

MEETING NOTES

Statewide Substance Use Response Working Group Prevention Subcommittee Meeting

October 30, 2023
11:00 a.m.

Zoom Meeting ID: 825 0031 7472
Call in audio: 1 669-444-9171
No Physical Public Location

Members Present via Zoom or Telephone

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

Members Not Present

Senator Fabian Doñate and Senator Heidi Seevers-Gansert

Attorney General's Office Staff

Rosalie Bordelove and Ashley Tackett

Social Entrepreneurs, Inc. Support Team

Emma Rodriguez and Laura Hale

Members of the Public via Zoom

Tray Abney, Linda Anderson, Vanessa Diaz (DHHS), Tina Gerber-Winn, Jimmy Lau, Abraham Meza (SAPTA), Elyse Monroy, Ferrari Reader, Bryce Shields (Pershing County District Attorney), Alex Tanchek, Tauchen Group representative

1. Call to Order and Roll Call to Establish Quorum

Chair Johnson called the meeting to order at 11:01 a.m. Ms. Rodriguez called the roll and established a quorum.

2. Public Comment (*Discussion Only*)

Chair Johnson read a statement regarding public comment. Ms. Rodriguez provided information about call in options. There was no public comment.

3. Review and Approve Minutes from September 21, 2023, Prevention Subcommittee Meeting

Chair Johnson asked for a motion to approve the minutes from the September 21, 2023, Prevention Subcommittee.

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

4. 2023 Recommendations from October SURG Meeting Discussion

Ms. Rodriguez shared the slides with an overview of recommendations remanded to the subcommittee, with related discussions from the SURG.

Chair Johnson reviewed the remanded recommendations and facilitated discussion:

PS 1. Recommend to DHHS/DPBH/the Bureau of Behavioral Health Wellness and Prevention to double the amount of investment in primary prevention programming every two years for ages 0-24 and review the funding allocations annually.

Remand to Prevention Subcommittee

- *Chair Ford and Assemblywoman Thomas supported remanding to the subcommittee to estimate a budget for legislators to consider.*
- *Ms. Nadler expressed concern with a perceived lack of primary prevention. Vice Chair Lee agreed that refinement was needed to include fund-mapping from DHHS to show allocation for existing prevention programs, which she believes are typically very well-funded compared to harm reduction.*
- *Ms. Johnson offered to work to incorporate cost effectiveness and funding maps into the recommendation.*
- *Ms. Nadler reiterated her view that so much is done in Northern Nevada, but not in Southern Nevada.*

Vice Chair Schoen reviewed a spreadsheet of Substance Abuse and Mental Health, Competitive Grant Awards (see meeting handouts posted online). He noted that he added subtotals, showing that \$6 million was going to prevention, compared to a little over \$1 million for treatment. He emphasized that funding should be increased for all the programs included in the spreadsheet, arguing that they are all underfunded. For prevention, the recommendation to double funding would equate to \$12 million for the next time this budget is approved.

Ms. Hale noted that this report only includes grants under the Substance Abuse Prevention and Treatment Agency (SAPTA) and does not reflect other substance use related grant funding in Nevada. Mr. Meza confirmed that this was correct. Mr. Schoen suggested clarifying the recommendation to specify a doubling of SAPTA funding for prevention.

Chair Johnson suggested they clarify the language and encourage exploring other sources to achieve double the current funding levels. Vice Chair Schoen emphasized that it should not be at the expense of other funded programs. Ms. Nadler agreed with this and asked if there is an actual list of current programs for primary prevention, because she still does not see anything in the schools and sees a lot more in the city of Reno than she sees in Clark County.

Mr. Meza stated that SAPTA is working on finalizing a list of programs this week. Ms. Diaz shared via Chat that the [Fund for Resilient Nevada recently released a Notice of Funding Opportunity](#) specifically for Youth Programs.

Mr. Schoen asked members if the recommendation to double the allocation was too aggressive.

Chair Johnson read a statement from the National Drug Control Strategy report on cost effectiveness of prevention <https://www.whitehouse.gov/wp-content/uploads/2022/04/National-Drug-Control-2022Strategy.pdf>

- *Prevention is not only effective, it is also cost effective approach to prevent later SUD have been identified as an underutilized response to the opioid crisis. The 2016 Surgeon General's Report on Alcohol, Drugs, and Health also noted that prevention science demonstrates that effective prevention interventions exist, can markedly reduce substance use, and evidence-based programs and policies are underutilized. There are multiple examples of cost-effective prevention programs. For example, the average effective school-based prevention program is estimated to save \$18 per dollar invested.*

Chair Johnson thinks this is supportive for this recommendation in that over time it should result in a cost savings, for the estimated dollars invested or in terms of outcomes. She was hoping these findings could be included in the follow-up assessments when they report back to the committee.

