



OFFICE OF THE ATTORNEY GENERAL

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PREVENTION SUBCOMMITTEE

Substance Use Response Group (SURG)

March 28, 2024

9:00 am

1. CALL TO ORDER AND ROLL CALL TO ESTABLISH QUORUM

Chair Johnson

1. Call to Order and Roll Call to Establish Quorum Cont.

Member	SURG Role	Committee Role
Senator Fabian Doñate	Senate Majority Appointee	Member
Jessica Johnson	Urban Human Services (Clark County)	Chair
Debi Nadler	Advocate/Family Member	Member
Angela Nickels	Representative of a School District	Member
Erik Schoen	SUD Prevention Coalition	Vice Chair
Senator Heidi Seevers-Gansert	Senate Minority Appointee	Member

2. PUBLIC COMMENT

Public Comment

- Public comment will be received via Zoom by raising your hand or unmuting yourself when asked for public comment. Public comment shall be limited to three (3) minutes per person (this is a period devoted to comments by the general public, if any, and discussion of those comments). No action may be taken upon a matter raised during a period devoted to comments by the general public until the matter itself has been specifically included on an agenda as an item upon which action may be taken pursuant to NRS 241.020.
- If you are dialing in from a telephone:
 - Dial 669-444-9171
 - When prompted enter the Meeting ID: 825 0031 7472
 - Please press *9 so the host can prompt you to unmute.

**3. REVIEW AND APPROVE
OCTOBER 30, 2023 PREVENTION
SUBCOMMITTEE MEETING
MINUTES**

Chair Johnson

4. 2024 SUBCOMMITTEE REORIENTATION

Chair Johnson

Attendance

- Beginning in March 2024, attendance will be tracked and any member who goes below a 75 percent attendance rate for subcommittee or SURG working group meetings will be asked if they wish to continue serving.
- If you cannot attend a meeting, please email SEI staff at least four business days in advance to ensure a quorum or rescheduling of the meeting if necessary.

Recommendations Process

- Survey review
- The earlier recommendations are submitted, the more time we have to schedule presentations and to refine the recommendation. **Please submit your ideas as early as possible!**
- All subcommittee members are encouraged to submit at least one recommendation.
- Questions?

**5. REVIEW SUBPOPULATIONS
AND AB374 SECTION 10
REQUIREMENTS ADDRESSED
IN 2023 RECOMMENDATIONS**

Chair Johnson

Legislative Language and Prevention Subcommittee Assignments (Part 1)

- AB374 (2021 Session) Sec. 10, Subsection 1 is comprised of components A-Q. In 2021, guidance from Vice Chair Tolles, Dr. Woodard and Dr. Kerns determined subcommittee alignment.
- Please reference “Prevention 2023 Recommendations and Legislation Addressed” handout for this agenda item.

Legislative Language and Prevention Subcommittee Assignments (Part 2)

PREVENTION SUBCOMMITTEE (PRIMARY, SECONDARY, AND TERTIARY):

- (a) Leverage and expand efforts by state and local governmental entities to **reduce the use of substances which are associated with substance use disorders**, including, without limitation, heroin, other synthetic and non-synthetic opioids, and stimulants, and identify ways to enhance those efforts through coordination and collaboration.
- (g) Make recommendations to entities including, without limitation, the State Board of Pharmacy, professional licensing boards that license practitioners, other than veterinarians, the State Board of Health, the Division, the Governor, and the Legislature, to **ensure that controlled substances are appropriately prescribed** in accordance with the provisions of NRS 639.2391 to 639.23916, inclusive.
- (j) Study the efficacy and expand the implementation of programs to: (1) **Educate youth and families about the effects of substance use and substance use disorders**; (2) **Reduce the harms associated with substance use and substance use disorders** while referring persons with substance use disorders to evidence-based treatment.

