# MEETING NOTES

**Statewide Substance Use Response Working Group** **February 3, 2026**
**Response Subcommittee Meeting** **11:00 am**

Zoom Meeting ID: 884 0825 1817
Call in audio: (719) 359-4580
No Physical Public Location

Members Present via Zoom or Telephone
Peter Handy, Nicole Hicks, Dr. Shayla Holmes, Dr. Terry Kerns, Christine Payson, Bud Schawl

Members Absent
Robert Banghart, Senator Jeff Stone

Office of the Attorney General
Joseph Peter Ostunio (Deputy Attorney General)

Social Entrepreneurs, Inc. (SEI) Support Team
Kasey Docena, Crystal Duarte

Members of the Public via Zoom
Tray Abney, Linda Anderson, Jennifer Bevacqua, bquezada, Lori Bryan, Haylee Butler, Lea Cartwright - Cartwright NV Government Affairs, Mark Funkhouser, Tina Gerber-Winn, Nevada Public Health Foundation, Madalyn Larson, Stefaine Maplethorpe, Sabrina Petrel, Cherylyn C Rahr-Wood, Kimberley Sarandos, Lisa Sherych, J.waldock, Dave Wuest, Darla Zarley

1. **Call to Order and Roll Call to Establish Quorum**
   Chair Kerns called the meeting to order at 11:03 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.

   While there were no public comments, Ms. Duarte noted that Subcommittee member Nicole Hicks joined the meeting at 11:06 a.m.

   Chair Kerns continued to agenda item #3.

3. **Review and Approve Minutes from November 4, 2025 Response Subcommittee Meeting**
   Chair Kerns introduced the item and asked for a motion to approve the minutes from the November 4, 2025, Response Subcommittee meeting.

   - Bud Schawl made the motion to approve.
   - Christine Payson seconded the motion the motion.
   - The motion carried unanimously.

With no further discussion, Chair Kerns proceeded to agenda item #4.

4. **Review Recommendations Submission Process**
Chair Kerns introduced the agenda item and handed it over to Crystal Duarte to walk members through the recommendations submission process. Ms. Duarte reminded members that since there is a different calendar this year, members can still submit recommendations for consideration. Ms. Duarte noted that the new calendar will be discussed at the end of the meeting. The process for submitting a recommendation is through a survey link provided by Social Entrepreneurs, Inc. (SEI). She encouraged members to complete each section of the survey to the best of their ability. Ms. Duarte then shared her screen and walked members through the process of how to submit a recommendation through the survey.

Subcommittee member Bud Schawl unmuted to ask if there was room for more than one recommendation to be submitted into the SurveyMonkey. Ms. Duarte clarified that members can go into that link and submit as many survey entries as they have recommendations, but that each recommendation should be submitted separately.

Chair Kerns asked if there were any other questions. She summarized the process of how recommendations are made, that SEI can support members, and how that recommendation is pulled into the annual report. With that said, Chair Kerns continued to agenda item #5.

5. **Discuss and Draft Proposed 2025 Response Subcommittee Recommendations** (All slides available on the SURG webpage)
Chair Kerns introduced the agenda item to discuss and draft the proposed 2025 Response Subcommittee recommendations. She invited Dr. Shayla Holmes to address the first recommendation which was:

- *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 began to explain that Jermaine Galloway, known as the "Tall Cop", who educates states, organizations, nonprofits and others about drug-related trends, presented to the Response Subcommittee in November. Tying this to her proposed recommendation, Dr. Holmes stated how fentanyl, methamphetamines, and other illicit and illegal drugs are an issue and expressed concern about "drug-adjacent" substances or drugs that children have access to and that the State of Nevada has not addressed yet.

Dr. Holmes described the dangers of these drugs and the impacts on death tolls in the community. She further clarified that the focus of this recommendation is geared toward how to respond to these drugs, since they can be purchased over the counter and in packaging that is labeled as "health food", "energy boosters", and "mood enhancers". Referring to Officer Galloway's presentation, she identified kratom, 7-hydroxymitragynine, tianeptine, phenibut, and amanita muscaria as some of the drugs that operate like opioids, others like methamphetamines, and how some are more along the lines of psilocybin mushrooms. Dr. Holmes reemphasized the dangers of these drugs and how Narcan and other response mechanisms do not work against these drugs.

