

during the conversation about Drug Take Back Days. These incinerators, purchased by the Attorney General’s office, are now located in five counties across the state. Specifically, there is one incinerator each in Storey County, Mineral County, Nye County, Elko County, and Boulder City [in Clark County]. Possession of all the incinerators has been transferred to law enforcement. Chair Kerns noted that she wanted to ensure this information was formally shared.

After passing that information along, Chair Kerns proceeded to agenda item #4.

4. Presentation on Behavioral Health Education, Retention, & Expansion Network of Nevada (BeHERENV)

Chair Kerns introduced Sara Hunt, PhD, Executive Director of BeHERE Nevada, and Roberta A. Miranda-Alfonzo, PhD, Associate Director of Recruitment and Outreach, Kirk Kerkorian School of Medicine, UNLV, to present on the Behavioral Health Education, Retention, & Expansion Network of Nevada (BeHERENV). Chair Kerns noted that the presentation relates to the Response Subcommittee’s responsibility to evaluate the effects of substance use disorders on the economy of the state.

Dr. Hunt thanked Chair Kerns and greeted the Subcommittee. She began the presentation by explaining that BeHERE NV was established through Assembly Bill 37 during the 2023 Legislative Session. The bill, sponsored by the Rural Regional Behavioral Health Policy Board, directed the Nevada System of Higher Education (NSHE) to create a Behavioral Health Workforce Development Center to address the state’s persistent shortage of behavioral health professionals. The bill was passed with funding for the 2023-2025 biennium and set forth priorities to increase the number of high school students pursuing behavioral health degrees, increase the number of Nevada graduates entering internships and practice within the state, increase the number of behavioral health providers with specialty-training to address some of the most critical shortages, increase the number of supervisors and sites for students and postgraduates, and reduce the time between graduation and registration or licensure.

Dr. Hunt summarized BeHERE NV’s core objectives as recruitment, education, and retention. Recruitment efforts have included a strong focus on youth engagement, especially through participation in high school career fairs and outreach events across nine counties. Dr. Hunt shared a photo of herself with Dr. Jill Manit, K-12 Specialist at BeHERE NV, at Fernley High School during the initiative’s first high school career fair in March 2024. In this past academic year, the BeHERE NV team has connected with over 1,000 students—primarily high schoolers, with some middle schoolers—at career fairs. Additionally, the team has distributed more than 700 copies of the *Nevada Healthcare Career Book*, published by UNR’s Office of Statewide Initiatives, highlighting a specific section on mental and behavioral health careers.

On top of career fair outreach, Dr. Hunt shared that Dr. Manit built relationships with human and social services Career and Technical Education (CTE) programs in three high schools across the state—two in Reno and one in Las Vegas. For example, at Reed High School in Reno, Dr. Manit worked closely with teacher Ms. Roni Green to provide behavioral health

content and bring in industry experts, including licensed therapists and trainers, to speak to students. These efforts were supplemented with specific training sessions such as one focused on Adverse Childhood Experiences (ACEs). BeHERE NV also explored how to recruit more students to enter these programs and emphasized the need to build stronger pipelines into the existing CTE tracks.

Another initiative that Dr. Hunt was excited to share about took place in June of this year. BeHERE NV hosted its inaugural behavioral health career summer camp at UNLV, a four-day, three-night residential experience for 16 high school students from the Las Vegas and Henderson areas. Campers (primarily 10th graders; ages 14-17; six male and 10 female) participated in educational sessions on behavioral health careers and college readiness.

Dr. Hunt explained that the campers were divided into teams to research various mental health careers—including psychiatry, clinical counseling, marriage and family therapy, social work, and addiction counseling—and presented their findings via poster boards during a culminating student-led career fair. Special guests, including Dr. Alison Netski, interim Dean of the Kirk Kerkorian School of Medicine and a psychiatrist, attended the final evening to interact with students. Dr. Hunt additionally shared how pre- and post-camp surveys were distributed amongst campers. Survey results showed statistically significant increases in students' knowledge of behavioral health careers, particularly in less familiar fields such as substance use counseling and community health work.

Dr. Hunt then turned over the presentation to her colleague Dr. Miranda-Alfonzo. Dr. Miranda-Alfonzo provided an overview of outreach efforts targeted toward adults and non-traditional students. Her role focuses on bridging gaps for those interested in behavioral health careers who may not have access to clear academic pathways as well as working on initiatives to retain those already working in the field. Drawing on her own experience as an addiction counselor, supervisor, and higher education faculty member, she emphasized the importance of helping adults navigate certification, education, and licensure.

