

## MEETING NOTES

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

August 29, 2023  
9:00 a.m.

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

#### Members Present via Zoom or Telephone

Senator Fabian Doñate, Chair Jessica Johnson, Debi Nadler, Angela Nickels (joined during public comment), Erik Schoen

#### Members Not Present

Senator Heidi Seevers-Gansert

#### Attorney General's Office Staff

Dr. Terry Kerns and Rosalie Bordelove

#### Social Entrepreneurs, Inc. Support Team

Emma Rodriguez and Laura Hale

#### Members of the Public via Zoom

Tray Abney, Linda Anderson, Ayla Babatkis, Morgan Biaselli, Lori Bryan, Lea Case, Debra DeCius, Jimmy Lau, Abe Meza, Elyse Monroy, Partnership Douglas County, Alex Tanchek, Lea Tauchen, Joan Waldock, and Dawn Yohey

### Call to Order and Roll Call to Establish Quorum

Chair Johnson called the meeting to order at 9:01 am.

Ms. Rodriguez called the roll and established a quorum.

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

Chair Johnson asked for public comment.

Ms. Nadler commented that she had begun researching the Nevada Drug Control Update going back to 2009-2010, at which point Nevada was one of the top ten states for rates of drug use. Rates were especially high among teenagers aged 12-17 for use of illicit drugs other than marijuana and pain relievers. She emphasized the importance of doing something with primary prevention to educate teenagers.

### 3. Review and Approve Minutes from July 17, 2023 Prevention Subcommittee Meeting

Chair Johnson asked for a motion to approve the minutes from the July 17, 2023 Prevention Subcommittee.

- Vice Chair Schoen made a motion to approve the minutes.
- Ms. Nadler seconded the motion.

- The motion passed unanimously.

#### **4. 2022 Prevention Subcommittee Recommendations Review and Discussion**

Ms. Rodriguez described the handout “Prevention 2022 SURG Recommendations Status July 2023” (available on the [SURG website](#)) that details actions taken on the 2022 recommendations. This handout is intended to serve the subcommittee members as they decide whether to reconsider any of these recommendations. The numbers correspond with the recommendation number in the 2022 Annual Report.

Subcommittee members were asked to raise any additional information about the status of any recommendation, and to then consider and discuss if any recommendation warranted revision and resubmission. For any recommendation determined worthy of resubmission, the subcommittee was asked to select a subcommittee member to submit it as a survey response ahead of the October SURG meeting.

Chair Johnson reviewed each recommendation and encouraged subcommittee members to refer to the handout for details on the status of each (see slides 8-11 of the PowerPoint posted on the [SURG website](#)). She explained that subcommittee members could revise and resubmit any of these recommendations, or if sufficient action was taken, they could exclude them for further action.

*2022 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.*

Vice Chair Schoen noted the momentum from the Office of Analytics, Department of Health and Human Services (DHHS) on data collection and analysis, as supported by the Block Grant; therefore, he suggested that this subcommittee not resubmit this recommendation.

Chair Johnson agreed with Vice Chair Schoen and highlighted additional data points for consideration that likely will be included in lieu of this broader recommendation.

Seeing no other feedback, Chair Johnson moved to the next recommendation.

*2022 Recommendation #3: Support prevention and intervention in K-20 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).*

Chair Johnson reminded the subcommittee of a current recommendation around funding for prevention initiatives, for which the subcommittee will hear a presentation at the September meeting and be able to discuss at that time.

Ms. Nadler asked if there is a contingency plan to provide online services should future COVID restrictions impact in-person classes. She suggested adding something to this recommendation to ensure access to services should kids return to virtual classes.

Vice Chair Schoen said there is already planning in place to ensure an emphasis on prevention services going forward with funding for MTSS (multi-tiered system of supports). He continued that his general comment for Recommendations #3 and #4 is that prevention needs to be continually emphasized going forward. He noted that the current Prevention recommendation

around funding, highlighted by Chair Johnson, will help to continue this work. He added that discussion of this recommendation in September will serve as a good forum to discuss online prevention services.

Ms. Nadler asked if Recommendation #3 includes the mental health components of prevention to address high rates of suicide in our state, which she noted goes hand in hand with drug use. Vice Chair Schoen referenced programs in Mineral and Lyon counties that include mental health services for youth and families.

Chair Johnson moved to Recommendation #4, noting ongoing work with the Department of Education, Behavioral Health Liaison, which may dovetail with the Prevention 2023 recommendations.