Dr. Holmes restated that her recommendation is to attempt to, at minimum, restrict the age of sales to 21 and older and for the labeling standards in the state of Nevada to require an explicit description of what these drugs are, and to not be marketed as something of which they are not. She referred to research that Office Galloway recommended, which was to look into how other states such as Indiana, Alabama, and Florida have handled these substances, as they are forerunners in getting legislation passed at the state level to address these drug issues.

Ms. Duarte moved to the following slide which stated the additions and revisions to recommendation #1. Dr. Holmes then explained that the drugs listed (below) were recommended (by other states) to go through the (Board of) Pharmacy or Nevada Administrative Code (NAC) to become a Schedule I narcotic, so it is illegal for these drugs to be sold in Nevada. Suggested revised language for the recommendation was as follows:

*Add to the Schedule 1 of NAC 453.510:*
*(a) Mitragynine and 7-hydroxymitragynine, including:*

- *any isomer, ester, ether, salt, or salt of an isomer;*
- *any synthetic, semi-synthetic, or chemically modified derivative; and*
- *any compound containing mitragynine or 7-hydroxymitragynine as an active pharmacological ingredient, regardless of whether the substance is naturally derived, synthetically produced, or manufactured through chemical modification.*

*(b) Tianeptine, including:*

- *any isomer, ester, ether, salt, or salt of an isomer of tianeptine;*
- *any synthetic, semi-synthetic, or structurally modified derivative of tianeptine; and*
- *any compound that produces substantially similar opioid-like, antidepressant, or psychoactive effects through similar pharmacological mechanisms.*

*(c) Phenibut (β-phenyl-γ-aminobutyric acid), including:*

- *any isomer, ester, ether, salt, or salt of an isomer of phenibut;*
- *any synthetic, semi-synthetic, or structurally modified derivative; and*
- *any compound that acts as a GABA-B receptor agonist or functional equivalent with similar depressant or psychoactive effects.*

*(d) Amanita muscaria and its psychoactive constituents, including:*

- *muscimol, ibotenic acid, and any isomer, ester, ether, salt, or salt of an isomer thereof;*
- *any synthetic, semi-synthetic, or chemically modified derivative of muscimol or ibotenic acid; and*
- *any compound that produces hallucinogenic, dissociative, or neuroactive effects substantially similar to those substances.*

*This scheduling applies regardless of the source of the substance and regardless of whether the substance is labeled, marketed, or represented as a dietary supplement, research chemical, botanical product, or not intended for human consumption.*

Dr. Holmes then shifted to describe a potential conflict with current legislation, NRS 597.998, which allows for the sale of kratom. She recognized that proposing this type of legislation may be bold. If the recommendation is approved and kratom is classified under Schedule I NRS would also be revised.

Kerns thanked Dr. Holmes for the thorough explanation of the recommendation and highlighted that Darla Zarley, from the Board of Pharmacy, was in the meeting and offered space for Ms. Zarley to comment on this recommendation. Ms. Zarley clarified that the drug, tianeptine, is already classified under Schedule 1 in Nevada, but stated that Dr. Holmes was correct that mitragynine and 7-hydroxymitragynine are not currently scheduled.

Then, Ms. Zarley briefly described the steps the Board of Pharmacy takes to schedule a substance in Nevada and confirmed these steps in email correspondence with SEI staff following the meeting.

The Board of Pharmacy attends Quarterly Crime Lab (also known as the Quarterly Drug Lab) meetings where the Crime Lab makes recommendations that are presented to the Board of Pharmacy. The Board discusses the draft regulation and determines if a drug should be scheduled, if approved, the draft language is forwarded to Legislative Council Bureau (LCB) for language review and approval. Once approved by LCB, the draft language will be presented as a public hearing at a Board meeting. If approved by the Board of Pharmacy, the approved language will be sent to Legislative Commission for final approval.

Ms. Zarley mentioned again that tianeptine is already scheduled in Nevada.

Dr. Holmes expressed excitement that this is a win, and that they are a quarter of the way there. Dr. Kerns thanked Ms. Zarley, and stated that she attends the Quarterly Drug Lab meetings, and that the next meeting would be Tuesday. She offered to discuss it at that meeting unless Shayla wanted to. Dr. Holmes stated she may attend, but only if her schedule allows and that Dr. Kerns is an excellent person to discuss these needs at that meeting.

