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PREVENTION SUBCOMMITTEE

Substance Use Response Group (SURG)

October 12, 2022

9:00 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

- 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.

3. REVIEW AND APPROVE SEPTEMBER 15, 2022 PREVENTION SUBCOMMITTEE MEETING MINUTES

Chair Doñate

4. NEVADA BOARD OF PHARMACY UPDATE ON NARCAN

J. David Wuest, Executive Secretary, Nevada Board of Pharmacy

5. FINALIZE SUBCOMMITTEE RECOMMENDATIONS

Chair Doñate

Potential Revisions: Recommendation #1

Continue to invest in standing up Community Health Workers, Peer Recovery Specialists, and Certified Prevention Specialists throughout Nevada.

- 10/3 SURG meeting suggestion: Change to sustaining or expanding investments
- Potential to merge recommendation with Treatment and Recovery Subcommittee recommendation:

  Implement changes* to recruitment, retention, and compensation of state frontline health care workers and enhance compensation in alignment with the Commission on Behavioral Health Board's letter to the Governor of June 22nd.

  - **See Oct 3 meeting attachment with highlighted Commission on Behavioral Health Draft Letter to Governor June 23, 2022 for details on changes.*
- Note support for: Joint Interim Standing Committee on Health and Human Services BDR #333 which revises provisions relating to community health workers.

Justification, Action Step, and Research: Recommendation #1

- Justification:
  - Efficient, effective, cost savings, quick to stand up eager workforce
- Action Step:
  - Expenditure of settlement funds through grant dollars
  - Change in Medicaid reimbursement to allow for reimbursement of CHWs affiliated with BH/SUD agencies
- Research/Links:
  - https://www.leg.state.nv.us/App/InterimCommittee/REL/Document/27968

Potential Revisions: Recommendation #2

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.

- 10/3 SURG meeting suggestion: Specify the backbone agency
- Potential to merge recommendation with Response Subcommittee recommendation:

  Support legislation to establish statewide and regional Overdose Fatality Review (OFR) committees and recommend an allocation of funding to support the OFR to effectively identify system gaps and innovative community-specific overdose prevention and intervention strategies in accordance with established best practices (including data sharing agreements between public safety and public health) such as the Bureau of Justice Assistance's Overdose Fatality Review: A Practitioner's Guide to Implementation.

Justification, Action Step: Recommendation #2

- Justification:
  - All grant funding requires local level data to be deemed valid and fundable and there are often gaps in specific data and national data is used.
  - On a local level, many county agencies and organizations lack the capacity to build and maintain comprehensive data collection systems including entities like law enforcement, EMS, hospitals, social services, coalitions, harm reduction agencies, and other essential agencies.
  - On a state level, many data collection systems and dashboards exist that are not accessible to all entities and sectors. This makes it difficult to review the extensive level of data and analysis needed to appropriately assess current substance use, overdose, treatment and recovery trends in each county.
  - Current data systems are not utilized and analyzed in a meaningful, standardized way.
  - It would benefit Nevada to support a backbone agency that specializes in data collection, evaluation, analysis, and assessment, and provide consultation to entities across Nevada to help build or improve internal data collection systems. The backbone agency would also create a comprehensive data sharing system that includes all State dashboards and public data, and be accessible to all entities. This will allow for a standardized data analysis system that will aid in identifying the causes of risk and harm in communities and ensure existing data is not duplicated. Each agency will be trained on how to maintain and utilize these systems. Doing so will create a sustainable hub to help inform public health strategies and compete for federal funding.
- Action Step:
  - Expenditure of settlement funds

Research/Links: Recommendation #2

- https://ori.hhs.gov/education/products/n_illinois_u/datamanagement/dctopic.html
- https://www.americanprogress.org/article/measure-matters-connecting-dots-among-comprehensive-data-collection-civil-rights-enforcement-equality/
- https://www.ahrq.gov/research/findings/final-reports/iomracereport/reldata5.html
- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4515757/

Potential Revisions: Recommendation #3.a.

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 age appropriate, innovative and/or evidence-based prevention education and programming that is based on best practices 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.

- 10/3 SURG meeting suggestion: Break into three separate recommendations so they each stand on their own (MTSS, providing education and programming, increasing school-based MH professionals)

Justification, Action Step: Recommendation #3.a.

3.a. Support prevention and intervention in K-12 schools by investing 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).