*2022 Recommendation #4: 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.*

Vice Chair Schoen agreed with Chair Johnson's analysis, highlighting the shared focus in the 2023 recommendations, and suggested not resubmitting Recommendation #4.

Ms. Nadler commented that there are evidence-based programs operating at schools in northern Nevada, particularly Washoe County, that utilize ID cards, provide DARE programming, etc., that are not operating in Clark County.

Chair Johnson appreciated the need to ensure comprehensive coverage of prevention programming. She suggested that this is a separate 2023 recommendation rather than a revision or enhancement of a 2022 recommendation. She agreed with Vice Chair Schoen that the 2023 recommendation around identifying additional funding moves 2022 Recommendation #4 forward appropriately.

Chair Johnson moved to the next recommendation.

*2022 Recommendation #6: 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.*

Chair Johnson reminded members of the presentation on the Medicaid Demonstration Waiver from the [July 12, 2023 SURG meeting](#).

Vice Chair Schoen believed there was substantial momentum on this recommendation with regards to Medicaid billing for community health workers (CHW). Senator Doñate confirmed that legislation from the 2023 session included expansion of the provider definition to include CHWs. He added that there was discussion to support a community-based center for primary care services at school facilities that may be continued in the next legislative session.

Vice Chair Schoen added that, based on his understanding, there was a carve out created for schools such that Medicaid services could be billed within the school system and that does not compete with services outside of the school system. Based on this progress, he suggested not carrying this recommendation forward.

Chair Johnson asked Senator Doñate if he wanted to revise this recommendation to address community centers for primary care services or instead recommend a separate 2023 recommendation submission.

Senator Doñate said it made sense to keep the recommendation as is and not to revise the current structure for primary prevention. He expressed support for this to be moved forward into 2023 for expanded action increase care for youth and young adults.

Ms. Nadler asked if Medicaid would interfere in situations where people are “doctor-hopping” to get multiple prescriptions. She expressed disbelief that there is currently no way to flag this behavior and intervene.

Subcommittee members did not know the answer to this question.

Chair Johnson asked for a subcommittee member to champion this recommendation by completing the survey form with additional justification for resubmission. Senator Doñate offered to complete the survey and will work with Vice Chair Schoen.

Chair Johnson moved to the next recommendation.

*2022 Recommendation #7: Support Harm Reduction through: 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.*

Chair Johnson highlighted ACRN funding identified for Naloxone, Fentanyl, and Xylazine test strips and that the state has increased orders for these specific test strips.

Ms. Nadler expressed concern around the perceived voluntary nature of legislation mandating that schools have an opioid overdose reversal medication onsite. She asked if the word “shall” could be replaced with the word “must” to convey that it is not voluntary\

Chair Johnson clarified this recommendation relates to long-term sustainable funding for overdose reversal medication in the state. She expressed appreciation for Ms. Nadler’s point and encouraged her to submit it as a 2023 recommendation for the subcommittee to discuss further.

Chair Johnson suggested revision of Recommendation #7, reiterating the additional resources allocated to Naloxone, Fentanyl, and Xylazine test strips, but that the sustainable planning for these resources for the next ten years was still unclear.

Chair Johnson volunteered to revise this recommendation. Vice Chair Schoen and Ms. Nadler expressed support for this revision.

Chair Johnson moved to the next recommendation.

*2022 Recommendation #8: 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.*

Chair Johnson highlighted updates around the Partnership for Success grant and some funding cuts experienced (see handout p. 5 for details). She suggested that this is addressed in the 2023 recommendation for funding of primary prevention and welcomed feedback from subcommittee members.

Vice Chair Schoen approved of not moving this recommendation forward.

Chair Johnson moved to the next recommendation.

2022 Recommendation #9: *Support Harm Reduction through: 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.*

Chair Johnson highlighted as progress the DHHS endorsement for rural emergency hospitals to serve as crisis stabilization centers providing behavioral health services and leveraging Medicaid payment source, and other progress made and Bureau Notes (see handout p. 6 for details). She explained that while she appreciates the updates, she recommends revising Recommendation #9, particularly around the allocation of naloxone to target those who are experiencing non-fatal overdose or at risk of fatal overdose.

Ms. Nadler asked if this recommendation includes doctors prescribing opiates and whether they would provide Naloxone for overdose reversal. She added that people who are recently released from prison are vulnerable to overdose.

