

MEETING NOTES

Statewide Substance Use Response Working Group November 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. Terry Kerns, Dr. Shayla Holmes, Bud Schawl, Christine Payson, Nancy Lindler, Nicole Hicks, Peter Handy, Robert Banghart

Members Absent

Senator Jeff Stone

Office of the Attorney General

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

Social Entrepreneurs, Inc. (SEI) Support Team

Crystal Duarte, Kasey Docena, Mary O'Leary

Members of the Public via Zoom

Cade Grogan, Cherylyn C Rahr-Wood, Jamie Ross, Jermaine Galloway, Jonathan Lambson, Karina Tomco, Linda Anderson, Sabrina Schnur, Samm Warfel NDVS PROUD, Sarah Chambers, Sean O'Donnell, Tina Gerber-Winn, Tray Abney

1. Call to Order and Roll Call to Establish Quorum

Chair Kerns called the meeting to order at 11:00 a.m. Ms. Crystal 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. Introduction of New Members

In this agenda item, Chair Kerns introduced the subcommittee's new members. She expressed enthusiasm, noting that their participation represented "some of the fruits of our labors" from the SURG prior recommendation and the passage of Assembly Bill (AB) 19, which allowed for the addition of new members. Chair Kerns also mentioned that several individuals were joining to fill previously vacant positions. She explained that introductions would proceed alphabetically and invited each new member to briefly introduce themselves, beginning with Mr. Rob Banghart, representing the general public.

Mr. Banghart introduced himself as the Vice President of Community Integration for the Shine a Light Foundation, a local nonprofit, and as the Director of Community Engagement for Crossroads of Southern Nevada, the largest indigent detox and treatment center in the state.

Next, Chair Kerns introduced Mr. Peter Handy from the Department of Indigent Defense Services. Mr. Handy stated that he serves as the Executive Director of the department. He shared that his agency has been working for several years to increase resources for public defenders, particularly in Nevada's rural counties. Their efforts include recruiting social workers, promoting education about the Substance Abuse and Mental Health Services Association (SAMHSA) Sequential Intercept Model (SIM), and enhancing engagement in treatment and programming to address substance use among clients.

Chair Kerns then introduced Ms. Nicole Hicks, who represents the Nevada District Attorneys Association. Ms. Hicks is a Chief Deputy District Attorney for Washoe County, a position she has held for approximately 18 years. She explained that her experience includes prosecuting misdemeanors, felonies, murders, and child sexual abuse cases. She was one of the founders of the Washoe County Child Advocacy Center and currently serves on the specialty court team.

Finally, Chair Kerns introduced Mr. Bud Schawl, who replaced former member Steve Shell as the hospital representative. Mr. Schawl introduced himself as the Executive Director at University Medical Center (UMC) in Las Vegas, a role he has held for three years. He previously served as a market CEO for another health system in the area. Mr. Schawl shared that UMC opened its Crisis Stabilization Center at the end of June and that he has been overseeing its operations since its launch.

Chair Kerns thanked all of the new members and reiterated her excitement about the new additions, noting that their collective knowledge and experience would significantly enhance the group's work. With that said, Chair Kerns continued to agenda item #4.

4. Review and Approve Minutes from the August 5, 2025, Response Subcommittee Meeting

Chair Kerns introduced the item and asked for a motion to approve the minutes from the August 5, 2025, Response Subcommittee meeting.

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

With no further discussion, Chair Kerns proceeded to agenda item #5.

5. Drug and Alcohol Prevention, Education, and Enforcement

Chair Kerns introduced the agenda item, stating that the subcommittee was fortunate to have Officer Jermaine Galloway, known nationally as "Tall Cop," presenting on drug and alcohol prevention, education, and enforcement. She expressed excitement about his participation and thanked him for being present.

Officer Galloway thanked Chair Kerns and the subcommittee for the invitation. He began by providing a brief background on his professional experience. He explained that he is based in

Texas and works as a national speaker and trainer on current drug trends, delivering presentations and training sessions across the United States. He noted that he typically trains in multiple states each week and has worked in Nevada several times, most recently in Reno a few months prior. His audiences span multiple sectors.

