

MEETING NOTES

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

**July 28, 2022
9:00 a.m.**

Zoom Meeting ID: 823 8015 9914
Call In Audio: 669 900 6833
No Public Location

Members Present via Zoom or Telephone

Senator Fabian Doñate, Jessica Johnson, Debi Nadler, and Senator Heidi Seevers-Gansert,

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), Jeanette Belz (Belz and Case Government Affairs), Lea Case (Belz and Case Government Affairs), Yolanda Chatwood, Darcy's iPhone, Joe Engle (TINHIIH), SrA Katie Franco (National Guard), Dr. Ashley Greenwald (UNR), Lori Kearse, Linda Lang (Nevada Statewide Coalition Partnership), Madalyn Larson (UNR, Public Health), Christy McGill (Nevada Department of Education), Ryan Mills, Jamie Ross (PACT Coalition/Nevada Statewide Coalition Partnership), Tyler Shaw (FRPA), Tammie Shemensky, Shawn Thomas (UNR, OD2A), Dana Walburn (NDE), Joan Waldock (DHHS), and Dawn Yohey (DHHS)

1. Call to Order and Roll Call to Establish Quorum

Chair Doñate called the meeting to order at 9:02 a.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, 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.*

Ms. Nadler introduced Joseph Engle with the "Just Say Know" program, and she asked if he could talk about that or if he should wait for the regular meeting items. Chair Doñate explained that they could only have presentations on items that are on the agenda, but Mr. Engle could use the remaining time under public comment, limited to three minutes. Ms. Nadler said she thought this was on the agenda for school programs, but Chair Doñate explained there was a different presentation scheduled for school programs.

Mr. Engle thanked the committee for sharing this very important opportunity to really move the needle here in the state of Nevada on how to get these funds for opioid abatement. When the committee considers allocation of funds, the success of certain programs is already happening in his

organization, *There Is No Hero in Heroine (TINHIIH)*, [which] has been a frontrunner in innovative strategies that haven't necessarily been tried before. They have a very successful record of raising awareness of the opioid crisis which has now transitioned into the opioid and fentanyl crisis. They developed some prevention programs certified by the state of Nevada for primary prevention, in addition to their peer recovery support services and clinical outpatient services, which the state of Nevada is drastically lacking. According to the mental health providers census, Nevada is the lowest in the United States for adolescent mental health providers, and this funding could certainly help address that issue. He would look forward to giving a full presentation if that is available.

3. Review and Approve Minutes from May 23, 2022, Prevention Subcommittee Meeting (For Possible Action)

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 School Based Resources for Behavioral Health (For Possible Action)

Chair Doñate introduced Dana Walburn, LCSW, and Christy McGill, Director for the Office of Safe and Respectful Learning Environments, with the Nevada Department of Education, and Dr. Ashley Greenwald, Positive Behavior Interventions and Support, Technical Assistance Center, University of Nevada, Reno.

Ms. Walburn thanked the members for the opportunity to talk about school-based behavioral health, adding that she works under Ms. McGill who is joining her in this presentation. They believe in access for youth, especially in these recovery and repair years, with systems they set up and what they have found to be the most helpful, in the Office of Safe and Respectful Learning Environments. Dr. Greenwald is available for any questions regarding Positive Behavior Support.

Ms. Walburn described what is happening in Nevada, noting that there are only 17 other states with expanded access for school-based behavioral health under Medicaid. Districts and local education agencies may be reimbursed for specific behavioral health services or early periodic screening and testing, providing return on investment for these school districts. Ms. McGill created a team in partnership with DHHS to provide technical assistance and training for schools to build behavioral health systems within a framework. Seven Nevada Districts have contracts ready for Medicaid billing.

