STATEWIDE SUBSTANCE USE RESPONSE WORKING GROUP

SUBCOMMITTEE 3: RESPONSE

DRAFT MEETING MINUTES

September 17, 2026 – 12:00 p.m.

Virtual via Zoom: https://us06web.zoom.us/j/88408251817

Call In Audio: (719) 359-4580
Meeting ID: 884 0825 1817
No Physical Public Location

Note: *The Statewide Substance Use Response Working Group (SURG) and its subcommittees may: 1) take agenda items out of order; 2) combine two or more items for consideration; or 3) remove an item from the agenda or delay discussion related to an item at any time.*

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Members Present via Zoom or Telephone
Rob Banghart; Shayla Holmes (joined at 12:08 p.m.); Terry Kerns; Christine Payson; Bud Schawl

Members Absent
Peter Handy; Nicole Hicks; Senator Jeff Stone

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Attorney General's Office Staff
Joseph Peter Ostunio, Esq.; Ashley Tackett

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

Other Participants via Zoom
Lea Cartwright - Cartwright NV Government Affairs; Heather Kerwin; Joan Waldock; Maddison Proctor

Unless otherwise identified, members of the public are listed by their name or number as it appeared on Zoom.

1. **Call to Order and Roll Call to Establish Quorum**
   Terry Kerns, Ph.D., Response Subcommittee Chair called the meeting to order at 12:03 p.m. When Crystal Duarte finalized roll call, she established that there was no quorum because only three members were present; Chair Kerns clarified that four members were present. The Chair asked Joseph, the assigned Deputy Attorney General (DAG), how to proceed. Joseph noted that it would be okay to do *information only* items. Crystal Duarte clarified if asking questions about the presentation in agenda item #4 would count as discussion, Joseph said it did not count. With that, they moved to the next agenda item.

2. **Public Comment**
   Chair Kerns read the statement on public comment and provided call-in information. She noted that written comments can also be emailed to kdocena@socialent.com. She provided in the chat the following guidance regarding use of the Zoom chat: Please do not use the chat for items other than technical support, as this becomes part of the public record. The meeting chat functionality is limited to inquiries regarding technical difficulties or to indicate an interest in offering public comment. Exercise caution with links which may appear in any meeting chat as they could be malicious.

   No public comment was made, and Chair Kerns skipped agenda item #3, Review and Approve Minutes for May 14th, 2026, SURG Response Subcommittee Meeting, due to not having a quorum, so the Subcommittee moved to agenda item #4.

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4. **Presentation on Data Highlights and Methods for Scoring and Ranking Fund for Resilient Nevada Recommendations**
Chair Kerns introduced presenter Heather Kerwin, MPH, CPH, Opioid & Infectious Disease Epidemiologist, Office of State Epidemiology, DPBH. For complete details on Ms. Kerwin's presentation and secondary data presented, refer to the *PowerPoint Presentation - 2026 NV Opioid Assessment Overview* and the PDF *2027-2031 Nevada Opioid Assessment Secondary Data Excerpt – DRAFT,* both available as part of this meeting's material on the SURG Website: https://ag.nv.gov/About/Administration/Substance_Use_Response_Working_Group_(SURG)/.

Ms. Kerwin's presentation included a review of the seven Fund for a Resilient Nevada (FRN) Statewide Opioid Goals, which identify priority areas for Nevada to address with the state's opioid settlement funds. The presentation also contained the criteria used to score the goals as part of the second iteration of the Nevada Opioid Assessment to inform the Opioid Plan and guide funding decisions made over the next 4-year cycle. Ms. Kerwin noted that the focus will be on six of these goals, as Goal 7 regarding the provision of high quality and robust data and accessible, timely reporting is not scored or ranked within this presentation because it relates to the totality of data overall.

Her presentation covered criteria for scoring the Fund for Resilient Nevada statewide opioid goals, the methodology, high-level opioid assessment data highlights, and the next action items, which include a survey for SURG members to complete.
Chair Kerns paused Ms. Kerwin to call on Crystal Duarte, who had her hand up. Crystal Duarte noted that Member Holmes joined at 12:08 p.m. With that, the Subcommittee had quorum with five members present. Member Holmes thanked everyone and the presentation continued.