Chair Johnson explained that this recommendation initially focused on emergency medical services, crisis response teams, programs working with people in treatment or in temporary housing, and hospitals. She volunteered to revise and resubmit this recommendation, and to work with Ms. Nadler offline around the topic of individuals being released from incarceration. Addressing the prescription for Naloxone when opioids are prescribed, Chair Johnson explained that this was outside scope of the 2022 Recommendation #9 but that the subcommittee could consider it for 2023 and encouraged Ms. Nadler to submit it via the survey.

Ms. Rodriguez noted the need to avoid serial communications under the open meeting law. Deputy Attorney General Bordelove clarified that it's fine to work with each other, but members need to be careful to not reach a quorum through offline serial communications.<sup>1</sup>

Chair Johnson moved to the next recommendation.

2022 Recommendation #15: *Implement changes to recruitment, retention, and compensation of health and behavioral health care workers and enhance compensation in alignment with the Commission on Behavioral Health Board's letter to the Governor of June 22nd. Additionally, continue to sustain and expand investment in Community Health Workers, Peer Recovery Specialists, and Certified Prevention Specialists by implementing changes to recruitment, retention, and compensation.*

Vice Chair Schoen volunteered to update this recommendation. He was excited to see the progress but noted that they are not at the finish line and emphasized the importance of building on the momentum, particularly with compensation for Peer Recovery Support Specialists (PRSS) that is not yet on par with other paraprofessionals.

Chair Johnson moved to the next recommendation.

2022 Recommendation #16: *Increase school-based mental health professionals through a multi-disciplinary, cross-department school-based behavioral health team.*

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<sup>1</sup> If two members discuss an item offline, and then one of those members discusses that item with a third or fourth member, that could result in a quorum, which is prohibited under the open meeting law.

Vice Chair Schoen felt this work is being done in 2023 and this recommendation specifically does not need to be moved forward provided that the focus on social, emotional, mental health, and substance use continues.

Chair Johnson thanked subcommittee members for their work on these recommendations and reminded them that for each recommendation submitted or re-submitted will need justification, research links, action steps, and fiscal notes. If resubmitting recommendations from 2022, they can reference the 2022 Annual Report and should complete as much of the survey as possible, as soon as possible. She thanked members for volunteering to work on recommendations.

## **5. 2023 Prevention Subcommittee Recommendations Review and Discussion**

Ms. Rodriguez reviewed the qualitative elements to discuss for each of the 2023 Prevention recommendations: impact, capacity & feasibility of implementation, urgency, and how the recommendation advances racial and health equity (see slide 13 for details). She explained that SURG Subcommittee Chairs met after the July SURG Meeting and determined that the best way to measure/report on these elements was for subcommittee members to discuss each and outline their response in their own words.

Recommendations submitted for 2023 (refer to handout ‘SURG Prevention and Harm Reduction Recommendations August 2023’ posted on the [SURG website](#) for submission details):

*2023 Recommendation #1: Recommend to DHHS/(or whoever oversees those dollars) to double the amount of investment in primary prevention programming every two years for ages 0-24.*

Chair Johnson recommended holding discussion of this recommendation until hearing a presentation scheduled for September from the Department of Health and Human Services regarding how this funding works.

*2023 Recommendation #2: Allocate tobacco control and prevention funding using local lead agencies model to reach \$2 per capita recommended funding using a combination of funding sources (e.g., cigarette tax, other tobacco tax, Juul settlement, master settlement agreement, future vaping settlements, other tobacco related settlements, etc.).*

Chair Johnson referenced a prior presentation from Malcom Ahlo on tobacco control, with a recommendation to reach the funding level of \$2 per capita. She reminded the subcommittee that the SURG is tasked with considering substances other than opiates in their recommendations and that Attorney General Ford in January asked subcommittees to expand beyond recommendations around opiates and overdose.

Vice Chair Schoen asked for approximate figures for current allocations to understand the potential impact of the recommendation. Chair Johnson recalled that a \$2 per capita allocation would bring total tobacco control and prevention funding in Nevada to \$6.2 million, improving Nevada’s national ranking from 47<sup>th</sup> to 24<sup>th</sup>. She reported that the CDC recommends funding of \$30 million to mitigate tobacco morbidity and mortality (see August 2023 handout p. 8 for details).

Ms. Nadler asked if there is a way to add marijuana to the recommendation, explaining that more kids are smoking marijuana than tobacco. She referenced NRS 389.033 which includes curricula on substance use and misuse for tobacco, cannabis, and other substances. Ms. Nadler recalled Mr. Ahlo indicating that he would return to the subcommittee to address questions about how

much of vaping involved marijuana. Chair Johnson reported that Ms. Rodriguez and other SEI staff are working to schedule this additional presentation with Mr. Ahlo.

