MEETING NOTES

Statewide Substance Use Response Working Group **Monday May 23, 2022**
Prevention Subcommittee Meeting **2:00 p.m.**

Zoom Meeting ID: 89 2076 8597
Call In Audio: 669 900 6833
No Public Location

Members Present via Zoom or Telephone
Senator Fabian Doñate, Senator Heidi Seevers-Gansert, Jessica Johnson, and Debi Nadler

Members Absent
Erik Schoen

Attorney General's Office Staff
Rosalie Bordelove, Terry Kerns, Ashley Tackett

Social Entrepreneurs, Inc. Support Team
Laura Hale, Sarah Marschall, and Emma Rodriguez

Members of the Public via Zoom
Tray Abney (Abney Tauchen Group), Linda Anderson (Nevada Public Health Foundation), Jennifer Atlas (Griffin Company), Jeanette Belz (Belz and Case Government Affairs), Lea Case (Belz and Case Government Affairs), on behalf of the Nevada Psychiatric Association; Dr. Timothy Grigsby (UNLV), Jesse Jones, Linda Lang (Nevada Statewide Coalition Partnership), Madalyn Larson (UNR, Public Health), Carina Rivera (UNR), Jamie Ross (PACT Coalition/Nevada Statewide Coalition Partnership), Tyler Shaw (FRPA), Dana Walburn (Division of Public and Behavioral Health)

1. **Call to Order and Roll Call to Establish Quorum**
   Chair Doñate called the meeting to order at 2:01 p.m.

   Ms. Rodriguez called the roll and announced a quorum, with four members present.

2. **Public Comment** *(Discussion Only)*
   Chair Doñate asked for public comment, with a two-minute limitation per person.

   There was no public comment.

3. **Review and Approve Minutes from April 25, 2022, Prevention Subcommittee Meeting** *(For Possible Action)*
   Chair Doñate took this agenda item after item #4, to accommodate Dr. Grigsby's schedule.

   There were no changes or corrections to the draft minutes. Chair Doñate asked for a motion.

   - Ms. Nadler made a motion to approve the minutes;
   - Ms. Johnson seconded the motion;
   - The motion passed unanimously.

4. **Presentation on Preventing and Understanding Risk Factors** *(For Possible Action)*
Chair Doñate welcomed Timothy Grigsby, PhD, Department of Social and Behavioral Health, School of Public Health, University of Nevada, Las Vegas.

Dr. Grigsby described his training in preventive medicine, psychology, and social behavior, and how he became interested in substance use and misuse. He is currently engaged in trying to find the best methods to identify, screen and develop early intervention for folks who are experiencing early signs and symptoms of substance use disorder (SUD). He has worked with the Hispanic and Latino community and found community-based risk factors unique to this group, including immigration, acculturation versus assimilation, and the pressure to fulfill social roles. Discrimination is not only based on skin color or country of origin, but also language and food preferences. The internal stress can be expressed through substance use and, also bullying and victimization.

Adverse Childhood Experiences (ACEs) tries to explain the impact of the burden of family-based trauma. This can include physical, emotional or sexual abuse, and indicators of family dysfunction such as witnessing parental intimate partner violence or witnessing family member incarceration. Analysts try to figure out which types of traumatic events tend to have the greatest weight in predicting substance use and violence and other related adverse health outcomes.

CASAT at the University of Nevada, Reno is moving away from the idea of health disparities toward a health equity focused approach to prevention. The disease prevention framework focused on getting rid of the disease or treating a condition like obesity or diabetes, but now the focus is promoting health to help people flourish to improve not only quantity of life, but also quality of life. Meeting people where they are at and with the resources they need requires understanding the communities they live in and the ongoing risk factors that impact their recovery efforts.

A multi-level approach to help people change engages schools and workplaces, including policies to remove the stigma from wanting to get help when they need help.

Chair Doñate explained the subcommittee process to determine policy proposals that can be formed into recommendations in terms of prevention, and asked Dr. Grigsby for his biggest funding or policy priority from an upstream approach.