They have partnered with an interconnected systems framework with DHHS and with Dr. Greenwald to align state policies and procedures serving youth and families across the state, including access to quality care at school. They are piloting the MTSS (Multi-Tiered System Support) framework with 10 local education agencies, including the Charter Authority. Project Aware has had two cohorts, advancing wellness, resilience, and education to provide universal prevention with sustainable practices such as data decision rules, embedded in the school. MTSS accelerates and maximizes student academic and social emotional outcomes for the application of databased problem solving and progress monitoring.

Ms. McGill referenced the pandemic and the fentanyl epidemic as sources for the mental health issues that hit the schools. They learned that many school staff felt overwhelmed by the number of students

needing individual and intensive services. To facilitate recovery, they are strengthening universal and preventive measures in the schools. Based on data, schools utilizing these measures are able to reduce the number of students needing intensive one on one support and tier three services. This is really important for sustainability because Nevada is still very far from meeting recommended ratios of school-based providers. In Clark County School District, for example, the number of school counselors and social workers is really low compared to federal recommendations to make sure interventions are done well and that teachers are not feeling overwhelmed. What's happening now is that schools are forced to be very reactive in intervention roles rather than prevention roles. It was a really difficult year, and they lost a lot of teachers. They have to be ready to meet kids' needs every single day, and the schools became a behavioral health system right after the pandemic, without the proper ratios of behavioral health professionals.

Principals were thankful to get funds for more social workers and counselors, but without a system, they were in that tier three reactive intervention role. Ms. McGill said part of their goal for the next couple of years is to develop comprehensive prevention services. Because each school is different, they want to empower them to develop the tools they need as issues arise in their community, to implement interventions to meet the needs of staff and students, with their own operating systems. Schools are really good at this on the academic side with screenings to identify when students are struggling. After the pandemic, kids really started struggling socially and emotionally with trauma, and many schools didn't have what they needed to diversify those interventions.

MTSS is an interconnected framework to give schools a platform to operate from, with prevention and high-quality instruction. Teams help support teachers working with student issues to avoid burnout, with data-based decisions, problem solving models, and systematic implementation of interventions. In the example of opioid prevention, MTSS would review the data and evidence-based practices, and then be able to plug that in quicker. It also has an element of progress monitoring, which is really important when it comes to equity to make sure kids are staying in school and they are able to focus. If it's not getting to the outcomes hoped for, they move back into the team structure and try other interventions, whether it's tier two or tier three.

The continuum of support empowers a school to meet individual student needs, not through discipline, suspension, or expulsion, but through meeting the child's needs, wherever they may be, including unmet mental health needs. Some kids may act out while others may internalize their worry, and they do really well at hiding their struggles. Screening for behavior can capture those issues and support evidence-based interventions.

Ms. McGill referred to Nevada's almost 500,000 students, with 80% located in Las Vegas, with growing diversity. The NDE works in partnership with UNR and the school districts to implement these prevention services and interventions into the schools. Ten districts, 149 schools, and 99,000 students received 41 trainings last year around MTSS. They have collected hard data, as well as anecdotal information, reflecting that teachers are feeling very overwhelmed. Getting systems in place and training teachers to access them through intervention teams improves their sense of coordination and reduces the feeling of being overwhelmed, building restorative practices.

MTSS is similar to public health systems. Emphasis is on tier one prevention with systemwide practices, before moving on to tier two and tier three, while still having the capacity to respond to a traumatic episode. Tier one includes social emotional learning and NDE is working to embed this in state curriculum standards to help teachers with restorative practices. This body of work says, "Let's not punish behavior, we're schools, let's teach behavior," to help students handle conflict, rather than assigning detention, suspension, or expulsion, where that child is still in the community, but feeling isolated. Ms. McGill added that they don't focus on student safety over teacher safety, so if it's an

unsafe situation they move right into discipline, but there are ways to restore and get the child back into school.

Ms. McGill summarized that substance abuse prevention is addressed in tier one, making sure school staff know about trauma informed practices. All these elements could look and feel disjunctive without an operating system in place. Tiers two and three have been a focus for Dana's team: Tier two responds to children coming out of the pandemic and presenting with pretty substantial needs, with group work and referrals; Tier three supports students with intensive services, as needed.

