

**CROSS-SECTOR TASK FORCE TO ADDRESS OVERDOSES  
JOINT MEETING OF  
ADVISORY COMMITTEE FOR A RESILIENT NEVADA (ACRN)  
SUBSTANCE USE RESPONSE WORKING GROUP (SURG)**

**DECEMBER 13, 2022, 1:00 P.M. TO ADJOURNMENT**

**DRAFT MINUTES**

**1. Call to Order and Roll call to Establish Quorum**

The meeting was called to order at 1:09 p.m. by the ACRN Chair, David Sanchez. He determined a quorum was present.

**Members present:** Jessica Johnson, Lisa Lee, Shayla Holmes, Dr. Lesley Dickson, Christine Payson, Erik Schoen, Chelsi Cheatom, Steve Shell, Angela Nickels, David Sanchez, Lilnetra Grady, Ryan Gustafson, Dr. Farzad Kamyar, Karissa Loper, Dr. Karla Wagner, Elyse Monroy-Marsala, Debi Nadler, Darcy Patterson, Brittney Collins-Jefferson, Ariana Saunders, Pauline Salla, Jamie Ross

**Members absent:** Attorney General Aaron Ford, Senator Fabian Doñate, Senator Heidi Seevers-Gansert, Assemblywoman Claire Thomas, Assemblywoman Melissa Hardy, Dr. Stephanie Woodard, Jeffrey Iverson, Jessica Barlow, Katherine Loudon, Cecilia Maria, Cornelius Sheehan, Quintella Winbush, Gina Flores-O'Toole

**Staff and Guests Present:** Teresa Benitez-Thompson, Mark Krueger, Dr. Terry Kerns, Henna Rasul, Dawn Yohey, Vanessa Diaz, Joan Waldock, Tina Dorch, Karina Fox, Mimi Annan, Michelle Berry, Lori Farrens, Dr. Fayyaz Qadir, Kelly Marschall, Emma Rodriguez, Crystal Duarte, Deanna Lyons, Jennifer Atlas, Stephanie Cook, Michelle Bennett, Mark Funkhouser, Carina Rivera, Lea Case, Joe Engle, Ben, a representative from the Perkins Company, Vanessa Dunn, Misty Allen, Sharon Chamberlain, Shawn Thomas, Abigail Bailey, Donna Laffey, Lori B., Kiley Danner, Heather Kuhn, Trey Delap, Yolanda Chatwood, Arnold Thomas, Linda Anderson, Morgan Green, J. Baez, Laura Oslund, Iris Key, Antonia Capparelli-Twait, Guiseppe Mandell

**2. Public Comment**

Ms. Nadler asked how much Mercer was paid as many of their recommendations were taken from Johns Hopkins. She also asked if members of the SURG could extend their terms that expire later this year.

Mr. Mandell from There Is No Hero in Heroin offered his lived experience to the task force.

Dr. Kerns reported the Office of National Drug Control Policy endorsed a national nonfatal overdose database using emergency medical services (EMS) data.

**3. Introduction and Review of Objective for Cross-Sector Task Force to Address Overdoses**

David Sanchez, Chair of the Advisory Committee for a Resilient Nevada

Mr. Sanchez reminded members the task force meets to determine necessary actions to reduce the risk of overdose in Nevada's communities. Today, the task force will hear informational presentations, and they may approve a plan of action.

**4. Discussion and Vote to Approve Minutes of the meeting on November 02, 2022**

Ms. Loper moved to approve the minutes. Ms. Lee seconded the motion. The minutes were approved without abstention or opposition.