Ms. Kerwin provided a brief overview of the seven Opioid Settlement Goals.

- **Goal 1:** *Ensure Local Programs Have the Capacity to Implement Recommendations Effectively and Sustainably*
- **Goal 2:** *Prevent the Misuse of Opioids*
- **Goal 3:** *Reduce Harm Related to Opioid Use*
- **Goal 4:** *Provide Behavioral Health Treatment*
- **Goal 5:** *Implement Recovery Communities*
- **Goal 6:** *Provide Opioid Prevention and Treatment Consistently across the Criminal Justice and Public Safety Systems*
- **Goal 7:** *Provide High Quality and Robust Data and Accessible, Timely Reporting*

Before moving on, Ms. Kerwin addressed Member Payson. Member Payson stated that she was at the airport, so she might have to depart the meeting early.

Ms. Kerwin continued to describe the scoring methodology which consisted of a modified Hanlon Method to obtain an average score for each goal based on weighted criteria informed by primary and secondary data. This average is obtained by combining the scores of the goal's indicators and dividing it by the total number of indicators. Indicators are scored using the following weighted criteria: magnitude, trends, severity, key informant/focus group ranking, as well statewide survey questions that asked participants to rank the goals in terms of their importance for addressing opioid use, gaps and needs in the community, and priorities for funding. Ms. Kerwin noted that 179 individuals in Nevada with lived or living experiences, who work in the field or adjacent to it, or who have friends and/or family with lived experience participated in the key informant interviews or focus groups, and over 400 people responded to the statewide survey.

She provided a breakdown of some of the demographics of survey respondents (e.g., race, age, occupation), which included residents from 15 of 17 counties (for more detail, please refer to the presentation PowerPoint). Ms. Kerwin qualified that only individuals 18 or older were eligible to participate in the survey

Ms. Kerwin then presented results of the survey that highlighted the following as the highest priorities: Goal 1: Ensure Local Programs Have the Capacity to Implement Recommendations Effectively and Sustainably (referred to on the presentation slide as 'Community Workforce and Capacity Building'), 2: Prevent the Misuse of Opioids, and 4: Provide Behavioral Health Treatment (referred to on the presentation slide as 'Behavioral Health Services'). Ms. Kerwin emphasized that these results are not intended to be restrictive; a lower ranking of a goal does not mean that it isn't a value to address it through funding or programming, but these results can be used to help provide justifications for funding decisions.

Ms. Kerwin moved onto opioid assessment data highlights. Secondary data consists of national survey data from the following: Behavioral Risk Factor Surveillance System (BRFSS), the Youth Risk Behavior Survey (YRBS), and National Survey on Drug Use and Health (NSDUH), as well as Vital Statistics (birth and death data), hospital discharge data, and Medicaid billing data. Ms. Kerwin explained that secondary data is often more accurate as prevalence estimates of populations impacted and that primary data were more reflective of the summary of perspectives from individuals who participated in interviews, focus groups, or the statewide survey.

There were over 50 indicators for the secondary data. These are indicators—or data points, that relate to opioids and other substances broadly, behavioral health, healthcare access, as well as mortality. Ms. Kerwin and her team sorted out the data by goal. When reviewing the tables, she noted that the indicators have a number in between the parentheses. That is indicating which goal that indicator counts towards.

One indicator regarding counties with a Medication Assisted Treatment (MAT) program implemented in county-level jail was greyed out on the slide pending an update from Bill Teel with GROWLER Consulting. Mr. Teel has been working with Nevada communities and county-level jails to build MAT programs and establish wrap-around services for individuals post incarceration. One indicator regarding counties with a Medication Assisted Treatment (MAT) program implemented in county-level jail was greyed out on the slide pending an update from Bill Teel with GROWLER Consulting. Mr. Teel has been working with Nevada communities and county-level jails to build MAT programs and establish wrap-around services for individuals post incarceration.

For additional detail on all data collected for the assessment, including a full list of secondary data indicators and a breakdown of secondary data demographics and county specific estimates, please refer to the *2027-2031 Nevada Opioid Assessment Secondary Data Excerpt – DRAFT.*

Ms. Kerwin expressed gratitude towards the Nevada Health Authority Office of Analytics for their significant support in collecting the secondary data, much of which was not public. Following her overview of the several secondary data indicators, Ms. Kerwin presented FRN Statewide Opioid Goals 1-6 along with both primary and secondary data highlights associated with each goal. For details, please refer to the presentation PowerPoint.