Dr. Grigsby suggested a two-pronged approach: 1) Support evaluation of ongoing services and efforts in our communities to make sure that what we are doing at present is working, and identify where the gaps are; and 2) Do more work around polysubstance use. The data are clear that it's not a single drug issue, as we've seen with the opioid epidemic. Tighter restrictions around prescription opioids led to a sudden uptick in heroin resurgence. The disease model for addiction is that it's not limited to a single substance, so recommendations need to capture as many psychoactive drugs as possible that lead to overdose, on their own or in combination.

Moving upstream, we need to do education and reach people one-on-one at higher levels and ensure schools have an opportunity to offer prevention programming. It's a daunting task with teachers, nurses, and principals already overwhelmed. *How do we properly support them or give them access to resources that can be implemented with fidelity*?

Ms. Nadler asked Dr. Grigsby what type of communities he is referencing regarding putting kids back into the communities. When she looks at the models and the number of kids we are losing, in Nevada, 70% are Caucasian. So, she doesn't understand the focus on racial diversity when it's affecting all our kids. Her son was Caucasian and a straight-A student, but he and other kids were given Adderall and

Ritalin in third grade. She works with 100,000 grieving moms across the country, and most of them are divorced.

Dr. Grigsby thanked her for her advocacy work, acknowledging that it's heartbreaking for parents and that addiction does not discriminate. If you have a genetic predisposition and access, one bad incident of taking a drug that you didn't mean to or consuming more than you could handle, that's all it takes. If you're stigmatized and you don't have a safe place to consume, you go do it on your own. Something like heroin has a really high tolerance level, and when people escalate their use rapidly it's easy to overdose. When he references communities, he means that the problem is not individual. Most people don't manufacture their own substances; they get them somewhere and use them with others. They are encouraged by others, and it becomes part of their identity. They are removed from that setting when they go into treatment and are taught coping skills, but then when the treatment ends and the money runs out, they're placed back in the same community; the skills only go so far. Which is why Nancy Reagan's *Just Say No* program didn't work.

Problems need to be fixed at the structural, community and system levels. The idea of *equity effectiveness trade off* means that if you have more privilege, then treatment programs are going to be more effective, and prevention is going to be more effective. A lot of families don't have sufficient resources to change their environment. Single parents have substantial challenges working and getting their kids to school. If we can serve the communities where people live, remedy some of the gaps, and reshape the communities, kids have a chance to exercise those skills with a supportive network.

Ms. Nadler said her son was in nine rehabs across the country and they just let him go with no mental health services or a social worker. It was like putting a band aid on a bullet wound.

Ms. Johnson reflected on Dr. Grigsby's comment about moving from individually tailored programs to thinking about community and systems level solutions. She asked him for considerations from a policy or resources level perspective with the biggest impact.

Dr. Grigsby mentioned a caveat that he has only been in in the Las Vegas area for two years, and he was mostly isolating due to the Covid pandemic. He said Nevada is more proactive in a lot of ways and is much better at securing funds for programming. While Nevada is trying to coordinate efforts to address pressing health issues, connecting agencies for prevention and treatment to support individuals could be better coordinated. Clark County is a unique setting, with 85% of the state's population in southern Nevada and high tourism that is focused on substance use. *People come here to drink and to party and use other drugs, and a lot of tourists end up in our treatment facilities*, and they may *become potentially harmful to themselves or others due to a drug induced episode*.

Dr. Grigsby referenced success elsewhere in the country with safe consumption sites, although they are challenging to set up and maintain, and require a lot of funding. They tend to be relatively impactful reducing overdose deaths and they can also offer wraparound services for substance use, violence, sexually transmitted infections, or infections from injection drug use. Having a place where folks can safely consume and reduce the risk of opioid overdose or overdose from other drugs is really important.

Another systems issue Dr. Grigsby addressed is the strong uptick of substance use and mental health issues in the schools, particularly since the pandemic. Funding from governmental agencies often put the onus on schools to provide services, so we're asking teachers who are already held to a million standards to now tack on one more thing. Their careers are based on educating children for academic performance, so we need to reduce the additional burden.

