



OFFICE OF THE ATTORNEY GENERAL

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PREVENTION SUBCOMMITTEE

Substance Use Response Group (SURG)

September 15, 2022

10:30 am

**1. CALL TO ORDER AND
ROLL CALL TO ESTABLISH
QUORUM**

Chair Doñate

1. Call to Order and Roll Call to Establish Quorum

Member	SURG Role	Committee Role
Senator Fabian Doñate	Senate Majority Appointee	Chair
Debi Nadler	Advocate/Family Member	Member
Erik Schoen	SUD Prevention Coalition	Member
Jessica Johnson	Urban Human Services (Clark County)	Member
Senator Heidi SeEVERS-Gansert	Senate Minority Appointee	Member

2. PUBLIC COMMENT

Public Comment

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**3. REVIEW AND APPROVE
AUGUST 31, 2022 PREVENTION
SUBCOMMITTEE MEETING
MINUTES**

Chair Doñate

4. NEVADA PREVENTION COALITION UPDATE

Jamie Ross, Coordinator, Nevada Statewide Coalition Partnership and Hannah
McDonald, Executive Director, Partnership Carson City

AN INTRODUCTION TO NEVADA'S COALITION STRUCTURE

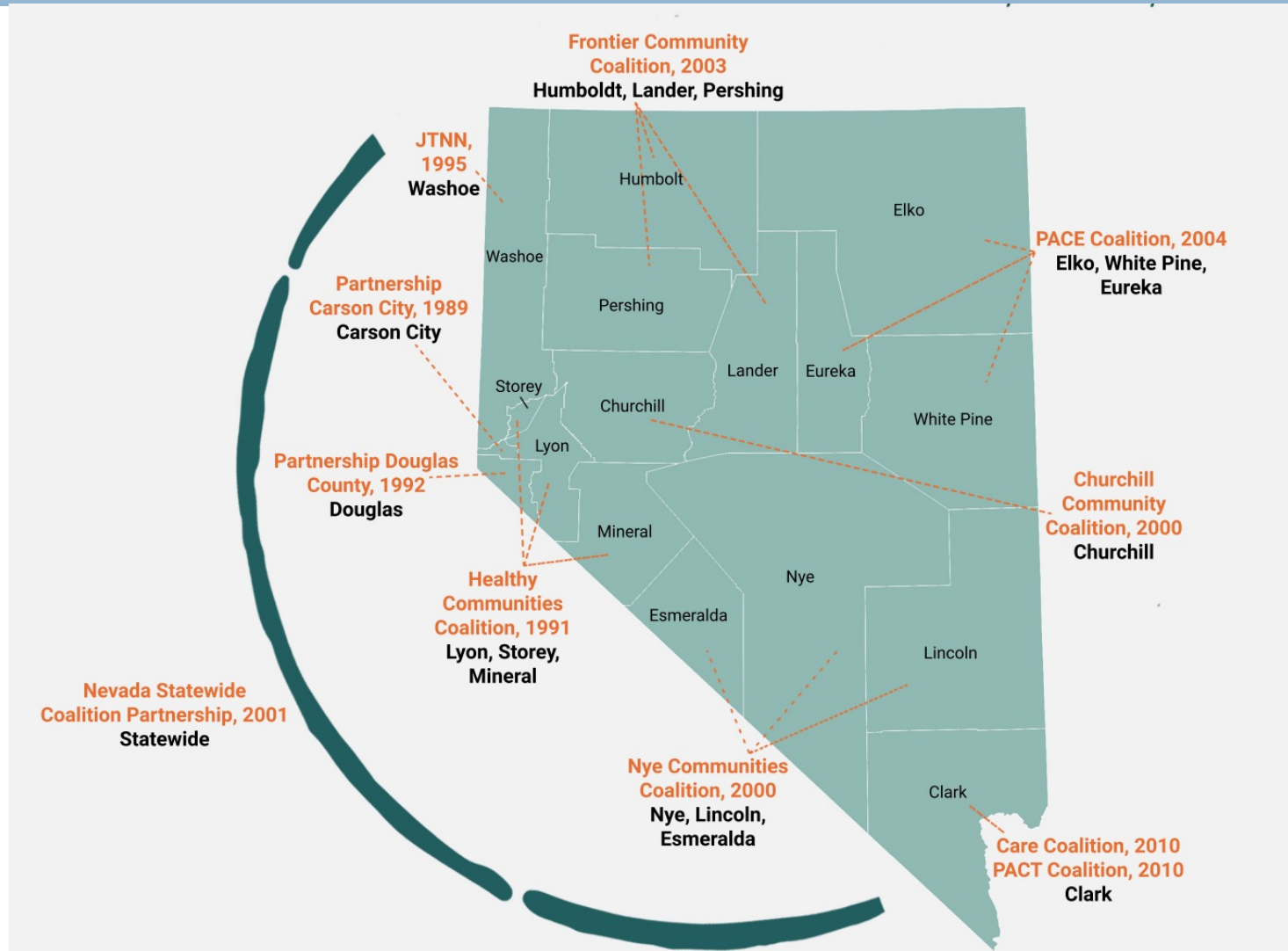
Supporting a network of community coalitions
to promote a healthy Nevada