- *There are also cost-benefit assessments of individual programs. Too Good for Drugs, a school-based prevention program for students in kindergarten through 12th grade, was designed to increase social competencies (e.g., develop protective factors) and diminish risk factors associated with alcohol, tobacco, and other drug use. It has a benefit-to-cost ratio of + \$8.74 and it is estimated that there is a 94-percent chance that benefits will exceed costs. Other effective and cost-effective programs include Botvin Life Skills which has benefit-to-cost ratio of \$13.49, and the Good Behavior Game with a benefit-to-cost ratio of \$62.80.*

Ms. Nadler commented that mental health and social emotional learning in schools go hand in hand with substance use. Chair Johnson reiterated that prevention programs work to diminish risk factors, not only for substance use but for mental health, for teen pregnancy prevention, and violence prevention. This recommendation focuses on expanding the reach of this funding, without being proscriptive about a particular prevention program. Rather, it supports work to diminish risk factors and to develop social competencies or protective factors.

Regarding how much funding to recommend, Ms. Nadler said there was no harm in asking for more. Chair Johnson suggested using the \$6 million figure as a baseline. Vice Chair Schoen agreed with this, noting that the recommendations are advisory, not compulsory. He was comfortable with a recommendation of \$12 million for prevention under SAPTA for this biennium, then they could revisit that figure two years from now.

Vice Chair Schoen appreciated the data supporting the efficacy of prevention and encouraging decision-makers to invest in the base of the pyramid. Ms. Nadler supported this language and asked for it to be included with the recommendation. Chair Johnson asked that these comments be added to the background/justification.

Chair Johnson read the information on the next recommendation that was remanded back to the subcommittee.

PS2:

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, tobacco master settlement agreement, future vaping settlements, other tobacco related settlements, etc.).

Remand to Prevention Subcommittee

- *Chair Ford thought this should go back to the subcommittee because there are certain rules related to tobacco funds that one of the Deputy Attorneys General could review with members at the subcommittee level. (See Separate Statement below.)*
- *Ms. Nadler suggested marijuana could be added. Chair Ford explained that tobacco taxes and the Master Settlement Agreement with Tobacco can't be used to sponsor issues related to marijuana. However, they could have a separate recommendation related to marijuana. Ms. Johnson explained that the Prevention Subcommittee had been working to schedule a presentation from experts on cannabis prevention education, so that is in progress. She added that this recommendation does cover vaping prevention for a variety of substances, including tobacco. Chair Ford noted that vaping for tobacco could be covered under the Master Settlement Agreement, but not for Marijuana.*

The statement below was provided through the Office of the Attorney General.

Comment by the Tobacco Enforcement Unit's Senior Deputy Attorney General

- *The AG's Office does not control budgets related to the subcommittee's recommendation. For reference, by statute, all money received by the State pursuant to any settlement entered into by the State pursuant to any settlement entered into by the State and a tobacco manufacturer or recovered by the State from a judgment in a civil action against a tobacco manufacturer is split between the Millennium Scholarship Trust Fund (40%) and the Fund for a Healthy Nevada (60%). See NRS 396.926 and NRS 439.620. The State Treasurer is the administrator of the funds. Cigarette and Tobacco product taxes are administered by the Nevada Department of Taxation in accordance with NRS 370.260.*

Chair Johnson suggested creating a bill draft request (BDR) based on her review of the NRS and the Fund for Healthy Nevada, which is overseen by the Grants Management Advisory Committee (GMAC), including tobacco prevention and control, but not limited to those. A BDR to amend the NRS for a direct line of prevention funds, e.g., 10%, could be used toward achieving allocation of \$2 per capita for prevention, consistent with a local lead agency model under tobacco prevention and control groups. Vice Chair Schoen loved the specificity of this recommendation, to avoid cannibalization from other programs, and Ms. Nadler agreed.

Members were not sure what a 10% allocation would amount to, but Chair Johnson offered to review this and present the recommendation to the SURG. She will follow up with the Nevada Tobacco Control & Smoke Free Coalition.

Chair Johnson moved to the next recommendation.

HR 4. Create a bill draft request at the legislature to change the language around drug paraphernalia as it relates to smoking supplies.