Dr. Grigsby noted the value of early intervention with a prevention focus skill set. He hopes the internet will provide good resources to deliver prevention services electronically, as well as interactive and immersive services with clear and engaging messaging, with opportunities to practice those skill sets. He offered to provide peer reviewed literature to disseminate to the group.[1]

Chair Doñate asked if there were states that are at the forefront of this issue. Dr. Grigsby explained states that he sees doing well do not have a similar makeup and structure to Nevada, so it's hard to compare them and make it work here as well as it works there. California does a good job on the prevention front, particularly with the ACEs Aware program for childhood trauma where they screen children at primary care visits. It's a fantastic example of identifying a known risk factor for a wide array of behavioral, physical, and mental health problems. He will give it more thought and get back with any additional suggestions.

Chair Doñate welcomes Dr. Grigsby's suggestions for other models, including improving health literacy or other prevention efforts. He also asked about what Dr. Grigsby would prioritize in terms of programs to finance.

Dr. Grigsby supports funding of programming to reach young people, not just for drug use, but also to address the underlying skill set they need to be successful. The pathway to drug use and escalation to substance use disorder is varied, but teaching them how to cope with racism and discrimination, how to manage stress and ask for help, and partnering with positive adult role models could be integrated into schools and community settings. For young people in particular, by the time they become adults, they would have the toolkit they need to thrive and be resilient in the face of challenges that they're going to face as young adults when most substance use behavior begins and also escalates into SUD.

Dr. Grigsby agreed to share his contact information with Subcommittee members for follow up.

5. Nevada Prevention Coalition Update (*For Possible Action)*

Linda Lang, Director, Nevada Statewide Coalition Partnership thanked Erik Schoen on behalf of the Coalition for submitting prevention recommendations for the Subcommittee members to consider. Ms. Lang explained she would be presenting these recommendations with Jamie Ross who will be stepping in as the new Director of the Coalition in August, after Ms. Lang retires in July.

The Statewide Coalition Partnership is a collaboration of all the Community Coalitions in the state, with a primary focus on substance misuse. The Partnership Carson City was the earliest program in 1989, and the Statewide Partnership was established in 2001. Currently, all 17 counties in the state participate in the partnership, and the information they are presenting comes from all the Executive Directors and their staff.

They will focus on the recommendations and justification sections from the Subcommittee's recommendation tracker, but the research links might also be helpful for members to review independently. They will also touch on funding.

Ms. Lang thinks the first recommendation is the most important one, which is support for secondary prevention or intervention, as was previously presented in the April Prevention Subcommittee meeting by Dr. Stephanie Woodard. Funds coming in from the state and federal government support primary prevention, but once a person begins to experiment with a substance, the supported services stop right there. Kids are in crisis within our state, and they need to move over to secondary

[1] This webinar link includes references related information https://pttcnetwork.org/centers/pacific-southwest-pttc/product/toward-equity-focused-prevention-substance-misuse-hispanic

prevention, where screenings provide a warning sign, and they can get help before it goes into a treatment modality. This could include motivational interviewing, school-based drug testing, screening for signs of suicide and many other types of early intervention tools in the schools, in primary care settings, and through the community coalitions. There is a school-based mental health program that has phenomenal success in our state, but only one school district gets funded at a time. They recommend evidence-based programming such as social emotional learning in the schools, possibly giving credit for kids taking the intervention program before they enter the juvenile justice system.

Ms. Lang reiterated the justification for this recommendation is that current funding supports primary prevention, but not secondary prevention or intervention. Resources are needed at this point, before they get treatment. Funding for substance misuse has decreased by almost half since 2007, and none of the current state funding can go to this area between prevention and treatment.

Ms. Ross presented the recommendation for youth workforce development and the "Grow Your Own" model, which has been very successful in other states. It focuses on scholarships for para-professionals, including certification of Community Health Workers and Peer Recovery Support Specialists. Participating communities with qualified teachers can provide certification when students graduate high school. Through work-study and increased opportunities for licensed supervision, leveraging Zoom and similar tools, it is easier to support supervision requirements for licensure. Making sure they can continue to access remote supervision reduces barriers, with flexibility to address their unique community-based needs, and helps to make sure that everyone stays safe.