- Justification:
  - Comprehensive prevention services are most effective when provided through a multi-tiered system of supports (MTSS)
  - 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.
- Action Step:
  - [subcommittee to determine]

Research/Links: Recommendation #3.a.

- NDE 7/28/22 presentation to SURG Prevention subcommittee (posted on SURG website)
- https://www.cdc.gov/violenceprevention/pdf/preventingACES.pdf
- https://scholarworks.unr.edu//handle/11714/7537
- https://www.ncsl.org/research/health/adverse-childhood-experiences-aces.aspx
- https://pubmed.ncbi.nlm.nih.gov/31989435/

Recommendation #3.b.

3.b. Provide age appropriate, innovative and/or evidence-based prevention education and programming that is based on best practices and invest in certified prevention specialists in schools.

- Justification:
  - Youth organizations and school staff are inundated with requirements and should not be expected to implement prevention strategies without the assistance of a prevention professional.
  - Certified Prevention Specialists are credentialed through the IC&RC. This credential requires professionals to demonstrate competency through experience, education, supervision, and the passing of a rigorous exam.
  - Certified Prevention Specialists will be placed in school districts and youth organizations via SAPTA Certified Prevention Coalitions, youth organizations, or school districts to provide a variety of services, including, but not limited to: evidence-based substance use prevention programming, data collection, SBIRT screenings, and other needs in continuum of prevention framework that is best for each organization and school.
  - Certified Prevention Specialists can also work with school Multi-Tiered Support System (MTSS) teams and advise them on policy and the infrastructure of systems that address youth behavioral health and substance use priorities. CPS will identify and help implement best practices in their reaching target populations.
- Action Step:
  - [subcommittee to determine]

Research/Links: Recommendation #3.b.

- https://www.cadca.org/prevention-works
- https://www.cadca.org/sites/default/files/files/coalitionhandbook102013.pdf
- https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf
- https://journals.sagepub.com/doi/abs/10.1177/109019819602300105
- https://www.positiveaction.net/research-outcomes#substance-use
- https://www.lifeskillstraining.com/eval-study/
- https://www.internationalcredentialing.org/creds/ps

Recommendation #3.c.

3.c. Increase school-based mental health professionals through a multi-disciplinary, cross-department school-based behavioral health team.

- Justification:
  - School staff are feeling overwhelmed by students needing individual intensive services—systems need to refocus on prevention to reduce the tier 3 demands.
  - Current Nevada school support personnel such as school psychologists, school counselors, nurses, school social workers do not meet national ratio standards.
- Action Step:
  - [subcommittee to determine]
- Research/Links:
  - NDE 7/28/22 presentation to SURG Prevention subcommittee (posted on SURG website)

Potential Revisions: Recommendation #4

Require the Department of Health and Human Services (DHHS) to allocate increased funding for the Prevention Coalitions to set aside funding for small grants to programs and grassroots efforts geared toward substance use prevention and education.

- No suggested revisions at 10/3 SURG meeting

Justification, Action Step, and Research/Links: Recommendation #4

- Justification:
  - Grassroots movements in Nevada with people who have suffered a loss or are in recovery are knowledgeable and up to date on what is happening and what is working and not working.
- Action Step:
  - [subcommittee to determine]
- Research/Links:
  - None submitted

Potential Revisions, Justification, Action Step and Research: Recommendation #5

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.

- No suggested revisions at 10/3 SURG meeting
- Justification:
  - None submitted
- Action Step:
  - [subcommittee to determine]
- Research/Links:
  - None submitted

Potential Revisions: Recommendation #6

Support Harm Reduction through:

- ***6.a.: 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.***
- ***6.b.: 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.***
- ***6.c.: Promote telehealth for MAT, considering the modifications that have been made under the emergency policies.*** (see slide #27 for 10/3 SURG suggestion)

Justification, Action Step and Research: Recommendation #6.a

- Justification:
  - There is an ongoing and realistic need to look at the sustainability of medication for opioid overdose reversal in Nevada beyond federal funding alone.
  - A plan such as this creates a stable source to address anticipated saturation needs of overdose reversal medication throughout the state. This would allow for groups that primarily purchase overdose reversal medication with funding to develop a tailored distribution plan for at-risk communities or utilize funding to address other needs throughout the state.
- Action Step:
  - Expenditure of settlement funds
  - DHHS Recommendation
- Research/Links:
  - Other states, such as Rhode Island have opted to utilize settlement funding to address the sustainable availability of naloxone: https://riag.ri.gov/press-releases/attorney-general-announces-additional-opioid-settlements-valued-more-100-million

