

MEETING NOTES

Statewide Substance Use Response Working Group May 14, 2025
Response Subcommittee Meeting 11:30 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

Office of the Attorney General

Joseph Peter Ostunio (Deputy Attorney General), Ashley Tackett

Social Entrepreneurs, Inc. (SEI) Support Team

Crystal Duarte, Laura Hale, Mary O'Leary

Members of the Public via Zoom

Ben, Candace Lewis Vaughn, Cherylyn Rahr-Wood, Daria Singer, James Dardis, Jamie Ross, Jennifer, Linda Anderson, Marcie Trier, Shannon Lepe

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 provided call-in information. There were no public comments, and Chair Kerns continued to agenda item #3.

3. Review and Approve Minutes from the March 4, 2024, Response Subcommittee Meeting

- Shayla Holmes made the motion to approve.
- Nancy Lindler seconded the motion.
- The motion carried unanimously.

Chair Kerns proceeded to agenda item #4.

4. Presentation on Good Samaritan Drug Overdose Act Community Education and Prescription Take-Back Programs

Dr. Kerns introduced Ms. Jamie Ross to present on the Good Samaritan Law and pill disposal. Ms. Ross noted she would be joined by Ms. Daria Singer, an expert in the intersection of prevention and law enforcement.

Ms. Ross began the presentation by reviewing a map of Nevada counties and the prevention coalitions that serve them. There are 17 counties, and there are 10 coalitions that serve them. Ms. Ross noted that coalitions were involved in the 2015 passage of the Good Samaritan Law. “One of the things our prevention coalitions do well is we are able to take statewide information and localize it to our communities,” she stated. She shared that pill disposal efforts have been ongoing since around 2010 in collaboration with law enforcement, the Drug Enforcement Agency (DEA), and former Governor Sandoval.

Ms. Singer continued the presentation by providing an update on the Good Samaritan Law and community trainings. She explained that many coalitions incorporate education on the law into their Naloxone trainings. “While we are out in the community talking about harm reduction, getting Naloxone out there, we are also talking about what the Good Samaritan Law is,” she noted.

Ms. Singer emphasized that the law helps individuals who may fear calling 911 during an overdose. She added that community health workers and peers have also been trained and are providing education statewide. She highlighted that Join Together Northern Nevada (JTNN), which serves Washoe County, has created a media campaign about the law to be shared across coalitions.

However, Ms. Singer noted that “currently, there is no funding for the coalitions to train on this topic,” which is why many include it within Naloxone trainings. She explained that some coalitions have stepped back from training on the law due to concerns from local law enforcement. For example, in Southern Nevada, presentations no longer include the Good Samaritan Law because “their law enforcement agencies are not necessarily willing to honor that.”

Ms. Singer offered an example if she were to overdose while Jamie was with her and Jaime called 911 while also using substances, Jamie is supposed to be protected. However, in some communities, Jamie may fear prosecution and would not be willing to call.

Ms. Singer stressed the importance of careful framing and noted her own law enforcement background. In Douglas County, they frame the law as protection specifically for individuals using substances who call 911 to save a life. Ms. Singer clarified that if you have an outstanding warrant, a weapon, or have just committed a crime, you are not protected. She concluded this section of the presentation by noting, “That has been really helpful for us in our community... They may not be fully protected, but it is in their best interest to call.”

Ms. Ross continued presenting, sharing information about medication disposal. She outlined multiple disposal options, noting that “once someone acquires a medication... there are a plethora of ways one can dispose of the medications.” She referenced the DEA’s National Take Back Days, typically held on the last Saturday in April and October, though October dates may shift due to Nevada Day.

Ms. Ross noted that law enforcement offices across the state often host drop boxes. “You do not have to talk to anyone. You just go, dump your meds, and leave.” Hospitals and

commercial pharmacies also offer disposal options in some areas. Additionally, communities have access to disposal pouches and buckets, with most coalitions distributing pouches.