- **Goal 1: *Ensure Local Programs Have the Capacity to Implement Recommendations Effectively and Sustainably***
  Ms. Kerwin reviewed the secondary data highlights. Nevadans live in a Health Resources and Services Administration (HRSA) designated Mental Health Professional Shortage Area. She also noted that in 2024, less than 3% of Medicaid authorized providers billed for Screening, Brief Intervention, and Referral to Treatment (SBIRT). While reviewing primary data highlights, she noted that people with lived experience (PWLE) emphasized that peer recovery support specialists need stigma and bias training to build a compassionate healthcare workforce. *"It's one thing to create professionals, it's another to create compassionate professionals".* She also noted that the workforce needs to be able to serve the needs of people who use drugs where they physically are located. Mobile outreach, preventive screenings, and other modalities are important to bring to the people who use substances. She added that screening rarely goes beyond intake-forms with checkboxes, which may not yield honest answers. For all data highlights presented associated with goal 1, please refer to the presentation PowerPoint.

- **Goal 2: *Prevent the Misuse of Opioids***
  Ms. Kerwin commented that there has been a decrease in opioid prescription rates, however this is not typically where people who use opioids are

obtaining them. So, while it is good to see one source of opioids reduced, it is not solving the problem.

Among data presented, Ms. Kerwin highlighted that nearly one in four foster care placements were due to parental drug or alcohol use and further described the increased rates of Adverse Childhood Experiences (ACEs) in Nevada. When highlighting the primary data, she commented that there has not been a standardized, cross-all-grade, youth prevention program since DARE. While substance use prevention coalitions are doing great work delivering evidence-based K-12 programming, a challenge is that students often only receive it once or at different grade levels, and it varies depending on the school district.

- **Goal 3: *Reduce Harm Related to Opioid Use***
  Ms. Kerwin emphasized that people with lived experience can be the important conduit, or link, to get harm reduction supplies to those who need it the most. This was an overall challenge for rural, frontier, and urban communities.

- **Goal 4: *Provide Behavioral Health Treatment***
  Ms. Kerwin elevated stigma as a major concern noted by people with lived experience. She summarized responses, stating that people with lived experiences expressed *"not feeling as though they are being treated like a human"*. She concluded by saying compassionate healthcare workers must be a priority when funding mental and behavioral health treatment services.

- **Goal 5: *Implement Recovery Communities Across Nevada***
  Continuing with Goal 5, Ms. Kerwin provided additional context to the Key Informant and Focus Group Highlights slide wherein people with lived experience are learning to cope with life's challenges while maintaining recovery and feel as though they need to address various serious problems all at once, like owning a car, paying rent, setting up bank accounts, getting a job, and paying bills. She continued that many described the significant challenge of missing out on their formative years, when you typically learn how to manage these types of things while building resilience slowly, and then having to do all of it at once while maintaining recovery. She noted that PWLE in rural communities preferred in-person providers but noted that this may be a generational reflection, as these individuals were 40 years old or older. However, overall, these individuals made it clear that they wanted to establish trusted rapport with their healthcare service provider.

- **Goal 6: *Provide Opioid Prevention and Treatment Consistently Across the Criminal Justice and Public Safety Systems***
  While reviewing primary data highlights, she noted that some people with lived

experience indicated that incarceration was the primary reason for initial sobriety because substances were not available, but it was not a great system for sustained recovery. She emphasized that often people cycle in and out of the justice system, offering many touchpoints that could serve as opportunities for intervention. Additionally, she noted that law enforcement could help communicate where to obtain Narcan for individuals who are unaware of where to locate it.

- **Goal 7: *Provide High Quality and Robust Data and Accessible, Timely Reporting***
  Ms. Kerwin briefly went over Goal 7 but noted that this goal should be embedded in any programs/projects funded by statewide opioid settlement dollars. She described the need for this to be as standardized as possible to better understand comparisons and trends in collected data.

