Advisory Committee for a Resilient Nevada

Wednesday, May 18, 2022, 9:00 a.m.

Minutes

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

Members Present: Chair David Sanchez, Jessica Barlow; Ryan Gustafson, Lilnetra Grady, Dr. Fazad Kamyar, Katherine Loudon, Cecilia Maria, Elyse Monroy, Darcy Patterson, Pauline Salla, Cornelius Sheehan, Laura Sherwood, Quinnie Winbush

Members Absent (excused): Karissa Loper, Ariana Saunders, Katherine Loudon, Brittney Collins-Jefferson

Staff and Guests Present: Dr. Stephanie Woodard, Kathy Nichols, Henna Rasul, Dominique Seck, Tina Dortch, Kendall Holcomb, Frederick Gibison Jr., Carin Hennessey, Daria Winslow, R. Scott, Jamie Ross, Jessica Flood Abrass, Marla McDade Williams, Iris A. Key, Lea Tauchen, a representative from Healthy Communities Coalition, Samantha Szoyka, Valerie Haskin, Janine Baumert, Jill Packman, Marcel Brown, Linda Lang, Michelle Berry, Jane Smooth, Michelle Kirkland, Taylor Allison, Wendy Nelsen, Dr. Amanda Haboush Deloye, Linda Anderson, Katie Stout-Ithurralde, Adrienne Navarro, Tammie Shemenski, Jose L. Melendrez, Tyler Shaw, Morgan Green, Katree Saunders, Kadie Zeller, Terry Kerns, Brooke Esquibel, Chelsi Cheatom, Joe Dibble, Lynda Hascheff, Jennifer Atlas, Ginny Thompson, Dan Musgrove, Kathy Jones, Carina Rivera, Connie Lucido, Denni Byrd, Kate Kaplan, Kimberley Sarandos, Sarah Adler, Trey Delap, Joe Engle, Rachel Rosensteel, Abigail Bailey, Christopher Boyd, Danica Pierce, Mike Fuller, Michelle Bennett, Joan Waldock

II. Public Comment

Ms. Sarandos is a program manager for Join Together Northern Nevada (JTNN) whose work as prevention coalition in Washoe County is foundational to prevention efforts in their community. There are ten prevention coalitions serving all Nevada counties; they are recognized by statute. Page 38 of the needs assessment cites Washoe County's prevention efforts. The Healthier Nevada Youth Education model is not accepted as evidence-based by the federal or state government and is not implemented in Washoe County School District. The prevention information is incongruent with what is known to be true. She urged members to consider these inconsistencies in their decision-making. She provided a list of evidence-based prevention programs JTNN implements or funds within the district. She pointed out the word "coalition" was mentioned only four times in the document, which is notable considering the breadth of services they offer. The rejection of coalition information and materials suggests there is little prevention work in the state, which is not true. Their work includes certified prevention specialists; community health workers; and community partners ranging from

government entities to law enforcement, mental health professionals, community members and sectors as defined by Drug-Free Communities. They complete comprehensive community prevention plans, which examine local-level risk and protective factors—the very needs assessment sought by Mercer. They know their community. She again urged them to consider the data-informed evidence-based prevention JTNN and other coalitions engage in as they process this assessment.

Ms. Ross, executive director of PACT Coalition in Las Vegas, does not believe primary prevention—preventing substance use disorder (SUD) from occurring—is focused on enough in this document. The first mention of prevention is of American Society of Addiction Medicine (ASAM) level 0.5 treatment, which does not focus on preventing substance use disorder; it is a level of treatment. Most prevention mentioned in the document is overdose prevention or homelessness prevention, not preventing substance from beginning. School districts collaborate with prevention coalitions for evidence-based prevention programs in schools, which fits in priority 3 of the 2017 Johns Hopkins document "Principles for the Use of Opioid Litigation Funds" Nevada chose to follow that focuses on youth prevention. She is concerned they did not include primary prevention in their best practices. She encouraged the committee and Mercer to use current best practices and include more primary prevention.

Ms. Saunders said she would provide written comments. She has been a patient advocate and will forward information that may be useful.