Dr. Holmes referred to Officer Galloway's presentation and other research she reviewed, that the challenge presented with these drugs is that they are not being tested for anywhere. They are not tested in Drug Court or during seizures, or in the standard ways in which these things come about. She described being unsure of what data is needed to support that and unsure of

where that data needs to come from. She was unsure if anyone was able to share how that type of data is typically presented, or what sources it typically comes from, for the Subcommittee to see if that even exists at this point in time in the state of Nevada, and noted that it exists in some of adjacent states, but does not know if it exists here.

Ms. Zarley asked Chair Kerns for permission to speak. Ms. Zarley said that this might be a question for the Crime Lab to see if they test for these substances. Ms. Zarley suggested that she and Chair Kerns bring that up during next week's Crime Lab meeting.

Response Subcommittee member Nicole Hicks introduced herself. She is the Chief Deputy District Attorney in Washoe County. She explained that the Crime Lab only does the initial testing when someone is arrested, but Drug Court testing is done by Averhealth. Ms. Hicks said she needs to talk to her Drug Court District Attorneys to see if they test for those substances. She said she knows many of the participants are positive for these substances but couldn't remember if it is automatically tested for or if Averhealth conducts that testing. Ms. Hicks wasn't sure how it's working because it's a new testing company that they use in the Drug Court in Washoe County. Ms. Duarte apologized for interrupting her and asked Ms. Hicks to spell out Averhealth.

Chair Kerns asked Dr. Holmes if there was anything she wanted to add. Dr. Holmes said no, but she appreciated everyone who was willing to follow up with information. She felt that they were starting to move in the right direction. She was glad that this Subcommittee was able to recognize and respond to these alternative substances, and to learn that there are things being done that may not be publicly available for them to find without meetings like this. She was excited to hear that some of this is already taking place and encouraged members to think about the ways they can continue to support this.

Chair Kerns said she had a question for member Hicks. She asked if these substances aren't already on the panel that Averhealth is testing for, what would be the cost to get those added? Ms. Hicks said Averhealth is still new, and that they are trying to give them grace, since it they are transitioning. She shared that what's being stated is that it is not illegal to test positive for some of the substances they described. So, if a Drug Court participant is testing positive, that participant may state what the Subcommittee has already been talking about, "*Oh I get it from the, you know, the Five and Dime, and it's over the counter. It's for energy. It's for losing weight… It's whatever".* If it's a substance that could become prohibited, it would be much easier to test for them and have them not be able to use it. She clarified that she is not sure what the cost would be, and not sure if they can or cannot do it. Ms. Hicks indicated that they have extensive testing ability, but as of right now, it's not necessary, since it's not illegal.

Chair Kerns asked Dr. Holmes to clarify if her recommendation is for people under the age of 21. Dr. Holmes said she thinks that was the original idea. When she looked at other states and what they have done, she guessed this proposed recommendation would be the most restrictive legislation since it addresses more than just age alone. She referred to the NRS code that already allows for the sale of kratom. She suggested that the Subcommittee can further restrict if they want, but if this is not the appetite of the Board, she thought they could

perhaps reduce the recommendation to figure out the language that makes these substances restricted by age, and requires these manufacturers to have clear labeling as to what their effects are and what their chemical content is. That is part of the issue with informed consumption, is that if it's labeled as a mood enhancer, it is not clear on what the actual chemical content is.

Dr. Holmes noted that there are some individuals that are struggling with addiction, working on their treatment, who may not be aware of what exactly these chemicals are and what effects they are going to produce. She went on to say, they are utilizing these substances as a crutch or workaround to their treatment, as Office Galloway shared. This is an issue for individuals trying to seek treatment when these substances are readily available as an alternative.

Dr. Holmes referred to another group of individuals and younger people, who are not as aware of the chemical content, who come in contact with these substances and believe that they are safe for consumption because it is over the counter, labeled as a mood enhancer or energy provider based on marketing. They may think, "*It's like drinking a Monster [energy drink], right?"*. These substances have negative effects and have the potential to kill someone—if consumed in excess.