Officer Galloway described his work conducting community environmental scans across the country, including regular scans in Nevada for over a decade. Through these scans, he visits gas stations, smoke shops, convenience stores, and other retail locations to observe what substances are being sold and how they are marketed. He emphasized that drug trends in Nevada are consistent with those seen nationwide, noting that “the same substances are showing up from Nevada to Wyoming to New York to Florida.” He explained that much of the challenge stems from outdated testing standards that fail to detect many of these substances, which in turn leads to a lack of data and public awareness. He recommended that agencies and organizations regularly rotate their drug testing panels to capture new or emerging drugs, cautioning that when a substance is not being flagged, “we don’t have data, and that means we don’t start looking for it.”

He emphasized that many highly addictive and potent substances are being sold legally in gas stations, smoke shops, and even shopping malls, often marketed as “dietary supplements.” They are also often unregulated. He warned that legality and safety are unrelated concepts, stating, “Legal does not mean safe. Legality just means we banned it or didn’t ban it.”

Officer Galloway moved to discuss emerging substance trends, beginning with **Kratom** and **7-Hydroxymitragynine (7-Hydroxy)**. He described Kratom as a plant-based opioid commonly imported from Asia. He explained that it is legal in over 40 states, including Nevada, with few or no age restrictions. Kratom’s availability, he said, has paved the way for its synthetic derivative, 7-hydroxymitragynine, which he called a top emerging drug trend in the United States. He noted that 7-hydroxy is significantly stronger than Kratom and is now one of the most frequently purchased substances he observes during scans. It is highly addictive.

He shared that in Nevada, particularly in the Reno-Sparks area, 7-hydroxy products are widespread. “When you see a store advertising Kratom,” he explained, “you can assume they’re also carrying 7-hydroxy.” He likened it to seeing “Coca-Cola” in a window and knowing “Pepsi” is also being sold inside. He added that Reno tends to have more product per capita than Las Vegas, based on his scans. He first began detecting the 7-hydroxy trend about 18 months ago, and by one year ago, Nevada appeared among the states where the product was being searched online.

Next, Officer Galloway discussed **Tianeptine**, a synthetic opioid that is federally legal but banned in about 12 to 15 states. Marketed under brand names such as “Zaza,” it is widely available in gas stations, smoke shops, and even shopping malls. He stressed that Tianeptine is a powerful drug that should be a controlled substance but is not. He cautioned about the phenomenon of “addiction replacement”, in which individuals replace illegal drugs with legal but equally addictive substances, falsely believing them to be safer.

Officer Galloway then discussed **Phenibut**, a synthetic depressant marketed as a dietary supplement and sold under various chemical names such as B-Phenyl-y-aminobutyric acid. He explained that it is available in all 50 states and often labeled misleadingly to evade scrutiny. “If you see anything labeled ‘dietary supplement,’” he advised, “look it up. Dietary supplement does not mean safe.”

He turned next to psychedelics, focusing on **psilocybin mushrooms**, which are gaining attention for potential therapeutic use in treating Post Traumatic Stress Disorder (PTSD) and severe depression. He predicted that psilocybin would likely become legal nationally in the coming years due to promising research results. However, he cautioned that increased interest in psilocybin has also led to increased trafficking and illegal distribution. He noted, “You need to understand mushrooms the way you understand weed or cannabis.”

He also described the growing popularity of **Amanita muscaria**, a different type of psychoactive mushroom sold legally over the counter in many states, including Nevada. While less potent than psilocybin, it still produces mind-altering effects and is often sold alongside Delta-8, Delta-9, and Kratom products. He warned that Amanita is not easily detected in standard drug tests and currently has no age restrictions for purchase.

Addressing **fentanyl**, Officer Galloway remarked that it has largely supplanted heroin in the illicit opioid market. He explained that most heroin seizures have been replaced by fentanyl or fentanyl “potentiated” with other substances, such as xylazine, an animal tranquilizer. He cautioned that tolerance levels across the U.S. have risen so dramatically that users are now seeking even stronger opioids, leading to the emergence of new synthetic tranquilizers that surpass fentanyl in potency. “We’ve moved past heroin,” he said, “and we’re already moving past fentanyl.”

Finally, Officer Galloway discussed **Imodium** (loperamide), explaining that in high doses it acts as a low-level opioid substitute. He warned that some individuals use it to manage withdrawal symptoms and that some inpatient treatment programs mistakenly allow clients to bring Imodium with them. He advised treatment providers to reevaluate their policies and be aware of its potential misuse.

