

MEETING NOTES

Statewide Substance Use Response Working Group March 4, 2025
Response Subcommittee Meeting 11:00 am

Zoom Meeting ID: 868 3331 1069
Call in audio: (669) 444-9171
No Physical Public Location

Members Present via Zoom or Telephone

Dr. Shayla Holmes, Dr. Terry Kerns, Nancy Lindler, Christine Payson

Legislators (waived from quorum requirement)

Senator Jeff Stone

Office of the Attorney General

Joseph Peter Ostunio (Deputy Attorney General), Ashley Tackett, Teresa Benitez Thompson

Social Entrepreneurs, Inc. (SEI) Support Team

Crystal Duarte and Laura Hale

Members of the Public via Zoom

Tray Abney, Linda Anderson, Brandon Beckman, Alison Cladianos, Jen Kelsh, Heather Kerwin, Tom Moulton, Jamie Ross, Katie M. Snider, Stacy York

1. Call to Order and Roll Call to Establish Quorum

Chair Kerns called the meeting to order at 11:01 a.m. Ms. Duarte called the roll and established a quorum.

2. Public Comment

Chair Kerns read the statement on public comment and call-in information. There were no public comments.

3. Review and Approve Minutes from the November 5, 2024, Response Subcommittee Meeting

- Christine Payson made the motion to approve.
- Shayla Holmes seconded the motion.
- The motion carried unanimously.

4. 2025 Subcommittee Reorientation

Dr. Kerns reviewed slides 8-9 with the following member expectations:

- Please provide notice of absence to SEI staff at least four business days in advance of meetings. Attendance falling below 75% will be reviewed with individual members.
 - Note that excused absences still count against the requirement.

- Each member is encouraged to submit at least one recommendation, and to do so as early as possible to support the scheduling of presentations.

Dr. Kerns noted improvements to the process over time and appreciated member engagement. There were no questions from members.

5. Review AB374 Section 10 Requirements and Subpopulations Addressed in Prior Recommendations

Dr. Kerns reviewed all six of the 2024 Response recommendations on slides 11- 13:

1. *Recommend research into implementation of statewide data sharing agreements with the Chief Data Officer of the State of Nevada and implementation of a cross-sector database housing multiple points of data across prevention, treatment, recovery, and criminal justice to include data such as controlled substance outlets (tobacco, cannabis, alcohol) to help tailor interventions geographically.*
2. *Support the collaborative proposal to the Fund for a Resilient Nevada to conduct wastewater sampling of high schools, college/university campuses and bars/nightclubs and use information gained to develop public health awareness programs, deploy targeted naloxone, increase provision of fentanyl test strips to targeted locations and to develop a plan for expanding high risk substance wastewater surveillance in Nevada and review the outcomes from this pilot program to identify if it and similar targeted programs may aid in the community response.*
3. *Resolve the conflict between the Good Samaritan Drug Overdose Act and Drug Induced Homicide Law; immediate actions may include recommending community-level education using best practice guidelines, as well as education for law enforcement personnel, and exploring options for altering the Good Samaritan language to expand coverage to a greater population of individuals living with substance use disorder.*
 - Dr. Kerns added that prevention coalitions have been doing the community level and law enforcement education along with CASAT (Center for the Application of Substance Abuse Technologies). The community may not be calling 911 for fear of being arrested, as provided through testimony to Subcommittee members.
4. *Review the operations and lessons learned from the Clark County Regional Opioid Task Force when that body's report is released in December 2024 and take this into account when supporting legislation to establish regional Overdose Fatality Review (OFR) Committees allowing flexibility as to the makeup and practice and for the OFR to remain at the county or regional level, as needed, to effectively identify system gaps and innovative community-specific overdose prevention and intervention strategies in accordance with established best practices such as the Bureau of Justice Assistance's Overdose Fatality Review: A Practitioner's Guide to Implementation.*

Funding to be provided through the Fund for Resilient Nevada and to support this recommendation, additional funding may need to be provided to the Coroner of Medical Examiner's office for personnel.

- Dr. Kerns referenced a November presentation from the Clark County Regional Opioid Task Force that would also be presented to the Legislature.