Legislative Language and Cross-Cutting Assignments (Part 3)

(b) Assess evidence-based strategies for preventing substance use and intervening to stop substance use, including, without limitation, the use of heroin, other synthetic and non-synthetic opioids and stimulants. Such strategies must include, without limitation, strategies to: (1) Help persons at risk of a substance use disorder avoid developing a substance use disorder; (2) Discover potentially problematic substance use in a person and intervene before the person develops a substance use disorder;

(c) Assess and evaluate existing pathways to treatment and recovery for persons with substance use disorders, including, without limitation, such persons who are members of special populations. This component is assigned to the Treatment and Recovery subcommittee but all subcommittees are assigned to review how recommendations impact the following special populations:

- a. Veterans, elderly persons and youth;
- b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems;
- c. Pregnant women and the parents of dependent children;
- d. Lesbian, gay, bisexual, transgender and questioning persons;
- e. People who inject drugs; (as revised)
- f. Children who are involved with the child welfare system, and
- g. Other populations disproportionately impacted by substance use disorders.

(Continued on next slide)

Legislative Language and Cross-Cutting Assignments (Part 4)

(h) Examine qualitative and quantitative data to understand the risk factors that contribute to substance use and the rates of substance use, and substance use disorders, focusing on special populations.

(q) Study, evaluate and make recommendations to the Department of Health and Human Services concerning the use of the money described in section 10.5 of this act to address substance use disorders, with a focus on: (1) The use of the money described in subsections 1, 2 and 3 of section 10.5 of this act to supplement rather than supplant existing state or local spending; (2) The use of the money described in section 10.5 of this act to support programs that use evidence-based interventions; (3) The use of the money described in section 10.5 of this act to support programs for the prevention of substance use disorders in youth; (4) The use of the money described in section 10.5 of this act to improve racial equity; and (5) Reporting by state and local agencies to the public concerning the funding of programs to address substance misuse and substance use disorders.

Summary Table of Recommendations in Ranked Order

Subcommittee	Recommendation	a	b	c	d	e	f	g	h	i	j	k	l	m	n	o	p	q
P	1.		X					X	X		X							
TR	2.		X	X		X					X							X
P	3.	X		X														
TR	4.			X		X												
P	5.	X	X								X							
TR	6.		X	X		X					X							X
P	7.		X					X										
P	8.	X	X	X							X							
R	9.		X	X	X	X	X		X	X	X			X			X	X
HR	10.										X							
R	11.	X	X	X	X	X	X			X	X	X						X
R	12.			X	X					X				X	X	X		X
HR	13.		X								X							
HR	14.		X								X							
HR	15.		X								X							
TR	16.		X	X							X							
TR	17.			X		X	X											X
P	18.																	
P	Unranked		X					X										
R	Unranked									X		X			X		X	X

Subcommittee
Assignment
Summaries:
Prevention (P)
A, G, J
**Treatment and
Recovery (TR)**
C, E, F
Response (R)
D, I, K, L, M, N, O,
P
Cross-Cutting
B, C, H, Q

Summary Table of Recommendations and Target Population Impacted

Subcommittee	Rec #	Veterans, Elderly Populations, & Youth	Persons who are involved in the criminal justice/juvenile systems	Pregnant women and the parents of dependent children	Lesbian, gay, bisexual, transgender and questioning persons	People who inject drugs; (as revised)	Children who are involved with the child welfare system	Other populations overly impacted by substance use disorders
P	1.	X						X
TR	2.	X	X	X	X	X		X
P	3.	X						X
TR	4.	X					X	
P	5.	X			X		X	X
TR	6.			X			X	
P	7.		X			X		X
P	8.	X	X	X	X	X	X	X
R	9.		X			X		X
HR	10.		X			X		X
R	11.	X		X	X	X		X
R	12.	X	X			X		X
HR	13.					X		X
HR	14.					X		X
HR	15.		X					X
TR	16.	X		X	X	X		X
TR	17.	X	X	X	X	X		X
P	18.		X			X		X
P	Unranked							X
R	Unranked	X	X	X	X	X	X	X

2023 Prevention Recommendations (Part 1)

- Recommend to DHHS/DPBH/the Bureau of Behavioral Health Wellness and Prevention to double the amount of investment in SAPTA primary prevention programming (i.e., increase from current \$12 million to \$24 million for this biennium) for ages 0-24 and review the funding allocations annually. This funding should not be at the expense of existing programming.
- Expand Medicaid billing opportunities for preventive services and allow blended and braided funding to facilitate services to expand access to care for youth and adults.
- Create a bill draft request to amend the NRS for a 15 percent set aside of tobacco control and prevention funds from the Fund for a Healthy Nevada. This would be distributed using a local lead agencies model to reach \$2 per capita, a recommended funding goal from the Nevada Tobacco Control & Smoke-free Coalition and subject matter experts.