Officer Galloway reiterated that his presentation represented only a small portion of the content he typically covers in person. He emphasized that “the drug world is rapidly evolving,” and prevention, treatment, and enforcement professionals must evolve alongside it. He encouraged attendees to contact him with questions. He can be reached via email at jermaine@tallcopsaysstop.com and through his website www.tallcopsaysstop.com.

Chair Kerns thanked Officer Galloway for his presentation and noted that the session had been recommended by Dr. Shayla Holmes, who had suggested the topic which aligns with her recommendation.

Dr. Holmes thanked Officer Galloway and asked which states have been most progressive in enacting legislation to regulate these emerging substances. Officer Galloway identified Indiana and Alabama as leading examples, noting both have banned Kratom and Tianeptine.

He added that Florida recently banned 7-hydroxy and that one of the Dakotas may have followed suit, though he had not confirmed this.

Dr. Holmes expressed appreciation for the information. Chair Kerns thanked Officer Galloway once more for his time and presentation before proceeding to agenda item #6.

6. Presentation on the Nevada Recovery Friendly Workplace Initiative

Chair Kerns introduced the item, a presentation on the Nevada Recovery Friendly Workplace Initiative, and welcomed Mr. Jonathan Lambson to present.

Mr. Lambson thanked the committee for the opportunity to present. He began with a disclosure statement noting that the project is supported by the Nevada Department of Health and Human Services through general funds, and that the content of the presentation was solely the responsibility of the authors.

Mr. Lambson explained that the Recovery Friendly Workplace (RFW) Initiative exists to incentivize and assist Nevada workplaces in destigmatizing recovery and supporting employees affected by substance use or behavioral health issues. The initiative's goal, he said, is to foster workplace environments where individuals in recovery can seek help and maintain employment without fear or stigma.

He noted that the program provides advocacy, training, and educational support to participating businesses. Through partnership with the Division of Social Services (DSS), the RFW list is used to connect individuals in recovery with supportive employers. Participation is free of charge and open to any Nevada business with employees.

Mr. Lambson emphasized that one in three people in the workplace are affected by a recovery-related issue, underscoring the need for awareness and structural support. He stated that traditional workplace benefits "are not reducing overdoses or suicides." Nevada, he added, remains among the top ten states for suicide deaths and is one of the few where overdose deaths continue to rise. Only a very small percentage of Nevada workplaces have policies and practices to address these challenges.

Since the initiative's inception, the program has expanded significantly. Mr. Lambson reported that when he began in October 2022, there were 26 participating businesses; as of the current date, that number has grown to 117.

He highlighted several success stories. The first success story was that Waste Management was trained and equipped with enough Narcan for every garbage truck and substation. The second was that Grand Sierra Resort, one of Nevada's largest employers, has hired multiple individuals in recovery through the DSS partnership. The last success story that Mr. Lambson shared was that Washoe County recently became one of the first counties in the nation to earn the Recovery Friendly Workplace designation. He noted he had supplied the county with 50 overdose prevention kits, with an additional 50 enroute.

Despite the progress and successes mentioned, Mr. Lambson identified several persistent gaps. First, there are limited tangible benefits beyond recognition and training. He explained

that while participants receive free training, overdose prevention materials, and branding (decals, posters, stickers), the RFW designation lacks financial or structural incentives. Additionally, the official RFW list that they generate does not get used as much as it could be.

Secondly, Peer Recovery Support Specialists (PRSS) are underutilized. Nevada has only about 420 certified PRSS statewide, equating to one for every 2,442 people estimated to be in recovery. Mr. Lambson described PRSS professionals as an “underused resource” whose skills could extend beyond treatment and rehabilitation settings into workplace navigation, helping businesses access workforce programs and recovery supports.

The third gap mentioned by Mr. Lambson was that there are systemic silos and a general lack of coordination at the state level. Mr. Lambson observed that Nevada’s state services often operate in isolation. “Lots of good work is being done,” he said, “but no one knows what anyone else is doing.” This lack of coordination slows progress and limits efficiency.

To close these gaps, Mr. Lambson proposed several strategies. First, the Recovery-Friendly designation should be incentivized. He shared that states should offer tax incentives or recognition for participating businesses and promote them through official channels. They should also expand access to RFW advisors.

Second, there should be an increase the number of certified PRSS workers statewide, and they should be embedded in workforce service agencies to act as navigation specialists, connecting employers and employees with resources.