Ms. Walburn added that this is where all the sustainability will come in, with the ability for a school district to bill for interventions and practices, aligning their budget, rather than using education dollars for health care services.

Ms. McGill reviewed MTSS outcomes based on the work of an outside evaluator. They found that when MTSS is implemented with fidelity, student problem behavior declines, including less possession of weapons and less distribution of controlled substances. This translates to more time for administrators to get back to education, which is probably what they were hired for in the first place. There was a 31% decrease in dropout rates, and gains in school climate for all students – aggregated by diverse student populations – where all students feel safe, including those who are gender fluid. They are also working on social and emotional behavior, making sure it's aligned and supported through prevention. They actually get an increase in academic performance, as well, through this systems approach.

Ms. McGill noted that subcommittee members would get the slides for further review and could send any additional questions to her team at NDE. She reviewed data that was skewed by the pandemic with steep angles and declines. Schools implementing MTSS with fidelity did better than schools implementing MTSS without fidelity; but even those schools implementing without fidelity did better than schools that did not implement a systems approach. There were reductions in distribution and possession of controlled substances and alcohol. In Clark County, schools struggled with discipline, but those with MTSS did a little better.

Only 149 out of 752 schools are currently implementing MTSS, because the process of achieving positive outcomes does not come easy, with one to three years needed for the schools to get comfortable looking at their data, making choices, establishing teams, and getting these systems in place. Then they can onboard whatever interventions their students and staff really need. Another gap is getting the people who can actually implement the intervention.

Ms. McGill said their hope is for the subcommittee members to recommend joining with NDE to expand capacity for MTSS training and coaching to all Nevada local education agencies, and they have proposed budgets to do that. She reiterated the program emphasis on prevention, and trying to keep tier three services down around 10% instead of 30%, as they are seeing now in some of the larger districts. They also have a short-term ask to increase school-based qualified mental health professionals, giving districts time to implement MTSS and reduce the number of kids needing these services. It will also give school districts time to address hurdles for billing Medicaid, which would be done on the back end from secure and private electronic health records, for those enrolled with Medicaid.

Right now, most students in Nevada get their behavioral health services in schools, although schools were not designed for that, but they have to deal with that. Right now, they are using education dollars for those interventions. If Medicaid funds are available to offset costs for tier two and tier three services, it frees up education dollars, allowing schools to focus on prevention, which is where

schools excel, and teachers can make the difference. The system moves them away from a reactive approach. Ms. McGill welcomed questions and also referred to Dr. Greenwald and her team as the ones implementing MTSS across the state.

Chair Doñate thanked Ms. McGill for the presentation and asked if they could also answer questions on health education curriculum. Ms. McGill said if she doesn't have the answer, she could get it for the members.

Senator Seevers-Gansert thanked Christy and Dana for their presentation and referenced the proposed budget for MTSS expansion. She also asked what the pipeline looks like for social workers. If 1,000 more social workers are needed in Clark County, and several hundred in Washoe County and maybe in the rural areas, too, how are they working on that?

Ms. McGill said she could submit their budget to expand MTSS across all schools, upon request. Regarding the social worker pipeline, Ms. McGill gave an analogy of building the market while they are harvesting; they need to make sure schools have funds, and her office currently has discretionary funds for behavioral health to improve the ratios, but they aren't sustainable, so the schools are a little shy about hiring people and then having to lay them off and then hire again. There are no ratio requirements for school counselors, although there are ratio requirements for teachers, so the counselors are the first to get cut, so they are looking for sustainable funds to level out that cycle. They are working with UNR, UNLV, Nevada State College, and Great Basin College to develop that workforce pipeline. They want to start with getting students interested in these professions, and they already have a diverse student population to naturally and organically diversify the pipeline. A current grant supports dual credit for some of this work on career ladders from high school into college programs, and also supports student internships so they don't have to worry about loans or multiple jobs to cover their training.