Closing her presentation, Ms. Kerwin provided an overview of the Recommendation Ranking Survey for SURG members to rank ACRN and SURG recommendations that align with the FRN Statewide Opioid Goals. Recognizing that the SURG recommendations have already been prioritized relative to each other, the survey asks respondents to prioritize these and the ACRN recommendations within the context of each of the FRN Statewide Opioid Goals. She clarified that only opioid-specific SURG recommendations were included, and SURG recommendations addressing substance use more generally were excluded. Ms. Kerwin asked members to allow at least 30 minutes to complete the survey and noted that the survey does not include the current status of each recommendation, so members were encouraged to draw on their own expertise regarding whether a recommendation is already underway or actively being worked on. If anyone had any questions, Ms. Kerwin noted she would be happy to answer.

Chair Kerns applauded Ms. Kerwin and her colleague, Shayla Gransbery, for their efforts in this project. She asked that members email Ms. Kerwin individually with any questions.

Chair Kerns circled back to agenda item #3.

3. **Review and Approve Minutes for May 14th, 2026, SURG Response Subcommittee Meeting**
   Chair Kerns introduced the agenda item and asked if there were any discussions around the meeting minutes. Hearing none, she asked for a motion to approve.

   - Member Schawl made the motion to approve the minutes.
   - Member Holmes seconded the motion to approve the minutes.
   - The motion passed with no dissent.

With that, Chair Kerns confirmed the notes were approved. Chair Kerns introduced the next agenda item.

5. **Subcommittee Reorientation**
Crystal Duarte introduced the agenda item to offer a brief reorientation to the members of the Subcommittee due to the time period changing. She walked members through the attendance, recommendation processes, and noted future meeting schedules. For more information, view the PowerPoint titled, "9.17.26 Response Subcommittee PPT" on the website for the Nevada Attorney General's Office at https://ag.nv.gov/About/Administration/Substance_Use_Response_Working_Group_(SURG)/.

Chair Kerns chimed in to circle back to Ms. Kerwin's FRN Prioritization Survey, to remind members of the Response Subcommittee due date. Crystal Duarte noted that the deadline would be September 25th, 2026, to allow sufficient time for Ms. Kerwin to review the survey responses and prepare a presentation of results for the October SURG meeting.

6. **Review 2025-26 SURG Recommendations**
Chair Kerns introduced this agenda item and thanked everyone for their efforts as she saw significant interest and traction around the 2025–26 recommendations. She shared that former SURG member, Senator Doñate, provided a suggestion during the last legislative session to move the date for the report to the August timeline. This has allowed organizations and legislators who have Bill Draft Requests (BDRs) to incorporate SURG recommendations and seems to have increased interest in recommendations.

The Chair began to read the recommendations in the order they were ranked by the SURG Response Subcommittee and provided brief updates/additional information for members since the last convening.

Recommendation #1: Submitted by Dr. Shayla Holmes
Recommend that mitragynine, 7-hydroxymitragynine, and mitragynine pseudoindoxyl including: any isomer, ester, ether, salt, or salt of an isomer; any synthetic, semi-synthetic, or chemically modified derivative; and any compound containing mitragynine, 7-hydroxymitragynine, or mitragynine pseudoindoxyl as an active pharmacological ingredient, regardless of whether the substance is naturally derived, synthetically produced, or manufactured through chemical modification be added to the Schedule I of NAC 453.510. Recommend to the Nevada Department of Human Services that they incentivize the implementation of cohesive addiction consult services.

Chair Kerns noted that on August 25, 2026, the Justice Department announced the emergency scheduling of *"manufactured products containing potent opioids chemically related to mitragynine or 7-hydroxymitragynine."* The Nevada Board of Pharmacy (BOP) took initial steps to schedule mitragynine, or "kratom", including leaf or naturally derived forms and is currently evaluating federal changes to determine if the best course of action is to mirror what the Drug and Enforcement Administration (DEA) has done with its temporary emergency scheduling of concentrated kratom. The Board welcomes SURG feedback.

She emphasized that this recommendation included *plant-based* kratom, whereas the DEA's emergency scheduling for Schedule 1 *did not include plant-based*.
The Chair merged the review of Recommendation 1 with Recommendations 2 and 5, as these all involved intoxicating substances.