Mr. Lambson also proposed that employer access to workforce supports should be enhanced. He shared examples of employers missing out on workforce funding opportunities due to lack of awareness or administrative capacity, suggesting PRSS professionals could bridge this gap.

Fourth, job matching and worker retention should be improved. Referencing a 2024 UNLV Job Seeker Survey, Mr. Lambson noted that 58.4% of respondents wanted to change industries, while Las Vegas ranked third nationally in unemployment in mid-2025, despite reports of widespread labor shortages. This paradox, he said, reflects systemic inefficiencies that better resource alignment and recovery-friendly policies could address.

Chair Kerns thanked Mr. Lambson for an enlightening and informative presentation and opened the floor for questions.

Dr. Holmes thanked Mr. Lambson, saying she had heard of the program but had not realized its scope. She asked whether the initiative provides ongoing support to recovery-friendly workplaces, explaining that her own organization found it challenging to know how to respond to recovery-related issues once they arose.

Mr. Lambson acknowledged that this was a common challenge, citing post-training survey results in which 30% of participants reported still feeling unprepared. He explained that

recovery is a complex issue that varies across industries. Some workplaces, for example, can hire individuals receiving Suboxone therapy while others cannot.

He said that businesses participating in the initiative have continued access to support through himself and Foundation for Recovery. As an example, he described a car dealership on the RFW list that called for help with an employee in need; he immediately contacted state partners to coordinate assistance. He envisioned a future where participating workplaces could receive help within 48 hours, supported by expanded PRSS and agency collaboration.

Dr. Holmes thanked him. Then, Chair Kerns noted that the subcommittee had previously received a recommendation from the Treatment and Recovery Subcommittee regarding PRSS requirements, originally raised by Mr. Steve Shell, who encountered barriers hiring peers for a Community Crisis Stabilization Center due to background check restrictions. She asked whether there had been progress on that issue.

Mr. Lambson replied that only two organizations currently offer PRSS training in Nevada – Foundation for Recovery and CASAT – and that the process is extensive. However, he emphasized that both in-person and virtual options exist, and that resource support is available for certification costs. He then invited his colleagues to provide additional context.

Mr. Sean O'Donnell introduced himself as the Executive Director of Foundation for Recovery in Southern Nevada. He clarified that background check restrictions are primarily a Medicaid issue, not a state law. Agencies not billing Medicaid, he said, are generally free to hire peers with lived experience.

Mr. O'Donnell added that Nevada Medicaid recently implemented a new provider type for peer-based organizations, allowing non-clinical entities – such as prevention coalitions and recovery community organizations – to bill for peer services for the first time. While this represents progress, background check barriers remain under review.

Chair Kerns thanked Mr. O'Donnell for the clarification and said she hoped the Treatment and Recovery Subcommittee would continue exploring ways to address the issue collaboratively. She asked whether the initiative had expanded into rural Nevada and if there was continued outreach to those counties.

Mr. O'Donnell responded that while Mr. Lambson works directly with employers, the initiative has designated recovery-friendly workplaces in Boulder City, Pahrump, and Hawthorne, reflecting growing interest from employers of varying sizes statewide. Mr. Lambson added that Rural Nevada Counseling was also on the list of participating organizations. Chair Kerns expressed appreciation for the outreach efforts and emphasized the importance of continuing to include rural communities.

Seeing no further questions, Chair Kerns thanked Mr. Lambson and Mr. O'Donnell for their presentation. She noted that workforce development and economic stability are key legislative priorities for the SURG initiative, making the Recovery-Friendly Workplace program highly relevant to the subcommittee's focus.

Mr. O'Donnell added that Nevada could become a national leader by implementing tax incentives for recovery-friendly employers, noting that 29 other states currently operate similar initiatives and are collaborating to promote supportive legislation.

Chair Kerns acknowledged that Anne Elizabeth Northan, of the Nevada Certification Board, had hoped to attend but was unavailable, and said she might be invited to present at a future meeting on related certification efforts.

Mr. Lambson concluded by thanking the committee again for their time and attention. Chair Kerns expressed appreciation for his insights and reiterated that she had learned a great deal from the presentation.

She then closed the item and transitioned to agenda item #7.

7. Discuss Relevant Updates on Prior Recommendations

Chair Kerns introduced the item, explaining that the subcommittee would review progress on prior recommendations and consider additions for 2025.

