavioral problems and produce positive outcomes not just in drug taking, but reduce aggression, early pregnancies, drunk driving, and improve mental health and educational outcomes. ACCEPT is a Black woman owned and led organization. Their target audience has been African Americans, but they do not discriminate with their services. For the past 20 years, minorities have been 75 percent of the students reached through Positive Action. The last quarter of 2021, enrollment was 86.2 percent minority students at one elementary school. ACCEPT has worked with JTNN since 2002. They work with Title I schools and the Team Up after-school program. Title I evens the playing field for low-achieving children, high-poverty children, limited English-proficient children, children with disabilities, Indian children, and neglected or delinquent children. Every two years, the YRBS identifies drug and alcohol trends among middle- and high-school students. Prevention efforts are data-driven. The organizations involved in the effort use a structured, evidence-based approach for a broad and purposeful impact in communities. Prevention aims to mitigate trauma and support all people in living meaningful lives. Per the CDC, the 2017 YRBS found more than one in four students reported being offered, sold, or given an illegal drug on school property during the previous 12 months. With the legalization of marijuana, student responses may not include marijuana as an illegal drug. Nearly 30 percent of Nevada students perceived access to illegal drugs on school property at a rate significantly higher than the national average of 19.8 percent. The 2019 YRBS data stated 37.3 percent used marijuana, 19.8 percent used marijuana in the last 30 days, 26.1 percent used alcohol in the last 30 days, and 15.1 percent rode in a vehicle with someone who had been drinking. She lost two siblings due to drug abuse-related murders. She wished they had the Positive Action when she was growing up.

Ms. Lee is in long-term recovery from opioid use disorder. She is a certified peer recovery support specialist, a doctoral student in public health, and a human services program specialist for the Washoe County Human Services Agency. She sits on the SURG and chairs the Nevada Interagency Counsel on Homelessness to Housing. She noted Dr. Haboush's and Dr. Marquez' research parallels the research completed last summer with Dr. Swigart and the Nevada Public Health Training Center on people who use drugs and people in recovery. In the qualitative study, they found people began and maintained use due to experiences of trauma and valued peer-delivered services that support multiple pathways to recovery and harm-reduction services. She asked if researchers could discuss their findings and avoid duplication to help inform what Mercer is doing. Dr. Haboush mentioned their final report will compare data to take an integrated approach.

Ms. Quilici is the chief executive officer of Vitality Unlimited, which operates 4 of the 16 CCBHCs in Nevada; 3 of them are in rural areas. She believes they are part of the solution. Their efforts are highly successful. Their youngest participant is 3; the oldest is 94. They address housing needs, substance use disorder needs, and mental health. They provide wraparound services,

including medication-assisted treatment (MAT). They do not require people to be sober to enter treatment; that is why they have detoxification. They have treatment centers in Carson City and in Elko. Vitality embraces MAT as a recovery option, but it is not for everyone. Mr. Sanchez said her remarks brings to mind the importance of peer support specialists in treatment. There are disparities and inequities for people who speak Spanish in accessing inpatient services at nonprofit or private industry agencies. They may be able to get services through county or state programs.

Mr. Musgrove is a government affairs consultant for Strategies 360, which represents many healthcare clients. He said it is crucial to work together. Local jurisdictions receiving their own settlements need to collaborate with this committee and the state to provide more bang for our buck. So often, the work is done in silos. This Committee and the Mercer group need to do their due diligence to work with local governments, who do not always know committees like this exist. Senate Bill 390 was very important for the state to utilize and maximize funds coming into Nevada. If local governments and municipalities are not reaching out to this Committee, the Committee must reach out to them for a true picture of how communities need to work to spend this money.

Mr. Smith is the chief juvenile probation officer in Lyon County. He voiced his support for prevention and diversion. Recently, Lyon County did its first Youth Stepping Up initiative using the intercept model to detail gaps in their community. Lyon County collaborates with its coalitions, government, and schools. They spend a great deal of time using levels of service 0 and 1 area for prevention and diversion for youth to prevent them from going to higher levels of care. A disproportionate number of youth who end up in higher levels of care are sent out of state and cannot connect with their families or receive appropriate care when they return, which often leads to further involvement and higher levels of care.

Members introduced themselves. Mr. Sanchez is in long-term recovery. He works as a resilience ambassador/crisis counselor for the Nevada Resilience Project. He is a community health worker and certified peer support specialist working with the local county human services department. He has lived experience and a ground-level perspective of people who struggle with substance use and mental health issues. He wants to help normalize the experiences families and loved ones go through and asking for help.

