

## MEETING NOTES

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

October 12, 2022  
9:00 a.m.

Zoom Meeting ID: 825 0031 7472  
Call in audio: 669-900-6833  
No Public Location

#### Members Present via Zoom or Telephone

Chair Fabian Doñate, Erik Schoen, Debi Nadler, Senator Heidi Seevers-Gansert

#### Members Absent

Jessica Johnson

#### Attorney General's Office Staff

Dr. Terry Kerns and Rosalie Bordelove

#### Social Entrepreneurs, Inc. Support Team

Emma Rodriguez and Madalyn Larson

#### Members of the Public via Zoom

Linda Anderson, Lea Case, Stephanie Cook, Rhonda Fairchild, Ryan Hamilton, Joan, David Marlon, Elyse Monroy, Dave Wuest, Dawn Yohey, "DZarl"

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

Chair Doñate called the meeting to order at 9:03 am.

Ms. Rodriguez called the roll and established a quorum, with one member absent.

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

Chair Doñate asked for public comment.

Rhonda Fairchild introduced herself and said she is representing the public.

### **3. Review and Approve Minutes from September 15, 2022 Prevention Subcommittee Meeting (*For Possible Action*)**

Chair Doñate asked for a motion to approve the minutes from September 15, 2022 Prevention Subcommittee.

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

### **4. Nevada Board of Pharmacy Update on Narcan (*For Possible Action*)** **David Wuest**

Chair Doñate explained that the Nevada Board of Pharmacy presentation came from a recommendation from Dr. Woodard for the Prevention Subcommittee for the development of our recommendations. Chair Doñate introduced Mr. Wuest.

Mr. Wuest, from the Nevada Board of Pharmacy, gave an update on Narcan and other opioid antagonist drugs, as well as some newer drugs that might be more beneficial to patients. He explained there is some confusion on Narcan, such as who can have this drug and who can prescribe it. In Nevada, Narcan can be given out through a medical practitioner, a pharmacy, or an emergency room. Also, any private citizen can have access to it, and agencies and organizations can distribute, but there must be trainings and they cannot charge for Narcan. He explained there cannot be any charges or reimbursement schemes for Narcan, at either individual or organizational levels.

Mr. Wuest explained that they would like to get Narcan more widely distributed. Nevada has done a good job with Narcan distribution, compared to other states. We have vending machines with Narcan, as well as access in hospitals, but we could always do more. This might take a statutory change in Nevada to get Narcan more widely distributed, as a non-prescription item without the attached stigma of having to obtain a prescription.

Mr. Wuest paused for questions.

Ms. Nadler asked if Narcan is mandated in Nevada schools and secondly, is it a rule of thumb that if doctors prescribe an opiate they will also prescribe Narcan?

Mr. Wuest responded that with NRS 453c, Nevada schools can have Narcan, but it is not mandated. One of the manufacturers donated two doses per student per school in Nevada if they wanted it. There is not a law requiring physicians to prescribe Narcan with opiate prescriptions. In some cases, this is a best practice (i.e., high opioid doses) but in other cases it wouldn't be necessary depending on the doctor, patient, and the dose of opioid. Physicians are doing this, but it is not mandated by law.

Mr. Wuest thanked the group and said he would like to support this group in any way he can.

#### **5. Finalize Subcommittee Recommendations (For Possible Action)**

Chair Doñate asked Ms. Rodriguez to help facilitate this.

Ms. Rodriguez explained the process for finalizing the subcommittee recommendations. This process consists of beginning with the original recommendation, considering suggestions from the October 3<sup>rd</sup> SURG meeting, and reviewing the previously submitted justifications, action steps, and research links. She would like sign off from the entire subcommittee so these components can be added to the draft report.

Recommendation #1 proposed language (See slide 9): *Continue to invest in standing up Community Health Workers, Peer Recovery Specialists, and Certified Prevention Specialists throughout Nevada.*

Ms. Rodriguez asked for any suggested changes and noted that Mr. Schoen had mentioned during the October 3<sup>rd</sup> SURG meeting that he would like to keep this recommendation broad.