\*\*\* This item was taken out of order. \*\*\*

## **5. Impact on Tribal Communities**

Arnold Thomas, Dr. Fayyaz Qadir and Lori Farrens, made a presentation on the Shoshone-Paiute Tribe of the Duck Valley Indian Reservation. Dr. Qadir reported their town has a population of 1,200-1,500 people; there have been 22 nonfatal overdoses in the last two years. They are unable to access accurate data on the number of deaths, although they had nine suicides related to opiates or addiction. At least 45 children have been directly affected. Parents have lost children; children have lost parents. Parents who use neglect their children's medical and routine care resulting in broken attachments and broken relationships in adulthood and in a disconnect with the community. Their community needs: to educate providers and the community; funding to help with drug testing; and more staff. They cannot get data on the number of patients being seen because no one can pull the statistics from their electronic health record (EHR) system. They need staff education on medication-assisted treatment (MAT). They do not have a team for the team approach that is the standard of care for pain management. They do not have a team to train community members on cardiopulmonary resuscitation (CPR) and how to use Narcan. They also need fentanyl test strips.

Mr. Sanchez asked if they have providers who can prescribe buprenorphine.

Dr. Qadir replied they did in the past, and he is currently working on becoming MAT-certified.

Ms. Monroy-Marsala asked about their barriers in collecting data and about their EHR system.

Dr. Qadir said they have not been able to hire anyone qualified to pull data from their EHR.

Ms. Farrens added EMS and the coroner do not enter information into the EHR.

Ms. Monroy-Marsala asked if they have their own EMS, coroner, and vital records system.

Ms. Farrens replied they have their own EMS and coroner, but they do not have their own vital records. She added that all grants require statistics, limiting their ability to apply for grants since they either cannot access or track information.

Ms. Nadler suggested they look at the Overdose Detection Mapping Application Program (ODMAP), which captures fatal and nonfatal overdoses.

## **6. Report from Prevention Coalitions on Education and Communication**

Jamie Ross, Prevention, Advocacy, Choices Teamwork (PACT) Coalition and Nevada Statewide Coalition Partnership

Ms. Ross focused her remarks on what is being done in Nevada regarding fentanyl. She noted the importance of community messaging and national media campaigns and stated their youth teams provide information on what is happening in the schools and are the source of their most current information.

Coalitions educate school staff and work with parks and recreation departments. Most naloxone training is done by them. Join Together Northern Nevada (JTNN) has trained casinos, courts, Northern Nevada Cares, the National Guard, housing and homelessness. The coalitions received fentanyl test strips from the State Opioid Response (SOR) and Overdose Data to Action (OD2A) funds. They distribute them to individuals who use drugs and their family members.

Primary prevention—ensuring folks do not engage in dangerous behaviors—is less talking about drugs and more adding risk and protective factors into existing programs. The forensic assessment services triage teams (FASTT) and mobile outreach safety teams (MOST) are the first responders. Coalitions focus on community readiness, which includes making sure most school districts have Narcan available in

schools. As overdoses have increased, particularly in Nevada's middle school population, so has community readiness. Subpopulations most at-risk are Latin, Latinx, teen Hispanic, and LGBT.

She reviewed work done by individual coalitions. Partnership Carson City trains school nurses, hospital staff, and police on Narcan. Partnership Douglas County created a spike plan which was used when law enforcement officers came into contact with fentanyl, resulting in 30 doses of Narcan being administered. JTNN in Washoe County focuses on adverse childhood experiences (ACEs) mitigation. The coalitions supply Narcan and naloxone in schools and work on harm reduction strategies.

There has been a nationwide shortage of naloxone, so making sure to get it into the hands of the people who most need it is important. Fentanyl test strips are available, but they are purchased with grant funds. When the grants go away, so will the funds used to buy supplies.

First responders working in harm reduction report needing additional training on the use of amphetamines mixed with opioids. Programs that have been in pilot phases and have a track record of success could grow with additional funding. Most funding for prevention focuses on primary prevention, but there is a gap in funding for youth and adults.

Opioid solutions for schools and youth include ACEs and prevention of adverse childhood experience (PACEs) evidence-based programs, but teachers cannot be asked to do more. Prevention specialists—experts in how to deliver evidence-based prevention programming—can focus on the schools-to-behavioral-health pipeline.