Ms. Nadler asked about the status of funding received through the tobacco lawsuits for education and prevention in the schools.

Chair Johnson highlighted the Juul Settlement and Master Settlement Agreement, specific to tobacco funding, was listed as funding sources in Mr. Ahlo's presentation but that allocation is not necessarily specific to tobacco control and prevention programming or funding (see August 2023 handout pages 8 and 9 for details).

Vice Chair Schoen recalled that Mr. Ahlo had emphasized how funding for tobacco control and prevention is overlooked and explained that specific allocation of funding to tobacco control and prevention is required to overcome this tendency and provide a comprehensive approach to prevention in Nevada. Vice Chair Schoen continued that even though marijuana is not specifically mentioned, the focus on vaping will address both tobacco and marijuana.

Chair Johnson noted that Mr. Ahlo had referred to the Youth Risk Behavior Survey (YRBS) showing a decrease in vaping use among youth aligning with vaping prevention messaging, funding for which was recently eliminated. Chair Johnson suggested that addressing this recommendation should be considered "urgent" to some degree.

Vice Chair Schoen agreed and was excited to see the impact of increasing funding from \$1 million to \$6 million. He elaborated that he would like to see a public information campaign that vaping is not safe as it can be a backdoor for youth to begin using other substances. Vice Chair Schoen noted that there is both capacity and feasibility for this recommendation.

Chair Johnson asked the subcommittee for any additional input and hearing none moved to the question of how the recommendation advances racial and health equity. She noted that to her understanding many tobacco initiatives disproportionately impact communities of color and expressed a desire to include some of this information as this recommendation is moved forward. Chair Johnson indicated that she intends to look further into this data.

Ms. Rodriguez and Chair Johnson instructed subcommittee members to send via email to Ms. Rodriguez any additional input around impact, capacity & feasibility of implementation, urgency, and how a recommendation advances racial and health equity.

Chair Johnson highlighted vaping prevention efforts' focus on youth (a special population of focus for the SURG) as relevant to the impact of this recommendation.

Chair Johnson clarified that these funds would not be allocated from the Fund for Resilient Nevada; they are looking at other types of funding as the SURG is charged with broad substance use and not just opioid settlement related issues.

*2023 Recommendation #3: Recommendation to the DHHS (Office of Analytics/or the appropriate entity) to create a data dashboard or other type of regularly updated report on alcohol outlet, tobacco outlet, and cannabis outlets density.*

Chair Johnson recalled that this recommendation was discussed at the July subcommittee meeting and had received a presentation on alcohol outlet density. She invited discussion around each qualitative element (see slide 16 for details).

Vice Chair Schoen expressed enthusiasm for this recommendation underscoring that there is currently no coordinated effort to collect this information on a regular basis and that cross-mapping where people live will help to identify if, and to what degree, there are higher alcohol and cannabis density in communities of color relative to other communities. He continued that this will provide a base level of information needed to complement information at the state level to inform better decisions about interventions. He concluded that this recommendation would have notable impact, that there is capacity and feasibility of implementation, it is urgent, and it can help to advance racial and health equity.

Chair Johnson recalled that in previous meetings this was seen as a first step in identifying opportunities for communities to identify additional policies or programs/interventions around outlets and how they correlate with other health outcomes.

Ms. Nadler supported the addition of alcohol and cannabis for this recommendation.

Chair Johnson added that there is high feasibility for implementation of this recommendation. She elaborated that there are currently several state dashboards in existence.

Ms. Nadler asked if there was a way to do this alcohol, tobacco, and cannabis dashboard with a comparative element that incorporates the increasing amount of illicit drug use.

Chair Johnson clarified that this recommendation would just look at retail outlets, not different types of drug use though that data is available elsewhere.

Ms. Rodriguez and SEI will synthesize comments relating to each recommendation's impact, capacity and feasibility of implementation, urgency, and how it will advance racial and health equity and post it as a handout for review ahead of the next meeting. She noted that the interim homework that subcommittee members had volunteered to do would help advance the process. She reminded subcommittee members that much of the September meeting will be focused on Recommendation #1.

Chair Johnson thanked members for their work and reiterated the need to reach out to Ms. Rodriguez via email, rather than the survey, with any additional input on the qualitative elements discussed for recommendations #2 and/or #3.