Dr. Holmes concluded that this recommendation is the "go-get-them approach". Adding it to Schedule I, making it illegal. She thought that, perhaps, this is safest for the communities and gives the most teeth to the Drug Courts and Sheriff Departments. She felt that this was the safest approach for the communities at large, if Nevada wants to be a state that doesn't stand for these things. But, if that is not the appetite of the Boards, and with NRS 597.998 already in existence, then maybe the Subcommittee could go with a softer approach, which then limits the access to these substances via an age restriction.

Chair Kerns said that made sense and reiterated that talking to the participants of the Quarterly Drug Lab meetings would be the next step. She asked if there are other comments or recommendations or thoughts on this recommendation from Subcommittee members.

Peter Handy jumped in to ask if there is a particular reason they were looking at just Schedule I for *all* of these substances, and not other schedules, like Schedule II, for example. He referred to some of these substances having limited data, like phenibut. There is some data from the 1960s for some possible medical uses. Mr. Handy asked if the Subcommittee was choosing to exclude it on purpose, and shared that he is not an expert in this field but wanted to make sure that—if the Subcommittee were to create criminal conditions for these substances—that it makes sense to do so.

Dr. Holmes replied, much like Mr. Handy, she is not the expert in each of these substances and what that looks like. She thought that their current usage is on the "illicit drug side", and while maybe there is room in Schedule II, she thinks that's where the Subcommittee may have to engage with others who have a better understanding of what that looks like. She reemphasized that this was her researching what other states have done to tackle the problem and recommending to follow what those states have done, which was classifying these

substances under Schedule I. In reference to what their research was—she didn't do too much research on the back end.

She did find a couple names of some individuals who did this work in Indiana, Alabama, and Florida, and noted that they may be able to help the Subcommittee understand how they got to that point. She stated that she is "parroting" what she learned right now.
Chair Kerns referred to Ms. Zarley, asking her if she had any additional information on the scheduling. Ms. Zarley declined, not at this time, and suggested going through the Crime Lab like had been discussed.

Dave Wuest, Executive Secretary with the Board of Pharmacy joined the meeting, noting that that Ms. Zarley had covered for him, but wanted to clarify which product they were discussing at that moment, or if it was all of them. Chair Kerns said she thought the question addresses *all* of the substances, and restated the question: *"Why are we looking at them being Schedule I?"*

Mr. Wuest said that kratom, and all of the components of kratom, that were listed in category A of the recommendation, the Drug Enforcement Administration (DEA) already attempted to schedule. It was very close to being scheduled, and then, for political reasons, it was removed. The State has also made an attempt to schedule it. They basically used a lot of the FDA data when they tried, looking to see if it has a medical need and if it's addictive. Mr. Wuest explained that they have looked at those components and same with the Board of Pharmacy, as Ms. Zarley explained. For the other drugs listed in b-d of the recommendation, he delegated those to be Crime Lab issues. He explained that it's about "*what are we seeing in the state?*" and "*what are we testing for?*". He expressed that the Board of Pharmacy may have the appetite to relook at the kratom products, lumping them all together, and there may be a pathway for allowing some and not allowing others, but he was not sure. If anyone wanted to have a broader discussion, he was available for those interested.

Chair Kerns thanked him. Mr. Wuest put his contact information in the chat. Chair Kerns redirected back to Peter Handy and asked if that addressed his question. Mr. Handy agreed, and said, especially if we're looking at it for minors or people that are 21, it makes more sense.

Chair Kerns asked if there were any other comments regarding this recommendation.

Mr. Wuest unmuted to say one more thing related to the kratom product. He stated that the Executive Board is close with the Coroner's Office, and historically, the deaths that are around kratom have been co-factored with other drugs that people take. He believed that the public has a sense that if it was kratom alone, it wouldn't cause these problems or cause death. But he knows that, in Northern Nevada particularly, there have been a couple directly correlated deaths related specifically to kratom. Those affected have testified in the legislature. There was an attempt to give the Board of Pharmacy some extra jurisdiction over kratom and try to regulate it for purity, similar to cigarettes. He believed the Board of Pharmacy declined on that, because they saw it as a Schedule I drug. Then they went to the

Department of Agriculture twice, and those bills did not pass. Mr. Wuest said he will be available if anyone is interested in that story, wherever they are on the side of kratom or not.