Ms. Nadler noted Narcan is not mandated in Nevada schools. She is working with Senator Seevers-Gansert on legislation to mandate it in middle schools and up. She pointed out student ID cards could have hotline numbers printed on them.

Ms. Ross said current law reads Narcan "may" not "shall" be in schools. Narcan is stored in the nurses' offices of middle and high schools in the Clark County School District, and Clark County School District Police have access to it. Mandating its availability would require changing the law, but school districts could put information on the backs of the student ID cards without legislation.

Ms. Monroy-Marsala stated data shows growing numbers of fatal and nonfatal overdoses among individuals ages 18 to 24 years; these individuals are not served by school-based interventions or initiatives. She asked whether coalitions partner with universities and trade schools or work with the Recovery Friendly Workplace Initiative to target that population.

Ms. Ross said secondary and tertiary prevention lacks funding to target those subpopulations. Coalitions work with universities and trade schools as they can. Many coalitions work with Recovery Friendly Workplace, but they would like to strengthen the collaboration to help young folks struggling to find employment.

Dr. Kerns added University of Nevada, Reno participated in a bilingual education campaign targeting the students on campus through social media, posters, and flyers.

Ms. Lee pointed out Washoe County School District has Safe Voice information on their student IDs.

Mr. Mandell noted there is an evidence-based alternative peer group in Las Vegas for ages 13 to 24. He is on the advisory board for the Recovery Friendly Workplace.

## **7. Presentation on State Plan**

Dawn Yohey, Clinical Program Planner, Fund for a Resilient Nevada Unit

Ms. Yohey reported the statewide plan was completed in December and can be found on the website. The 2021 legislature passed Senate Bill 390, which is codified in *Nevada Revised Statutes* (NRS) 433.712

through 433.744. It establishes the Fund for a Resilient Nevada. The Department of Health and Human Services was required to develop a statewide needs assessment and a statewide plan to identify implementation priorities in addressing opioid-related harms using a data-driven and evidence-based approach. The needs assessment was completed at the end of July. The needs assessment and statewide plan were consolidated into one document.

She walked members through the document. Sections 1 through 3 comprise the needs assessment. Sections 4 through 5 present the opioid impact and currently available systems and corresponding gaps, which inform each recommendation in Section 6. Section 7 provides goals, strategies, objectives, and activities that may be funded through the Fund for a Resilient Nevada and other funding sources. These were developed from the recommendations and stakeholder feedback. Section 8 offers details on the next steps and a preliminary allocation proposal. Appendix A is data sources, Appendix B is a reference document, Appendix C is prior work by Johns Hopkins, Appendix D is additional data used; Appendix E is the approved uses for opioid recommendations; and Appendix F is policies and procedures.

The proposed budget recommendation for the statewide and goals has not been approved through the Interim Finance Committee (IFC). It will be presented for approval in at the January 31 , 2023, IFC meeting. The numbers in the budget can change, but these are the goals you will see in the state plan:

1. Ensure local programs have the capacity to implement recommendations effectively and sustainably with proposed funding estimates for fiscal years 2023, 2024, and 2025;
2. Prevent the misuse of opioids;
3. Reduce harm related to opioid use;
4. Provide behavioral health treatment;
5. Implement recovery communities across Nevada;
6. Provide opioid prevention and treatment consistently across the criminal justice and public safety systems; and
7. Provide high quality and robust data and accessible, timely reporting.

Dr. Wagner asked how budget amounts were determined. She was concerned the amount allocated per year for Goal 3 is \$140,000; in comparison, other categories received much more.

Ms. Yohey said the budget is not set. They want to ensure local programs have the capacity to implement recommendations effectively and sustainably, and they continue to do fund mapping. Money from SOR and OD2A grants are funding many of these priorities, which was considered so no funds would be supplanted.

Dr. Wagner reported Nevada has two needle exchange programs; \$140,000 a year is not enough to start up even more one needle exchange. She would like to see how Ms. Yohey came up with the amount.

Ms. Yohey will provide more details shortly.

Ms. Nadler asked where they could see the state plan.