2024 – Recommendation #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.

Dr. Holmes reported no new updates regarding Recommendation #1 (2024) but affirmed the recommendation's relevance. She recalled a prior presentation by the State Chief Data Officer regarding a related subcommittee effort and noted that outreach had been hampered by a system breach. Dr. Holmes added that concurrent work on crisis response (988) and the Health Information Exchange (HIE) suggested a timely opportunity to coordinate. Chair Kerns said the state's technology division remains interested, though implementation will take time, and observed that DPBH listening sessions for its strategic plan identified centralized, timely information as a pillar, creating an avenue for collaboration.

2024 – Recommendation #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.

Turning to Recommendation #2 (2024) on wastewater surveillance in high-risk settings, Chair Kerns reported that UNLV presented on its work and received funding from the Fund

for a Resilient Nevada (FRN); the project is in its early stages with additional data to come. No members added further comments.

2024 – Recommendation #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.

For Recommendation #3 (2024), Chair Kerns noted that CASAT has conducted education on both laws. She added that a Fund for a Resilient Nevada-supported Public Service Announcement (PSA) encouraging calling 911 and administering naloxone – with law enforcement support – would be released soon, and that DPBH is planning additional PSAs using grant funding. There were no additional updates.

2024 – Recommendation #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 or Medical Examiner's office for personnel.

On Recommendation 4 (2024), Chair Kerns stated that the Clark County Regional Opioid Task Force had provided an update and presented related legislation. The outcome is uncertain, and a prior attempt to authorize specific OFRs did not pass; the subcommittee will continue monitoring and supporting future opportunities. Members offered no further updates.

2024 – Recommendation #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.

Discussing Recommendation 5 (2024), Chair Kerns emphasized the need for alignment across agencies. Mr. Rob Banghart asked whether a standard timeframe exists for measuring recidivism. Chair Kerns replied that inconsistency is the challenge; the Department of Corrections uses a three-year measure, but standards vary.

2024 – Recommendation #6

Implement a voluntary program to install “drug take back bins” in retail pharmacies.

Regarding Recommendation 6 (2024), Chair Kerns reported that legislation sponsored by Senator Stone passed, with potential support from the Fund for a Resilient Nevada to assist installations.

With the discussion wrapped, Chair Kerns moved to agenda item #8.

8. Discuss and Draft Proposed 2025 Response Subcommittee Recommendations

Chair Kerns 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 explained that her intent was to explore ways Nevada could regulate or restrict access to certain emerging psychoactive or intoxicating substances highlighted in Officer Galloway's presentation. She said her concern stemmed from the fact that many of these products are currently sold in gas stations and convenience stores – including those near schools – and are marketed as “sleep aids” or “dietary supplements” despite containing psychoactive compounds or presenting serious health risks.

Dr. Holmes proposed developing state legislation to restrict the sale of these substances to controlled retail environments, such as licensed smoke or supplement shops, and to prohibit their sale to individuals under 21. She also recommended requiring clear labeling that discloses the psychoactive ingredients and health warnings. Because of the ever-expanding number of these products, she acknowledged the challenge of keeping legislation current and suggested looking to Indiana and Alabama as potential models for structuring Nevada's statute.

Chair Kerns agreed that examining other states' legislation would be helpful. She reminded members that the subcommittee's recommendation process had changed; recommendations are now due August 1st rather than at the end of January. The earlier deadline, she said,

allows more time to identify legislative sponsors or agencies that could support the recommendations as bill draft requests (BDRs).

Ms. Nicole Hicks asked who would be responsible for researching the legislation in other states and bringing examples to the group. Chair Kerns replied that typically the person submitting the recommendation would take the lead, supported by SEI staff, who could help locate and compile relevant materials for the committee's review. Once gathered, the subcommittee would collectively evaluate what elements to adopt or modify for Nevada.

Chair Kerns added that Officer Galloway had mentioned in previous presentations that many of these substances are not tested for in most standard drug screenings. People who are aware they will be tested may use these products to avoid detection.

Ms. Hicks agreed, noting that as a prosecutor, it would be nice to know what to test for. She said she plans to share Officer Galloway's findings at her local stakeholder meetings and may follow up directly with him for additional details about testing options.