Dr. Miranda-Alfonzo described a new partnership with Molina Healthcare that provided grant funding for clinical supervision, which can be a financial barrier for many professionals. In its first cycle, this grant supported 27 individuals by offsetting part of their supervision costs. She also detailed a pilot training program developed in partnership with UNR to prepare licensed professionals to become state-approved clinical supervisors. The program, which combines a three-credit course with mentorship and supervision-of-supervision, produced 16 new eligible clinical supervisors statewide and will be offered again in Fall 2025.

To further academic exposure, Dr. Miranda-Alfonzo noted that BeHERE NV created Canvas modules tailored for NSHE institutions, including undergraduate and graduate programs in social work, human services, and integrated behavioral health. These modules are embedded into various academic courses and introduce students to behavioral health and addiction counseling career tracks. Dr. Miranda-Alfonzo also highlighted BeHERE NV's website as a central resource hub, offering detailed guidance on career options ranging from certificate to

graduate-level education. The site includes a dynamic map of NSHE institutions and links to specific behavioral health programs offered at each.

Additional outreach included BeHERE NV's inaugural virtual Behavioral Health Career Summit held in Spring 2025. Though originally designed for enrolled students, the free half-day event attracted broader participation and included breakout sessions tailored to a range of career levels—from certificate holders to advanced professionals. Speakers provided ongoing mentorship to attendees. Due to the event's success, it will be repeated in Fall 2025. Dr. Miranda-Alfonzo also reported on recent focus groups conducted with community health workers (CHWs) and peer recovery support specialists (PRSS), including one held just the day before the August 5th 2025 Response Subcommittee Meeting. These discussions explored topics such as job satisfaction and daily job assignments. A companion survey was distributed to gather additional insights. Results from both will be compiled into a report to provide recommendations for future initiatives.

Dr. Hunt concluded the presentation with updates on BeHERE NV's policy and technical assistance work. The organization recently hired Dr. Ashley Noel Pruitt as Associate Director for Technical Assistance and Policy. BeHERE NV worked with Assemblymember D'Silva on Assembly Bill 269, which amended Nevada's student loan repayment statute to include licensed marriage and family therapists, addiction counselors, and problem gambling counselors—provider types omitted from the original bill. Additionally, BeHERE NV provided background data and programmatic recommendations to support Senate Bill 165, which established a new bachelor's-level provider type: the Behavioral Health and Wellness Practitioner. These legislative efforts are aligned with BeHERE NV's long-term goal of supporting a more robust and diverse behavioral health workforce.

Dr. Hunt concluded the presentation by recommending people look at BeHERE NV's website found at www.beherenv.org, follow them on social media, and sign up for their listserv.

Chair Kerns thanked Dr. Hunt and Dr. Miranda-Alfonzo for their presentation. She noted that the BeHERE NV team has done a lot in this past year, and it is much appreciated.

Chair Kerns also stated for the record that Subcommittee Member Ms. Nancy Lindler had joined the meeting.

Chair Kerns then opened the floor to Subcommittee members to ask questions regarding the presentation. Dr. Holmes shared her excitement about the initiative's progress, noting that she had observed BeHERE NV's development through multiple presentations over the past year and found the results to be highly encouraging. Dr. Hunt expressed gratitude for that feedback. She noted that they now have a data analyst and are hoping to work towards putting together a data dashboard on their website that will track behavioral health numbers and show trends over time.

Chair Kerns inquired about increased interest in CHW certifications, particularly as a short-term credential that could serve as a steppingstone to more advanced degrees. Dr. Hunt

confirmed this trend and shared that BeHERE NV had facilitated CHW training for high school students in partnership with High Sierra Area Health Education Center (AHEC), resulting in students earning CHW certificates upon graduation. She emphasized the value of highlighting certificate-level pathways at career fairs, particularly for students who might feel overwhelmed by talk of graduate degrees. Dr. Hunt also noted that BeHERE NV is exploring ways to re-engage experienced CHWs—especially those in rural areas—who may be interested in pursuing bachelor's degrees in fields such as social work or psychology.

Chair Kerns followed up with a question about accelerated programs, such as pathways from CHW or PRSS certification to bachelor's degrees. Dr. Hunt acknowledged that while accelerated behavioral health programs are not yet common in Nevada, discussions are underway within NSHE to address credit transfer issues and explore the possibility of recognizing prior work experience. She noted that students often face challenges when previously earned certificates or training do not count toward academic credit, slowing their progress.