Ms. Ross highlighted “unique collaborations,” explaining that many incinerators were purchased through joint funding by law enforcement, coalitions, state general funds, and other sources. “Incineration is a barrier,” she noted, but coalitions work to house incinerators at law enforcement sites when possible.

Coalitions also use grant funding to purchase disposal bags. “We call them Detera bags... They’re the Kleenex of the pill disposal world,” Ms. Ross said. Take-back locations now include schools, pharmacies, law enforcement offices, and community centers. She also noted the existence of a mobile incinerator that can be deployed anywhere.

Ms. Ross identified persistent challenges: “The further you get from a big city... the harder it is to get to an incinerator.” Most counties only accept solid medications; liquids are sometimes accepted, but aerosols and sharps are not due to incineration limitations. She shared that the future of DEA Take Back Days is uncertain, noting that the most recent event was initially described as the last, before that decision was reversed.

Ms. Singer took over presenting by outlining current gaps and needs. For the Good Samaritan Law, she advocated for a formal statement from the Attorney General on the Good Samaritan Law that would go out to other law enforcement agencies, sharing the benefit of the law and the fact that it should be upheld and honored in those situations where individuals are calling to save the lives of others. She also recommended funding for community training to ensure broader public awareness and save lives.

For medication disposal, Ms. Singer recommended continuing DEA Take Back Days or creating a Nevada-based version if they are discontinued. Transportation funding to move collected medications to incinerators is essential. Ms. Singer described current logistics: “Reno collects all of Northern Nevada’s pills, flies them to Vegas, then to Long Beach, CA. Now, Vegas is taking one box at a time up to Pahrump.” For context, in one Take Back Day, they collect 38 boxes, meaning they would need to take 38 trips to Pahrump.

In Douglas County, Ms. Singer shared that five year-round take-back boxes were installed through ODMAP funding from the Attorney General’s Office. Additionally, they were able to use that funding to pay for a lot of Detera using the ODMAP system to identify hotspots. “Not every community has been as blessed as we have,” she said, recommending additional funding to support alternatives for safe, continuous medication disposal statewide.

Jamie Ross affirmed the summary and invited questions.

Chair Kerns thanked Ms. Ross and Ms. Singer for their presentation and recommendations. She highlighted that their presentation aligned with two 2024 Response Subcommittee recommendations:

- To 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.

- To implement a voluntary program to install drug take back bins in retail pharmacies.

Chair Kerns opened the floor for questions from Committee members.

Ms. Holmes expressed gratitude and noted she was unaware of the medication incineration process. She appreciated the insights on enforcement challenges.

Chair Kerns added context, noting that initial outreach to law enforcement showed very few arrests in overdose situations. Ms. Christine Payson confirmed that only one or two such arrests had occurred, emphasizing that law enforcement typically focuses on the overdose itself.

Ms. Singer clarified that her earlier comments were not a criticism of law enforcement but reflected hesitation by some agencies to support community education due to discomfort with the law's application. She stated, "We find typically more with our rural communities that they are less comfortable with us educating on it."

Chair Kerns appreciated the clarification and reiterated the need for continued education. She noted that during the last legislative session, members of the public shared fears of arrest when calling 911. It is a real fear—real or perceived.

Chair Kerns added that five incinerators were funded by the Attorney General's Office and were intended to serve both seized drugs and community take-back efforts, though she did not have the exact locations at this time. She would follow up.

In closing, Ms. Ross thanked the group and commended the SURG annual report, stating, "It is well received in the community." Ms. Singer echoed the appreciation. Chair Kerns concluded by acknowledging their community-level efforts to support Nevadans through substance use work and beyond.

With that, Chair Kerns proceeded to agenda item #5.

5. Review Progress on Prior SURG Subcommittee Recommendations

Dr. Kerns introduced the agenda item and turned it over to Ms. Laura Hale for a progress update on prior SURG subcommittee recommendations.

Ms. Hale began by explaining that the update was requested by the Prevention and Harm Reduction Subcommittee. The updates are from the Department of Health and Human Services (DHHS) and reference multiple years of SURG's work, including past reports from October 2023. The goal was to provide comprehensive progress updates on recommendations from each subcommittee.

