MEETING NOTES

Statewide Substance Use Response Working Group **August 31, 2022**
Prevention Subcommittee Meeting **9:00 a.m.**

Zoom Meeting ID: 850 2592 5475
Call In Audio: 669 900 6833
No Public Location

Members Present via Zoom or Telephone
Senator Fabian Doñate, Jessica Johnson, Erik Schoen (until 10 a.m.), and Senator Heidi Seevers-Gansert

Members Absent
Debi Nadler

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

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

Members of the Public via Zoom
Linda Anderson (Nevada Public Health Foundation), Jeanette Belz (Belz and Case Government Affairs), Michelle Bennett, Lea Case (Belz and Case Government Affairs), Stephanie Cook (DPBH), Vanessa Dunn (Belz and Case Government Affairs), Rhonda Fairchild, SrA Katie Franco (National Guard), Jimmy Lau, Mary Sarah Kinner, Madalyn Larson (UNR, Public Health), Erin Russell (Maryland Department of Health), Tyler Shaw (FRPA), Lea Tauchen, and Dawn Yohey (DHHS)

1. **Call to Order and Roll Call to Establish Quorum**
   Chair Doñate called the meeting to order at 9:01 a.m.

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

2. **Public Comment** *(Discussion Only)* (9:02 a.m.)
   Chair Doñate asked for public comment, and he reminded participants that 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 in the agenda. There were no public comments at this time.

3. **Review and Approve Minutes from July 28, 2022, Prevention Subcommittee Meeting** *(For Possible Action)* (9:03 a.m.)
   Chair Doñate asked members to review the minutes and to identify any changes or corrections, as needed.

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

   - Senator Seevers-Gansert made a motion to approve the minutes;
   - Ms. Johnson seconded the motion;

- The motion passed unanimously.

4. **Presentation on Overdose Prevention and Harm Reduction Services in Maryland** *(For Possible Action)* (9:05 a.m.)
Chair Doñate introduced Erin Russell, MPH, Chief, Center for Harm Reduction Services, Maryland Department of Health, Prevention and Health Promotion Administration.

Ms. Russell presented the following slides on *Naloxone Distribution in Maryland and the STOP Act of 2022*: Fast Facts; Center for Harm Reduction Services; Goals; Justification; Saturation; STOP Act of 2022 Parts; STOP Act – Part I EMS Providers; STOP Act – Part II Naloxone Mandate (2 slides); STOP Act – Part III Regulations; STOP Act Part iV – ORP, Standing Order, and Protections Changes; STOP Act Part V – Hospitals; and a Summary with the following items:

- Maryland homeless services organizations, OTPs, IOPs, detention centers, parole and probation and hospitals are required to offer OORD (naloxone) to people at risk of an overdose
- EMS *can* offer naloxone, supporting their ability to participate in naloxone leave behind programs
- MDH will write regulations for the implementation of this mandate, that may include additional ORP requirements
- MDH will purchase naloxone for implicated entities
- No one can bring a cause of action against a business (they can't get sued) for making naloxone available
- We will hit the ground running July 1, 2022

Chair Doñate asked members for questions.

Mr. Schoen thanked Ms. Russell for her great presentation and noted similar issues in rural Nevada, where stigma is declining regarding naloxone distribution, with communities asking for naloxone as well as asking for test strips. He asked if Maryland is also providing test strips.

Ms. Russell responded that test strips were integrated in their program in 2017 or 2018. An evaluation in 2019 of Maryland data, through a survey on harm reduction programs, including naloxone and test strips, showed 90% of residents changed their behavior. This included throwing fentanyl away, using less, asking for naloxone, etc. She will send a copy of the report with their data.

Ms. Johnson also thanked Ms. Russell and she asked a question about hospitals distributing naloxone. Some hospitals are open to distribution, but require a prescription through their pharmacy, so she wanted to know if there is direct distribution in Maryland hospitals, and how it is implemented.

Ms. Russell reported having met with the Maryland Hospital Association to clarify that the intent is not to prescribe naloxone through their pharmacies, but to remove barriers to getting naloxone. Anecdotal evidence as well as published studies show that most substance users don't follow through on a prescription process, so the intent is to make access and use as easy as possible with bedside delivery. Barriers identified included having to go to a pharmacy, having to provide name and insurance, impact on life insurance policies based on personal history, and copays. Even two dollars can be a barrier for vulnerable populations. This is a paradigm shift for hospitals, but onsite naloxone solves all those problems. In Maryland, the law requires providers to offer naloxone, but it doesn't specify how; the regulations specify that it must be offered onsite and not through prescription. More uptake is needed among hospitals.