Dr. Holmes pointed out that this represents step one, as regulatory control must precede enforcement. "You can't hold someone accountable for using a legal substance," she said, emphasizing the importance of starting with regulation and then incorporating enforcement or accountability language into drug court participation agreements. Ms. Hicks replied, explaining that while specialty court participants voluntarily agree to abstain from certain substances, even if legal, courts currently face practical limits on testing due to cost and scope.

Mr. Rob Banghart echoed those concerns, noting that broad-spectrum testing is expensive and unsustainable. However, he said including these substances in program contracts provides a foundation for accountability if participants are later found to have used them.

Mr. Peter Handy cautioned that any new legislation must navigate existing federal regulations under the FDA, as many substances with psychoactive properties already appear in everyday products. "It might be overbroad to prohibit the sale of all psychoactive substances," he said, recommending that Nevada instead compile a defined list of products or categories for regulation. He noted that testing technology can lag behind new substance formulations, which often have short half-lives or lack validated lab assays.

Chair Kerns thanked everyone for their input and concluded that the subcommittee would need to collect legislation from Indiana and Alabama, refine the language, and bring a draft back for further discussion.

Recommendation #2 (submitted by Dr. Terry Kerns): *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 recounted the presentation by Mr. TJ Mills with the Washoe County Sheriff's Office, who had recommended that all publicly funded or administered reentry programs define success using clear, behavior-based outcomes and measure progress using metrics such as engagement, goal attainment, and behavioral milestones. These measures, he argued, better capture meaningful change than the binary "recidivated or not" approach. Desistance, she explained, offers a way to assess what elements of programs work to reduce recidivism, not merely whether a participant reoffends.

Ms. Hicks commented that in the specialty courts, they follow the AllRise model, a national framework for specialty courts that may already include a working definition of recidivism. She suggested researching whether AllRise standards could inform Nevada's approach. Chair Kerns agreed, adding that her motivation for this recommendation stemmed from the lack of comparability among counties; each measures success differently, making it difficult to evaluate or fund programs consistently. Chair Kerns noted that Mr. Mills had noted they were trying to secure funding out of UNR to start looking at this.

Mr. Banghart supported setting baseline benchmarks that apply statewide while allowing flexibility for regional or population-specific measures. He noted that there will always be some differences, but having shared touchpoints would help with alignment. Chair Kerns thanked him and reiterated that the initial focus would be on state agencies funding diversion and deflection programs, requiring them to adopt uniform definitions that incorporate desistance measures.

At this point, Chair Kerns invited any additional ideas or early-stage recommendations from members, emphasizing that submissions need not be fully written or finalized to be considered.

Mr. Lambson, serving as a subject matter expert, raised a question about the drug take-back bin program previously discussed. He asked whether the bins would be secured, inaccessible to the public after disposal, and whether substances would be deactivated to deter tampering or theft. Chair Kerns said she did not yet have details but planned to contact Senator Stone, who originally proposed the program and, as a pharmacist, had implemented similar initiatives in California. She speculated that the bins would be one-way access, allowing disposal but not retrieval, and likely placed in secure pharmacy areas.

Chair Kerns then shared a personal experience illustrating the need for consistent opioid safety measures. While traveling out of state, she had broken her arm and received an oxycodone prescription from an Ohio pharmacy, which provided her with a DisposeRx kit and six pages of educational materials about opioid risks and safe use. Upon returning to Nevada and filling a subsequent prescription, she received only a single-page flyer on opiates. "It was shocking to see the difference," she said, noting that providing disposal kits with prescriptions could prevent diversion and misuse of unused medication.

Dr. Holmes supported the idea, saying her organization distributes similar SafeRx kits and often sees high demand from the community. She noted it would be great if people got these kits with their prescription. Mr. Banghart agreed, emphasizing that proactive distribution changes behaviors and reduces stigma. He described an encounter with an elderly woman with cancer who sought Narcan from his organization but felt embarrassed doing so. She should never feel that way, he said. People should already have that information from their doctor or pharmacist.

Building on these comments, Chair Kerns proposed working with the Nevada Board of Pharmacy to require that SafeRx or DisposeRx kits be provided with every opioid prescription. Mr. Lambson suggested extending this concept to include standardized naloxone co-dispensing with opioid prescriptions, ensuring patients automatically receive or are offered naloxone.