5. *Recommend state agencies under the legislative, judicial, and executive branches involved with deflection and diversion programs have a comprehensive definition of recidivism, and policies related to measuring and reporting recidivism.*
 - Dr. Kerns noted that currently, the Nevada Department of Corrections (NDOC) is the only state agency to have a definition of recidivism, which is to return to prison within three years. This definition does not apply to jails. State agencies with deflection/diversion programs should implement a definition of recidivism so program evaluations can compare deflection/diversion programs using the same or similar definitions of recidivism. The AG's Office will need to look at implementing a definition of recidivism.
6. *Implement a voluntary program to install "drug take back bins" in retail pharmacies.*

Dr. Kerns thanked members for their diligence and hard work in researching and bringing these recommendations forward. She continued the review with the Legislative and Cross-Cutting Assignments on slides 14-17:

- AB374 (2021 Session) Sec. 10, Subsection 1 is comprised of components A-Q. In 2021, guidance from Vice Chair Tolles, Dr. Woodard and Dr. Kerns determined subcommittee assignments.¹

Response Subcommittee Assignments (specific)

*(d) Work to understand how residents of this State who are involved in the criminal justice system access supports for treatment of and recovery from substance use disorders at various points, including, without limitation, by **reviewing existing diversion, deflection, and reentry programs** for such persons.*

*(i) Develop **strategies for local, state, and federal law enforcement and public health agencies to respond to and prevent overdoses** and plans for implementing those strategies.*

*(k) Recommend strategies to **improve coordination between local, state, and federal law enforcement and public health agencies** to enhance the communication of timely and relevant information relating to substance use and reduce duplicative data collection and research.*

*(l) Evaluate current systems for sharing information between agencies regarding the **trafficking and distribution of legal and illegal substances** which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids, and stimulants.*

(m) Study the effects of substance use disorders on the criminal justice system, including, without limitation, law enforcement agencies and correctional institutions.

(n) Study the sources and manufacturers of substances which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants, and methods and resources for preventing the manufacture, trafficking, and sale of such substances.

(o) Study the effectiveness of criminal and civil penalties at preventing the misuse of substances and substance use disorders and the manufacture, trafficking and sale of

¹ Please reference pages 35-55 in the 2024 Annual Report for more information.

substances which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids, and stimulants.

(p) Evaluate the effects of substance use disorders on the economy of this State.

Cross-Cutting Assignments

(b) Assess evidence-based strategies for preventing substance use and intervening to stop substance use, including, without limitation, the use of heroin, other synthetic and non-synthetic opioids and stimulants. Such strategies must include, without limitation, strategies to: (1) Help persons at risk of a substance use disorder avoid developing a substance use disorder; (2) Discover potentially problematic substance use in a person and intervene before the person develops a substance use disorder;

(h) Examine qualitative and quantitative data to understand the risk factors that contribute to substance use and the rates of substance use, and substance use disorders, focusing on special populations.

(q) Study, evaluate and make recommendations to the Department of Health and Human Services concerning the use of the money described in section 10.5 of this act to address substance use disorders, with a focus on: (1) The use of the money described in subsections 1, 2 and 3 of section 10.5 of this act to supplement rather than supplant existing state or local spending; (2) The use of the money described in section 10.5 of this act to support programs that use evidence-based interventions; (3) The use of the money described in section 10.5 of this act to support programs for the prevention of substance use disorders in youth; (4) The use of the money described in section 10.5 of this act to improve racial equity; and (5) Reporting by state and local agencies to the public concerning the funding of programs to address substance misuse and substance use disorders.

Dr. Kerns noted that at the hearing for [AB19](#) requesting increased membership, it was helpful to reference the structure of the SURG and its three subcommittees to address different requirements of the legislation. This helped to allay concerns of legislators that the SURG might get too large.

Ms. Duarte reviewed slides 18 through 21 (see detailed slides posted on the [SURG webpage](#)), noting that some recommendations may start in Response, but end up in another subcommittee, e.g., Prevention, because they might address multiple components as part of systemic change.

Slide 18, *Number of Times Response Recommendations Aligned with Assigned AB374 Components*, lists Section 10 requirements in descending order from highest alignment with a total of 9 times for subsection (i) *Develop strategies for law enforcement and public health agencies*; to lowest alignment with a total of 1 time for subsection (l) *Evaluate information sharing systems for illegal substance trafficking and distribution*.

Slide 19, *Number of Recommendations Aligned with Response Subcommittee and Cross-Cutting Assignments*, lists Section 10 requirements that cut across different subcommittees for 2022, 2023, and 2024, with a combined total reflecting the highest numbers for the following:

- Section 10 (i) on strategies to respond to and prevent overdoses, and

- Section 10 (q) on recommendations to DHHS regarding use of money to address substance use disorders.

Dr. Kerns expressed appreciation for SEI for tracking this information to demonstrate the work of the SURG, noting this format is helpful. She pointed out that until 2024, they didn't have any recommendations to address the impact on the state's economy, but recommendations related to workforce can achieve that goal.

Dr. Holmes said she also finds it very useful to direct potential research. Dr. Kerns noted from 2022-24 they refined their process and consideration of recommendations from overarching down to more specific recommendations. Guidance from legislators helped to hit areas more actionable for them and to ease reading and understanding of the recommendations.