Chair Doñate thanked Ms. Russell and noted his appreciation for Maryland schools, as a previous student.

5. **Subcommittee Recommendations and Discussion of Top 5 Priorities** *(For Possible Action)* (9:25 a.m.) Chair Doñate asked Ms. Rodriguez to review the following items:

New Recommendations

• After the July Prevention Subcommittee meeting, additional recommendations were requested from subcommittee members.
• Due to Open Meeting Law, these could not be included in the initial round of prioritization.
• Five new recommendations were submitted.

New Recommendations Submitted by Prevention Subcommittee Members

New submissions from Debi Nadler (Note: The subcommittee came back to these recommendations for discussion, following discussion of the prior recommendations, listed below.)

1. Provide appropriate primary prevention education and programming in K-12 schools.
    - Chair Doñate referenced the investment needed to reform health education curriculum across the state, including training educators and administrators on new services. He asked for feedback about whether they should rewrite this to encompass onboarding evidence-based curriculum.
    - Ms. Johnson agreed that a broad investment is needed; this item might sit under the omnibus category for school-based programs (Item #2, below). If adherence to evidence-based prevention is included, the CDC guidelines could be leveraged for implementation. She would be in favor of this recommendation, with those modifications.
    - Chair Doñate agreed that this item could be combined with the school-based proposals discussed earlier.

2. Establish a fund within the Department of Health and Human Services (DHHS) to set aside funding for small grants to programs geared toward substance use prevention and education. Grassroots movements in our state who have either suffered a loss and or in recovery. Most knowledgeable and up to date on what is happening and what is working and what is not working.
    - Ms. Johnson could not support this recommendation at this time.
    - Senator Seevers-Gansert thinks they should move this forward as a small pool of funds.
    - Chair Doñate preferred to wait for Ms. Nadler's presence before moving forward on this recommendation or ruling anything out.

New submissions from Jessica Johnson (Note: The subcommittee came back to these recommendations for discussion, following discussion of the prior recommendations, listed below.)

1. Make a recommendation to DHHS to utilize opioid settlement dollars to designate a baseline level of naloxone kits for the next 10 years in Nevada (base this on the state naloxone saturation plan) to create a stable, sustainable source of naloxone throughout the state.
    - Mr. Schoen said he really likes this recommendation, but he is wondering if there has been a decision about where to house harm reduction recommendations and how to rate them.
    - Chair Doñate said they decided to collect these recommendations from Ms. Johnson as they build priorities, but harm reduction may have a separate focus for further review.
    - Ms. Johnson shared her interpretation as someone who's worked in the field for a long time, noting they could be interpreted in many different ways throughout the spectrum. So, some might be considered secondary prevention based on the audience, that for others might be

considered harm reduction, or tertiary prevention. She wondered if staff might designate items considered harm reduction. She included them in her initial recommendations because she thinks they are really important. She doesn't want to add more work, but she wants to ensure they are fulfilling their obligation as committee members.

- Chair Doñate directed staff to keep these recommendations on the list.
- Ms. Rodriguez said the determination of where harm reduction fits will likely require a discussion among the full SURG. There may be another determination for how it will work within the Prevention Subcommittee in the new year.

2. Make a recommendation to the legislature to enact legislation to require a general acute care hospital to include a urine drug screening for fentanyl if a person is treated at the hospital and the hospital conducts a urine drug screening to assist in diagnosing the patient's condition.
    - Ms. Johnson explained that this is based on Tyler's Law in California.
    - Chair Doñate asked if there is pushback in other states regarding the cost of getting supplies? Would this proposal allocate funds to allow hospitals to make those adjustments?
        - Ms. Johnson said there would be a small fiscal note, according to California contacts, with a cost of less than a dollar per test. But, this would only be in the case when a drug screen is already requested. She provided a link with additional information in the recommendations spreadsheet.

3. 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.
    - Ms. Johnson added that this would save lives.