Lastly, Chair Kerns raised the topic of reimbursement rates for behavioral health professionals, noting that concerns about compensation frequently arise in meetings she attends, including SURG meetings. She asked whether this issue had surfaced during BeHERE NV's focus groups and whether any legislative efforts were underway to address it, either through BeHERE NV or other organizations. In response, Dr. Hunt confirmed that reimbursement concerns are a longstanding and recurring theme in both community and workforce discussions. She emphasized that the issue is complex, involving both provider and insurance perspectives, and acknowledged the need for strategies to increase reimbursement rates. Dr. Hunt noted that several bills in the most recent Legislative Session addressed mental health parity in an effort to bring behavioral health service reimbursement in line with physical health care. Although a definitive solution has yet to emerge, she underscored the importance of continuing to monitor and engage with this issue, as it has significant implications for workforce retention.

Hearing no additional questions from the Subcommittee, Chair Kerns thanked Dr. Hunt and Dr. Miranda-Alfonzo again for their presentation. She commended the team's dedication and emphasized the subcommittee's ongoing support. Dr. Hunt and Dr. Miranda-Alfonzo expressed gratitude for the opportunity to share their work and for the work done by the Subcommittee.

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

5. Presentation on Recidivism and Desistance

Dr. Kerns introduced the agenda item and turned it over to Mr. TJ Mills from the Washoe County Sheriff's Office to present on Recidivism and Desistance. Chair Kerns noted this presentation relates to the proposed recommendation to *“Revise this recommendation to also include desistance: 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.”*

With that, Chair Kerns passed it to Mr. TJ Mills. Mr. Mills began by emphasizing that effective reentry is a public safety investment, not a reward. He framed successful reentry as a matter of reducing recidivism and enhancing long-term stability, including access to housing, employment, and healthy relationships.

Mr. Mills continued by describing the organizational transformation which began approximately two years prior. When he joined the Sheriff's Office, programming at the jail—then referred to simply as “Programs”—was under-resourced and structurally unstable. It lacked a dedicated funding stream, and staff were assigned on a rotating basis, typically serving one- to two-year terms. This led to a continual loss of institutional knowledge, weakened program design, and outdated operational processes. Programming was fragmented and poorly aligned, and the department lacked any clear methodology for evaluating effectiveness. As he investigated the reasons behind these systemic shortcomings, he was often told, “That’s the way we’ve always done it.”

With support from Sheriff Balaam, Mr. Mills initiated a full program inventory, mapped departmental capacity, and designed a transformation plan grounded in evidence-based practices and measurable outcomes. The plan, which was presented in Summer 2024 to Sheriff Balaam, executive staff, and the Washoe County Board of Commissioners, prioritized data-driven decision-making, holistic services, and outcome tracking. Mr. Mills acknowledged that the department previously selected programs based on availability rather than need and often justified decisions by retrofitting data. Under the new model, they have reversed this approach—first defining desired outcomes, then designing programming and partnerships to meet those goals.

However, a major challenge quickly surfaced when the team was asked a seemingly simple question: “Does the program reduce recidivism?” Mr. Mills noted that the team struggled to answer, not due to a lack of will, but because there is not a clear, shared definition of recidivism. He posed several questions: does it mean rearrest, conviction, or reincarceration? Over what timeframe—one year, three years, or five? He stressed the importance of a uniform statewide definition and framework for tracking recidivism, arguing that inconsistent definitions not only produce misleading data but also result in real human consequences, such as unnecessary victimization and failed support for individuals reentering society.

Mr. Mills continued by sharing additional reflections on the use of recidivism as a key measure. He acknowledged that while it's a vital metric used to guide research, policy, and funding, it falls short when it comes to understanding individual behavior. Recidivism is binary—it simply asks whether someone failed or not—without capturing the complexity of what led up to that moment. Mr. Mills pointed out that most criminal behavior is not immediately observed, and it rarely happens in isolation. Instead, recidivism reflects a web of factors, including individual actions, institutional policies, staff training, available resources, and broader policy shifts. For him, recognizing this was a turning point—realizing that recidivism only offers a glimpse into one moment in a much more complicated, interconnected system.