She noted that state agency responses can vary significantly in timing, particularly when budget implications are involved. “Usually the state agencies will be two to three years out when they are submitting their budgets for the biennium,” she explained. For example, the budget cycle for the 2026-2027 biennium began in March 2024. Recommendations with budget impact must be submitted well in advance to be considered in that cycle.

Regarding bill draft requests (BDRs), Ms. Hale encouraged members to direct such requests to a specific person or agency. Legislators, executive agencies, and some boards can submit BDRs, but each operates under different timeframes. Agencies typically must submit theirs by late summer or early fall of the year before a legislative session. Legislators and legislative committees may have a bit longer of a timeframe.

Ms. Hale then addressed State Plan Amendments, noting that recommendations requiring such amendments—submitted by the Division of Health Care Financing and Policy to Centers for Medicare and Medicaid Services (CMS)—can take 90 days to over two years for approval.

Ms. Hale confirmed that DHHS divisions provided annual updates in October 2023 and will continue to do so moving forward in October. Interim updates, such as the current review, were prompted by a specific subcommittee request. A draft recommendation tracker is being developed and will be shared once finalized.

She began reviewing selected updates relating to the Response Subcommittee, provided most recently by Breanne Van Dyne of the Division of Public and Behavioral Health (DPBH).

Ms. Hale started by reviewing a 2023 Response Recommendation to “*Evaluate current availability and readiness to provide comprehensive behavioral health services to include but not limited to screening, assessment, treatment, recovery support, and transitions for reentry in local and state carceral facilities.*” She noted that several grants have been issued that have elements supporting this work, with updates from both 2024 and 2025.

Next, Ms. Hale discussed another 2023 Response Recommendation to “*Leverage existing programs and funding to develop outreach response provider(s) and/or personnel that can respond to any suspected overdose or to those who are provided treatment for an overdose in a hospital/emergency room/EMS and offer follow-up support, referrals, and services to the individual (and loved ones) following an overdose. Provider(s) and/or personnel to be deployed to anyone being released from institutional and community settings (e.g., hospitals, carceral facilities, and other institutional settings) who is being discharged post overdose or suspected overdose. Ensure this recommendation is included as the build out of Nevada’s Crisis Response System is occurring so that tailored intervention for individuals who have survived a non-fatal overdose is included.*” Ms. Hale went over the updates, which included grants awarded to the PACT Coalition, Nye Communities Coalition, and Partida Corona Medical Center. A presentation on work done by the Partida Corona Medical Center will be made to the Treatment and Recovery Subcommittee in their May meeting.

Moving on, Ms. Hale addressed three Response Recommendations that went together:

- 2023: Review the operations and lessons learned from Clark County’s Overdose Fatality Review (OFR) Task Force when that body’s report is released in December 2024 and take this into account when supporting legislation to establish regional 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 OFR: A Practitioner’s Guide to Implementation.
- 2024 (Adding to Recommendation above): 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.
- 2022: Support legislation to establish a statewide and regional Overdose Fatality Review (OFR) committees and recommend an allocation of funding to support the OFR 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.

Ms. Hale explained that funding for this work is supported through the Fund for Resilient Nevada and that the Fatality Review Board has been approved and will continue to be tracked moving forward.

She then addressed a 2023 Response Recommendation: *“Understand what coroners and medical examiners currently test for and make recommendation to a specific agency or other sources to fund personnel and resources for independent medical examiner(s) for investigations and reports to specify the cause of death in overdose cases.”* The most recent update for this Recommendation dated to October 2023. Updates were also pending for the wastewater sampling recommendations from 2023 and 2024.

Ms. Hale then moved on to updates on recommendations from across the subcommittees that included ones from Response. She presented updates first on a set of recommendations that included a 2024 Response Recommendation: *“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.”* Ms. Hale uplifted similar past recommendations from the Prevention Subcommittee in 2022 and 2023 regarding data dashboards and support for a backbone agency for data collection. DHHS’ Office of Analytics gave an update, indicating willingness to be supportive when possible.