Chair Doñate did not want to combine recommendation #1 with the Treatment and Recovery subcommittee recommendation because public health and health care are two different things.

Mr. Schoen was in support of not combining the recommendations as well.

Chair Doñate would prefer to change the language to include “sustaining and expanding investments.”

The updated language for recommendation #1 was: “Continue to sustain and expand investment in Community Health Workers, Peer Support Recovery Specialists, and Certified Prevention Specialists throughout Nevada.”

Ms. Nadler expressed agreement with Chair Doñate.

Mr. Schoen agreed with both Chair Doñate and Ms. Nadler.

Ms. Rodriguez explained the justification, action steps, and research links.

Chair Doñate noted there were no additions to these.

Recommendation #2 proposed language (See slides 11-13): 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.

Ms. Rodriguez asked if any Subcommittee members wanted to name a backbone agency for recommendation #2.

Chair Doñate shared his personal recommendation to not merge the Response Subcommittee recommendation with recommendation #2. He said we need better collection of social determinants of health, which is different from the overdose fatality review, in the response subcommittee.

Ms. Nadler agreed with Chair Doñate on this point. She asked about the UNR data collection (NV OD2A).

Ms. Rodriguez said OD2A is supported through grants and the intention with this recommendation is to set up a long-standing agency.

Mr. Schoen mentioned that he recalls Senator Seevers-Gansert proposing this recommendation. He said we might not be ready to make a specific recommendation on a backbone agency.

Senator Seevers-Gansert said she agrees with Mr. Schoen that we do not need to call anything specific out for a backbone agency. We do need a centralized way of data collection on a comprehensive basis.

Ms. Rodriguez noted Elyse Monroy is currently on this call from OD2A. Chair Doñate called on Ms. Monroy to speak.

Ms. Monroy wanted to let people know she is present and is the program manager for OD2A. OD2A is Nevada's main source of CDC funding for all of fatal and non-fatal overdose surveillance. OD2A is at the UNR School of Public Health. Ms. Monroy mentioned they have been working to create a centralized data collection hub and have been working at this for a number of years. They are working on spike investigations. OD2A would be happy to share information on their data work.

Mr. Schoen asked Ms. Monroy if OD2A is specific to opioids?

Ms. Monroy said this is incorrect. OD2A collects data on a range of substance overdoses, not only opioids. Ms. Monroy added that she believes a backbone agency should sit at the state level and not at a private agency because the state gets money through the CDC for enhanced toxicology testing to contract with the state Medical Examiner's office. OD2A collects data on opioid and stimulant deaths.

Ms. Rodriguez noted there were no changes to recommendation #2.

Ms. Rodriguez asked if any Subcommittee members wanted to add to the justification or the research links?

No additions were made to the justification or research links.

Recommendation #3.a.-#3.c. (See slides 14-19)

Ms. Rodriguez asked the Subcommittee members if they would like to split recommendation #3, as was suggested in the October 3<sup>rd</sup> SURG meeting, into three separate recommendations so they stand on their own, or if they want to keep it as one?

Mr. Schoen explains he thinks the way these recommendations are split is very strong.

Ms. Nadler agrees with Mr. Schoen.

Chair Doñate agrees they will separate recommendation #3 into three separate recommendations listed above.

Ms. Rodriguez split recommendation #3 into three separate parts—

#3.a. proposed language, justification, action steps, and research links: (See slides 15-16):  
*Support prevention and intervention in K-12 schools by investing in multi-tiered system of*

supports (MTSS) and provide a robust platform of services at schools to connect families to prosocial education, early intervention, counseling services, and other resources to help mitigate Adverse Childhood Experiences (ACES).

Ms. Rodriguez asked subcommittee members what they would like the action step to be for #3.a.

Chair Doñate would like to revise this recommendation to be specified as K-20 instead of K-18, to include higher education.

Ms. Nadler agrees with this.

Mr. Schoen would like to see all three recommendations before making comments.

Ms. Nadler talked about a San Diego model to combat the new rainbow fentanyl, where the school will email parents to warn them about the dangers of these drugs. Could an action step for this recommendation be something like this where schools would email the parents and let them know the dangers of drugs?