Remand to Prevention Subcommittee

- *Chair Ford thought this recommendation would be too big for a bill draft request. Assemblywoman Thomas agreed.*
- *Chair Ford suggested remanding this back to the subcommittee for more detail.*

Chair Johnson saw an opportunity to model language after [AB345](#) from the 2021 legislative session to exempt testing equipment. There is model language from Washington state, and the National Association of County and City Health Officials (NACCHO) which she can workshop for additional specificity to bring to the SURG.

Vice Chair Schoen asked if there were any examples. Chair Johnson explained that California law was very broad, with each public health entity determining what supplies are deemed paraphernalia. Washington State references more specific types of supplies and where they are accessed. Vice Chair Schoen appreciated Chair Johnson taking the lead and asked if destigmatization could be included in the supporting justification. Chair Johnson agreed with this, noting that prevention against infections from blood borne pathogens was another justification for supporting certain types of paraphernalia.

Chair Johnson moved to the next recommendation.

HR2:

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.

Remand to Prevention Subcommittee

Ms. Johnson recommended remanding this back to the Prevention Subcommittee, and asked if there is a SURG member who is willing to complete the qualitative sections, (to help with the workload).

MS. Cheatom said she had helped run this program at Trac-B Exchange and could do the qualitative section. Chair Ford thanked Ms. Cheatom for jumping in on that.

Proposed updated language: HR 2. Harm Reduction Shipping Supply: Provide for shipping costs for harm reduction supplies and for travel costs for the pickup of used harps products to be returned for destruction. Increase advertising about shipping programs to rural Nevada. In collaboration with local agencies and through community conversations, establish local support for harm reduction efforts. Establish an alternative strategy for harm reduction supply delivery if people can't receive delivery of the supplies directly.

Vice Chair Schoen appreciated the strong supporting statements provided by Ms. Cheatom, which includes actionable items.

Ms. Rodriguez noted that Ms. Cheatom also provided additional justification and background information, along with Impact, Capacity and Feasibility, Urgency, and Racial and Health Equity.

HR2: Updated Justification/Background: Syringe exchanges and harm reduction programs are not available throughout most of the state and distance should not be a barrier for people to receive harm reduction services and products. Trac-B Exchange has served 13 counties with naloxone shipping and 16 counties with harm reduction supply shipping. They have had 24 reported reversals with shipped naloxone, and over 1100 requests for harm reduction supplies. These efforts could be scaled up to serve more people in all counties.

HR2: Proposed Qualitative Elements:

Impact: Harm reduction shipping will allow people that do not have easy access to life-saving supplies such as fentanyl test strips, naloxone and sterile harm reduction supplies to have them mailed directly to them. Supporting the collection of used sharps focuses on supporting safe disposal and protects individuals and communities. This recommendation supports the scale up of an existing program with an incorporation of working with communities/community coalitions to develop additional strategies for disposal and delivery to people in need of naloxone and other harm reduction items.

Capacity and Feasibility: Currently, Trac-B exchange in Las Vegas works with NextDistro and ships supplies, but their efforts could be supported to allow for growth across the state. Shipping from one location costs less than opening a “brick-and-mortar” storefront but allows for clients to receive many of the same services. Because these services exist already in the state, it is possible to expand quickly. Trac-B Exchange has been shipping since February 2019. This would be a scale up of existing operations, funding an unfunded program, and supporting additional syringe disposal.

Urgency: Getting supplies to people who are currently using substances saves lives. People who use substances are dying of overdose in our communities and naloxone availability would save lives. Syringe disposal would allow people to prevent improper disposing of sharps.

Racial and Health Equity: Shipping is for everyone and would serve populations without the ability to travel to or purchase supplies or get to a public health vending machine, storefront or van syringe exchange or pharmacy. Shipping allows for all people to receive products that can save their life, regardless of location or access to services. With the addition of alternative strategies if people can’t receive delivery of supplies, this would expand harm reduction equity statewide. Incorporating community conversations allows for communities to participate.

Chair Johnson agreed, noting the additional justification, background and qualitative elements were also great, including follow up with NextDistro which is a reputable national organization. Vice Chair Schoen said the country is increasingly supportive of harm reduction efforts, including Naloxone training for casino employees, and entire school districts in Nevada.

Ms. Nadler suggested including examples of harm reduction supplies, such as Naloxone and exchange needles. Chair Johnson suggested keeping language broad enough for communities to

update according to changing needs. Vice Chair Schoen referenced limitations on purchases to ensure they are harm reduction-related materials. Chair Johnson suggested they should be evidence-based. Members agreed to a parenthetical reference (e.g., naloxone, sharps, fentanyl test strips, or other harm reduction supplies.)