Dr. Holmes agreed but cautioned that cost remains a barrier. If naloxone isn't prescribed alongside the opioid, it can cost \$200 or more out-of-pocket, she explained. Writing both prescriptions at once allows insurance coverage to apply. Mr. Lambson added that some healthcare systems, such as Renown Health in Reno, now require drug testing prior to issuing opioid prescriptions and will deny the medication if other controlled substances are present. He also shared that in February, the FDA approved a new non-opioid acute painkiller called Jernavix, which early data suggest may be effective for acute and chronic pain, offering hope for future alternatives.

Chair Kerns concluded by noting that the Prevention and Harm Reduction Subcommittee is working with the Board of Pharmacy to expand low-barrier access to naloxone from hospital emergency departments, where it can be distributed at no cost and without a prescription. She suggested collaborating with that subcommittee to develop a unified recommendation.

In closing, Chair Kerns noted that she would take responsibility for drafting preliminary language for the next meeting. She thanked members for their thoughtful discussion and encouraged anyone with additional information or interest in contributing to contact her before the next session¹.

Chair Kerns moved the meeting forward to agenda item #9.

9. Review 2026 Response Subcommittee Meeting Topics

Chair Kerns opened the discussion by listing upcoming meeting topics. Currently, there are no presentations lined up, but Chair Kerns offered several suggestions for consideration.

First, she recommended inviting Anne-Elizabeth Northam from the Nevada Certification Board to provide an update on the Board's ongoing work. Chair Kerns explained that Ms. Northam and her team are focusing on dual certifications and exploring the expansion of

¹ Later in the meeting, Mr. Bud Schawl noted he would be willing to work with Chair Kerns on this new recommendation. He would be discussing the matter later that day with Emergency Department physicians and pharmacy directors at University Medical Center (UMC) to gather additional feedback.

roles within the peer workforce. They are also reviewing peer recovery support specialist (PRSS) internships to ensure that these experiences are meaningful and not limited to simple transport or administrative duties.

Chair Kerns also proposed inviting a representative from the Division of Public and Behavioral Health (DPBH) to discuss its new Strategic Plan, specifically the pillar focused on the Sequential Intercept Model for diversion and deflection, as well as cross-agency data collection and sharing. She observed that these priorities overlap with the subcommittee's ongoing work, particularly its recommendations on data integration and recidivism measurement, and said collaboration could help align efforts. Since SEI is already reviewing the DPBH Strategic Plan, she suggested identifying potential intersections or opportunities for coordination.

Chair Kerns then provided a brief update on upcoming meetings, noting that there would be no full SURG meeting in December 2025. The next meeting of the full SURG will take place on January 14, 2026, during which members will review and approve the 2025 Annual Report. This year's report will serve primarily as a progress update rather than a document introducing new recommendations.

Chair Kerns encouraged members to email Ms. Crystal Duarte at SEI with additional speaker or topic suggestions as they arise. She reiterated that the subcommittee will provide a formal progress report at the January SURG meeting and added that, during that session, the full SURG will also reassess subcommittee memberships and elect chairs and vice chairs for the coming year. She stated that she is happy to continue serving as Chair and acknowledged Dr. Holmes as the current Co-Chair, but emphasized that anyone interested in serving in leadership is welcome to volunteer.

In closing, Chair Kerns outlined the tentative 2026 subcommittee meeting schedule, which will likely include sessions in February, March, May, June, August, and October. These dates will be finalized after subcommittee assignments are confirmed in January to ensure all members are properly placed and able to participate.

Ms. Crystal Duarte noted that a survey will be sent to all members to confirm meeting times for the 2026 calendar year. One of the options on the survey will be to retain the current meeting time – the first Tuesday of the month at 11:00 a.m. – which has been in place for the past two years.

Ms. Duarte explained that two additional time options will also be provided for consideration to better accommodate members' schedules, particularly those of new members who may have other recurring commitments. Members were encouraged to complete the survey once received and review their calendars to help determine the most suitable recurring time for meetings. The finalized 2026 meeting schedule will then be distributed and added to members' calendars.

Chair Kerns then proceeded to agenda item #10.

10. Public Comment

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

Hearing no comments, Chair Kerns officially closed the public comment period, moving the meeting forward to agenda item #11.

11. Adjournment.

Chair Kerns adjourned the meeting at 12:31 p.m. and thanked subcommittee members and all those in attendance.

Chat Log:

Rob Banghart 12:12 PM

Indiana Senate Bill 478 <https://iga.in.gov/legislative/2025/bills/senate/478/details>