Ms. Yohey will send members a link.

Ms. Monroy-Marsala echoed Dr. Wagner's concerns. She asked for a map of where the state's opioid funding is going and asked to see the process used to allocate funds. She noted about \$2 million was proposed for improving data. She works on the state's opioid data collection, but she does not know how that money could be used. The state has two needle exchanges, and they do not all run mobile outreach weekly. School-based interventions and youth interventions are important, but adults are dying by overdose at an alarming rate. The spike event in Las Vegas that precipitated this joint task force did not involve youth deaths; adults died. We need to care about all people who are dying.

Ms. Yohey noted they are taking this slowly to ensure they are making the right decisions regarding statewide capacity and sustainability.

Dr. Kamyar asked if Section 6 goals were mapped to Section 7 in the state plan and if any were omitted.

Ms. Yohey answered they mapped as many as they could. She reminded members the statewide plan would be updated every four years per statute, and it would be a live document.

Dr. Kamyar asked what process was used.

Ms. Yohey said they used the Office of National Drug Control Policy goals. Everything that was ranked and everything they recommended is there.

Dr. Kamyar asked if the recommendation's score based on meeting a legislative target had an effect on priority ranking.

Ms. Yohey said if it was a recommendation, it was likely a legislative target. If she has more information, she will send it out.

Ms. Lee found the amount of funding for Goal 3 offensive and disagreed with the budget for data. She noted reducing harm related to opioid use is more than syringe services. Most people are moving from injection drug use to smoking, so they need safe smoking supplies. Harm to families includes child welfare involvement when parental substance use factors into child removal into foster placement.

Ms. Nadler reported three people in Las Vegas were kicked out of detoxification programs because Medicaid does not pay for medication-assisted treatment (MAT). She noted they are out on the streets and may die because they could not get help. She asked to see what percentage of the settlements was paid to Mercer and the attorneys.

Ms. Yohey said those expenses were not part of the statewide plan goals. She will send out reports from the Attorney General's Office on attorneys' fees.

The Fund for a Resilient Nevada is requesting the IFC move funds out of reserve at the January meeting. A request for proposal with Nevada State Purchasing will enable them to do some of Goal 1. They will continue to map opioid funding and projects throughout state.

Mr. Sanchez said the task force would like more transparency about what has been spent and what will be spent. He asked for clarification on whether the task force has a say in the proposed budget.

Ms. Yohey said the budget is complete; it is a proposed budget because it has not been approved by a legislative body.

Mr. Sanchez asked whether the SURG, ACRN, or the task force can adjust it before it is approved.

Ms. Yohey replied budget decisions were made in the Director's Office; she can take their recommendations back to the Director's Office.

Mr. Sanchez asked whether there was a way to get each committee and the task force a direct line to affect proposed budget before it is presented for approval.

Ms. Monroy-Marsala asked what they were doing here if the proposed budget is going to IFC. She wondered what their objective was.

Ms. Yohey noted this was an informational item. They have made an allocation to address overdoses, and there will be an allocated amount for funding to move more quickly.

Ms. Monroy-Marsala asked if the allocated amount would come out of what is going to IFC.

Ms. Yohey said it will also go to IFC.

Ms. Monroy-Marsala asked if they could consider and vote on a plan that has money tied to it today.

Ms. Yohey indicated they could.

## 8. Discussion and Possible Vote to Approve Task Force Action Plan

Dr. Terry Kerns, Office of the Attorney General

Dr. Kerns said they cannot come up with an actionable plan in the time remaining in today's meeting. The action plan will leverage existing resources—including federal funding—to the greatest degree possible. They should think strategically to develop actions at the state level. Activities must be evidence-based, demonstrate effectiveness, and consider implementation science. They should focus on health equity, address disparities, and balance the need for urgent action with planning. In operationalizing recommendations, they should establish situational awareness with data and current activities and set the foundation for continued planning based on the Nevada opioid needs assessment and state plan, moving from general recommendations to detailed action plans. The task force's subject matter experts can volunteer to do homework to operationalize recommendations and develop action plans that can be accomplished in six months rather than taking years. They can reach out to others for information but must not create a quorum issue. The deputy attorney general can answer quorum questions.