Mr. Engle is founder and CEO of There Is No Hero in Heroin (TINHIH) in Las Vegas, a 501(c)3 nonprofit that helps adolescents who experience substance use disorder. He asked them to move forward with the comprehensive needs assessment. He hopes it will curb the stigma of opioid-use, substance-use, and polysubstance-use disorders. He noted recovery is not mentioned enough. He suggested they discuss the acute situation—the opioid epidemic that is killing people at an alarming rate. He asked them to approach that acute problem with treatment, long-term case management, and housing. Attention to the epidemic is important; correct attention will help erase stigma. He asked them to discuss and promote recovery. Treating opioid use disorder is not one-size-fits-all; medication-assisted treatment (MAT) is not the Holy Grail. Opioid use disorder is complex and requires a multilayered approach. Acute care includes detoxification (detox); supportive care includes inpatient services; long-term care requires case management and housing; supportive neighborhoods include employment and community centers with activities. Polysubstance use should not hinder people from obtaining services. Youth need special case management that includes transportation. Dealing with youth has unique licensing and requires background checks for providers.

III. Discussion and Possible Action to Approve the Minutes from March 24, 2022, Meeting

Ms. Barlow moved to approve the minutes. Ms. Monroy seconded the motion. The motion passed. Dr. Wagner abstained as she was not present at the meeting.

IV. Presentation and Discussion from the Office of Minority Health and Equity on the Health Equity Filter Tools to Address Disparities Across All Racial and Ethnic Populations, Geographic Regions, and Special Populations.

Ms. Dorcht is program manager of the Nevada Office of Minority Health and Equity (NOMHE). She gave a PowerPoint presentation on how to use an equity lens in their work. It will help focus on embedding equity in their recommendations, priorities, and action planning. The lens can be used to develop recommendations for using funds, prepare the notice of funding opportunity,

select grantees, or establish budgets. She introduced choice point equity primes. Equity primes prompt intentional consideration of potential impacts on marginalized communities, stopping them at major decision-making points to ask questions that remove bias and promote equity. She referred to her choice point application guide. Choice point thinking commits them to achieving bias-free outcomes. Identifying decision-making points will cause them to examine choices, brainstorm alternatives or actions where needed, and identify options that lead to more equitable results.

Ms. Monroy asked how they should use the lens since one was used in developing the needs assessment. Ms. Dortch replied using this method will rebrand how they think. Ms. Monroy asked whether it is to be used by individual members or by the group as they work together, pointing out they might need someone to lead them through the process. Ms. Dortch said her office could facilitate conversations that would net a result without bias. Members can use the template as a worksheet. Chair Sanchez said he can ask if they are considering equity in the decisions they make and asked committee members to speak up when that is being overlooked. Ms. Yohey pointed out they could form a subcommittee to ensure they use an equity lens. Dr. Wagner hesitated to delegate that to a subcommittee, as this should be how they make their decisions. Ms. Barlow asked if they could review their purpose and timeline. Ms. Monroy feels constrained by unclear expectations from the state agencies they are working on behalf of. When they ask questions about the process, they are referred to SB 390 without an explanation of a timeline, a process, or a product for deliverables. It would be helpful to understand their deliverables as a group; it would also help the public better understand the process. Many community partners believe decisions have already been made. This is an unprecedented situation for everybody involved. It is an unprecedented amount of money; this is an unprecedented public process. The way the state prioritized input from people and groups not historically part of the process is unprecedented. It is hard because it has never been done before. Dr. Wagner asked if they could get guidance about their charge and deliverables. Chair Sanchez said a representative from the state will be on the next agenda to present the ACRN goals and how to accomplish them. Ms. Yohey added they will go through recommendations from public comments and the ACRN for the finalized needs assessment. Mr. Sheehan asked if he could submit documents to committee members between meetings. Ms. Rasul replied he should submit them to state staff for distribution.

V. Presentation and Discussion from Mercer on the final draft needs assessment in compliance with Senate Bill 390 legislation which will be codified in Nevada Revised Statutes (NRS) 433. Dr. Cantrell shared her presentation of the first draft of the needs assessment. It does not include recommendations; they are waiting for public comment and committee feedback for recommendations based on the gaps or what members see in the community.