The Chair was notified that Senator Doñate was researching and considering a bill to schedule, require age verification, and license and regulate the sale of multiple intoxicating substances. The draft shared makes it clear that consumers of such products should be directed to treatment, rather than subjected to criminal prosecution. Nevada already uses vertical licenses for people under 21, however, currently these licenses include the date the person turns 18 clearly noted with their birth date, month, and year. From a meeting with Dr. Jennifer Pearson, Associate Professor and Center for Drug Use, Equity and Policy Studies Director, she learned that including the date the person turns 21 with the birth date, month, and year would better support age verification at the point of sale.
Chair Kerns moved onto Recommendation #3.

Recommendation #3: Submitted by Chair Kerns
Work with prevention coalitions to make available mechanisms for safe disposal of opioid prescriptions (i.e., Deterra Bags) and to provide education to community members (i.e., youth and senior groups). Prevention coalitions will also provide a one-page document with information about opioid overdoses, disposal, and available addiction assistance to be provided with opioid prescriptions. Board of Pharmacy will provide education via their website and work with the Nevada Opioid Center of Excellence for a continued education course.

The Chair shared traction being made regarding this recommendation. She had reached out to the prevention coalitions for their one-page document to be provided to the Board of Pharmacy. With this, the BOP would share this education on their website and work with the Nevada Opioid Center of Excellence for Continuing Education Units (CEUs).

Recommendation #4: Submitted by Chair Kerns
Recommend state agencies under the legislative, judicial, and executive branches involved with adult 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.

The Department of Human Services (DHS) may be working on a definition of recidivism. Which could be incorporated in the implementation of the DPBH strategic plan, which the Response Subcommittee has heard about along with the State's work on the Sequential Intercept Model (SIM).

Chair Kerns asked for any questions or comments about the recommendations. Hearing no final remarks, they moved to agenda item #7 and turned it to Crystal Duarte.

7. **Review AB374 Section 10 Requirements and Subpopulations Addressed in Prior Recommendations**
   Crystal Duarte provided this brief reminder to members about AB374 Section 10 requirements and the previous recommendations that had addressed these requirements. This review was provided to help members with their consideration of the types of recommendations they could put forward to the SURG for incorporation into the 26-27 Annual Report. She noted that the Response Subcommittee has had eight recommendations involving people in the legal system, while fewer recommendations proposed about pregnant women and the parents of dependent children.

   They concluded this section of the agenda and proceeded to agenda item #8.

8. **Review 2026 Response Subcommittee and SURG Meeting Topics and Timeline**
   Chair Kerns walked through the next meetings and shared that the meeting topics noted on the slides are to be determined. The Chair expressed that they hope to have Ms. Kerwin back in future meetings for both the Subcommittee and the full SURG.

   The Chair asked if members have a preference for speakers at the meetings in November and December. Member Holmes shared that it would be valuable to review past recommendations brought forth by the Response Subcommittee to identify any that gained any traction and others that haven't made any progress. Chair Kerns also suggested the Board of Pharmacy join a future meeting to inform the Subcommittee of their current process for Kratom. The Subcommittee was interested in hearing if the BOP is moving forward with following the Drug and Enforcement Administration or if they anticipated following the Subcommittee's lead regarding plant-based kratom.

Hearing no additional comments from members, they reviewed the larger SURG meetings. She highlighted that October is Attorney General (AG) Ford's last full SURG meeting. The January meeting will include electing the Vice Chairs and other officers and offered to hand the baton to other members who may be interested. Chair asked for any questions or discussions. Seeing none, this agenda item was closed and the Chair proceeded to public comment.

9. Public Comment

Chair Kerns read the statement on public comment and provided call-in information. She noted that written comments can also be emailed to kdocena@socialent.com. She reminded members and attendees about using the chat. *"Please do not use the chat for items other than technical support, as this becomes part of the public record. The meeting chat functionality is limited to inquiries regarding technical difficulties or to indicate an interest in offering public comment. Exercise caution with links which may appear in any meeting chat as they could be malicious."* This was also noted in the chat.

No public comment was made and Chair Kerns continued to agenda item #3.

10. Adjournment

Chair Kerns adjourned the meeting at 1:30 p.m. She encouraged members to reach out for any additional questions and thanked everyone for attending the meeting.

Chat Record:

From Crystal Duarte (she/her) to everyone at 1:07 p.m.: Members: Look out for that survey to come from me.

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