Justification, Action Step: Recommendation #6.b

- Justification (Citation links on next slide):
  - One harm reduction tool to address the increase in fatal opioid overdoses is naloxone, a safe and highly effective Food and Drug Administration-approved medication that reverses opioid overdoses. In studies, naloxone efficacy has ranged between 75 and 100 percent. [1] One study from Brigham and Women's hospital in Massachusetts concluded that of those individuals given naloxone, 93.5 percent survived opioid overdose. [2]
  - In Maryland, the STOP Act legislation expanded access to naloxone in two ways. First, it authorized emergency medical services (EMS) personnel, including emergency medical technicians (EMTs) and paramedics, to dispense naloxone to an individual who experienced a nonfatal overdose or who was evaluated by a crisis response team for possible overdose symptoms. Second, the legislation established that within 2-years of passage, community services programs, including those specializing in homeless services, opioid treatment, and reentry, must develop protocols to dispense naloxone free of charge to individuals at risk of overdose. Both approaches help get naloxone into the hands of those who are most at risk. It is worth noting that Nevada leaders in the legislature and governor's administration have already taken many steps to increase naloxone availability across the state, such as with the passage of The Good Samaritan Drug Overdose Act of 2015 (Senate Bill 459, Chapter 26, Statutes of Nevada 2015 NRS 453C.120). This Act allows greater access to naloxone, an opioid overdose reversal drug and has saved countless lives across Nevada since its passage. This proposed policy would expand these laws to allow health providers to dispense naloxone "leave-behind" or "take-home" kits so that people who use drugs have ready access to them if needed. Dispensing naloxone into the hands of people who use drugs has been found to be effective. One meta-analysis found that in the case of overdose, a take-home kit reduced fatality to one in 123 cases. [3]
- Action Step:
  - Bill Draft Request

Research/Links: Recommendation #6.b

- Link to a copy of the bill (HB0408): https://mgaleg.maryland.gov/mgawebsite/Legislation/Details/hb0408
- Copy of the fiscal and policy note: https://mgaleg.maryland.gov/2022RS/fnotes/bil_0008/hb0408.pdf
- Citations from the "justification"
  - [1] Rachael Rzasa Lynn and JL Galinkin, “Naloxone dosage for opioid reversal: current evidence and clinical implications,” Therapeutic Advances in Drug Safety, 9:1 (Dec. 13, 2017), pp. 63-88. https://journals.sagepub.com/doi/10.1177/2042098617744161.
  - [2] Nadia Kounang, “Naloxone reverses 93% of overdoses, but many recipients don’t survive a year,” CNN Health, Oct. 30, 2017. https://www.cnn.com/2017/10/30/health/naloxone-reversal-success-study/index.html
  - [3] Rebecca McDonald and John Strang, “Are take-home naloxone programmes effective? Systematic review utilizing application of the Bradford Hill criteria,” Addiction, 111:7 (July 2016), pp. 1177-87. https://onlinelibrary.wiley.com/doi/10.1111/add.13326."

Potential Revisions: Recommendation #6.c

Promote telehealth for MAT, considering the modifications that have been made under the emergency policies.

- 10/3 SURG meeting suggestion: Combine Prevention subcommittee recommendation bullet above with Treatment and Recovery subcommittee recommendation below:

Expand access to MAT and recovery support for SUD, limit barriers to individuals seeking treatment regardless of the ability to pay, and encourage the use of hub and spoke systems, as well as recovery support, including use and promotion of telehealth, considering the modifications that have been made under the emergency policies, and pursuing innovative programs such as establishing bridge MAT programs in emergency departments.

Justification, Action Step, and Research: Recommendation #6.c

- Justification:
  - None submitted
- Action Step:
  - [Subcommittee to Determine]
- Research/Links:
  - None submitted

6. SUBCOMMITTEE APPOINTMENTS AND PROCESS

Chair Doñate

7. PUBLIC COMMENT

Public Comment

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8. ADJOURNMENT

ADDITIONAL INFORMATION, RESOURCES & UPDATES AVAILABLE AT:

https://ag.nv.gov/About/Administration/Substance_Use_Response_Working_Group_(SURG)/

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