Areas noted to have limited or lacking data are: drugs co-prescribed with opioids; demographic information in the prescription drug monitoring program (PDMP); pregnant women and opioid use; children and parents in the welfare system; health outcomes for those with substance use disorder (SUD); availability of evidence-based practices, especially for polysubstance use and co-occurring disorders; specific substances involved in suicides, and physical and mental health diagnoses for those using opioids; detailed data about race/ethnicity, housing status, veteran/military status, pregnant women, LGBTQ+ status, and immigration status or other details for people not connected to treatment systems.

Prevention gaps identified are community-based prevention programs across all counties; partial implementation of the Zero Suicide initiative; school-based prevention programs; prescription drug disposal in the southern and rural regions; education for school systems, parents, and law enforcement; education on the addictive potential of opioids and alternative therapies for chronic pain and chronic illness, especially in rural areas; education on treatment options, especially for those without housing; education for family members on what medication-assisted treatment is; education among high school students around SUDs, awareness of the opioid epidemic, how to use naloxone, and attitudes about discussing such topics with health care providers; stigma reported by people with lived experience resulting in difficulty obtaining and keeping housing and employment, especially veterans and tribal members; education of patients by prescribers on pain management expectations and the risks of opioids; utilization of and referral to other pain management options; negative attitudes from health care providers; pre-treatment screening and care plans that include alternative pain management; education and more monitoring around opioid prescribing and dispensing; participation in Project Extension for Community Health Outcomes (ECHO).

General treatment gaps: treatment availability and insufficient health care workforce; lack of sufficient treatment in rural areas; disparities for ethnic and minority youth; disparities in populations between those in treatment and fatal overdoses; peer support throughout treatment; lack of community-based accessible resources after release from the justice system; treatment for pregnant women who fear stigma or losing a child once born if they admit to using opioids; providers not wanting to take the risk of prescribing for pregnant women; unavailability of drug courts, other treatment, and housing services statewide; a gap for youth in the juvenile justice system; few providers Substance Abuse Prevention and Treatment Agency-certified for treating co-occurring disorder, especially for youth; mental health treatment; and screening, identification, and referral to treatment.

Outpatient treatment gaps: psychologists and psychiatrist specializing in SUD psychotherapy; opioid treatment programs in rural areas; office-based opioid treatment in certain areas; outpatient detoxification and licensed drug and alcohol counselors, in rural areas; MAT in rural areas and tribal communities; mental health treatment during and after MAT; MAT and other treatment interventions in justice facilities; outpatient treatment for youth who have co-occurring disorders; limited evidence-based treatment for those using multiple substances and those with co-occurring mental health and physical health disorders; mental health treatment for those with and without SUD; collaborative care for individuals at risk for suicide. Gaps for withdrawal management, inpatient and residential services are community support during detox; transportation issues for those in rural areas due to facility services being offered mostly in urban areas; short-term rehabilitation (less than 30 days) and long-term rehab (more than 30 days); withdrawal management and residential services are not billable to Medicaid for ages 19-64; a statewide consistent, comprehensive 24/7/365 crisis and crisis stabilization system; mobile crisis, especially outside of central Las Vegas; crisis stabilization units; follow-up after crisis to ensure stability and address barriers to care.

Discharge and recovery support gaps include long-term care funding and insurance for recovery and residential programs; limits on duration of treatment by insurance; inadequate discharge planning, coordination, and communication between levels of care; programs for individuals released from the justice system; religious or spiritual advisors, faith-based organizations, and 12-step programs in rural areas; educational support; parenting education;