The existing technology and high school certification model can absolutely be expanded tomorrow. All they need is money – and a lot of money is coming to Nevada.

Ms. Ross reviewed the third recommendation for ACEs mitigation (as Dr. Grigsby recommended), which has also been recognized by the CDC for many years. ACEs are a fundamental risk factor for substance misuse, and mitigation also addresses other societal issues. Projects include social emotional learning, dating violence prevention, and parenting programs. The Youth Risk Behavior Survey (YRBS) just implemented their first ACEs model and the same was done with the Pregnancy Risk Assessment Monitoring System (PRAMS). Mothers with higher scores were much more likely to use all sorts of different drugs while they were pregnant and/or breastfeeding.

Ms. Lang reviewed the recommendation for expansion of MOST[2] and FASTT[3] programs that are also on the border between prevention and treatment. These programs have been very successful in preventing people from re-engaging in substance misuse or in the jail system. Current funding needs to be expanded to support law enforcement and clinicians who do outreach for people dealing with issues as they arise to divert them from emergency rooms or the jail system. People cycling through social service systems take a lot of time and money, with mental health issues. These teams working out on the streets provide a safety net, bridging the gap between mental health and other support services, reducing the number of process calls and related resources. An important budget item related to this is for officer training in mental health awareness and crisis intervention teams. Some communities are limited to fielding these teams three days a week, which is not sufficient.

Ms. Ross described collective impact as a network of community members, organizations and institutions who balance equity challenges by learning together to align and integrate their actions to achieve population level change. They hope to bring this training to communities, supporting key

[2] Mobile Outreach Safety Team
[3] Forensic Assessment Services Triage Team

stakeholders to create this approach and establish operating standards for community engagement and system level change. As Dr. Grigsby noted, this is an area with the most bang for the buck. It needs to happen at the state level down to Coalitions and communities. The justification is to work together intentionally to solve complex issues, centering equity to avoid stigmatization of marginalized populations and utilizing Community Coalitions for sustainability.

Ms. Ross also noted the alignment with Dr. Grigsby's support for school-based programs for prevention and education programing. The International Credentialing and Reciprocity Consortium (ICRC) supports demonstrating competency through education, supervision and passing a rigorous exam for Certified Prevention Specialists (CPS) and other providers. The goal is to have CPS in as many schools as possible, statewide, to provide prevention programming, data collection, screening brief intervention and referral to treatment (SBIRT), secondary prevention programming, as well as the full prevention framework and multi-tiered systems of support.

The seventh recommendation is formal youth mentoring programs, such as Big Brothers, Big Sisters as a top model nationwide for reducing ACEs. These programs support social emotional learning and so many agencies are desperate to help, but the formalized process will ensure safety and best practices for both mentors and mentees.

Ms. Lang presented the eighth and final recommendation for local level data collection systems. Specifically, contracting with a company to provide individual consultation for system improvements to local programs would be helpful. The second step would be to create a statewide data sharing system with dashboards and public data, but the first step is critical because many communities don't have independent systems and don't have capacity to build and maintain a robust system. They get lumped together and can't be compared across the board because there are different data sources. If something could be embedded into communities across all the sectors to allow for standardized data analysis that would aid in identifying risk factors and protective factors, it would help them compete for federal funding. Engaging an expert to work with all local level communities to create this system would help with sustainability.

Contact information was provided for Ms. Lang through July 31st, then for Ms. Ross beginning in August.

Chair Doñate asked for clarification regarding grant funding for secondary prevention and challenges they have had. Ms. Lang said the challenge they have in Nevada is also nationwide. They hear this concern when they go to national conferences for the Substance Abuse Mental Health Services Administration (SAMHSA), where a lot of the funding comes from. The Substance Abuse Block Grant is the major source of funding, but only allows for primary prevention with strict requirements. So, drug testing and services have been a huge gap for 15-20 years in our state.

Chair Doñate asked if there would be a pivot, eventually, to opening this up with potential grant opportunities if the state chooses to invest in prevention. Ms. Lang said they are starting to dabble a little bit in harm reduction, but that's a little bit different. She said it's all a matter of semantics and how close it gets to treatment.