Senator Seevers-Gansert said she would follow up with Ms. McGill offline, noting the importance of submitting their budget to the committee so they have an idea of the costs and sustainability. She really appreciates this work.

Chair Doñate agreed with the need to increase the pipeline for social workers in Nevada and to address the affordability of tuition.

Ms. Nadler noted her passion for primary prevention, education, and mental health. She asked if funding had been received under the Governor's mandate for mental health providers in schools.

Ms. McGill said they did use funds under Governor Sisolak and federal recovery dollars, including set aside dollars just for mental health providers in schools, and then the school districts themselves use those funds for that. They are all worried about the fiscal cliff, so they are working really hard to get this system in place in the next two years, to build MTSS and for schools to be able to build Medicaid. They have been working with mentor states, including Michigan, where they increased their ratios and services by almost 800% through Medicaid billing, but there's still a lot of work to be done on Nevada's system. There are layers, like an onion; for example, they just discovered that schools didn't have a way to document behavioral and social emotional interventions, but Dana has done a good job of leading problem solving around that, with good parental consent policies and care plans to get kids in and out of equitable interventions, rather than hanging out in anger management class when they are actually struggling with trauma.

Ms. Nadler expressed appreciation for all they are doing, but she thinks something is missing in that they had 114 police officers respond to different schools for drug problems, a few months ago, in

Clark County alone. The kids and parents and teachers don't know – she has personally tried to get it to every school – but what's missing is pure involvement, people who are in recovery talking to the parents, but school programs are only focused on cigarettes and vaping. She lost her 13-year-old cousin who took a pill at a party; she thought it was Percocet, but it was fentanyl. Parents and kids don't know what fentanyl is. She reiterated the need to focus on organizations already doing the work to get into the schools for free. She referenced a middle school teacher who called her for help after 12–13-year-old kids were found doing heroin in the bathroom. She agrees with the mental health and the social emotional learning to address trauma to avoid violence, self-medication, or suicide. They are not going to listen to the teachers or their parents, but peer support in schools would be very important, which is why she brought Joe Engle with his alternative peer group to provide the Art of Communication, Just Say Know, and a poster contest.

Chair Doñate referenced CDC recommendations and what other states have implemented, such as Michigan's really great comprehensive health education model. He graduated high school less than 10 years ago and went through their abstinence program. He wanted to make that full disclosure for everyone in the meeting. He asked if there is currently a requirement for curriculum delivered by trained instructors.

Ms. McGill confirmed that Chair Doñate was referring specifically to health and prevention curriculum. She will double check this, but she thinks there has to be a licensed teacher in the room. If a professional from the community wants to come in, they can do that.

Chair Doñate asked if there is a requirement related to substance abuse or substance misuse that the curriculum follow federal or national standards or guidelines and recommendations.

Ms. McGill explained there is a NDE Division that looks at curriculum and standards, so she will check with them, but she thinks it may be aligned to federal standards.

Chair Doñate asked if there is a requirement for curriculum that is appropriate for age or developmental stages of students.

Ms. McGill said she thought that was in NRS (Nevada Revised Statutes), but she will confirm and get back with that information.

Chair Doñate asked if there is a requirement and interest that the curriculum is medically accurate.

Ms. McGill said that again, she would have to look in the health standards and NRS and get back with the information.

Chair Doñate asked if the instruction is sequential across grade levels. He said his understanding is that the answers to most of his questions is “no,” so his information comes from CDC recommendations, so that means there are major gaps in the health education system to promote health. It will take a lot of work to reform that system. Teachers that provide health education aren't routinely trained. Access to providers coming into classrooms [could] reform the entire system, similar to Michigan's comprehensive health education model. He would love for follow up responses to come to committee members, to help understand what the gaps are as they are discussing and deliberating policies.

