



# DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIRECTOR'S OFFICE

*Helping people. It's who we are and what we do.*



## Draft Minutes

### Advisory Committee for a Resilient Nevada (ACRN)

**Wednesday, August 17, 2022, 9:00 a.m.**

- I. Call to Order, Roll Call of Members, and Establish Quorum  
**Members Present:** Chair David Sanchez, Jessica Barlow, Brittney Collins-Jefferson, Lilnetra Grady, Dr. Fazad Kamyar, Karissa Loper, Katherine Loudon, Cecilia Maria, Elyse Monroy, Darcy Patterson, Pauline Salla, Ariana Saunders, Dr. Karla Wagner, Quinnie Winbush  
**Members Absent:** Ryan Gustafson, Cornelius Sheehan  
**Staff and Guests Present:** Mark Krueger, Dawn Yohey, Henna Rasul, Linda Anderson, Lisa Lee, Jolene Dalluhn, Mary-Sarah Kinner, Dominique Seck, Terry Kerns, Marco Mendez, Dorothy Edwards, Lea Tauchen, Marianne McKown, Tracy Palmer, Katree Saunders, Jessica Johnson, Heather Kuhn, Sara Bacon, Joan Waldock
- II. Public Comment  
There was no public comment at this time.
- III. Approval of the Minutes from the June 15 and June 22 Meetings  
Ms. Salla moved to approve both sets of minutes. Ms. Maria seconded the motion. The motion passed without opposition. Ms. Loper abstained as she was not present at the meetings.  
Mr. Sanchez announced the resignation of Laura Sherwood from the Committee and noted the State will fill that position.
- IV. Review and Discuss Opioid Litigation Settlement  
Mark Krueger, Chief Deputy Attorney General, Consumer Counsel for Board of Consumer Protection, Office of the Attorney General  
Mr. Sanchez asked Mr. Krueger to explain why the litigation funds were not being used to compensate individuals who were affected by the opioid epidemic.  
Mr. Krueger said some thought the State of Nevada would use settlement money for victim compensation restitution, noting everyone has been affected by the opioid crisis. Some have lost friends or family members or paid exorbitant amounts of money trying to help those family members and friends get treatment and other resources. Discussion about the Purdue bankruptcy settlement, the Mallinckrodt bankruptcy settlement, the distributors' settlement, and the Johnson & Johnson settlement has included how to use the settlement money. Prior to the settlements, over 1,600 individual lawsuits

were filed, which ended up in the Multidistrict Litigation (MDL) in the Eastern District of Ohio. Many of those were private rights of action in which individuals who were harmed could seek victim compensation for their loss or outlay of money. There were also governmental entities, such as local governments, involved. The City of Reno, Washoe County, Clark County, City of Las Vegas, City of Henderson, City of North Las Vegas, City of Mesquite, and Boulder City filed independent lawsuits seeking damages. The State of Nevada filed a lawsuit for damages actually done to the State in the same way private individuals and tribal nations filed lawsuits for damages incurred for them. The State of Nevada's lawsuit is unique because case law says the State, as a separate sovereign, cannot be put into an MDL because it is not in federal court. Tribal nations are separate sovereigns, but they file lawsuits in federal court and automatically go to the MDL. The settlements are for harm that was incurred by the individual plaintiffs—the State of Nevada and the local governments—not individuals, who have their own private rights of action. Ironically, the settlements considered private rights of action in the MDL—the tribal lawsuits, state lawsuits, and individual local governments' lawsuits. Initially, they were trying to make a global settlement, but they ended up carving it into several different settlements.

The State of Nevada incurred expenses because of the impact of the opioid crisis. The State is trying to accomplish two things with the use of this money. Its use is restricted by the terms of the settlement and the bankruptcies. The funds must be used for abatement—to remediate the harms, risks, and effects of the opioid crisis. It does not include victim compensation; it is not that type of case.

In the Volkswagen case, the State knew which cars with emissions problems were sold in Nevada so the State could get restitution for particular consumers who were harmed by having repairs done; that was the form of restitution. In the opioids case, there is no identifiable restitution. It is a case in which there were impacts and harms to the State of Nevada; therefore, this cannot be treated as a restitution case. The money that comes in must go to programs and services based on ACRN's recommendations and the Department of Health and Human Services (DHHS) needs assessment to determine appropriate uses. The driver of the approved uses is the settlements and their terminology regarding approved uses, not the Department of Health and Human Services or the Office of the Attorney General. Senate Bill (SB) 390 provides further guidance. Funding programs and services will get to the root of the problem and, hopefully, abate the entire opioid epidemic. That is the goal. The benefit will filter down to individual consumers who are currently struggling to get treatment to end their addiction to opioids. Hopefully, it will reduce the amount of fiscal outlay individuals have to incur. The Department will fund current abatement programs that work and establish new ones that they believe will work—revisiting them every few years to make sure they work. The Attorney General's Office brings the money in; the money is given to the Resilient Fund of Nevada; DHHS, with the assistance of ACRN, will establish programs and services that truly abate the epidemic.