Dr. Kerns provided an example of connecting public safety and local overdose spike monitoring agencies. The lead agency was the Office of the Attorney General. The Douglas County overdose spike response plan was used. ODMAP drove local actions, identified the local spike overdose monitoring agencies, and defined the public safety, public health, and community partners. Each county has developed its own plan and determined who their community partners are and which agency would be the lead. For Washoe County, the Sheriff's Office stepped up as the lead. In Clark County, the lead agency was the Southern Nevada Health District. In the other counties, it was the community coalitions. Stakeholders involved were emergency medical services (EMS), law enforcement, and public health. Many involved their district attorneys, county commissioners, and tribes. The plans cover the risk of what happens if a spike occurs and the community is not ready. Each plan addresses communication, but does not identify whether public health, law enforcement, or both will take the lead and what the combined message will be. She will work with the lead agencies from each community to operationalize this recommendation. The development of communications is a priority recommendation for identifying substances involved in overdoses quickly; currently, there is not a way to do that. A task force member could volunteer to lead in operationalizing this recommendation.

Mr. Sanchez suggested members of the task force choose their areas of interest. Connecting monitoring is one of the major tasks, but there are many steps involved to make it functional. It needs to be defined and guided by the task force through deliberation.

Ms. Monroy-Marsala agreed that they should prioritize areas to look at. Harm reduction and addressing harm need to be priorities. The OD2A program is identifying the substances and working with the public health lab to buy mass spectrometers. She offered to be the lead on that.

Ms. Lee stated ODMAP is insufficient. There are issues with access, input, data quality, and lack of coordination with public health and harm reduction response with the public-facing dashboard. Overdoses reversed where 911 was not called are not reported. An application allowing all types of overdose responders to enter data that can trigger public alerts of bad batches is needed, drilling down to neighborhood deployment of overdose education and naloxone distribution. She asked that the development of communication piece from the SURG Treatment and Recovery Subcommittee's Recommendation 5 be included to ensure that Black, Indigenous, and people of color (BIPOC) communities receive training in overdose prevention recognition and reversal and overdose prevention supplies to reduce fatal overdoses among Black, Latinx, and Hispanic individuals. Further messaging

about the protections of the Good Samaritan Law, including protections for undocumented individuals, needs to be communicated to Black and Brown communities.

Mr. Sanchez noted the task force is separate from the SURG and the ACRN. It is the task force's job to do this work.

Ms. Nadler asked if the recommendation "identify substances involved in overdoses quickly" is something legislators can help with. California mandated that hospitals test for fentanyl.

Dr. Kerns said legislative remedies take longer; this group is to come up with something can be acted on within six months. Nevada hospitals must send out for testing for fentanyl and fentanyl analogs, which means it takes days, not hours, to get results. She asked them to focus on development of communications, harm reduction, and access to care leveraging programs already in place that can be put into effect within six months.

Mr. Sanchez suggested they take a short break, then return to this agenda item. In the "next steps" agenda item, they will come up with a concrete plan. He wants task force members to feel they have direct input and drive the process.

[The meeting was in recess from 2:56 to 3:05 p.m.]

Mr. Sanchez suggested the task force find a way to bring forward an action plan that would more directly reflect members' expertise. He suggested they split into three groups; each group tackling one of the three main areas of concern to bring back to this body. His questions for the action plan are: What is the end goal of this action? How will this mitigate or remediate the harms of opioid overdoses? What are we already doing? Who needs to be involved? Who should be in charge? What equipment or technology is needed? What needs to be done to make this happen?

Dr. Kerns said there would be no administrative support for the proposed three groups. They would have to make sure that a quorum of task force members did not meet. The lead person could reach out separately to the people on a team, but not to whole group.