Dr. Greenwald emphasized the evidence-based practice at the heart of MTSS, collecting data outcomes and monitoring progress on evidence-based practices. They train all school sites on the use of evidence-based practices and how to identify them. For example, the drug prevention and

education program, DARE, that Chair Doñate referenced, is not an evidence-based practice on the drug prevention registry. The big part of the work of MTSS is doing an initiatives or practices audit with every school to review every single practice program intervention that a school is using to identify whether it is evidence-based. They ask if it is working for the school sites, how it is being trained, who is coaching the teachers, how to get more support, and how to know if a student is successful in that program.

The work of building out this infrastructure and system is to home in on whether adequate supports are in place to meet student needs. They often find, especially in rural districts, programs that have been implemented for 30 or 40 years that no one knows why they're doing it and they're not necessarily effective. They help clean that up and teach the administration to recognize what is an evidence-based practice, how to identify it and how to match it to student needs, using SAMHSA and [NREPP](#) (National Registry of Evidence Based Programs and Practices). They purchased and distributed some of the drug prevention programs that are currently in place with schools, and they help to train, coach, and embed those curricula with schools. Dr. Greenwald wanted to make sure that members understood they are very focused on embedding evidence-based practices and evaluating the effectiveness, and that is why they are starting to see the shift to better outcomes for the students at the schools that are implementing MTSS.

Chair Doñate said this was amazing and thanked Dr. Greenwald for going through their process for supporting evidence-based policies.

Ms. Johnson asked if MTSS is designed for K-12, and if so, what it might look like across the developmental spectrum.

Dr. Greenwald said MTSS is designed for K-12 and there is also some pre-K implementation. She referenced Ms. McGill's earlier presentation including school sites selecting their interventions based on the MTSS framework that is like an operating system. Practices are selected for individual students at the school sites and they also work with alternative education sites, where the practices might be very different from the practices at an elementary school, including the specific supports that are put in place for contextual and cultural fit.

Ms. Johnson referenced the School Climate Transformation Report from 2020, noting the highlights on student outcomes that were previously presented. She wondered if there were any specific teacher outcomes that were positive as a result of the implementation.

Dr. Greenwald said they do track some teacher outcomes that she would be happy to share with the full report. Surveys to educators, leadership, and administrators at participating schools collect anecdotal data about changing practices or benefits, as opposed to specific data such as teacher retention. One statistic is that 94% of teachers and educators surveyed by an external evaluator reported that they did change the way they supported students based on the trainings and coaching they received under MTSS.

Ms. Johnson thanked Dr. Greenwald, noting that education is near and dear to her heart, so she wants to make sure that the system is really beneficial for all involved as they think through the implementation. She asked Dr. Greenwald how services under tiers two and three account for cultural sensitivity or cultural humility through implementation.

Dr. Greenwald explained that cultural relevancy is absolutely embedded in all trainings, to ensure they identify specific student and teacher populations at each school. They encourage selection of evidence-based practices based on what the evidence shows supports different cultural populations.

For example, they support a lot of native American school sites where elders have practices in place in the schools for a long time, so it's not in the evidence-based practice registry, but it's something that's really important for their culture and their school and it's absolutely recognized and appreciated. Through MTSS they help them to understand how to determine whether it's meeting student needs, how to essentially progress, monitor and make sure the students are having the intended outcomes, based on some of those cultural practices. They learn to look at those cultural practices and whether they might impact drug abuse problems in school. They would never take away really important cultural practices, but they might add practices to help meet student needs. They also include family and community members on their teams, reflecting the MTSS valuation of teams at the district level and at the school site. One element of the fidelity assessment is whether they have community and family members represented on the team to make sure they are culturally relevant and responsive.

Ms. Nadler asked if the program is mandatory for all teachers in a participating school, how they determine which schools to go to, and how they update their programs based on the ever-changing epidemic with fentanyl, right now.