## **6. Harm Reduction Recommendations Review and Discussion**

Chair Johnson asked subcommittee members to individually volunteer to do homework on the impact, capacity and feasibility for implementation, urgency, and advances to racial and health equity for the Harm Reduction recommendations (see slides 18-20 for details) ahead of the September meeting to provide initial input to move forward to the full SURG.

Ms. Rodriguez suggested that to alleviate the amount of work placed upon the Prevention subcommittee, members of other subcommittees may be able to provide input given the cross-cutting nature of Harm Reduction. Members of this subcommittee will have priority with input emailed to Ms. Rodriguez.

*Harm Reduction Recommendation #1: Pilot and evaluate the use of the "Bad Batch" App services in one behavioral health region. Rigorously evaluate the impact and reach of the app to determine effectiveness and next steps for potential expansion.*

Ms. Rodriguez reported that SURG Vice Chair Lisa Lee had shared that this recommendation is already in effect and may not need to be a part of this year's annual report.



Chair Johnson added that she had presented on Bad Batch App services at a meeting with the Joint Task Force with SURG and ACRN members. She continued that the Joint Task Force is moving forward to support the SOS app (the type of Bad Batch App in use in the Northern Nevada Harm Reduction Alliance region). She reported that ACRN member Dr. Karla Wagner identified the opportunity to add some evaluation questions to an ongoing research study on the implementation and effectiveness of these types of application. Chair Johnson concluded that subcommittee members do not need to volunteer to complete a review of this recommendation and moved to Recommendation #2 (see slide 18 for details).

Hearing no volunteers for a qualitative review of Recommendation #2, Chair Johnson moved to Recommendations #3 and #4 (see slide 19 for details) and Recommendation #5 and #6 (see slide 20 for details).

Chair Johnson clarified that volunteers for a recommendation are expected to prepare a response to each of the four qualitative elements for that recommendation ahead of the next meeting, and either send it to Ms. Rodriguez ahead of the meeting or be prepared to share it with subcommittee members at the meeting.

Chair Johnson and Vice Chair Schoen volunteered to complete qualitative reviews of recommendations #5 and #6, respectively.

Harm Reduction Recommendation #5: *Create a bill draft request at the legislature to change the language around drug paraphernalia as it relates to smoking supplies.*

Harm Reduction Recommendation #6: *Provide support to community coalitions to support community health workers to expand Harm Reduction throughout the state of Nevada and prioritize funding for Community Health Workers to provide community-based harm reduction services.*

Ms. Nadler volunteered to work on completing a qualitative review of recommendation #4:

Harm Reduction Recommendation #4: *Increase support for harm reduction based post-overdose outreach with public safety, including wrap-around services for surviving family members and/or postmortem services for families (for example, the services could be funeral related, housing needs, health care, counseling, or a warm handoff to treatment for substance use disorder).*

Ms. Rodriguez will coordinate with Dr. Kerns to send out a request to all SURG members for help with Harm Reduction Recommendations #2 and #3:

Harm Reduction Recommendation #2: *Establish a statewide initiative for community drug checking that incorporates qualitative and quantitative drug checking and includes the following parameters: Work with harm reduction community to identify partners/ locations and provide guidance and training. Start all sites with mail-based testing while piloting on-site drug checking in a subset of early adopters to refine implementation needs. Standardize the data collection, entry, testing, mailing, analysis, reporting as a best practice. Make this as transparent of a process as possible. Articulate principles and plans for what will happen to the data.*

Harm Reduction Recommendation #3: *Harm Reduction Shipping Supply: Provide travel costs for pickup of used products to be returned for destruction. Increase advertising about shipping programs. Establish alternative strategy if people can't receive delivery of the supplies.*

Chair Johnson thanked volunteers for this work.

Ms. Nadler noted that September 25<sup>th</sup> is Yom Kippur, so she will not be able to present at a meeting on that day. Chair Johnson noted that SEI staff are still working on a date for the rescheduled September meeting.

### **7. Public Comment**

Chair Johnson reminded everyone that on Thursday, August 31<sup>st</sup>, the Southern Nevada Harm Reduction Alliance is hosting an [International Drug Overdose Awareness Event](#) from 4 to 7 p.m. at the Chuck Minker Sports Complex. There will be Naloxone training and hearing from community members with lived experience as part of '*A Time to Remember and Time to Act.*' She has flyers available for anyone who wants them and encourages people to reach out to her by email or phone for more information.

### **8. Adjournment**

The meeting was adjourned at 10:29 a.m.