2023 Prevention Recommendations (Part 2)

- Support Harm Reduction through: Make a recommendation to DHHS to utilize opioid settlement dollars to designate a baseline level of identification and overdose reversal medication for the next 10 years in Nevada (base this on the state naloxone saturation plan) to create a stable, sustainable source of overdose reversal medication throughout the state.
- Support Harm Reduction through: Implement changes to recruitment, retention, and compensation of health and behavioral health care workers and enhance compensation in alignment with the Commission on Behavioral Health Board's letter to the Governor of June 22nd. Additionally, continue to sustain and expand investment in Community Health Workers, Peer Recovery Specialists, and Certified Prevention Specialists by implementing changes to recruitment, retention, and compensation.

2023 Prevention Recommendations (Part 3)

- Create a bill draft request at the legislature to change the Nevada paraphernalia definition as it relates to smoking supplies. (See proposed draft language change to N.R.S. 453.554 in justification.)
- Establish a statewide initiative for community drug checking that incorporates qualitative and quantitative drug checking and includes the following parameters:
 - Work with harm reduction community to identify partners/ locations and provide guidance and training.
 - Start all sites with mail-based testing while piloting on-site drug checking in a subset of early adopters to refine implementation needs.
 - Standardize the data collection, entry, testing, mailing, analysis, reporting as a best practice. Make this as transparent of a process as possible.
 - Articulate principles and plans for what will happen to the data.

2023 Prevention Recommendations (Part 4)

- Harm Reduction Shipping Supply: Provide for shipping costs for evidence-based harm reduction supplies (e.g., naloxone, sharps, fentanyl test strips, etc.) and for travel costs for the pickup of used sharps products to be returned for destruction. Increase advertising about shipping programs to rural Nevada. In collaboration with local agencies and through community conversations, establish local support for harm reduction efforts. Establish an alternative strategy for harm reduction supply delivery if people can't receive delivery of the supplies directly.
- Recommend a bill draft request to equalize PRSS so it is equal to or exceeds CHW reimbursement. Add an educational requirement around evidence-based harm reduction to both PRSS and CHW certification.

2023 Prevention Recommendations (Part 5)

- Support Harm Reduction through: Create a recommendation to the legislature modeled on Maryland's STOP Act which authorizes certain emergency medical services providers to dispense naloxone to individuals who received treatment for a nonfatal drug overdose or were evaluated by a crisis evaluation team, and requires certain community services programs, certain private and public entities, and hospitals to have a protocol to dispense naloxone to certain individuals free of charge under certain circumstances.
- Recommendation to the DHHS (Office of Analytics/or the appropriate entity) to create a data dashboard or other type of regularly updated report on alcohol outlet, tobacco outlet, and cannabis outlets density.

6. PLANNING FOR 2024 PREVENTION SUBCOMMITTEE MEETINGS

Planning for 2024 Prevention Subcommittee Meetings

- What would the Prevention Subcommittee like to accomplish this year?
- What is your vision for developing recommendations?
 - Should we focus on refining last year's recommendations, or on creating new recommendations?
- Where do we want to be by September, when the SURG Working Group will begin narrowing down the recommendations to include in the annual report?

Planning for 2024 Prevention Subcommittee Meetings Cont.

Current Presenter Suggestions for Upcoming Meetings:

- Statewide Data Update on 2023 Data
- Boys and Girls Club – Evidence-based youth prevention

Prevention Meeting Dates:

- May 15, June 5, August 7, September 4, November 6 from 3:00-4:30pm

**7. DISCUSS REPORT
OUT FOR APRIL 10
SURG MEETING**

8. PUBLIC COMMENT

Public Comment

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9. ADJOURNMENT

**ADDITIONAL INFORMATION, RESOURCES &
UPDATES AVAILABLE AT:**

[https://ag.nv.gov/About/Administration/Substance
Use Response Working Group \(SURG\)/](https://ag.nv.gov/About/Administration/Substance_Use_Response_Working_Group_(SURG)/)



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