Dr. Greenwald reiterated that MTSS is a framework, and not a program. They partner with NDE and provide training and support to local educational agencies and school districts on behalf of NDE. In the current model, they have select resources available for this work. The district identifies school sites for participation based on needs, and the schools with greatest needs are included in the cohorts for training and coaching. They also build in capacity at the local educational agencies to strengthen district-level MTSS coaches. They provide direct feedback weekly, monthly, and quarterly on training-specific components with external coaches at the district level and internal coaches at the school level. An administrative team includes the principal and oftentimes a dean or vice principal, someone representing general education, someone representing special education, and also a behavioral health professional. That team comes together with their internal coach and they also receive training directly from MTSS staff at UNR. Staff provide workshops to develop materials for their school systems to disseminate to educators as part of the fidelity assessment. Staff walk the school sites three times a year to make sure all components are being implemented as designed. Staff monitor school by school and then aggregate by district and by the entire state, to review fidelity of implementation and monitor how many people are receiving what information. Evidence-based programs are selected specifically by the school teams or the district team for implementation, and the rollout happens at the level of the school.

Chair Doñate thanked the presenters for this robust conversation and he looks forward to further conversations through the legislative meetings, and how to deliver services that students need. He reiterated the request for a budget for program expansion to other schools and related requirements.

5. Review Process for Prioritizing Recommendations and Upcoming Meetings (For Possible Action)

Chair Doñate provided an update regarding harm reduction recommendations. There was a concern raised by a subcommittee member that harm reduction recommendations could crowd out other recommendations related to prevention. In addition, other subcommittee members requested speakers for harm reduction, and other subcommittees also have harm reduction specialists as members. The three subcommittee chairs met and determined that harm reduction would stay in the prevention subcommittee, but it would be submitted to the full SURG in a section "For Future Review," to be included in the final report. In 2023, a subcommittee specific to harm reduction could be created and recommendations could be included in the next report. If there is consensus among the entire SURG committee about harm reduction strategies, such as Naloxone distribution, then it could be included as part of the recommendations in this year's report.

Chair Doñate asked for feedback regarding the process to determine final recommendations from this subcommittee. Possible options include having members send updated recommendations to be added to the tracker, with an additional column for ranking, with instructions. The rankings can be weighted in descending order from one to five, or they can be equally weighted. They could also go policy by policy and rank individually to get an aggregate result of an average.

Ms. Johnson asked if other subcommittees are doing a rank order or individual process.

Ms. Rodriguez explained that one subcommittee used a weighting process to prioritize their top five recommendations, and another subcommittee just picked their top five so all of them were weighted equally.

Ms. Johnson asked if there were criteria based on impact or funding availability.

Ms. Hale explained that the first subcommittee (Treatment and Recovery) ranked and weighted recommendations without any specific guidelines. The Response Subcommittee is in the process of ranking recommendations. They have not yet decided whether or not to weight them as they had to reschedule this month's meeting, so they didn't get to that. They may have some additional criteria. Members independently select their top five recommendations and send them to a staff person to collate and aggregate, to avoid offline discussions among committee members outside of the public meeting.

Senator Seevers-Gansert wanted to make sure that if several people choose several recommendations, it's understood that one is the strongest recommendation, and so forth, so if that's weighting, that makes sense. Otherwise, she's not sure how you figure out what the continuum is. She feels they will have recommendations they think are more important than others; some they have to do versus others they would like to do.

Chair Doñate confirmed Senator Seevers-Gansert support for a weighted option.

Ms. Nadler agreed with Senator Seevers-Gansert.

Chair Doñate acknowledged agreement to proceed with weighted ranking of recommendations to aggregate the results. He added that they are still receiving a few recommendations, so everything is being collected and it will help to start to narrow them down.

Ms. Rodriguez asked for clarification as to whether that would be for the next meeting scheduled for August 18th, so she would ask members for preliminary rankings for recommendations submitted so far. Then the September meeting would be the last one to consider any other recommendations that come in.