help in obtaining health insurance, including Medicaid; education on maintaining recovery; and recovery centers.
Harm reduction gaps: needle exchanges; limited hours of availability of harm reduction programs; education on harm reduction resources and methods, including naloxone use; safe places to use; and harm reduction in rural areas without other community members knowing about an individual's use.
Social determinants of health: income is lower, unemployment and poverty are higher for those living on tribal lands; housing vouchers and affordable housing; transportation to treatment and to access employment, vocational stuff, volunteer opportunities; employment for those receiving treatment and in recovery; volunteer and vocational opportunities; internet access; food access; and financial resources and stability for those in recovery.
Dr. Wagner explained harm reduction is an approach to engaging with people who use drugs and who are at risk for overdose that values their autonomy, dignity, and agency. She uses this perspective to reduce the harms experienced by our communities and the people in them. She suggested they think about how to embrace a harm reduction perspective. She noted there are models for fatality review boards that could look at how deaths occur to better understand the circumstances and identify missed opportunities for prevention. It is difficult to understand death data when it is aggregated. She would like to see data about racial disparities in treatment. The Good Samaritan Law and enforcement of drug-induced homicide laws could be in conflict. She suggested they look at where public health and criminal justice efforts bump heads. Chair Sanchez suggested instilling a harm-reduction perspective in the health care system.
Ms. Monroy noted people often say they need data, but what they need is thoughtful analytics to tell them what the data means. OD Maps data collection is not standardized because law enforcement agencies do not input information the same way; that is a standardization issue. Information from hospitals, coroners, and law enforcement data cannot be standardized because their systems serve different purposes. The committee needs analysis or analytics to tell them what is causing harm and risk in the community. She was shocked to hear the PDMP data does not provide co-prescribing information because that is what it was built to do. If it does not provide that information, either the right questions are not being asked or the system is not being used in a way to give the state the data. The PDMP is a registry of all controlled-substance prescriptions in the state. It was noted in the needs assessment as a primary prevention tool, but Nevada uses it as a regulatory and law enforcement tool. There is data in law enforcement data systems and at forensic labs that could inform public health strategies. She found the needs assessment to be heavy on prescription drugs. Those do not fuel Nevada deaths; fentanyl does. More information about the illicit drug supply is needed. She was surprised a lack of youth prevention was reported. Groups in Nevada have worked on this for decades. The state of Virginia learned, in their first round of settlement dollar allocation, that they did not invest in youth prevention in a meaningful way.
Chair Sanchez said members should point things out; Mercer will use that feedback to bring this back at the next meeting. The committee heard about gaps and lack of data but needs to keep in mind disparities that exist or could be assumed to exist. Dr. Cantrell said the report shows data-based gaps that allow the ACRN to make recommendations for funding. The legislative purpose for the needs assessment was to support the recommendations. The gaps identify there are treatment disparities among races; there is not enough treatment; and there is not enough treatment in rural areas. The state needs more mental health treatment, including

mental health treatment that is culturally responsive and accepts people who speak other languages. She asked the committee to let her know if there is more information needed for their recommendations. When they have identified gaps, they can develop recommendations. Much of what they discussed are recommendations. As they think of recommendations, they apply them under a gap. Chair Sanchez said they should look for what is missing or needs more money from the state to treat people affected by the opioid epidemic. Members of the ACRN are the people connected to the community.

Dr. Woodard clarified the goal of this process is to develop the needs assessment that shows gaps to assist them in making recommendations. The committee will report their recommendations to the Director' Office. The recommendations will be prioritized and used to develop the state plan. The Director's Office will use the state plan to allocate funds. Chair Sanchez asked if they should continue to share thoughts about what should done in communities as these opioid dollars are being dispensed. Dr. Woodard said they should. They can have an additional meeting to re-review the needs assessment, consider the known gaps, and develop recommendations for further discussion. Mr. Sanchez recommended having an army of peer support workers and community health workers to do wraparound services—the before, the after, the getting connected to other services—to help people navigate recovery between outpatient services.