Ms. Johnson thanked Ms. Lang and Ms. Ross for providing context for the recommendations. She asked them to elaborate on drug testing because she was surprised to see that as a determining factor to move from primary to secondary prevention. Ms. Lang said that many, many schools in Nevada do have drug testing and it's related to the Nevada Interscholastic Activities Association (NIAA). They do random drug testing for those who have signed off on a contract, for all extracurricular activities, to stop a person from going to the next step of using substances on a long-term basis. They already

have an education component for someone who tests positive for the first time. Parents and students go through a three-step process to get the education and support they need right away. It's one of the most successful programs that was implemented years ago with Navy Seal John Underwood, talking about what substances can do to your physical performance and it was very impactful, especially for those that are looking for scholarships. The Coalition in Carson City has funded it for many years.

Ms. Johnson appreciated the clarification and noted the importance of getting consent for drug testing.

Ms. Nadler said she loves the secondary prevention, but she is not seeing primary prevention. She has been fighting for the past four years, and they are losing so many middle school kids who have absolutely no knowledge. She lost her 13-year-old cousin in October. Kids need to be warned before they even use. She has tried to get into the schools and has helped pay for a billboard. It is impossible to get into the schools, and teachers have enough on their plates already. Mental health counselors have been cut back, so she's not seeing primary prevention.

Ms. Lang said their recommendations are for services that are not currently happening in the state because they are not funded at a very high level or not at all. There are current resources through grants for primary prevention. One of the recommendations that is 100% primary prevention is the one for a certified prevention specialist in every school. A Peer Support bill, SB 69, was passed in the last legislative session, including three legs of prevention. One leg is for passive consent for collecting valid data in schools through the YRBS. Another leg is for the Coalition structure and creating a formal process; and the third is the start of evidence-based programming in schools. A website will give teachers the ability to look up these programs and embed them into their curriculum. The teachers don't need to become experts in the field, but Prevention Specialists would go in the schools and provide the kind of education Ms. Nadler is talking about, that is 100% primary prevention.

Ms. Nadler said she put together a program with Joe Angle that they would like to present at the next meeting, called *Just Say Know*. They would go into the schools and have students tell them what they know about drugs.

Senator Seevers-Gansert referenced the information provided on family-based trauma and expanding the workforce pipeline to create sustainable infrastructure to help screen kids. Knowing that potential drug testing is out there may help keep them on the straight and narrow, if they don't want to be excluded from athletics or other activities. She supports developing a framework to help individuals at an early age. Ms. Lang agrees with embedding the ACEs model at a very early age.

Ms. Johnson asked about current funding for primary prevention and whether scaling up is needed at this point, or if there are problems with that due to differences between Clark County and many of the rural counties. She asked, *Are all of those places ready to focus more on secondary prevention efforts?*

Ms. Ross explained that current funding for primary prevention goes through the Substance Abuse Prevention Treatment Agency (SAPTA), and there has been amazing work, but more is needed, including the recommendation for adding certified prevention specialists to every school. That scalability is a really big challenge in Clark County with 241 elementary schools, but they also understand that each community has their own needs. For example, buying computers for a community that doesn't have WiFi is not useful.

Ms. Lang added that a lot of funds are five-year sources, but infrastructure funds have decreased dramatically since 2007 and they are losing another grant next year, totaling close to $2 million they are losing in 2023. The state did not have the resources to apply for another round of funding, so they are not set for primary prevention, at all.

Ms. Nadler asked if secondary prevention would include mandating warning labels on marijuana, which is legal in our state? Chair Doñate explained that there are already requirements for cannabis, including warnings or notifications. It is heavily regulated, but recommendations could be made for changes.

Chair Doñate thanked Ms. Lang and Ms. Ross for their presentation and recommendations.

6. **Review Subcommittee Recommendations** *(For Possible Action)*

Chair Doñate clarified that there is not an expectation to bring forward recommendations for the June 7th meeting of the full SURG, but they will share their process and presentations, as well as how they will prioritize the different proposals. If members have questions or recommendations, that can also be part of the June meeting. The full recommendations will not be completed in time for the June meeting.