Mr. Mills shared his appreciation for the Wisconsin Recidivism Reporting Framework, which the State of Nevada is now considering. This model tracks when, how, and under what conditions a reoffense occurs. It considers whether the reoffense took place during or after programming and whether an individual remained offense-free for a period of time. Mr. Mills described how this model adds critical context and moves beyond static snapshots to a fuller, more humane narrative.

He then introduced the concept of desistance, broadly defined as the process by which individuals stop committing crimes and begin adopting pro-social identities. Desistance, unlike recidivism, is gradual and non-binary—similar to recovery from substance use. Mr. Mills distinguished between primary desistance (a reduction in frequency or severity of criminal behavior) and secondary desistance (a shift in identity and self-conception). The latter, he said, is the most meaningful for long-term behavioral change and is what they aim to support and measure.

Mr. Mills noted that the Washoe County Sheriff's Office now requires all programming partners to define their own theory of change, including the specific behavior changes they intend to produce and how those outcomes will be measured. This has led to a performance-based culture where partners are empowered to lead within their areas of expertise but are also held accountable through outcome tracking. The office has adopted the scientific method as its model: each partner begins with a hypothesis, designs a logic model, and must measure whether predicted changes are occurring.

Moving on, Mr. Mills presented three recommendations that they have already begun to implement internally in their facility:

1. Alongside state-mandated recidivism measures, require that all publicly funded or publicly administered reentry program: define success using clear, behavior-based outcomes. Programs must articulate what meaningful behavior change looks like for participants.
2. Employ standardized methods for tracking and measuring progress. Include tools for measuring engagement, goal attainment, and behavioral milestones.
3. Implement consistent reporting requirements. Ensure outcomes are reported to government partners in a way that supports data-driven decision-making and accountability.

Mr. Mills mentioned that the department has launched a [Desistance Questionnaire](#), which all prospective service providers are required to complete during the vetting process. This tool is designed to be refined collaboratively and scaled statewide to really have collective impact.

Following the presentation, Chair Kerns thanked Mr. Mills for his clarity in translating a complex topic into actionable terms and opened the floor for Subcommittee input. Dr. Holmes shared her enthusiasm for developing a recidivism definition and expressed hope that shared data infrastructure would follow. She noted that while Nevada is large in geographic size, the system is small in practice—agencies often work with the same individuals cycling through multiple jurisdictions. She stressed the importance of data sharing, stating that

despite the challenges, the state must find a way to align data collection and reporting. Dr. Holmes thanked Mr. Mills and the Washoe County team for their leadership and work.

Chair Kerns added that she and Dr. Snider had presented on the recidivism and desistance framework to the Nevada Sentencing Commission, where the recommendation was well received. However, Commission members echoed the committee's concerns about the absence of a statewide data-sharing platform, which remains a major barrier. She reiterated her appreciation for Washoe County Sheriff's Office's contributions.

Dr. Holmes added that some counties, including her own [Lyon County], continue to face some political resistance to adopting more realistic definitions of recidivism. For example, some stakeholders insist on seeing a "recidivism model" that means "never reoffending," which she illustrates as an impractical standard. She cautioned that any adopted recidivism definition would need to be accompanied by significant public education and acknowledged the complexity of tracking behavior over time. Dr. Holmes concluded by noting, "There's so many micro-components to that conversation that becomes so big, so fast."

Mr. Mills responded by emphasizing that community providers often build stronger long-term relationships with participants than jail-based programs, and are therefore better positioned to monitor progress and outcomes. He noted that success should not be measured solely by whether someone reoffends, but also by whether they spend less time incarcerated, improve family relationships, or demonstrate pro-social engagement—outcomes that may not show up in basic recidivism statistics but reflect real behavioral change.

Chair Kerns reflected on how expectations for justice-involved individuals are often harsher than those for people with chronic medical conditions. She noted that relapse is common in recovery from substance use, just as it is for conditions like diabetes or heart disease, and questioned why society holds the reentry population to a higher standard. She then invited Subcommittee Member Ms. Nancy Lindler to share her perspective.

Ms. Lindler explained that her organization, Ridge House, has provided prison reentry services since 1982 but historically lacked a data collection framework. She expressed regret that tracking outcomes was not prioritized in the past and noted that she is now working to implement a data-informed approach. She described how Ridge House had previously tried to do "everything to everyone," taking on cases ranging from CPS reunification to jail and prison reentry, but has since refocused solely on prison reentry.