Ms. Monroy asked when they were to use the health equity lens. Dr. Woodard explained it is a guide to use to determine how the recommendations could address health equity. It is important to use in the decisions of the group, but it is also for individuals to use it as they consider gaps and recommendations. Dr. Wagner requested a detailed analysis of the information in the report concerning racial disparities in access to treatment. Page 13 says TEDS data found minority adults are less likely to seek treatment than white adults. She asked how the comparison was done. She asked whether there is a comparison about people who want treatment versus those who get it. Chair Sanchez said most people who seek and get treatment are Caucasian; there is a similar number of minority people who would like to access treatment but do not get it. Dr. Wagner would like an indicator of unmet treatment need. It would be helpful to understand how "treatment" is defined because there are racial differences in who uses which drugs and what treatment is available for different drug types. Chair Sanchez said their recommendations should revolve around the opioid epidemic. Most people who use opioids likely use other drugs. The data suggests most people are polysubstance users. The death data are misleading sometimes because many deaths are categorized as opioid-related or stimulant-related, but most are polysubstance-use related. Ms. Sherwood recommended they use the 2021 version of the Johns Hopkins document for guidance. Dr. Cantrell said she will find out if the 2021 report has the Johns Hopkins requirements along with Nevada data. Ms. Monroy suggested it will probably not be much different. Dr. Wagner added she suspects the new report will have more about the role of polysubstance use and the involvement of stimulants in the current phase of the national drug use epidemic.

VI. Public Input on Final Draft Needs Assessment

Mr. Fuller commented on the NOMHE presentation. He has been in this field for a long time, working with people with co-occurring disorders, polysubstance use, and opiate use. He has developed coalition teams in northern Nevada. He liked the way the needs assessment was done to show the broad gaps that exist and how they can be closed. The recommendations of

the committee will close those gaps. They could take each gap and make recommendations. Generalizing the gaps would not be fair to each agency or organization coming to ask the committee for assistance with their programs.

Ms. Lang is with the Nevada Statewide Coalition Partnership, a collaboration of the community coalitions that address primarily substance misuse and mental health and wellness in the state. The PowerPoint presentation clarified some things in the needs assessment. She addressed pages 5 and 6 regarding prevention. More is needed to support education and stigma in the state of Nevada. The recommendations are good. A strong system is in place to move forward strategies that exist or new strategies that do not due to lack of funding. Many of the recommendations regarding harm reduction could be activated quickly to affect change. Missing throughout has been secondary prevention, which can be termed "intervention." This is a gap because there is no state or federal funding addressing it. With youth in crisis now, secondary prevention should be supported as much as primary prevention. Secondary prevention includes screenings, drug testing, and mental health assessments. During the 2021 Senate Bill 69 was passed, relating to prevention for youth, young adults, adults, and the aging. Three of its four sections refer to prevention. Section 2, subsection 3 of the bill states: The Division shall collaborate with and utilize certified substance use disorder prevention coalitions as the primary local and regional entities to collaborate programs and strategies for the prevention off substance use disorders in the state. Nevada Administrative Code Chapter 458 requires coalition and individuals providing primary prevention to be certified.

Ms. Zeller, project coordinator for Churchill Community Coalition, echoed Ms. Lang's comments. Many prevention gaps were identified in the needs assessment. She mentioned Substance Abuse Prevention and Treatment Agency-certified prevention coalitions currently address many of the gaps, but their information was not included. Mercer reported drug-related deaths increased 27 percent and overdose deaths attributed to opioids increased by 28 percent in northern Nevada. In Churchill County, drug-related overdose deaths decreased 4 percent, and opioid-related overdoses decreased 3.9 percent. Churchill Coalition coordinates with law enforcement, hospitals, pharmacies, treatment centers, behavioral health centers, school administration, tribal agencies, and other key stakeholders to ensure opioid and other drug use prevention programs are effective and benefit the community. They have prescription take back days, drop boxes, behavioral health task force meetings, youth in juvenile and family prevention programs, drug monitoring programs, data collection, and community education forums. It is essential to involve all substance use coalitions in the conversation and continue to look at current prevention efforts that may help fill gaps. There has been an attempt to address equity gaps in tribal communities through the NOMHE's efforts, but the timeframe was limited. Tribal health clinics have behavioral health and peer specialists who can supplement gaps in the needs assessment. She suggested reaching out and making sure tribal entities are included in surveys and giving insight.