Chair Johnson moved to the next recommendation.

HR5:

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.

Remand to Treatment & Recovery Subcommittee to combine with TRS6:

- *Update: At 10/23/2023 Tx and Recovery Subcommittee meeting, they determined not to combine HR5 with TRS 6. (TRS 6. Engage individuals with living and lived experience in programming design considerations and enhance Peer Support for underserved populations to be delivered through representatives of underserved communities by increasing reimbursement rates, implementing train the trainer models, and enacting policy changes to address limitations to the use of Peers in some settings through strategies including: 1) ensure adequate funding for these priorities, 2) target special populations, 3) increase reimbursement rates, and 4) offer standalone service provision opportunities.)*
- *Send recommendation back to SURG in December or make any further changes to HR5?*

Chair Johnson reported that the Treatment and Recovery Subcommittee rejected combining the recommendations because they intended to focus on peers, and not community health workers (CHW), citing one difference is that CHW provide more case management, whereas peers have lived experience.

Ms. Nadler felt the recommendation was broad and asked if there is a way to narrow it down.

Vice Chair Schoen explained his rationale for combining the two recommendations was that both paraprofessionals have historically been underfunded and he sees CHW and PRSS as part of a team of outreach workers. He understands the other subcommittee members are trying to raise the profile of PRSS, but it was never his intent to dilute their importance. Rather than fight over turf, they could advocate for each other. He does recognize that they are not the same thing.

Chair Johnson appreciates the goal of working together and asked if there is an opportunity for dual certification. Vice Chair Schoen said they both should be primary workforce on harm reduction efforts. Chair Johnson asked about whether CHWs are more available to the community than PRSS. Vice Chair Schoen thought that in rural areas, PRSS might not be as readily accepted, but following the path of CHW could be helpful. Chair Johnson recalled that some PRSS may be uncomfortable working in harm reduction depending on their status in recovery.

Ms. Nadler asked about adding examples of work for CHWs or working dually with PRSS, when available. Chair Johnson suggested framing this as support to the PRSS model. Vice Chair Schoen said it could help advance credentialing for PRSS to move toward equity with Medicaid funding.

Chair Johnson suggested the following language: Provide support to peer recovery support specialists certification with an expansion to community health workers to expand Harm Reduction throughout the state of Nevada and prioritize funding for Community Health Workers (working in support with peer recovery support specialists when available) to provide community-based harm reduction services.

Members further suggested: Recommend a bill draft request to equalize PRSS so it is equal or exceeds current CHW reimbursement (under Medicaid.) Add an educational requirement around evidence-based harm reduction to both PRSS and CHW certification. Vice Chair Schoen referenced professional ethics to only provide treatment for which they have training and experience.

Ms. Hale reported discussion from the Treatment and Prevention subcommittee where members emphasized the distinct requirement for PRSS to have that shared experience, rather than an external perspective. They also had a presentation specifically from the PRSS perspective, with separate training.

Chair Johnson thanked Ms. Hale for the additional information. She believes the recommendation they are putting forward would lift up the PRSS so that it is equal to or exceeds reimbursement opportunity for CHWs and to build on CHWs work to help PRSS get a foot in the door, particularly in rural and frontier communities.

Vice Chair Schoen explained that other provider classifications had overlap, such as Marriage and Family Therapists (MFTs) and Clinical Professional Counselors (CPCs) and they meet some of the same requirements around clients, ethics, and case management. He believes that most training overlaps between PRSS and CHWs.

Chair Johnson asked for a motion to accept all the proposed changes as discussed for each of the recommendations above.

- Vice Chair Schoen made the motion.
- Ms. Nadler seconded the motion.
- The motion passed unanimously.

5. Discuss Report Out for December SURG Meeting

Chair Johnson asked Vice Chair Schoen if he could present on the Prevention Recommendations and she would present on the Harm Reduction Recommendations, at the December meeting. Vice Chair Schoen agreed.

6. Public Comment

Bryce Shields, District Attorney, Pershing County asked about a discussion on the allocation of funds for a medical examiner, related to overdose. Ms. Bordelove explained that was part of the Response Subcommittee, also scheduled to meet at this time. She provided a link in the Chat. Ms. Rodriguez explained that Mr. Shields was invited to both meetings.

Mr. Shields also commented on the proposed changes to legislative language on drug paraphernalia. He said if it is decriminalized, then law enforcement could not use it as probable cause for traffic stops for operating under the influence, and subsequent searches and investigations.

7. Adjournment

Members thanked each other for their work and Chair Johnson adjourned the meeting at 12:29 p.m.