Chair Kerns thanks Mr. Wuest. She concluded that at this point they covered that recommendation, that there is more work to do, specifically talking to the Quarterly Drug Lab group.
Chair Kerns moved on to the second recommendation, which was one that she had previously submitted and brought back again with some additional language.

*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.*

She shared that what was found in the past when researching diversion and deflection programs, is that there was not a good way to measure them against each other, because there were different definitions of recidivism. She stated that it was the impetus for trying to at least have standard reporting and standard definitions used by state agencies that provide funding for these diversion and deflection teams. The state agency needs to have a definition and policies related to the measuring and reporting of recidivism. She shared that while looking into Washoe County, Washoe County also looked at desistance as a measure. Her way of defining desistance was a better, potentially more accurate, way to measure program impacts. It is not that the person didn't recidivate it or recidivated over a greater span of time; but rather, what was it in the program that led to those behavioral changes. That's what desistance looks at. Washoe County is looking at additional assistance and looking at a national program for desistance. She will follow up with Washoe to find out what they are doing to get funding for those desistance programs and how they are going to conduct an evaluation of their program.

Chair Kerns was unsure if anyone had any questions or any thoughts on desistance. She added that, per Stephanie Cook with the Division of Public and Behavioral Health (DPBH), DPBH's strategic plan includes the Sequential Intercept Model (SIM), which is where the deflection, diversion, and desistance fall, and that as part of the implementation of the SIM, DPBH will look at these types of metrics for the programs funded by the Division. DPBH is in their early stages of mapping out the SIM and how they are contributing and supporting various efforts throughout the state is still developing. They are waiting to get a position filled to help with their work. It has been recommended that they connect with Amy Lucas at the Office of Analytics, and DPBH has been in conversation with other states to learn how they commonly define recidivism.

Chair Kerns believed that out of DPBH, they are probably the main funder of the diversion and deflection programs. She will continue to follow up with Stephanie Cook on what she finds out regarding the definitions of recidivism. They had looked at a model out of

Wisconsin that has statewide definitions and she believed it was in Wisconsin's statute as well. In talking with Washoe County, they liked that model because it gives specific definitions and metrics. It looks at timeframes, whether to include lesser violations and the frequency of those violations. She was open to members having questions or comments on adding desistance to the definition of recidivism for the diversion and deflection programs.

Dr. Holmes stated that she was a big fan of this recommendation. As they have started to incorporate some of the concepts, at Lyon County's Forensic Assessment Services Triage Team (FASTT) program, she believed it really changes the perspective of how to look at working with individuals in the program, which she thinks has a bigger impact. It also helps with staff engagement. It's kind of like a tertiary impact, when staff have a black and white perception of, "*you came back"*, and they internalize that as a failure because the individual recidivated and that the program doesn't work. But when staff are encouraged to look deeper, have those conversations, and start collecting data on: "*was it a reduced crime, is it a longer period of time since the last one, or is it a change in behavior, was it lesser behavior than the first time?*,*"* staff can find a more meaningful way to engage with the client, especially when the staff has that hope too. They are more likely to have a positive outcome with the client as well. She redirected back to this being a "tertiary thing", trying to figure this out locally. But overall, the staff have found a positive, new engagement with the work through that lens.

Chair Kerns said that was good information to know and thanked her for the additional information. She wondered if Mr. Handy or Ms. Hicks had any other comments on this, or how it would help their programs.

Mr. Handy said he still loves this recommendation and that it gets to their core mission of assisting their clients. They're not going to return if they get assistance. He believed this is a great way to keep analyzing what people are going through. Different iterations of these kinds of programs will get better data to see how long desistance lasts, and whether certain modalities are working better and trying to implement those. He reiterated that this may be the best way to analyze that in comparison to recidivism, because it may not be related to underlying use.

Chair Kerns thanked him for that feedback. She turned to Ms. Hicks.

Ms. Hicks thanked the Chair, and said she thought it was a great idea. She suggested that this may be difficult to implement on an actual working basis. She reflected on her experience in the Competency Court she covers, stating that they do harm reduction. She claimed that it is more than just harm reduction though. They evaluate if the individual has not been in the jail system for longer than three months. In their mind, for a Competency Court participant, that may be a win. She believed this recommendation is what they are getting at. In terms of defining it, she elevated the importance of recidivism, because as a prosecutor, they often look at the number of convictions. Therefore, the definition matters. She wondered if this would be difficult to implement, but that was her only concern, and she liked this recommendation.