Ms. Rodriguez reviewed the weighting process for recommendations previously submitted:

Prior to the August meeting, Prevention Subcommittee members were asked to prioritize their Top 5 recommendations that had been submitted before the July meeting.

• Four out of the five subcommittee members submitted their prioritizations.

• Weights were determined based on relative priority: 1=50 points, 2=20 points, 3=10 points, 4=5 points, and 5=2 points. Because each weight is multiplied by the rank, with 1 being the highest rank, the descending weights must drop enough to overcome the higher multiplier.

• If multiple subcommittee members ranked the same recommendation, it's highlighted in blue with a corresponding cumulative score.

Ms. Rodriguez also reviewed the resulting scores and priorities:

1. *Continue to invest in standing up CHWs* (Community Health Workers) *and Peer Recovery Specialists throughout Nevada* (90)
    - Chair Doñate asked how to incentivize building out the infrastructure for Community Health Workers, whether through reimbursement or funding providers to onboard specialists.

- Mr. Schoen noted that several organizations are helping with this, including the Nevada Community Health Worker Association, with a federal grant, and there is also Medicaid reimbursement to support sustainability.
- Mr. Schoen pointed out that the Certified Prevention Specialists (item #2) could also fit with this top recommendation to *invest in standing up CHWs and Peer Recovery Specialists*. They connect people in the community to resources with relations and cultural fluency, as well as a strength-based perspective for school-based interventions. The CHWs and the Peer Recovery Specialists work together in the community, and then there is school-based intervention for a powerful one-to-one punch.
- Mr. Schoen asked for clarification regarding Certified Prevention Specialists and whether Ms. Johnson wants them included with CHWs and Peer Recovery Specialists.
- Ms. Johnson said that is her question for the committee, thinking about certified prevention specialists to assist with implementation of the prevention curriculum in schools. She doesn't know that there's been the same investment in that particular certification, to date, as there has been for CHWs and Peer Recovery Specialists. She happens to hold that certification and would be happy to answer any questions about it.
- Mr. Schoen said Coalitions would love for the committee to highlight the value of Certified Prevention Specialists. Their work is the building blocks of a really strong community. He is excited about adding them to this recommendation.
- Ms. Rodriguez will follow up on this recommendation.

2. Multiple recommendations for school-based behavioral health programing and professional staffing could be consolidated (80)
   - *Co-locate integrated supports with mental health and SUD professionals working side by side in schools.*
   - *Provide Certified Prevention Specialists in Nevada schools, before and after school programs, and other youth serving organizations to provide appropriate prevention education and programming.*
   - *Invest in a multi-disciplinary, cross-department school-based Behavioral Health Team.*
   - *Increase school-based health qualified mental health professional workforce.*
     - Ms. Johnson suggested an opportunity to dialog what this could look like with different types of specialists.
     - Senator Seevers-Gansert recalled the July presentation from Ms. McGill regarding the MTSS platform that would fit with these recommendations.
     - Mr. Schoen recalled several conversations about capacity to access resources, as well as early intervention, starting with schools, such as the robust presentation from Ms. McGill. Prevention through intervention could include ACES (item #6). Mr. Schoen suggested the following language in response to Ms. Johnson's request, and asked staff to revise the language as needed:
       - Communities recognize the need to invest in a robust platform at schools to connect families to pro-social education, early prevention, and counseling, and to mitigate ACES, with resources for families for reduction of social isolation.
       - Ms. Rodriguez asked Ms. Bordelove for clarification for staff to revise language under the open meeting law.
       - Ms. Bordelove explained the preference is to have as much discussion as possible take place in the public meeting, rather than outside of the meeting. However, Ms. Rodriguez could edit the proposed language, with input from Mr. Schoen or Chair Doñate, and provide it back to members and the public in a new spreadsheet for the next meeting.

- Ms. Hale advised members that in discussion regarding recommendations for the Response Subcommittee, Dr. Kerns had referenced a possible omnibus bill draft request that could include multiple items.