Ms. Lindler noted distinct behavioral patterns among individuals who cycle through jail compared to those who cycle through prison. She described family generational incarceration patterns as another area of focus. Additionally, Ms. Lindler weighed in on the importance of a shared definition of recidivism: "I think defining recidivism is great. It needs to occur, of course... But I think defining [the areas] is a big piece of it." She also emphasized the need to recognize crime itself as an addictive behavior, with characteristics such as adrenaline, control, and power that mirror substance use.

Chair Kerns found this perspective enlightening and agreed that different jurisdictions define recidivism differently—citing the Wisconsin model’s flexibility in accounting for such variation. She stressed the need to better align data systems and track behavioral patterns across programs. Mr. Mills closed by reaffirming the Washoe County Sheriff’s Office’s commitment to collaboration and ongoing improvement. He emphasized that while the department does not claim to have all the answers, it is committed to transparency and building tools that can benefit the entire state.

Chair Kerns expressed appreciation once more. She then closed the item and transitioned to agenda item #6.

6. Discuss and Draft Proposed 2025 Response Subcommittee Recommendations

Chair Kerns opened the discussion by noting that several presentations had taken place over the past months, which included embedded recommendations. Chair Kerns noted that Ms. Duarte would be working to include language from Mr. Mills’ presentation into the recommendation around the shared definition of recidivism.

Ms. Duarte mentioned that many of these draft recommendations, especially those from the June full SURG meeting and Dr. Morgan’s presentation, contained ideas worth considering—such as enhancing implementation of the Bridge model, encouraging hospital participation, and developing value-based payment metrics. She emphasized that while some may fall outside the Response Subcommittee’s purview, they were still valuable for the group to review and potentially translate into actionable recommendations, especially where they align with needs observed in the field.

Chair Kerns then moved into discussion of the submitted Response Subcommittee recommendations. The first recommendation submitted came from Dr. Holmes.

Recommendation #1 (submitted by Dr. Shayla Holmes): *Prohibit the sale of all psychoactive substances, including hemp-derived cannabinoids and psychoactive mushrooms, to individuals under 21 years of age, aligning with existing cannabis regulations.*

Implement Clear Labeling Standards: Mandate that all products containing psychoactive compounds have standardized labeling, including clear warnings about potential health risks and age restrictions.

Restrict Sales Locations: Limit the sale of these substances to licensed establishments that can verify the age of purchasers and prohibit sales near schools and other youth-centered facilities.

Enhance Enforcement Mechanisms: Provide regulatory agencies with authority and resources to monitor compliance, conduct inspections, and enforce penalties for violations

Dr. Holmes discussed her recommendation, working towards requiring transparency in the packaging of over-the-counter substances that have psychoactive or addictive properties. She

emphasized the difficulty in regulating these substances due to constant changes in chemical makeup and branding that allow them to skirt legal oversight. Dr. Holmes proposed regulatory measures that would require clear, non-misleading labeling of such products—especially to prevent them from appearing as nutritional supplements or youth-targeted items—and called for age restrictions similar to those for alcohol and tobacco.

When Chair Kerns asked whether substances like kratom would fall under this proposal, Dr. Holmes confirmed they would, along with many others including altered forms of cannabis and certain mushrooms. She noted that many of these substances are widely available at convenience stores and often do not show up in drug screenings, making them especially problematic. She reiterated the importance of keeping the language broad to encompass any psychoactive substances, regardless of whether they are currently recognized or may emerge in the future. Chair Kerns asked whether the Board of Pharmacy might be a relevant partner for advancing this kind of regulatory work, and Dr. Holmes agreed they would likely be a good partner.

The conversation then shifted to the second recommendation submitted by Chair Kerns.

Recommendation #2 (submitted by Dr. Terry Kerns): *Revise this recommendation to also include desistance: 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.*

Chair Kerns explained that her recommendation pertains to revising the definition of recidivism and including desistance as part of measuring and reporting outcomes. Ms. Duarte explained that she had incorporated some of Mr. Mills’ language into a drafted revised recommendation:

*Recommend state agencies under the legislative, judicial, and executive branches involved with deflection and diversion programs have a comprehensive definition of recidivism and **desistance**, and **standardized** policies related to measuring and reporting recidivism. **Additionally, require that all publicly funded or publicly administered reentry programs define success using clear, behavior-based outcomes and that programs articulate what meaningful behavior change looks like for participants using tools for measuring engagement, goal attainment, and behavioral milestones.***

Chair Kerns approved of that revision, noting the need for broader thinking around definitions and taking into consideration that crime has an addictive component. Ms. Christine Payson commented that law enforcement leaders would likely appreciate the direction that things are going but emphasized the need for consensus on a definition. She offered to share the draft with Sheriffs and Police Chiefs for feedback.