Chair Kerns explained that's why they thought the state agencies that fund these programs would have a definition. Those agencies can push their subgrant awardees to use those definitions. She knew that the programs the AG's Office has supported it. It was really hard because they were comparing apples to oranges since there were different definitions per county. She said that they can keep this recommendation but offered space for any other thoughts or questions.

Chair Kerns said she will follow up, especially with Washoe, to talk to them about the program they're looking at and see how that aligns with this recommendation. She thanked Dr. Holmes for her input regarding her programs as well.

Chair Kerns moved on to potential recommendation #3.

*Work with the Board of Pharmacy to include Safe Rx Kits with opioid prescriptions; look into how a prescription can be written for opioid antagonists when opioids are prescribed to reduce costs. Provide information on disposal, overdose risk, and tips for keeping prescriptions safe in multiple languages.*

Chair Kerns indicated that this is currently a place holder, and that she needs to go through the recommendation process to see if it's something this Subcommittee wants to move forward with. This was originally made to work with the Board of Pharmacy to include SafeRX kits with opiate prescriptions and look into how a prescription can be written for opiate antagonists when opiates are prescribed to reduce cost. She stated that she received a prescription, which was the reason that this recommendation came about. She held the one pager up to her camera and noted it included other things to consider with opiate prescriptions.

Chair Kerns described that the content of the one-pager talked about some of the data around opioid prescriptions, people not using them correctly, the overdose risk, not disposing of them properly, and the provision of the DisposeRX kits for disposal. Additionally, it shared some tips for keeping people and families safe, not taking it with certain other types of medications, and not taking it for longer than needed. It mentioned Narcan and naloxone, not giving medication to others, leaving it where it's unsecured so others may get it. Additionally, it talked about not taking more than the prescribed amount, not taking it with alcohol, and provides the National Helpline for Addiction and Pain Treatment. She said the information was offered in both English and Spanish.

The Chair said she was advocating to see if it would be worthwhile to have this information provided when the DisposeRX kits are provided. She added that she spoke to someone since the last meeting, and they had a similar experience, except they had expressed twice that they didn't want opiates but still received an opiate prescription. The individual went to a different pharmacy to get naloxone, and after discussion with another pharmacist, they were able to get their naloxone free of charge.

Chair Kerns asked if anyone had any comments, specifically David Wuest and Darla Zarley from the Board of Pharmacy.

Mr. Wuest appreciated the opportunity to speak. He said, in the past, before COVID, they had an insurance company that wanted to do some outreach with [these types of kits and information], so they purchased it, gave the Board thousands of kits that were distributed to pharmacies. If that's something the SURG wanted to do, he said they would be in support. The issue is always funding, so the Subcommittee members would have to consider the funding component of this. But generally, he believed that pharmacists like this idea. Generally, you can go to any pharmacy, doctor, or any police officer and get different answers to the same questions that aren't right—so it's all education. But as a general rule, the pharmacist and the pharmacies are still engaged with this activity and know there are things to be done with opioids. If there is any way to assist or there are questions anyone needs answers to, he would be happy to support that. Mainly, he believed that it comes down to how they would fund it. He noted that the Fund for Resilient Nevada has access to that funding that SB 231 passed in the last session, where they put drug take-back receptacles in pharmacies. He stated that it is still a challenge, but they will get to the finish line on it. If there is something they can do, they will—and are happy to do it.

Chair Kerns appreciated the background he provided. She added that she did reach out to the Fund for Resilient Nevada to see if this was something that could be funded. She has a meeting scheduled with them sometime in the next two weeks, so there will be more to come on this.

Mr. Wuest said he could give some visibility on that, because they are slightly involved in that. Generally, the people that agreed to that settlement won't allow them to use the funds to enforce anything on them. That's the gist of what the settlement looked like, so they can't use it to bring more investigators in. He suggested that things like this [recommendation] would easily fall inside the Resilient Nevada program and is within the settlement agreements.

Chair Kerns said she appreciated that and stated that she promises to get into the survey and fill in the rest of the information.