Ms. Katree Saunders shared her experiences in the state of Nevada. She helped make millions of dollars for local business owners and is still being left out, still having to advocate and take care of her mental health and her children's mental health out of her own pocket, which has been stressful. Growing up in Nevada from the time she was a child going to preschool through college and making millions of dollars for the travel industry, she is tired of having her voice drowned out when she tries to advocate for real change. She had to deal with things at a socioeconomic level where most people do not have a voice to speak up because they are

traumatized. She has a right to her children and grandchildren and to right the wrongs done to her and many others in the state. She would like to be more involved in making an impact and not just talking about it. She wanted to know when the funds will be allocated to repair some of the harms so she and her family can get back to living a normal decent life.

VII. Notice of the next date for the next ACRN Meeting to be held on May 18, 2022, 9:00 a.m.

Ms. Yohey will clarify the committee's role and allow members to ask questions about the process. She will provide input on what they have heard so far so they can get a better idea of how to develop their recommendations for the state. Ms. Yohey added Terry Kerns from the Attorney General's Office could give a presentation on the substance use response working group (SURG). Dr. Woodard said staff would identify recommendations brought up today for the committee to consider. At the next meeting, they should make, discuss, and finalize recommendations for prioritization by Mercer. Staff can collect recommendations from members prior to the meeting to organize them for discussion. Members should review the needs assessment, the gaps, and the presentation to solidify additional recommendations for the committee to consider. Chair Sanchez pointed out there are clarifications Mercer could bring. A survey will be sent that will give members a structured way to provide information. It would identify what the gap is, what the recommendation for the gap is, and connect it to the what the legislation has identified for funding. Chair Sanchez said they need help in facilitating conversations, moving forward, gaining a better understanding, then producing recommendations. Dr. Woodard offered the option of meeting in-person at locations in the north and in the south. Chair Sanchez said if they met in person, he could look at a member and ask for their input.

VIII. Public Comment

Ms. Kaplan commended members. As an insider who is an outsider, she has never been to one of these public forums in this way. If they were in Ukraine, Mr. Zelensky would be in a world of trouble because there does not seem to be a plan when everyone knows this is war. That does not take away from the contributions and the abilities and the heart brought to this. She has lived in this state all her 73 years. She has seen monies come in and go out and promises made and now a lot of money going to schools and on and on and on. The state has a lot of money on the line. She has questions she would love to have on public record. First of all, there are organizations and individuals throughout the state who have been working for years and years and years in this community and have proven their worth. Why aren't they just given some operating money instead of paying for themselves and/or begging individuals. It used to be, back in the day, you would walk in, somebody gives you a brown paper bag, and you go and take care of your business. Now you have committees, and you have to do what you do and on and on. You can't get any good work done; God bless you. She listened to that poor lady—not a poor lady, a great lady with a mountain of information—but, "you send me this, and then we'll put it in a report and we'll need it for two years and then that report will result in some suggestions that . . ." The other question is about Attorney General Aaron Ford's promise to bring this lawsuit on behalf of the victims and yet no monies have been disbursed to assist those who are no longer with us and those who were there with them when they could not be. She asked if his former law firm has collected the 19 percent they were told they would get for handling this. She asked if they had been paid and why their percentage is higher than in any other state. She

pointed out that in California, the people are not taking anything at all. It is never about the money or kids are dying; it is always about the money. Where is it? In 2019, Governor Sisolak mandated mental health care in all K-12 schools. Where is it? She has great-grandchildren in school, and she does not see it. Where is it? Where is the money? She understands many other things have taken place, but if you all do not think we are in a war for the next generation of these children, for our children—it is genocide out there. We have to get serious about it without getting emotional. We need to make things happen. We already have people in place who have lost loved ones, who give up hours and weeks and hundreds of thousands of dollars just to save the next kid. Where are these people? They exist. Why aren't they receiving money straightaway? An assessment. Zelensky is going to do an assessment in Ukraine. The Russians are killing us. Hello. It's the first time ever watching something like this and understanding that everyone has the best of intentions. She is out pounding the streets. There is a killer out there, and it is taking advantage of our young people.

Ms. Yohey stated she received some public comment regarding the needs assessment. They will be posted to the website and sent to this body. There was no further public comment.

IX. Adjournment

The meeting adjourned at 11:48 a.m.