Ms. Rasul cautioned ten members could be viewed as a subcommittee; a subcommittee is required to abide by Open Meeting Law.

Dr. Wagner noted they have been meeting for over two hours and have not done any of the work that was the reason for this meeting and the last one. She asked if they could this in their meetings.

Mr. Sanchez reminded members the task force was created in response to an outbreak of overdoses. He noted they are supposed to be making decisions, but the recommendations did not include their guidance or input. There are open meeting barriers; the task force's attachment to the state is a barrier to meeting in smaller groups to accomplish this. He asked for suggestions on how they can create their own action plan, present it, and get it done.

Dr. Kerns said a separate task force leader for each category could reach out for additional information, avoiding the open meeting law limitations.

Mr. Sanchez said the information they have been given is what they created. The ones in the field gathered the information and gave it to the state, which allowed the state to report it.

Ms. Lee said they are here as subject matter experts to give input on this plan. She suggested doing a survey that would reflect their input back to them. That is a way to gather data. She proposed using technology to collaborate in a way that would not violate Open Meeting Law.

Dr. Kerns suggested the survey cover development of communications; provide technical assistance, guidance, and resources; and rapid implementation for everyone's input.

Ms. Lee said they can provide justification and research links to literature and evidence.

Dr. Wagner suggested using Chair Sanchez's questions to poll members on each action item. What is the goal? What are we already doing? What needs to be done?

Ms. Loper said the survey could include a way to indicate willingness to lead an activity.

Ms. Ross said there are recommendation topics state subject matter experts should guide so they do not only collect data but can also weight it. She would like them to do this collaboration via technology and subject matter expertise. She suggested using a more open process that does not miss the swaths of the population not on this task force.

Mr. Sanchez said they will use technology and surveys to find out how to build an action plan on development of communications, harm reduction, and access to care. He noted they could allow more public comment as they move through the process. The members preferred not to assign leads or someone to guide these actionable items at this point.

Dr. Wagner proposed they poll members using Chair Sanchez's questions to get all the information in this brain trust and have one or two subject matter experts review the data and put them into a coherent set that can be presented at the next meeting for public comment.

Mr. Sanchez asked if two subject matter experts were allowed to meet.

Ms. Rasul said they could. She noted the poll of the members would need to be sent to a staff member, not to a member of the task force.

Dr. Wagner suggested the staff member give the results of the prevention section to Ms. Ross for review, because she is the expert. She can go through the poll results, collate them, and present them in a meeting.

Ms. Rasul said the poll and its results should not be disclosed to anyone else on the committee and must be collected by a staff member. The results of that poll can be discussed at the next meeting.

Dr. Wagner asked if a subject matter expert or two can collate the results and turn them into something to present at the meeting.

Ms. Rasul replied they could. It is not a direct violation of Open Meeting Law, but those two should not speak with other members of the task force about the results. She added it would be best to have one subject matter expert from ACRN and one from SURG.

Mr. Sanchez agreed two could bounce their thoughts off each other as they collate the data.

Ms. Holmes advocated for transparency in the data collected to prevent a perception that an evidence-based recommendation was made that did not align with an individual's understanding and was lost.

Mr. Sanchez asked if they needed a motion to confirm they will send out survey, collect data, and establish who the two subject matter experts are—one from ACRN one from SURG.

Ms. Loper summarized the intent is to have the two subject matter experts collate the data to prevent issues with Open Meeting Law. They will then present that to full group.

Ms. Holmes stated the data should be made available as backup documentation for whatever is presented by these experts so their intent is obvious if they group recommendations. The survey and data collected should be clear on how they led to the recommendations presented. She does not want the experts to simply reject items.

Mr. Sanchez said having two subject matter experts review the results would put a check on that. A thorough presentation of the information gathered from the survey and how it applies to the creation of the piece of the action plan will keep that in check.

Dr. Kerns noted a survey question could ask where members wanted to serve. The survey results for each presentation will be available as backup documentation.