Chair Doñate confirmed this process.

Ms. Hale noted that with regard to Harm Reduction, they could still identify those recommendations, but they would be teased out separately.

Ms. Johnson asked if Harm Reduction could still be considered for bill draft requests in the 2023 legislative session.

Chair Doñate clarified that it would still be part of the current process, so they could still end up as one of our main recommendations for this report. The discussion among the chairs was to set up the opportunity to focus on it more deliberately, if need be, for the next report. If it diminishes other prevention recommendations, it will get its full attention next year.

The process of weighting will support discussion for the next meeting, then by September that will help us identify which of the different areas we choose to focus on.

6. Consider Subject Matter Experts for Future Meetings (*For Possible Action*)

Chair Doñate received a few suggestions from different committee members and from public presentations, including one for Aaron Russell, Chief of the Center for Harm Reduction Services at the Maryland Department of Health. He has been instrumental in the creation and implementation of several statewide programs and policies around overdose prevention and reduction. Another recommendation is for Beth Slamowitz Senior Policy Advisor on Pharmacy, DHHS, who can speak on overdose education and naloxone distribution.

Chair Doñate said that if members would like to hear from other presenters, this is the avenue to identify them. They spent a good amount of time today focusing on what NDE is doing and where they can make strides and improvements. He hopes to focus more on secondary and tertiary prevention at the upcoming meetings.

Ms. Johnson asked Chair Doñate if he wanted new speakers or if he would entertain bringing back previous speakers to present on other topics.

Chair Doñate responded that either way would work.

Ms. Nadler said she would like to present, or have Joe present “Just Say Know, The Art of Communication.” It’s available for all schools and she has talked with teachers and everybody is all for it. She is already working with West Tech Academy with 1500 students; it’s a fantastic program and she would like to present it.

Chair Doñate asked Ms. Nadler if she would like to use this time to talk about it.

Ms. Nadler said that three students from school reached out to her, saying they needed her help. They are working on a project for school with West Tech Academy and the principal told them they didn’t have a drug problem, but they see kids using drugs in the bathroom all the time and they need help. Ms. Nadler helped develop a billboard competition program to involve students’ creative minds and get them thinking. The most creative drug prevention poster would go on a billboard. Joe works with a lot of peers in an alternative group and they joined forces to create “Just Say Know, The Art of Communication,” where the students paint a picture and tell a story or sing a song. It’s for middle and high school students with three different categories of awards in each school to the top winners. Fentanyl deaths grew by 169% in 2020 among children ages 14 to 18. She has spoken with many teachers and they are all on board, begging for help. The children who know nothing are going to at least pick up a book to learn about fentanyl, but they’re going to involve families as well, so the kids will be teaching their parents and the parents will be learning. It’s not an expensive program; a billboard company is willing to discount the price to maybe \$12,000 for the year, at most. There is a lot of interest in this and she would love for the committee to approve this.

Chair Doñate said if there are gaps that program advocates or folks in the community are noticing to be addressed in a policy recommendation, rather than through a funding allocation, he would like to support them.

Ms. Johnson stated for the record that she would have a concern about presenting specific program recommendations, unless it's presented as broad brushstrokes of primary prevention or intervention options to be implemented across the state, looking at broad-level solutions. As presented today, not all schools have a one-size-fits-all need for a particular prevention program. What she heard today is that they're really looking for individual schools to use a set of prevention criteria to determine whether or not a particular curriculum or intervention is the best fit for the students on that system's level. Having worked in this area for a long time, using best practices for primary, secondary and tertiary prevention, allowing districts and schools to select based on criteria to meet the students' needs. Teacher/faculty and staff climate is really important so she would be concerned or wonder if this committee does entertain a single intervention that they would perhaps be bombarded with multiple other groups wanting to present their single interventions, and she wonders if that would contribute to the broader system level solutions that the committee is trying to look at.

