

## MEETING NOTES

### Statewide Substance Use Response Working Group Prevention Subcommittee Meeting

April 6, 2023  
1:00 p.m.

Zoom Meeting ID: 825 0031 7472  
Call in audio: 1 253 205 0468  
No Physical Public Location

#### Members Present via Zoom or Telephone

Chair Jessica Johnson, Debi Nadler, Angela Nickels, Erik Schoen

#### Attorney General's Office Staff

Dr. Terry Kerns and Rosalie Bordelove

#### Social Entrepreneurs, Inc. Support Team

Emma Rodriguez and Margaret Del Giudice

#### Members of the Public via Zoom

Alyssa O'Hair, Ashley Tackett, Belz and Case Team, Laura Oslund (PACE Coalition), Linda Anderson, Jamee Millsap

### **1. Call to Order and Roll Call to Establish Quorum**

Chair Johnson called the meeting to order at 1:04 pm.

Ms. Rodriguez called the roll and established a quorum.

### **2. Public Comment (*Discussion Only*)**

Chair Johnson asked for public comment.

No public comment.

### **3. Review and Approve Minutes from October 12, 2022 Prevention Subcommittee Meeting (*For Possible Action*)**

Chair Johnson asked for a motion to approve the minutes from October 12, 2022 Prevention Subcommittee.

- Ms. Nadler made a motion to approve the minutes.

Ms. Rodriguez pointed out that Ms. Nickels was not at the Prevention Subcommittee Meeting on October 12, 2022 and asked Ms. Bordelove if a member who was not present at the meeting for which the minutes are being approved can provide approval. Ms. Bordelove confirmed that a member not present is still able to vote to approve.

- Ms. Nickels seconded the motion.
- The motion passed unanimously.

### **4. Review of National Academies of Science Behavioral Health Continuum of Care Model (*For Possible Action*)**

Alyssa O’Hair, Center for the Application of Substance Abuse Technologies (CASAT)

Ms. O’Hair disclosed that the presentation is supported by SAMHSA, and the content does not necessarily represent the official views of SAMHSA or the U.S. Government. She discussed how to define prevention, the levels of prevention as they connect to stages of health and disease, described the spectrum of behavioral healthcare services, and how the levels of prevention align with the spectrum of behavioral healthcare services. For details please see slides posted online at the [SURG webpage](#) under attachments for this meeting.

For the definition of Prevention and Levels of Prevention, see slides 11-12.

Ms. O’Hair introduced a graphic detailing the spectrum of behavioral health services as they relate to substance misuse and mental health promotion. For details see slide 13. She explained that this graphic was developed in the 1990s by the National Academies of Science, Engineering, and Medicine as a new method of categorizing behavioral health services in terms of ideal alignment of audience type and type of service. Ms. O’Hair emphasized that promotion of general health and well-being should be incorporated into all aspects of behavioral health services regardless of audience or service.

Ms. O’Hair discussed Prevention Services, homing in on Universal, Selective, and Indicated Prevention Strategies. See slide 14 for details. Each strategy is defined by the audience it is intended to serve. Universal strategies are for anyone in any given population, and anyone will benefit from this service regardless of risk, use, or mental health status. Examples of universal interventions include underage drinking laws, good Samaritan laws, or classroom interventions. Selective strategies are a subgroup of Universal, these are services for people who are at an elevated risk but are not yet using substances or have not yet developed a mental health problem. Ms. O’Hair provided as an example of this type of intervention academic and/or mental health supports designed to address the elevated risk for those struggling academically in late elementary school. Indicated interventions are intended for those that are already using but who have not developed a use disorder or experienced any harmful consequences of substance use so there is still an opportunity to reduce or cease use, depending on the substance and the age.

Ms. O’Hair then described how the spectrum of behavioral health services connects with the stages of health and levels of prevention (primary, secondary, and tertiary). See slide 15 for details. She explained that primary prevention is for audiences that are not experiencing any type of injury, disease, or disability (aligning with Universal and Selective intervention types). Secondary prevention is for audience types that are using but have not developed a use disorder.

Tertiary prevention services apply to those who have developed a use disorder. The goal of tertiary prevention is to provide support to stop substance use from getting worse and to help individuals access and benefit from treatment with additional services that support their wellbeing throughout their recovery.

Ms. O’Hair concluded her presentation with a slide citing references (see slide 16) and her contact information (see slide 17).

Chair Johnson thanked Ms. O’Hair and paused for questions from committee members.

Chair Johnson asked Ms. O’Hair to talk about how we address some of these prevention concerns, specifically around evidence-based programs or evidence-based interventions, and the role that they play in addressing Universal, Selective, Indicated, Primary, Secondary, and Tertiary.

Ms. O’Hair responded by highlighting the importance of using data, including qualitative data, to understand what is really driving the problem in a community. She clarified that this may differ from substance to substance, but it is often the same set of risk and protective factors and local conditions. When identifying strategies, Ms. O’Hair noted that one intervention will never be sufficient because substance use disorders are multiply determined with multiple factors converging. She emphasized that risks and protective factors need to be taken seriously and look for interventions that align with what is truly contributing to the problem in order to avoid a mismatch of problem and solution. She added that it is often necessary to use a combination of services across the whole spectrum.