Mr. Sanchez wants his questions and the ones Dr. Kerns used in her example of operationalizing recommendations to be in the survey.

Dr. Wagner asked to add Ms. Lee's recommendation about working with communities of color. She asked Ms. Lee to provide language for adding that. She commented that she added some things because of questions about Good Samaritan Law messaging. There is misinformation and misunderstanding about it. Nevada has not spread the message and could do a better job of communicating. It is important that people without documentation are protected if they call in an overdose, especially given the high rate of deaths among Hispanics. There are no protections for undocumented individuals explicit in NRS 453C. Better communication with Black and Brown communities is needed.

Mr. Sanchez determined they no longer had a quorum.

Ms. Rasul said he could lay out what he wants to have done, and people could volunteer.

Mr. Sanchez directed Ms. Yohey to distribute the survey Dr. Wagner helps create. He asked members interested in working on the actionable plan for any subsection to volunteer to be one of the two subject matter experts to work on the plan.

Dr. Kerns suggested committee members list three areas of interest.

Ms. Loper asked if they could rank their top three topics.

Ms. Lee volunteered to be one of the harm reduction subject matter experts.

Ms. Nadler asked whether there was anything on education and prevention.

Dr. Wagner interjected they are asking people to volunteer for the one they want to lead.

[Ms. Duarte noted SURG member Angela Nickels joined the meeting at 3:43.]

Mr. Sanchez said he saw three subsections—development, communications, and access to care and treatment—but there is not one for prevention.

Ms. Ross pointed out it is under communications.

Dr. Kerns noted there was increased prevention in schools and education of the public under communication.

Ms. Nadler asked if the survey would show a breakdown of each one. It was confirmed it would.

## **9. Discussion of Next Steps for the Cross-Sector Task Force**

Mr. Sanchez asked members if they feel the task force is heading in the right direction.

Ms. Grady and Ms. Collins-Jefferson noted their support for the plan.

Mr. Sanchez asked that the email that goes out with the survey clarifies the two-person team needed.

Dr. Kerns suggested a Doodle poll be sent out with possible dates for the next meeting.

## **10. Public Comment**

Mr. Mandell thanked members for their hard work. He offered the services of his organization.

Ms. Nadler announced There Is No Hero in Heroin is holding an event on Monday, February 13.

Mr. Mandell said Black Monday, to be held at Central Church, is the largest resource fair in the state.

There was no further public comment.

## **11. Adjournment**

The meeting was adjourned at 3:53 p.m.

Below is a transcript of the conversation among attendees using the meeting chat.

01:04:13 Emma Rodriguez (she/her): Hello, how can I help you?

01:05:28 Melissa Hardy: My name says Melissa Hardy

01:05:35 Lori Farrens: Good Afternoon - Myself and Dr. Qadir are here, however, we are unable to join our audio. We are using cell phone and it is telling us we are muted by host

01:05:41 Arnold Thomas: My name says Arnold THomas

01:05:48 Melissa Hardy: My name is Pauline Salla

01:05:53 Arnold Thomas: Brittney Collins-Jefferson

01:06:34 Pauline Salla: I just changed my name

01:12:42 Lori Farrens: Hi - Dr. Qadir has a patient at 1:45. We are not sure where he is at in order of presenting, but, wanted to let you know. Thank you

01:13:18 Lori Farrens: It says our browser is blocking it; and we tried to follow all the instructions, but it is not working

01:13:27 Lori Farrens: Dr. Qadir is here

01:15:36 Lori Farrens: We are muted on your end

01:17:14 Lori Farrens: I clicked on unmute

01:17:20 Lori Farrens: Can you unmute our cell phone

01:17:33 Lori Farrens: Yes

01:40:26 Crystal Duarte (she/her): Hello, I wanted to check if this is Joan?

01:40:44 Pauline Salla: HI everyone- I am sorry I have an emergency at work and need to log off for a bit. I will try to rejoin

02:01:19 Steve Shell: Hello- I apologize for having to sign off and will rejoin shortly.