Regarding the different types of plaintiffs—private litigants are receiving money they can use to abate their harm. Local governments are getting their money because they were individually harmed. Tribal governments are getting money to abate their harms. The State of Nevada, through SB 390, envisioned the harms overlap; they are not limited by county, tribal, or state lines. To not duplicate, but to complement programs and services that will abate throughout the state and to work with tribal governments, the State must work with counties and the counties must work with the cities within those counties. This will be done by allowing grant programming to offset the recoveries of those other governmental agencies to set up something that will actually abate and function across those lines. The One Nevada Agreement between the State and local governments established the way to fairly and

equitably divide the recoveries and have full participation. The ACRN is on the cutting edge. Nevada has the opportunity to do a statewide abatement program.

He said his heart goes out to those who have expended funds, who are victims or have family members who are victims of the opioid crisis, but this is not a forum to provide restitution to them; this is the forum to set up programs and services that will truly abate the epidemic.

There were no further questions from ACRN members.

V. Review and Discussion of ACRN Recommendations and Ratings Following Being Assessed by Impact, Urgency, and Feasibility of Implementation

Ms. Yohey shared the [rated recommendations](#) ACRN moved forward to the Director's Office for consideration for prioritization. The rating total was determined by impact—how many people it will affect; urgency—how needed the recommendation is; and feasibility—how easily the recommendation can be put into place. The higher the number, the more people it will impact, the more urgent and feasible it is. The ACRN recommendations are highlighted; the other recommendations came from the needs assessment or from other state entities.

Ms. Salla asked how the overall rating was determined. Ms. Yohey said it is an average of impact magnitude and impact health equity; and the urgency of the need, determined by the urgency alternative, urgency delay consequences, and urgency average; the feasibility structure, the ease, and the resources average. If it met the legislative target, three points were awarded.

Ms. Yohey said the [ACRN report](#) on the website shows how all of these were rated through the objective tool. Three points could be added for meeting a legislative target. She explained the scoring definitions. Low impacts a small portion of the population of Nevada residents; high impacts almost the entire population with minimal to no exclusions; a rating of two has minimal impact to health, safety, daily life; high saves lives and provides major improvement in quality of life or services. The impact to health equity was rated. Urgency was assigned based on the need for timely implementation of the recommendation based on the availability of alternatives and the negative consequences or risk of delay in implementation. The feasibility score took into account the existing infrastructure, ease of implementation, and the availability of resources. The final category rated whether the recommendation reached the target of preventing overdoses, addressing disparities in access to health care, or prevention of substance use among youth.

Dr. Kamyar noted a recommendation regarding delivery hospital patients being screened, treated, and identified that received zero points for meeting a legislative target. Identifying those with substance use disorder and best practices to treat it tie directly to prevention of overdoses. Ms. Yohey asked members to send their questions to her team. They can confirm the scores.

Dr. Kamyar also noted establishing supervised drug consumption or safe injection sites was scored a zero. This is a proven harm reduction model that prevents overdoses explicitly. He asked if the Director's Office would be looking at that target number when determining funding priorities.

Ms. Yohey said as the state plan is being created, they are ensuring harm reduction, prevention, and data are included. The rankings are a guide for them to see if it makes sense to do something or how easy it is to do something. It is also being used for mapping. She has met with all opioid grantees to identify what everybody who has opioid dollars is doing so they do not duplicate efforts, or so they can come alongside and supplement and not supplant funding. More than the rating total is being used. They are mapping what is being done, what is not being done, and what really needs to be done.

Ms. Monroy asked who did the ratings. Ms. Yohey replied that Mercer staff did the scoring. She added that Mercer staff will train state staff how to do the ratings so they can be done internally next time.

Ms. Monroy said the process seemed subjective, but noted it is being measured against something in an attempt to make it objective.

Mr. Sanchez reminded members they can follow up and ask questions to guide the process in a meaningful way. It is challenging to create an objective tool and keep it objective as subjective information is added. The state team is deeply involved with the population ACRN aims to serve and the issues around the opioid epidemic.

VI. Updates on Progress with State Plan

Mr. Sanchez reminded members the next step in the allocation of funds is development of the state plan. Ms. Yohey reported she is working on it, going through all of the recommendations, and determining what will be prioritized. Mapping allows them to see what other opioid programs are doing. She will provide updates.

VII. Chair's Report on Committee Activities and Next Steps

This Committee was tasked with legislative responsibilities, and they met them. He thanked committee members and members of the public who attended their meetings for all they did to make that happen. He reviewed how they met all statutory requirements. He reminded them they have a report due each even-numbered year; a needs assessment must be done at least once every four years. Based on the needs assessment, the Director's Office will develop or revise the statewide plan to allocate money in the Fund for a Resilient Nevada using recommendations provided by the ACRN in its biennial report. He reminded members they cannot, as a Committee, advocate for causes. But, as individuals, they can provide public comment at hearings, at meetings, or at the Legislature to support the type of work members are doing.

VIII. Notice of Dates for Upcoming ACRN Meetings

A poll will determine dates and times of future meetings.

IX. Public Comment

Ms. Katree Saunders asked if restitution for people affected by the opioid epidemic would be addressed. She asked if there would be any restitution for the people or whether all the settlement funds would go to programs.

Mr. Sanchez replied that Mr. Krueger's explanation will be in the minutes that will be posted on the ACRN website

Ms. Katree Saunders noted the discussions seemed to be about money going to programs, not to those affected by the opioid epidemic. She wondered how that will have people get financial assistance.

There was no further public comment.

X. Adjournment

The meeting adjourned at 9:47 a.m.