Ms. Duarte continued with slides 20 and 21, confirming Dr. Kerns's observation regarding the refined process helping to target special populations, including people involved in the criminal justice system, pregnant women, lesbian, gay, bisexual, transgender people, people who inject drugs, and children impacted by the child welfare system.

The greatest number of recommendations were aimed at "Other populations overly impacted by substance use disorders." SEI updated the online survey to ask for more specificity around this to better understand what members have in mind for a particular recommendation.

Ms. Duarte also noted that children who are involved in the child welfare system have fewer related recommendations, as do pregnant people and the parents of dependent children. In some cases, multiple populations are impacted, so the total numbers are reflective of that.

Slide 20 *Number of Times All SURG Recommendations Aligned with Cross-Cutting AB374 Components* includes the Prevention and Treatment and Recovery Recommendations, in addition to those from the Response Subcommittee. The highest ranked Section 10 items were as follows:

- (b) Assess evidence-based strategies for preventing substance use (26 times); and
- (q) Recommendations to DHHS regarding use of money to address substance use disorders (17 times).

Slide 21 *Number of Times Special Populations Impacted by Recommendations Across 2023 and 2024* reflects six specific target populations, and *Other populations overly impacted by substance used disorders*. The *Other* category shows significantly higher impacts at a total of 29, for 2023 and 2024 combined. The next highest categories were as follows:

- People who inject drugs (19);
- Veterans, Elderly Populations & Youth (17); and
- People who are involved in the criminal justice/juvenile systems (17).

Dr. Kerns asked members if they think this data would be helpful in presenting recommendations to legislators and others, emphasizing the seriousness of the

recommendations with grounded research. For her, it helps to demonstrate the diligence of members' development of these recommendations.

Dr. Holmes agreed with this, noting that some recommendations are clearer than others regarding populations. Keeping this at the forefront when they are trying to develop new recommendations is an important reminder.

Ms. Payson agreed, but she wasn't sure about how deep a dive to do in detail when presenting the recommendations, this would depend on the audience.

Ms. Lindler said it helps her to consider the scope and impact across all populations and see how recommendations impact all of Nevada outside of individual members' silos.

Dr. Kerns reiterated kudos to SEI for providing this level of analysis for people to consider.

6. Planning for 2025 Response Subcommittee Meetings

Dr. Kerns reviewed slide 23 *Planning for 2025 Response Subcommittee Meetings* and asked subcommittee members for their thoughts on the following questions.

- *What would the Response Subcommittee like to accomplish this year?*
- *What is your vision for developing recommendations?*
 - *Should we focus on refining last year's recommendations or on creating new recommendations?*
- *Where do we want to be by October when the SURG will begin narrowing down the recommendations to include in the annual report?*

Dr. Holmes would like to get a status report on previous recommendations and what has been accomplished to determine if refinement is needed or whether to move forward on new recommendations. Dr. Kerns restated this, adding that there is a potential for Nevada to get less funding this year, which may drive this year's recommendations. In particular, Medicaid funding may decrease which would have a significant impact on people with substance use or misuse disorders.

Ms. Payson added her support for a combination of refining existing recommendations and considering new ones.

Ms. Duarte asked which recommendations they would like to get follow-up information on so that staff can identify the best person to provide that information. It could include recommendations prior to 2024, as well.

Ms. Hale recalled that the Department of Health and Human Services (DHHS) provided a report in October with updates on SURG recommendations from prior years, so that could be a place to start. They would be scheduled for another update next fall.

Dr. Holmes suggested following up on the Chief Data Officer recommendation because it was aligned with what they were already considering. She also noted that the wastewater

project may have information on the data collected and related findings. She would like to learn about the cost versus the benefit and whether further refinement is needed. Dr. Holmes also supported going back to last year's report from DHHS to identify items that might need attention.

Dr. Kerns referenced recommendation #3 on the conflict between the Good Samaritan Drug Overdose Act and the Drug Induced Homicide Law. Although she knows education has been done, she wasn't sure what is being done in the current legislative session. It might be something to carry forward into the 2027 legislative session.

For recommendation #4, the Clark County Regional Opioid Task Force was going to present their report, which could include feedback, and whether there's any thought of moving toward other OFRs (Overdose Fatality Reviews) throughout the state, regional, or county level.

Within the Attorney General's Office, Dr. Kerns could follow up on Recommendation #5 on deflection and diversion programs, including reporting on recidivism. She suggested that recommendation #6 to install "drug take back bins" could be followed up with Prevention Coalitions. Ms. Payson and Ms. Lindler agreed with this.

Ms. Duarte will start working on follow-up for new presentations and review the DHHS report from last fall on prior recommendations. This will guide members on whether to bring back prior recommendations or to add new ones. Dr. Kerns and all subcommittee members agreed this would be helpful.