Ms. Johnson referenced the Statewide Coalition Partnership presentation from May that included several secondary prevention recommendations. She wondered if there would be an opportunity to follow up to learn more specifically about what those recommendations are from that group.

Chair Doñate asked staff to reach out for a follow-up presentation.

Senator Seevers-Gansert said she wasn't clear if they would be ranking recommendations on a spreadsheet or if they would decide priorities jointly at the next meeting. A second issue she raised was to suggest a set aside pot of funds for small grants for projects like "Just Say Know." She thinks they need to broadly address issues they are facing right now, but she also thinks there are some creative solutions where they might have a grant program to apply for funding with small dollars for things that will be impactful to certain areas.

Ms. Rodriguez responded to the first question, explaining how other subcommittees have used the recommendations tracker to rank their top five priorities.

Ms. Hale explained that individual members would receive the tracker with all the recommendations and an extra column to assign their ranking from 1 – 5. They send those in to staff and weights are applied in descending order with one getting the highest weight then decreasing the weight for each descending rank. Then members' scores are aggregated by staff to give overall scoring weights.

Senator Seevers-Gansert wants to make sure the weighting makes sense and doesn't allow one or two folks who provide input to make sure something is at the very top or at the very bottom.

Ms. Hale explained that members will see all the weights and the results of the process. She will send that to members ahead of time so they will see exactly how that works to resolve those issues. All the subcommittee members will have an opportunity to rank the recommendations within their purview, and then they can discuss them further to determine five to seven recommendations to move forward to the full SURG, with the caveat for Harm Reduction that may be a separate category.

Senator Seevers-Gansert asked about having a grant bucket for small projects or one-off grants.

Chair Doñate suggested that Ms. Nadler could submit a recommendation for that to be included as part of the rankings as we're starting to weight them.

Ms. Johnson referenced the bucket funding concept, noting that prevention coalitions across the state do receive block grant funding. In Clark County, they have a sub-granting process that she believes is

on a two-to-three-year interval timeframe, for community groups to apply for funds to implement programs, such as the Boys and Girls Club. Maybe they could have the Statewide Coalition Partnership speak to that effort at a future meeting, so folks are aware of the broad range of ways for these programs to roll out.

Chair Doñate thanked Ms. Johnson for the suggestion and asked her to call them to present at the next meeting to get an update about that process.

Ms. Nadler said the bucket list is desperately needed as moms have lost their loved ones directly associated with Purdue Pharmaceutical company and they are fighting very hard for all their loved ones in the state and they are receiving no money, they're using money out of their own pocket to educate, they can't get grants, they've tried everything. Their kids died because of Purdue; the lawsuit money, she thinks, is more than appropriate to have a bucket list as Senator Seevers-Gansert mentioned for these groups to have some funds to do out of the box things to help the children in their state.

7. Public Comment (*Discussion Only*)

Ms. Johnson announced two events:

- August 10th is the Southern Nevada Substance Misuse and Overdose Prevention Summit. It starts at 8 a.m. and is a hybrid meeting at the Marriott Renaissance in person, and it is also online. The topic is on fentanyl and fentanyl overdose. Signup is available on the website snhd.info/SNSMOPS22. There are scholarships available for anyone who would like one; there is a small fee to attend, but there are scholarships available for anyone who would like to attend.
- The second event, on August 31st is the International Overdose Awareness Day celebration in Southern Nevada from 5 to 7:30 p.m. at the Chuck Minker Sports Complex – 275 N. Mojave Rd. Individuals interested in attending can sign up for that at overdoseday.com.

Ms. Nadler announced an event on August 30th: International Overdose Awareness and Memorial Day at the Las Vegas sign at 7:30 p.m. She pays to have the lights lit up purple in honor of all those that we've lost. The event is open to all and they will have banners up for all the lost children.

8. Adjournment

The meeting was adjourned at 10:47 a.m.