The Chair asked for feedback from the Subcommittee members to see if this is a recommendation that they think this Subcommittee should move forward with. Dr. Shayla Holmes, Mr. Schawl, and Mr. Handy also gave a thumbs up.

Chair Kerns said she will do her due diligence and get this submitted as a full recommendation.

At this point, she knew no other recommendations were submitted through SEI but told the members that if anyone has a recommendation, or is thinking of one, please go off mute.

Mr. Schawl unmuted. He was curious, or was at least pondering about one, but he was not ready to vocalize it is exactly.

Chair Kerns said that was fine. She understood that, for new members, they have a shortened time frame to get recommendations for the Annual Report on August 1st. She said that if Mr.

Schawl felt like it's too much for this report and recommendations, it can be worked on for the next reporting period as well.

Mr. Schawl unmuted again and shared that the recommendation may be related to Emergency Management Services' (EMS) responses. He suggested possibly talking offline to give guidance on language, then muted himself again.

Chair Kerns said that it sounds good and didn't see anyone else come off mute or raise their hand.

Dr. Holmes came off mute to add that, in Lyon County, they are hosting a community summit in March, so there is a potential for something surface from community partners at that event. She may come back with something, but she has nothing as of right now.

The Chair thanked Dr. Holmes. Chair Kerns reiterated that if the timeframe is concerning to members due to the recommendations being ready and approved by June of this year to be approved in the Full SURG meeting, then they can look at having those move to the next round of recommendations.

Chair Kerns concluded this section and moved to agenda item #6.

**6. Review 2026 Response Subcommittee Meeting Topics and Timeline**

Chair Kerns introduced the item which was to review 2026 Response Subcommittee meeting topics and timeline.

***Subcommittee Meeting Topics and Timeline***

*February 2026*

- *Discuss preliminary recommendations*

*March 2026*

- *Discuss preliminary recommendations*
- *Subject matter expert presentations as requested*

*May 2026*

- *Finalize proposed recommendations for presentation at June SURG Meeting*
- *Subject matter expert presentations as requested*

*June 2026*

- *Revise and finalize recommendations based on feedback from SURG*

*September 2026*

- *Subject matter expert presentations as requested*

Chair Kerns began to review the timeline. She said that at this February meeting, the Response Subcommittee wanted to discuss their preliminary recommendations, which have been completed, and that she thinks they are firm on those three recommendations right now. In March, the Subcommittee will discuss these recommendations again, and if anyone has subject matter experts (SMEs) that they would like to present on their recommendations, that can happen. She believed that may be the case for recommendation #1; the Subcommittee may have more guidance from the Drug Lab group, so this will be discussed further later.

Then she stated that in May 2026, Response will finalize their proposed recommendations so they can be presented at the June Full SURG meeting. Chair Kerns corrected an error she said earlier, she thinks she might have referenced July when she should have said June. She continued explaining any subject matter expert presentations again can happen at this time, so if committee members have recommendations, please let Crystal Duarte know. Chair Kerns moved to June of 2026, stating that the Subcommittee will need to revise and finalize their recommendation based on the feedback from the Full SURG meeting, and the September meeting would be subject matter expert presentations as requested.

Chair Kerns asked if Ms. Duarte had anything to add. Ms. Duarte noted that typically, they try not to have a meeting of the Full SURG and of the Subcommittee in the same month, but June is different. She pointed out that the Response Subcommittee will be meeting after the June SURG meeting. This is for members to take any advice or feedback from members of other committees and incorporate that into their recommendations. She explained that sometimes this process involves combining a recommendation with one from another subcommittee. She reiterated that the month of June will have quite a bit of activity.

Ms. Duarte referenced another SEI team member on the call, Kasey Docena, and stated that Ms. Docena will send a follow-up email to the members in order to ensure everyone has the correct Subcommittee meetings on their calendars. SEI uses Google Calendar, and explained that when meetings are deleted, it may not remove or change the calendar invitation on other members' calendars if members have Outlook emails. She reminded members to look for an email from Ms. Docena and confirm with their calendars to ensure the Subcommittee meetings are reflected on the correct months.

Chair Kerns thanked Ms. Duarte and moved to the next slide.