Ms. O’Hair continued by noting the importance of looking at relevant research to identify which strategies are most effective and paying particular attention to the population tested to ensure the findings apply to the target population (protective factors do vary across cultural groups), and of knowing the community being served and ensuring that members of that community are at the table and leading the way.

Ms. O’Hair concluded by noting the importance and challenge of having sufficient resources (e.g., skillsets, colleagues that can build the capacity to carry out the interventions as intended).

Chair Johnson thanked Ms. O’Hair and asked committee members if there were any follow-up questions for Ms. O’Hair.

Ms. Nadler asked Ms. O’Hair and other members if Gov. Sisolak had mandated mental health programs for Nevada classrooms in December of 2019. She stated that from her experience, there is an apparent lack of mental health specialists in the schools.

Ms. O’Hair reported that she was not personally aware of this mandate and referred Ms. Nadler to Christy McGill at the Department of Education who is working on systems level change including getting better mental health services, both promotion and treatment, into classrooms.

Chair Johnson thanked Ms. Nadler for her question and asked if there were any other questions from committee members. Upon hearing none Chair Johnson asked Ms. O’Hair if she thought there was truth to the adage ‘No prevention is better than bad prevention.’

Ms. O’Hair was unfamiliar with the adage but did agree that bad prevention can cause harm and should not be implemented. As an example, she explained how some fear-based messaging is unlikely to be effective beyond a small number of children, and it does contribute significantly towards the stigmatization of substance use. These and other strategies that have little efficacy while also causing harm do lend credence to the adage.

Chair Johnson opened for additional questions. Hearing none, she thanked Ms. O'Hair for her presentation and discussion.

Ms. O'Hair put her email, [ahair@casat.org](mailto:ahair@casat.org), in the chat for follow-up questions.

### **5. Review 2023 Subcommittee Guidance** *(Discussion Only)*

Chair Johnson and Emma Rodriguez, Social Entrepreneurs, Inc.

Chair Johnson explained that subcommittee members were asked to submit recommendations for presentations through a survey sent to subcommittee members by SEI (see slide 19 for details) and reviewed additional subcommittee guidance on recommendations for inclusion in the fall for the final report (see slide 20 for details). She noted that Attorney General Ford is also looking for recommendations outside of the narrow scope of opioid recommendations from the prior year, which presents a broad recommendation opportunity for this subcommittee.

Ms. Rodriguez reviewed the results of a survey distributed at the beginning of 2023 with the purpose of evaluating the previous year (see slides 21-22 for details).

Chair Johnson asked if members had any questions or feedback.

Ms. Nadler asked for clarification regarding the scope of the subcommittee after being at a Harm Reduction meeting that included a presentation by a speaker from California. Ms. Nadler asked if recommendations were meant to be applied to or in support of other states.

Chair Johnson explained that expertise from the state of Nevada to present on recommendations was prioritized. If there was not an available expert to discuss recommendations, a national expert was then selected.

Ms. Rodriguez confirmed SEI had asked members to recommend presenters and prioritized speakers from Nevada whenever possible. She also noted that whenever possible, it can be helpful to learn what other states are doing and to include national expertise along with local expertise.

Ms. Nadler clarified that her question was to ensure that the recommendations themselves were not meant to apply to other states.

Chair Johnson thanked Ms. Nadler for her concern and indicated a need in the future for increased clarity.

Mr. Schoen raised a concern that formulating ten new recommendations each year might confuse lawmakers, policymakers, and decision makers. As an alternative, Mr. Schoen suggested reviewing recommendations already made and ascertain progress made towards each in the current year followed by a determination of whether or not the recommendation should be continued into the new set of recommendations for the year.

Chair Johnson suggested having a survey in which the recommendations are prepopulated to track progress and added that Chair Ford's feedback to the [SURG Website](#) was to add additional recommendations beyond the narrow opioid scope.

Mr. Schoen clarified that in reviewing prior recommendations the group would also consider new recommendations but that looking backwards and tracking progress in addition to considering new recommendations could underline consistency in the recommendations and avoid an oversaturation of recommendations.

Ms. Rodriguez thanked Mr. Schoen for his feedback and suggested that the subcommittee consider reporting out at the July SURG meeting as it seems to go against the guidance given to all subcommittee members about not including recommendations that were in the 2022 SURG Annual Report (included as part of the meeting materials and available on the [SURG Website](#)), guidance which was decided in consultation with Vice Chair Lisa Lee. Ms. Rodriguez continued that if there is additional research or includes increased specificity this may not constitute a replication of the recommendation.

Mr. Schoen acknowledged the value of not repeating recommendations. He then provided additional elaboration for why it may be helpful to continue to include recommendations from one year to the next. He reported that in his experience one goal can take ten years of intense focus to address, so it may be crucial for one recommendation to be included and amplified throughout multiple years.