Chair Kerns thanked Ms. Payson for doing that. She also noted that when presenting to the Sentencing Committee, she highlighted that “the only one currently in the State is NDOCs, and it's a return to prison within 3 years and that for their purposes, and what they were

looking at, it was a good, operational, measurable definition. However, it doesn't get into all the things that we're talking about.”

Ms. Lindler added that any meaningful metric would need to include both hard data points and subjective indicators, given the reliance on self-reported information in behavioral health. She offered examples of clients who had seemingly successful reentries but later reoffended, highlighting the difficulty in defining long-term success. She appreciated the draft language and looked forward to contributing to its refinement, even as she acknowledged the complexity involved.

In wrapping up the discussion, Ms. Duarte reminded the group that, per the updated AB 19 timeline, they have until July of next year to finalize recommendations. However, she encouraged members to begin adding new recommendations now and offered to assist by walking through the recommendation survey or conducting background research.

Chair Kerns asked members to review Crystal’s compilation of recommendations from Dr. Morgan’s presentation, noting that while many were treatment-focused, some—such as the EMS leave-behind Naloxone program—fit squarely under the Response Subcommittee’s scope. She suggested members provide feedback on whether any recommendations should be reassigned to another subcommittee, such as Treatment or Prevention, to ensure alignment.

With that, Chair Kerns moved the meeting forward to agenda item #7.

7. Review 2025 Response Subcommittee Meeting Topics

Chair Kerns opened the discussion by listing upcoming meeting topics, which include: a session on drug and alcohol prevention, education, and enforcement featuring Officer Jermaine Galloway, widely known as "Tall Cop", whom Dr. Holmes had referenced during the previous agenda item. Additionally, a presentation will be given by the Foundation for Recovery on a Recovery Friendly Workplace Initiative.

Chair Kerns requested that if members had presentations they would like to see, to reach out to Ms. Duarte or herself.

The subcommittee is scheduled to meet on September 2 and November 4, each from 11:00 AM to 12:30 PM.

Chair Kerns then 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.

Chair Kerns acknowledged Ms. Beth Scott.

Ms. Scott offered a comment regarding Recommendation #2. She specifically addressed the topic of data collection and inquired whether anyone on the Subcommittee had spoken with

Nevada Medicaid about implementation milestones related to the 1115 Reentry Waiver. She emphasized the importance of coordinating with Medicaid to avoid duplicating data collection efforts and suggested that a collaborative approach would be more efficient and beneficial for all stakeholders.

Dr. Kerns responded by acknowledging the relevance of the question. She shared that while the Subcommittee has previously had presentations on the 1115 waiver and engaged in some discussions with Medicaid, it may be time to reconnect and re-engage.

Ms. Scott agreed and expressed her interest in continuing those conversations in the future, emphasizing that a more collective and collaborative data strategy would be helpful from all perspectives.

Dr. Holmes then added her perspective, noting that in reviewing prior presentations referencing the Virginia data dashboard, it became clear that a successful model does not necessarily require full system integration. Instead, it could involve a centralized data repository that draws from multiple agency systems. This approach allows for cross-sector analysis without necessitating a single, unified database. Dr. Holmes pointed out that Medicaid data would be a major component of such a system and highlighted the issue of duplication that occurs when local agencies collect their own data due to lack of access to statewide data. She framed this as a broader issue tied to public access and expressed that it warrants continued discussion.

Dr. Kerns affirmed those points, acknowledging the ongoing efforts led by Ms. Duarte and her team to stay connected with the Chief Information Officer. She asked Ms. Duarte if she had anything to add. Ms. Duarte confirmed that while no major updates were available beyond what had been shared in the June meeting, conversations were continuing under the Governor's initiative. She stated that while there is agreement on the value of a centralized infrastructure, such a system does not yet exist in Nevada, and the foundation is still being developed. She added that meetings are happening more frequently across divisions, offering a promising early step toward greater data coordination.

Hearing no additional comments, Chair Kerns officially closed the public comment period, moving the meeting forward to agenda item #9.

9. Adjournment.

Chair Kerns adjourned the meeting at 12:34 p.m. and thanked subcommittee members and all those in attendance.

Chat Log:

(n/a)