Mr. Sheehan is a clinical social worker in Reno. He comes to the Committee with professional and lived experience. Professionally, he worked with law enforcement to develop an in-custody treatment program at the Washoe County Detention Facility because he noticed a pattern of people leaving jail then going back to the same environment without support. Some court mandates made it hard for them to comply with treatment requirements, so they experienced recidivism. It was damaging for the individual and their families and friends but rearrests and reincarceration are expensive for the community. There were over 20 programs in place when he stepped into an advisory role in 2011.

Ms. Collins-Jefferson is a licensed clinical social worker. She is the owner and founder of Restorative Health and Life in North Las Vegas. They provide outpatient counseling services to individuals, couples, and families suffering from mental health and/or substance use. They use a holistic approach, based on needs. She has professional and personal experience as her ex-husband suffered from substance use.

Ms. Maria's late husband was an opioid abuser. Following that, her mother was put on home hospice. She was visited weekly by health care professionals who provided opioids for pain management. When her mother passed, Ms. Maria found opioids in her pantry, her freezer, and refrigerator. Ms. Maria was shocked health care professionals continued bringing more, when they could see the opioids were not being used.

Ms. Patterson brings lived experience. She is in long-term recovery and is the mother of Kirsten Yamaoka, who died of a heroin overdose on March 1, 2017, after battling with substance use disorder for a few years. Ms. Patterson has been a voice for those who can no longer speak and supports parents going through the grieving process she is going through. She is a spokesperson for Wake Up Nevada. She does outreach about resources. The northern Nevada community is coming together to get resources out. The Washoe County Sheriff's Office will do that on May 21. She is passionate about saving parents from the horror she faced. She has seen collateral damage in losing a child, going into debt to fund a child's treatment, loss of job, overdoses, car accidents, funerals, burials.

Dr. Kamyar is board-certified in psychiatry and addiction medicine. He works at High-Risk Pregnancy Center as the director of collaborative care. Their MOTHER Project treats pregnant and postpartum patients with opioid use disorder and co-occurring mental health issues. He will scrutinize information presented to the Committee through the lens of whether it is evidence-based or evidence-informed. Much substance use disorder treatment is not evidence-informed but is anecdotal or based on something that was done 50 years ago. He also looks from a parity basis—physical health should be treated the same as mental health. Substance use is a chronic disease; he approaches it using a chronic disease model. He suggested they weigh if a treatment works and which treatment works best. Substance use disorders, specifically opioid use disorder, are effectively treated

Ms. Monroy is the program manager of the state's Overdose Data to Action program, which is the main source of CDC funding for fatal and nonfatal overdose reporting. Since it does data and surveillance work, she serves in the surveillance category. She has eight years' experience in opioid and overdose work in Nevada. She was Governor Brian Sandoval's policy analyst when the state's formative policy work was done. She championed SB 459, which expanded access to naloxone and established a Good Samaritan law. She wrote AB 474. She and her career have grown with the state's opioid work. The Resilience Fund can fundamentally transform how services are delivered and funded. Most public, behavioral, and mental health initiatives in Nevada are grant-funded. Grants come in a box, with money in specific boxes for specific people and services, but programs are not administered like that and needs in the community are not met like that. The settlement dollars will allow them to braid funding in a way that was not possible in the past.

Ms. Barlow comes from rural Nevada. She brings to the Committee long-term recovery through lived experience of opioid use. Upon attaining sobriety, she managed sober living for multiple years. After that, she became the program manager at No to Abuse with Nevada Outreach Training Organization. She deals with the homeless population and those in active addiction—usually those are together. She is excited to see how they can utilize funds in a way that does not put them in a tiny box.

Ms. Loper brings public health knowledge to the Committee. She has a master's degree in public health and grew up in the Division of Public and Behavioral Health, managing child and family community wellness programs. She recently moved to the Division of Welfare and Supportive Services where she oversees childcare. She views this from a perspective of how social determinants of health impact people's health status and their ability to seek help and care and live thriving lives. She is interested in gathering information and using it to implement recommendations that will make a difference in people's lives to ensure people are treated when they need treatment. Destigmatization is important in getting folks to feel comfortable coming for help. She has lived experience herself and with family members. She brings the knowledge that it is hard to seek help. When law enforcement is involved, it can impact the future, which is scary to people.

Ms. Grady is nurse practitioner and the chief medical officer for three Federally Qualified Health

Centers (FQHC) in the valley. Her entity is also a CCBHC providing more comprehensive wraparound services than the FQHC side that provides mental health and primary care services. She is a medication-assisted treatment provider.

Ms. Salla is the Director of Juvenile Services in Humboldt County. She has been there seven years. Prior to that, she was the statewide juvenile justice specialist. She brings the adolescent and juvenile justice focus to the Committee. She also brings a rural perspective.

XI. Adjournment

The meeting adjourned at 11:59 a.m.