3. *Contract with a company that specializes in data collection, evaluation, analysis, and assessment, and provide consultation to entities across Nevada to help improve internal local data collection systems and create a comprehensive statewide data sharing system that includes all State dashboards and public data.* (80)
    - Chair Doñate said he ranked this one high, because it supports sustainability. He isn't sure if it's a standalone item or possibly fits with other proposals.
    - Senator Seevers-Gansert agrees with the need to collect data to monitor progress or identify hotspots.
    - Ms. Hale noted that the Response Subcommittee also identified Data Sharing as a top priority.
    - Ms. Johnson noted concern with specifically identifying "contract with a company," but she does support a backbone agency to help support data analysis, collection, assessment and consultation.
    - Ms. Rodriguez will amend the language, accordingly.
    - Chair Doñate asked Ms. Hale to keep track of whether this goes forward under another subcommittee as a final recommendation; if not, this subcommittee will definitely consider it. He doesn't want to duplicate efforts.
4. *Provide educational opportunities to increase competency of clinicians providing adolescent care.* (50)
5. *Utilize harm reduction strategies, including: Syringe Services, Naloxone, Fentanyl Testing Strips, Safer Sex Supplies, Utilization/Distribution of Public Health Vending Machines, Overdose Prevention Sites.* (50)
6. *Adverse Childhood Experiences are recognized by the CDC and throughout prevention as a fundamental risk factor for substance misuse, abuse, and overdose in our communities. Funding to address ACES mitigation in statewide efforts will include SEL, Safe Dating/Violence Prevention, Early Childhood Development, Parenting Programs, Trauma informed care, and Mentorship programs for children, youth, and young adults. ACES mitigation efforts involve systemic change in our communities. One evidence-based solution is to provide supports for parents in our state. ACES mitigation will be integrated through the broader community through employer education, workplace SUD recovery support, and supportive measures for parents in the workplace.* (40)
    - In preparing for this meeting, staff highlighted this item as combining multiple recommendations into one. Subsequently, the possibility of an omnibus bill was raised at the August meeting of the Response Subcommittee, to combine multiple related items.
7. *Enable educators to build capacity to address psychological first aid for students.* (40)
8. *Expansion of Project Aware Statewide.* (40)
9. *Establish a bridge MAT program in emergency departments.* (30)
    - Ms. Hale noted that this is also a priority being discussed by the Response Subcommittee.
10. *Build and strengthen comprehensive FASTT and MOST teams statewide to provide intensive supports to incarcerated individuals both in the jails and upon release and provide a safety net for individuals presenting a mental health need in the community using EBP model.* (30)
11. *Expand Medicaid billing opportunities and allow blended and braided funding to facilitate services for system involved and at-risk youth.* (30)
12. *Promote telehealth for MAT, considering the modifications that have been made under the emergency policies.* (20)
13. *Encourage greater implementation of SBIRT across primary care settings.* (10)
14. *Ensure the use of housing first initiatives to decrease drug-related harms.* (10)

6. **Consider Subject Matter Experts for Future Meetings** *(For Possible Action)*
Chair Doñate asked members for suggestions for presentations in September.

Ms. Rodriguez noted that Jamie Ross with the Prevention Coalition had been scheduled for the original August meeting that was rescheduled, but she wasn't able to attend today's meeting. However, she is available for the September 15th meeting.

Ms. Johnson asked about the presentation to the interim legislature regarding expansion for community health workers and a systems-based approach. Possibly the members could watch a recording of the presentation in advance of their next meeting.

Ms. Rodriguez will follow up on this suggestion. If a recording is available, she will ask for it to be posted on the SURG website for the public, and she will also distribute it to subcommittee members. She could also ask for a presenter, if that works.

7. **Public Comment** *(Discussion Only)*
Rhonda Fairchild thanked the members. She was at the Southern Nevada Misuse Overdose Prevention Summit a couple weeks ago, and she heard a really good presentation on prevention for kids that are not yet using. She has been in this field for a really long time, and it really opened her mind to the differences of presenting drug awareness to a child who has never used, and a child who has already used, or is currently using. She hopes this committee takes into consideration that it's a different dynamic in prevention. "Are we preventing use, or are we preventing death? What is our prevention tactic?"

Ms. Johnson recognized that today (August 31st) is International Overdose Awareness Day, a time to remember and a time to act to address the overdoses in our community. From Southern Nevada, there will be in-person and online remembrance at the Chuck Maker Sports Complex from 5:00 to 7:30 p.m. today. There will be a lot of services for individuals across the community, with community partner representation, some food available, and some testimony from individuals with experience in the community.

8. **Adjournment**
The meeting was adjourned at 10:17 a.m.