Agenda

- How prevention coalitions grant funds
- Secondary/Tertiary prevention programs with policies to consider
- Partnerships with prevention in schools



Prevention Coalitions in Nevada



Prevention Coalitions as Grantors

How the Coalition Structure Began

- **October 2, 2001** - Maria Canfield, BADA Chief, gave an overview of BADA's vision. The goal is for there to be functional coalitions in all counties across the state. Coalitions will take on some of the BADA responsibilities, such as prioritizing what programs are right for a community. BADA staff will be moving out of a compliance role to a technical assistance role. Coalitions will eventually be putting out RFAs but BADA will continue to certify coalitions and programs. A simple audit is required of coalitions and BADA will pay the percent proportionate to their funding level. The coalition infrastructure will be built first, then money will be dispersed through coalitions to direct service providers.
- **November 6, 2001** - Sheila Leslie, District 27 Assemblywoman; Carlos Brandenburg, Administrator, Division of Mental Health, Developmental Services; Larry Carter, Chief, Division of Child and Family Services, Juvenile Justice Programs; and Maria Canfield, Bureau Chief, Division of Health, Bureau of Alcohol and Drug Abuse outlined their commitment to the coalition process and discussed funding possibilities for coalitions in the futures. Coalitions were able to ask questions regarding state commitment to the coalition process, communication with key leaders, and the future of specific funding sources.

Coalitions as grantors

- Coalitions secure funding for local agencies through grants from city, state, federal and settlement dollars.
- Coalitions subgrant and contract with local partners to provide prevention and intervention programming to the community.
- Provide opportunities through donation and earned admin fees

Other Opportunities-

- Education Enrichment Fund - supports youth with limited access to funds to engage in school and county extra circular activities.
- Educators Mini Grants- provides teachers and coaches grant funds to coordinate a program or purchase supplies for a program.
- Youth Dental Program - ensures that youth who are uninsured or underinsured are covered for dental services. Families must meet program requirements.
- Conference and Training sponsorship - financially supports partners attendance at conferences and trainings that are not covered in their grants or agency budgets. Trainings must be relative to their work and community goal.

Grant Process

Process for subgrantees

- Grant Application released
- Applications submitted
- Internal Review and scoring
- External Review and scoring
- Funding awards
- Grantee mentorship and training
- Grantee program/fiscal monitoring

Application Specifications at a Glance

Funding Period:	July 1, 2019 – June 30, 2020 (Funding will be awarded for a one-year period with the opportunity for continuation based on funding in years 2 – 4)
Available Funds:	\$680,000 contingent on available funding
Types of Services:	Substance Abuse Prevention
Target Population:	Multiple Populations of Clark County
Service Area:	Clark County
Eligibility:	Private not-for-profit organization, 501(c)(3) or local governmental entity
Mandatory Bidders Conference:	
Letter of Intent Due:	April 19, 2019 at 4:00 pm
Application Deadline:	May 6 th , 2019 at 4:00 pm
Copy Requirements:	1 Electronic Submission, 1 original

Secondary and Tertiary Prevention

Programs and policies for review

FASTT and MOST Programs

Recommendation

- 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.

Comments

- Support Case Management Not treatment
- Very important, but there are some other funding sources available for this project currently

Capacity for Harm Reduction

Recommendation

- Build and strengthen community capacity for harm reduction activities based on community readiness, access and need
- Increasing access to Narcan, fentanyl test strips, and other harm reduction strategies through increased community capacity

Comments

- Coalitions are natural leaders at convening partners and building capacity by meeting the community where they are at

Prevention in Schools

Partnerships between schools, community and coalitions

Prevention Specialists in Schools

Recommendation

- Provide Certified Prevention Specialists in Nevada schools, before and after school programs, and other youth serving organizations to provide appropriate prevention education and programming.