Transcript of the meeting chat

00:32:54 Katree Saunders: Grand Rising Everyone. Hope everyone is doing well.

00:36:41 Jamie Ross: Jamie Ross, I would like to speak

00:36:51 Katree Saunders: I would like to speak.

00:44:11 Dawn Yohey: You can send written feedback to me: d.yohey@dhhs.nv.gov

01:24:44 Katree Saunders: I think that a working group is in need to better implement these new policies regarding health equity and change in the valley

01:26:39 Katree Saunders: I would like to be involved.

01:34:13 Dr. Farzad Kamyar: Asking these questions seems in line with the equity lens of not just sticking with the status quo/autopilot

01:36:34 Katree Saunders: I am open to working on this.

02:10:03 Kate Kaplan: This is excellent information for those who are not in the community. Nothing new for those of us who are. AND there are some amazing organizations TINHIH for one, that are doing these things in Nevada and have been for years. Money is needed to continue... WHERE IS THE MONEY for those already doing the work??? Kids are dying.

02:13:05 Katree Saunders: I am advocating for Ownership in the cannabis industry. I have been systemically targeted on a State Level and Federal Level. Then I helped make Millions for state and Local business owners. I don't appreciate being gaslight by the state Of Nevada and given the run around. There is known corruption that needs to be addressed. When you have local elected official's adding to my existing trauma doesn't help me heal or my family. https://www.vegascannabismag.com/home-featured/operation-chronic-problem-you-are-the-problem/

02:14:44 Kate Kaplan: In 2019 the Governor mandated Mental Health education in K-12. Where is it? Where is the money that was allocated to it? What classes are currently being offered?

02:18:35 Lynda Hascheff: I hope you all have a chance to read the information provided by Unite Us (I apologize that it was just submitted this AM). We have solutions to most/all of these issues including a master person index that follows the person/patient eliminating need for them to repeat their stories. Custom assessments and screenings can be designed providing robust data provided through use of system. We also have predictive analytic tools to help support/buoy up priorities. Elyse your comments on data being collected and housed in fragmented siloed systems is an issue we have addressed in other states.

02:25:33 Kate Kaplan: It is never about the money; our kids are dying. It is ALWAYS about the money! Did Aaron Ford's former law firm collect their 19% fee (highest in the land!) from our kids' money? The drug companies were sued "in behalf" of the victims, yet the victims & families are left grieving without financial aid

02:26:43 Katree Saunders: I agree how is it the lawyers got paid before the victims and we still have to wait for compensation and help for ongoing issues.

02:30:46 Kate Kaplan: This entire process has me sick. Reports, meetings, conversations, based on...bring back to committee to add to report to bring to someone to recommend for a state fund to allocate the funds and re-review and submission with recommendations.....WHAT??? With all due respect...

02:32:15 Kate Kaplan: I would not want to go to war with these leaders...

02:36:42 Lynda Hascheff: I have to leave for another meeting. Thank you for your time today.

02:45:15 Kadie Zeller, Churchill Community Coalition: Kadie Zeller, Churchill Community Coalition for Public Input, thank you

02:48:04 Sarah Adler: Good Morning Everyone, Sarah Adler on behalf of Vitality Unlimited. I submitted public comment via email because my internet is unstable. Key points: within Workforce discussions, Licensed Alcohol and Drug Counselors need to be identified separately from general BH workforce as a critical need in order to meet needs for OUD and SUD treatment. Second, Detox and Inpatient Addiction Treatment need to be recognized (and funded) as two distinct phases of treatment. Thank you!

02:49:29 Dawn Yohey: If you would like to submit written comments for the needs assessment, please submit to d.yohey@dhhs.nv.gov

03:04:16 Kate Kaplan: Are monies available now? How long before the existing current recovery community can expect financial relief and assistance?

03:08:02 Kate Kaplan: Ditto

03:08:25 Katree Saunders: Thank you. I appreciate it.

03:08:53 Katree Saunders: I look forward to working with everyone. It takes a lot to be open and transparent.

03:19:37 Carin Hennessey -- NV, Medicaid: Thank you!