Chair Johnson thanked Mr. Schoen for this comment and recommended that the subcommittee discuss this issue at the July SURG Meeting.

Chair Johnson thanked members for their feedback and asked if there were any additional comments.

Hearing and seeing none, Chair Johnson moved to agenda item 6.

## **6. Review AB374 Section 10 Requirements Specific to Prevention Subcommittee and Recommendations in 2022 Annual Report (*For Possible Action*)**

Chair Johnson

Chair Johnson provided an overview of the cross-cutting areas assigned to all subcommittees (see slides 25-26 for details), Prevention Subcommittee specific assignments (see slides 27-28 for details), and a review of the 2022 SURG Annual Report Recommendations that aligned with Prevention Subcommittee assignments (see slides 28-30 for details, recommendations are in italics).

Chair Johnson asked members if there were any questions or comments.

Hearing and seeing none, Chair Johnson thanked Ms. Rodriguez and moved to agenda item 7.

## **7. 2023 Legislative Session Update (*For Possible Action*)**

Chair Johnson

Chair Johnson explained that the purpose of the legislative update is to have on the record some of the bills that are related to recommendations from the Prevention Subcommittee.

Ms. Rodriguez provided an overview of the relevant Senate Bills (see slides 32-34 for details). For a more robust list of relevant bills, she directed members to review the [Substance Use Bills Tracker](#) (included as part of the meeting materials and available on the [SURG Website](#)) and noted that SEI intends to update this tracker monthly.

Chair Johnson thanked Ms. Rodriguez and paused for members to highlight any other bills related to any of the SURG Subcommittee recommendations that committee members are tracking.

Mr. Schoen noted confidence in SB117 and a work session next week.

Chair Johnson thanked Mr. Schoen for this update.

With no additional update on bills, Chair Johnson welcomed input on how tracking bills in this manner is helpful or if there are preferred alternative methods.

Mr. Schoen expressed appreciation for the current tracking provided.

Chair Johnson agreed with Mr. Schoen and asked members for additional input.

Hearing none, Chair Johnson moved to agenda item 8.

## **8. Overview of Recommendations Received and Next Steps** *(For Possible Action)*

Chair Johnson

Chair Johnson reported that one recommendation was received from Ms. Nadler on the DEA's Community Outreach Section. Ruth Morales, Community Outreach Specialist, DEA is scheduled to present on this recommendation on May 15.

Chair Johnson welcomed additional recommendations from subcommittee members.

Ms. Nadler recommended as a presenter Joseph Engle, There is No Hero in Heroin (TINHIIH) and Alternative Peer Group (APG). She highlighted his significant work in the community and lack of funding.

Chair Johnson thanked Ms. Nadler for the recommendation and asked Ms. Nadler if she intended to submit a recommendation specific to the SURG Subcommittee related to TINHIIH's work or if this was something that Mr. Engle could include.

Ms. Nadler confirmed that Joseph Engle would include whatever is needed.

Chair Johnson asked Ms. Rodriguez to obtain from Ms. Nadler contact information for Joseph Engle to schedule him as a presenter.

Mr. Schoen recommended finding a presenter who could speak about available technologies.

Chair Johnson asked Mr. Schoen if he was recommending the presentation in relation to drug-checking.

Mr. Schoen clarified that it would relate to drug checking, particularly to testing for fentanyl in the opioid supply or any other adulterants.

Chair Johnson thanked Mr. Schoen for his recommendation and re-iterated that his recommended presentation would focus on different types of mass spectrometry involved in drug checking, and potentially the pros and cons of the different types of approaches as well as the associated costs.

Chair Johnson asked members if there were any recommendations or feedback regarding future recommendations.

Chair Johnson reported that she's working on a recommendation around alcohol outlet density and recommendations around how this committee can advise and look at those indicators. She explained that alcohol outlet density is linked with social determinants of health and other outcomes related to prevention and mental and behavioral health and expressed interest in working with this committee to identify someone who can speak about this and provide a firm recommendation.

Mr. Schoen offered a summary of the goal of the Prevention Subcommittee's work as establishing robust natural support within communities to provide healthy alternatives to substance use.

Chair Johnson agreed with this vision.

Chair Johnson asked members for any additional discussion. Hearing none, she asked Ms. Rodriguez if any information was needed ahead of the May Subcommittee meeting.

Ms. Rodriguez indicated that help would be needed from Mr. Schoen and Ms. Nadler about future presentations.

### **9. Public Comment** (*Discussion Only*)

Chair Johnson asked for public comment.

Ms. Nadler thanked Chair Johnson and complimented her facilitation.

Mr. Schoen echoed Ms. Nadler's comment and thanked Chair Johnson for being respectful and inclusive.

Ms. Oslund from PACE thanked the group for their effort and commitment.

Hearing no other public comment, Chair Johnson thanked the public, subcommittee members, and SEI.

## **10. Adjournment**

The meeting was adjourned at 2:04 pm.