Ms. Hale explained that the rest of the document shared shows recommendations that overlap from the other two subcommittees. The comprehensive tracker that is being developed groups these by subject matter and will show which recommendations have been addressed by which divisions or agencies. Ms. Hale emphasized that the tracker aims to show the full landscape of recommendations, agency responses, and related legislation. “There’s a vast range of recommendations, and a vast range of responses,” Ms. Hale said. She acknowledged

that updates may not always reflect direct implementation but will at minimum show related actions.

Updates are harder to obtain during the legislative session due to agency workload, but more responsive participation is expected outside of session. Ms. Hale confirmed that updates are planned for October 2025 and July 2025, the latter summarizing outcomes from the legislative session.

Ms. Hale then called for questions or comments.

Chair Kerns thanked Ms. Hale and added several highlights related to 2024 recommendations that she received from their Chief Data Officer from the Office of the Governor. She shared that on March 26th, the State Data Governance Committee was formed and is now meeting regularly. As a relatively new committee in the Executive Branch, it is currently focused on strategic planning to prioritize activities in the year ahead.

While there are many areas of data governance to consider, standardizing data sharing agreements is one area that the Chief Data Officer believes will be addressed in the near term. Many other states have prioritized simplifying these agreements so agencies can share their data more easily and confidentially.

Then, regarding the interoperability and integration between existing systems, a goal often realized through more modern data architectures, a longitudinal data system or multi-agency data warehouse could help with this kind of analysis, or possibly an integrated data platform that updates frequently enough to support multi-agency coordination.

Chair Kerns continued, saying that the Chief Data Officer is not currently aware of any new systems under development that match this exact description, but he remains fully supportive of efforts that encourage secure and ethical data sharing to meet important objectives, such as those identified by the SURG. He would defer to leadership at DHHS or NDOC regarding any specific plans for the type of system the committee is pursuing.

The Chief Data Officer also connected with David Axtell, OCIO's Chief Technology Officer, who oversees the group that handles technology investment notifications. He asked Mr. Axtell to alert him to any new investment concepts that match this general description.

Chair Kerns then paused for questions from the subcommittee members. Hearing none, she thanked Ms. Hale and SEI for all their hard work. Chair Kerns then asked Ms. Hale where this information could be found.

Ms. Hale answered, explaining that the document first needs to be reviewed internally and then remediated. Once it is finalized, it will be made available.

Chair Kerns expressed appreciation once more. No further questions were raised by subcommittee members. She then formally closed the item and transitioned to agenda item #6.

6. Review 2025 Response Subcommittee Meeting Topics

Chair Kerns introduced the agenda item, noting that the subcommittee had identified preliminary topics and potential presenters for upcoming 2025 meetings. She shared that the June meeting would include a presentation on the Emergency Bridge Program by Dr. Kelly Morgan and a session on Wastewater-based Epidemiology with Dr. Edwin Oh and Dr. Daniel Garrity. She added that additional topics under consideration include workforce and defining recidivism.

Chair Kerns highlighted that Ms. Cherylyn Rahr-Wood and Dr. Katie Snyder had previously presented on the importance of a clear definition for recidivism. Dr. Snyder and Chair Kerns have since been invited to present to the Nevada Sentencing Commission and are currently gathering comparative data from other states. She noted, “More to come on that as well, and hopefully we’ll have some updates on that.”

Chair Kerns invited members to suggest additional speakers or topic areas. If members have any ideas, they should email the subcommittee staff with any recommendations. She then turned to Ms. Duarte for further comment.

Ms. Duarte encouraged members to reach out even if they had only a topic in mind, not a specific presenter. She also uplifted that a member does not have to have an official recommendation to have a speaker recommendation. Ms. Duarte offered to research potential speakers upon request and underscored the importance of hearing from subject matter experts to inform the subcommittee’s recommendations.