***Full SURG Meeting and Revised Reporting Timeline and Topics***

*January 2026 (FFY26 Quarter Two)*

- *Approve Final Progress Report*

*April 2026 (FFY26 Quarter Three)*

- *Presentations on Peer Certification and State Budget Process*
- *Review Preliminary Recommendations from Subcommittees*

*June 2026 (Additional Meeting)*

- *Approve 2025 Annual Report Template*
- *Finalize Recommendations to be included in 2025 Annual Report*

*July 2026 (FFY26 Quarter Four)*

- *Approve 2025 Annual Report*

*October 2026 (FFY27 Quarter One)*

- *Presentations from Subject Matter Experts*

Chair Kerns indicated that the next slide described the Full SURG meetings. The January 2026 meeting has already taken place, and the Full SURG will meet again in April. In the April meeting, there will be a presentation on peer certification and state budget process, and then the preliminary recommendations will be provided by the Subcommittee Chairs. Then

she reminded members that the June meeting is additional, and that time will be used to approve the 2025 Annual Report template and finalize the recommendations to be included in the 2025 Annual Report, like Ms. Duarte noted.

Chair Kerns moved on to July of 2026, also known as Quarter 4. She explained that in that meeting, they will approve the final 2025 Annual Report. Then the SURG will start the process again in October of 2026 with presentations from subject matter experts. She summarized by saying there is a lot going on due to the Annual Report being due August 1st of 2026.

As they move on to the next slide, Chair Kerns shifted the attention to the 2026 Response Subcommittee members to see if anyone had any recommendations for any speakers related to the subjects in the recommendations or under the Response Subcommittee's purview. She added, if she could get someone from the drug lab to come to the meeting, the Subcommittee might want to hear from them. If she couldn't, then she said she will bring back what they discussed at their meeting.

Dave Wuest asked if Chair Kerns was referring to the Crime Lab, and she clarified that that was what she was referring to. Mr. West said that he would have someone from the Crime Lab that could speak to her. Chair Kerns thanked him.

She continued by noting if any other members had anything, they could email the staff with any speaker recommendations if nothing comes up at the current time.

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

**7. Public Comment**

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

Lea Cartwright had their hand raised, Chair Kerns called on her.

Ms. Cartwright thanked the Chair and introduced herself on behalf of the Nevada Psychiatric Association. She thanked the Subcommittee for taking up the issue of kratom and shared that she really appreciated the Board of Pharmacy's comments. She offered submitting some supporting material to the committee staff, as she noted having death records from Clark County, Washoe County, reports of kratom from across the state, and referred to the drug substance name—mitragynine.

Ms. Cartwright also stated, if they were open to recommendations, to check in with Dr. Laura Knight. She thanked Ms. Duarte for her comment in the chat stating to submit the information to cduarte@socialent.com. Ms. Cartwright continued sharing that Dr. Laura Knight is the medical examiner in Washoe County and is a published expert on the effects of kratom/mitragynine in the general population and has written extensively on the deaths it is caused in Northern Nevada. She said she will submit the information and expressed that some of it may be out of date, as it is from 2020-2021, but she will work to get some updated

information. She was overall grateful that the Subcommittee was taking up that issue and thanked them once more.

Chair Kerns thanked her for her comments and the information she will provide for staff. She noted that she may be a good presenter for the Subcommittee. Chair Kerns asks if there are any other public comments. Ms. Duarte and Chair Kerns indicated seeing no other raised hands. Ms. Duarte offered that members of the public were welcome to come off mute if they could not find the hand raise option. No one else came off mute. Chair Kerns officially closed the public comment period, moving the meeting forward to agenda item #8.

**8. Adjournment.**

Chair Kerns moved to the last agenda item, which was adjournment. She thanked all the members for their work and for their efforts on the recommendations. Chair Kerns adjourned the meeting at 12:02 p.m. and said she will see everyone at the next meeting. Bud Schawl and Dr. Holmes unmuted to say thank you and left the meeting.

**Chat Log:**

| | | |
|---|---|---|
| 50:33 | Dave Wuest: | Dave Wuest 775-850-1440 ext 112 |
| 50:33 | Dave Wuest: | Pharmacy Board |
| 50:33 | Dave Wuest: | Tianaptine is Schedule I in the state |
| 1:15:15 | Crystal Duarte: | Please submit to cduarte@socialent.com |