Comments

- This supports primary prevention programming in both schools and the community. Prevention Specialists would be provided to the schools by the community coalitions that are experts in prevention work, ensuring the evidence-based programming fits with state school standards by grade level.
- Supports schools without further burdening school staff
- Could incorporate Community Health Workers as another workforce opportunity for this priority.

Senate Bill 69 (2021)

- Provides list of evidence-based programs currently utilized in schools
- Collaboration with Department of Education on Evidence Based Programs website

Thank you for the opportunity to share!

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5. FINALIZE SUBCOMMITTEE RECOMMENDATIONS

Chair Doñate

Weighted Prioritization

- Prior to the September meeting, Prevention Subcommittee members were asked to re-prioritize their Top 5 recommendations.
- 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.
- After subcommittee discussion today, five to seven recommendations will be sent to the SURG for consideration during the October meeting.

Priority Recommendations

Rank	Weight	Score	Cumulative Score	Recommendation
1	50	50		Continue to invest in standing up Community Health Workers, Peer Recovery Specialists, and Certified Prevention Specialists throughout Nevada.
2	20	40		
4	5	20		
			110	

Priority Recommendations

Rank	Weight	Score	Cumulative Score	Recommendation
1	50	50		Support a backbone agency that specializes in data collection, evaluation, analysis, and assessment, and provides 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.
3	10	30		
5	2	10		
			90	

Priority Recommendations

Rank	Weight	Score	Cumulative Score	Recommendation	Notes
1	50	50	80	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.	Suggestion to change "naloxone kits" to "overdose reversal medication" to encompass future drugs that may come out.
3	10	30			

Priority Recommendations

Rank	Weight	Score	Cumulative Score	Recommendation
2	20	40	70	Support prevention and intervention in K-12 schools by: Invest in multi-tiered system of supports (MTSS) and provide a robust platform of services at schools to connect families to prosocial education, early intervention, counseling services, and other resources to help mitigate Adverse Childhood Experiences (ACES). Provide appropriate prevention education and programming and invest in certified prevention specialists in schools. Increase school-based mental health professionals through a multi-disciplinary, cross-department school-based behavioral health team.
3	10	30		

Priority Recommendations

Rank	Weight	Score	Cumulative Score	Recommendation
2	20	40		Increase school-based health qualified mental health professional workforce.
3	10	30		
			70	

Priority Recommendations

Rank	Weight	Score	Cumulative Score	Recommendation
1	50	50		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.
5	2	10		
			60	

Priority Recommendations

Rank	Weight	Score	Recommendation
1	50	50	Enhance Prevention Infrastructure - Expand UNR PBIS-TA Center's capacity to provide MTSS training and coaching to all of Nevada local education agencies.
2	20	40	Provide appropriate primary prevention education and programming in K-12 schools

Priority Recommendations

Rank	Weight	Score	Recommendation
2	20	40	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.
3	10	30	Expand Medicaid billing opportunities and allow blended and braided funding to facilitate services for system involved and at-risk youth.

Priority Recommendations

Rank	Weight	Score	Recommendation
4	5	20	<p>Support training of key stakeholders statewide in the Collective Impact approach to affecting community change. This will establish an operating standard for community engagement and systems changes in Nevada's communities. DPBH leadership has indicated this is the approach /model they are now supporting.</p> <p>Training should be statewide, cross sector, and cross discipline so all are on same page. Training should be state level down to coalition/community level (multi-layered)</p>
4	5	20	<p>Address workforce development for youth/young adults through scholarships, work study opportunities and training.</p> <p>Increase options for supervision of internships by supporting clinical supervisors such as LCSW.</p>

Priority Recommendations

Rank	Weight	Score	Recommendation
4	5	20	Just Say Know. It's a school pilot program for middle and high school students to work with their families using the arts of communication. It's a joint effort with Moms Against Drugs and TINHIH. We want to know what our kids know about drugs.
4	5	20	Promote telehealth for MAT, considering the modifications that have been made under the emergency policies.
5	2	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.

Priority Recommendations

Rank	Weight	Score	Recommendation
5	2	10	Support prevention and intervention in K-12 schools by: Invest in multi-tiered system of supports (MTSS) and provide a robust platform of services at schools to connect families to prosocial education, early intervention, counseling services, and other resources to help mitigate Adverse Childhood Experiences (ACES). Provide appropriate prevention education and programming and invest in certified prevention specialists in schools. Increase school-based mental health professionals through a multi-disciplinary, cross-department school-based behavioral health team.
5	2	10	Establish a bridge MAT program in emergency departments.

Discussion and Finalization of Top Recommendations

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7. 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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