Moving to slide 24 on suggestions for topics and presenters, Dr. Kerns suggested HIDTA (High Intensity Drug Trafficking Areas) could provide an update on interdiction of drugs. Ms. Payson will reach out to her colleagues to identify the best options for presenters.

Dr. Kerns noted upcoming Response Subcommittee meeting dates include May 6, June 3, August 5, September 2, and November 4 from 11 am -12:30 pm

Members should forward suggested speakers to Ms. Duarte or Dr. Kerns.

Ms. Duarte noted a correction that Dr. Karla Wagner will present to the full SURG on *Compassionate Overdose Response* in April, rather than to the Subcommittee. Also included in that meeting will be legislative updates, including AB19, with the Regional Behavioral Health Policy Board Coordinators. If members are tracking any bills, they can also bring them to the full SURG. Updates on the Opioid Settlement, SURG Annual Report dissemination, and the annual member survey will also be provided.

Dr. Kerns added that the Clark County Regional Opioid Task Force would also be presenting in July, along with presentations on current substance use trends and the status of MOUD (Medications for Opioid Use Disorder) in rural jails, and an update from Crisis Response Centers in Washoe and Clark. In October, there will be another update from DHHS on the status of prior recommendations. There should also be an annual report from FRN (Fund for

a Resilient Nevada). Dr. Kerns also spoke with Dawn Yohey who reported that updates are being made to the Needs Assessment and are expected in December 2026. This will provide future guidance for the State Plan.

Dr. Holmes referenced FRN resources in relation to anticipated Medicaid cuts and whether they could help to maintain some status quo for critical programming depending on the outcome.

Dr. Kerns referenced an article about California Bridge programs in emergency departments where they have seen increases in prescribing suboxone since they started this program. She will search for presenters on this topic.

Dr. Holmes asked about Certified Community Behavioral Health Clinics and whether they are filling a gap with MAT (Medication Assisted Treatment). She would like to see the access rates.

Dr. Kerns recalled a presentation from the Regional Behavioral Health coordinator on the workforce issue. Dr. Hunt at UNLV has been working on this. It might be for another subcommittee or for the larger SURG, to learn if there has been any improvement or if it is too soon to tell.

Members should let Dr. Kerns and Ms. Duarte know of potential speakers or presenters.

7. Discuss Report Out for April 9 SURG Meeting

Dr. Kerns thought this would be simple with a summary of their reorientation and review of impacts, and status of current recommendations.

Ms. Duarte asked about subcommittee input on additional members from the February 17th legislative hearing on AB19.

Dr. Kerns referenced Attorney General Ford's BDR (bill draft request) to increase SURG membership to include representation from the following: general public, Fire, EMS (Emergency Medical Services), DCFS (Division of Child and Family Services), foster kinship, public defenders, and state prosecutors. Some of the legislative committee members questioned the impact of increased membership. Dr. Kerns reviewed the SURG subcommittee process, which relieved some concerns.

Cody Phinney, Administrator, Division of Public and Behavioral Health (DPBH) suggested someone from DPBH specifically, in addition to the DHHS appointment of Beth Slamowitz.

The [Clark County] Public Defender's Office also wants representation on the SURG, but Dr. Kerns said that perhaps they should be involved with communications and meetings for Clark County's Regional Opioid Task Force to make recommendations to them specifically, because the SURG is state level.²

² A member of the Office of Indigent Defense had already been included in the BDR.

At the legislative hearing another committee member recommended having a member of the general public and having someone who is from a bilingual household that is affected by substance use. Dr. Kerns noted that ad campaigns may not fulfill cultural competency without representation. Other references were made regarding having representation from someone going through recovery, and someone who treats people with substance use disorder, which are already represented on the SURG. There is also some cross-over with representation on the ACRN (Advisory Committee for a Resilient Nevada). Not all legislative committee members had seen the SURG recommendations, so Dr. Kerns provided a reference for access. Attorney General Ford wants to vote on this at the April 9th SURG meeting, so members should be prepared.

Dr. Holmes referenced the request from DPBH to have representation on the SURG and expressed concern because they have oversight and discretion of the ACRN funding (through DHHS), so she agrees that it would be top-heavy. She said that DCFS is super important due to the target population the SURG is looking at, so that makes more sense [to include them]. She reiterated that it would be a bit unbalanced for DHHS to oversee ACRN, FRN and have a voting member of the SURG. Dr. Kerns said this was a good point.

Dr. Kerns noted that Dr. Slamowitz is the current appointee, appointed by the DHHS Director. Her experience and expertise are different from the prior DHHS appointee.

8. Public Comment

Dr. Kerns reviewed the slide for public comment via zoom or phone. There was no public comment.

9. Adjournment.

Dr. Kerns adjourned the meeting at 12:02 p.m. and thanked subcommittee members.