Ms. Rodriguez shared the Subcommittee Recommendations Tracker. Chair Doñate said he has been getting a lot of meeting requests from the community related to the prioritization process, and other members may be getting them as well. He does not want to have five different ranked proposals from each of the Subcommittee members. What may happen is that the committee would determine that they want to focus on two policy proposals, each engrained with primary, secondary and tertiary prevention. Alternatively, they might decide to focus on ten different things that incorporate different levels of prevention. A lot of it comes down to infrastructure and what can be pushed forward with funding right now, to provide relief and apply for grants at a later time. He asked members for proposals they think should be prioritized.

Ms. Rodriguez explained the only recommendations submitted by members ahead of the deadline were from Mr. Schoen, on behalf of the Community Coalitions, as presented by Ms. Lang and Ms. Ross. Prior to that, staff included recommendations from the Interim Health Committee within the Tracker. The document is available to members and to the public on the SURG website. Links to those meetings were also provided for review. Additional recommendations can be brought forward to the July and August Subcommittee meetings, and members can determine a process for prioritization.

Chair Doñate asked members for any best practices they would like from this process. He anticipates going through individual meetings with each member to go through what they think should be prioritized.

Ms. Nadler said she submitted her recommendation too late for this round, but she strongly believes that primary prevention programs absolutely need to be at the top. She supports secondary prevention, too, but they need to do something with primary and social emotional learning in the classrooms in early childhood education. She said, *Our kids have gone through too much trauma with Covid and everything else,* and she reiterated her work on a program that she would like to present at some point.

Chair Doñate asked if any members had feedback on how they can prioritize the recommendations, or any review processes they can implement.

Ms. Johnson suggested they discuss some key indicators, then rank them across measures such as potential impact to save lives, cost effectiveness, etc. in addition to the Tracker fields. Subcommittee members could work toward consensus or vote with a ranking process. She would be happy to research this and connect back with the Social Entrepreneurs team. There are a lot of synergies, and some recommendations are multifaceted.

Chair Doñate thinks a lot of it will come out as they receive recommendations and start to decide together as a committee how to move forward, based on presentations.

7. **Discussion of Future Meeting Topics and Presentations** *(For Possible Action)*
Chair Doñate's expectations for the July meeting would be to focus on primary prevention, so perhaps they could talk about health education reform, which is something that Dr. Grigsby talked about to improve health literacy. They can also talk about grant dollars, with a deeper dive about where they are missing out due to infrastructure, and identify where they need to invest to get more funding. Presentations on YRBS and other data collection mechanisms could be for the August meeting. They touched on secondary prevention a little today. They will talk about screening and the integration of behavioral health, and a potential presentation on payment management.

The third meeting would be to focus on tertiary prevention and harm reduction, with a presentation from the Southern Nevada Health District. Law enforcement and other partners are also involved, and could discuss naloxone distribution or any of the things done for harm reduction.

Spacing out presentations for different types of prevention will allow them to focus on each separate subject. Prevention is a complex area that requires them to think about it holistically, not just in terms of one aspect or the other.

Ms. Johnson asked about discussing harm reduction in the third meeting. There have been quite a few advancements and policy across other states in this area, along with legislative action, so it might be advantageous to move that up ahead of the 2023 session.

Chair Doñate agreed to discussion with the Subcommittee about moving things around based on priorities. His goal is to have three separate meetings focused on different tiers of prevention. If the opportunity is there, based on timelines and national conversation and deadlines for bill draft introductions, he would be more than welcome to do that.

Ms. Rodriguez asked that members email recommendations for presenters to Chair Doñate and herself to get people scheduled with a good amount of time for advance notice.

Chair Doñate also asked Ms. Johnson to send recommendations for subject matter experts from other states that she referenced. Good policy proposals may not require money and there is a lot of work that goes behind them.

8. **Public Comment** *(Discussion Only)*
Madalyn Larson, Public Health Masters student, loved all the presentations today. She is going to reach out to possibly volunteer for something. She said it's super interesting to see all this stuff.

The meeting was adjoumed at 3:35 p.m.