Ms. Duarte also mentioned that the subcommittee is considering inviting Dr. Sara Hunt from UNLV to speak on workforce, noting that he had previously presented to the full SURG. She welcomed additional suggestions for speakers or subtopics related to how the workforce is impacted by substance use.

Chair Kerns closed the agenda item by reviewing the remaining 2025 meeting dates: June 3rd, August 5th, September 2nd, and November 4th. Each meeting is scheduled from 11:00 AM to 12:30 PM.

With no comments or questions from committee members, Chair Kerns moved the meeting forward to agenda item #7.

7. 2025 Response Subcommittee Recommendations Process and any Proposed Recommendations

Chair Kerns opened the discussion by noting that, as of the current meeting, no recommendations had yet been submitted for the 2025 Response Subcommittee. She acknowledged that this may be due to members awaiting updates on prior recommendations and legislation still under consideration during the current legislative session.

She emphasized the importance of early submission: “The earlier recommendations are submitted, the more time we have to schedule presentations and to refine those.” Chair Kerns encouraged members to submit proposals as soon as possible.

Each committee member is encouraged to submit at least one recommendation. She clarified that a recommendation does not have to be brand new. It can go back to a previous recommendation for refinement or adjustment. Chair Kerns further reassured members that a recommendation does not need to be fully developed to be submitted. She invited Ms. Duarte to add any further guidance.

Ms. Duarte reiterated the offer of support. “If the survey—which I’ve sent out via email and I’ll send out again after this meeting—feels clunky to fill out, just contact me,” she said. Ms. Duarte noted that she can assist members in submitting both recommendations and speaker suggestions. “You can always contact me, and we can work through that together.”

Chair Kerns then opened the floor for comments or questions from committee members. Hearing none, she proceeded to agenda item #8.

8. Public Comment

Chair Kerns opened the floor for public comment after reading the statement on public comment and call-in information.

Ms. Cherylyn Rahr-Wood, Regional Behavioral Health Coordinator, provided a public comment. She began by thanking Ms. Ross and Ms. Singer for their very informative presentation. She expressed interest in having the presentation shared more broadly: “I’m hoping that I potentially could reach out to you guys to do that presentation at the Behavioral Task Force meetings and potentially at the next Nevada Sheriffs’ and Chiefs’ Association meeting.”

Ms. Rahr-Wood noted that she gets asked consistently about the Good Samaritan Law. She emphasized the importance of ongoing education about the Law, especially in connection with suicide prevention.

She also provided a legislative update on AB 60, which had its work session the previous day. “It did pass,” she confirmed, noting that Senator Doñate proposed changing the start date from July to January 2026, and the amendment passed without issue.

Ms. Rahr-Wood commended Ms. Ross, Ms. Singer, and Ms. Holmes (Chair of the Northern Regional Behavioral Health Coordinator group) for their work in advancing AB 60. She stated that Ms. Ross and Ms. Singer, both Certified Prevention Specialists, would be formally recognized on the Senate floor on May 21st for their contributions to the bill.

Additionally, Ms. Rahr-Wood announced that the Northern Regional Behavioral Health Policy Board would meet on June 5th at 2:00 p.m. The meeting will focus on reviewing behavioral health-related legislation from the 2025 session. She anticipated that Senator Titus would co-present with her.

Chair Kerns thanked Ms. Rahr-Wood for the updates, extending kudos again to Ms. Ross and Ms. Singer for their presentation. She then noted that AB 19, the Attorney General's bill to expand SURG membership, had gone through both the Assembly and Senate. The Senate recommended minor changes to the bill language, which had already been made by the Assembly. "More to come on that," she added.

Chair Kerns asked if there were any additional public comments. Hearing none, she thanked Ms. Rahr-Wood again and officially closed the public comment period, moving the meeting forward to agenda item #9.

9. Adjournment.

Dr. Kerns adjourned the meeting at 12:28 p.m. and thanked subcommittee members and all those in attendance.

Chat Log:

Christine Payson 11:35 AM

I dialed in. My microphone isn't working