Chair Doñate said the broader action step would be to have an expenditure of settlement funds to update curricula, and hire, train, and retain staff.

Mr. Schoen agreed with Chair Doñate, to elevate this curriculum to have a prominent place and support in school systems.

Ms. Nadler mentioned DEA 360 and the activities they do for prevention—this is a hands on activity and is very robust. She regarded this as a very good program for kids.

Chair Doñate believes this would go better under the last recommendation with the grant dollars.

#3.b. proposed language, justification, action steps, and research links (See slides 17-19):  
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.

Ms. Rodriguez asked subcommittee members what they would like the action step to be and if there are any changes to the recommendation language.

Chair Doñate said he would like to copy and paste the action step from the recommendation #3.a. “Expenditure of settlement funds to update curricula, and hire, train, retain staff.”

Mr. Schoen wanted to know if the settlement monies are the only option they have to recommend for the action steps?

Chair Doñate explained an action step can also be a drafting of a bill.

Senator Seevers-Gansert talked about the tobacco settlement and Bank of America settlement and how certain monies can be designated to certain buckets of money – she said this isn't necessarily what we should do here – this is where statutes go in.

Mr. Schoen said he appreciates knowing that the money is being spent with accountability.

Ms. Nadler asked if this would be the recommendation where we would mandate Narcan in every single school – can we get a bill drafted from here or make a recommendation?

Chair Doñate responded that recommendation would be more under a grant program similar to that of the last recommendation. It looks like #3.b. is specific to education and programming.

Mr. Schoen asked if there would be another recommendation coming up that focuses more on harm reduction.

Ms. Rodriguez confirmed.

Senator Seevers-Gansert agreed.

Recommendation #3.c. proposed language, justification, action steps, and research links: (See slide 19): Increase school-based mental health professionals through a multi-disciplinary, cross-department school-based behavioral health team.

Ms. Rodriguez asked the committee members what they would like the action step to be.

Chair Doñate noted the action step could be, “The expenditure of settlement funds to increase the hiring of mental health professionals and create a scholarship/fellowship opportunities to support the pipeline of higher education students,” and “Expenditure of funds geared toward workforce development programs.”

Mr. Schoen asked if we would like to include a note about workforce development programs?

Chair Doñate agreed.

Recommendation #4 proposed language, justification, action steps, and research links (See slides 20-21): 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.

There were no suggested revisions.

Ms. Rodriguez asked for subcommittee members to determine an action step.

Chair Doñate noted his recommendation for an action step: “Expenditure of settlement funds to increase funding for prevention coalitions to set aside funding for small grant programs.”

Recommendation #5 proposed language, justification, action steps, and research links (See slide 22): *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.*

There were no suggested revisions to the recommendation.

Ms. Rodriguez asked for subcommittee members to determine an action step and justification and research/links.

Mr. Schoen mentioned a conversation that he had with someone from the DOE about expanding mental health services in three districts—Lyon, Churchill, and Pyramid through provider type 60, which is to provide Medicaid reimbursement for services provided in schools. They are trying to convince Medicaid to do this in schools. Kids wouldn't need to have a diagnosis to receive care. He suggested potential action steps as “support efforts to expand provider type 60 to include reimbursement to preventative services in schools,” “require DHHS to revise reimbursement rates and utilize expenditure funds to match the national average reimbursement rate for services,” and “require DHHS to identify any gaps in Medicaid reimbursement for the delivery of care to support prevention”

Chair Doñate noted the national average depends on what we are reimbursing for.

Mr. Schoen noted there is a body of research that indicates investing in Tier 1 and Tier 2 services saves money and provides better outcomes and prevents people from needing Tier 3 care.

Ms. Nadler agreed.

Recommendation #6.a.-#6.c. proposed language, justification, action steps, and research links: See slides 23-28

Ms. Rodriguez noted recommendation #6 has three separate recommendations to support harm reduction.

#6.a. proposed language: *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.*

Ms. Rodriguez noted Mr. Schoen may have said this is the spot where Ms. Nadler's recommendation could go for mandating Narcan in schools. She also noted in a previous meeting it was discussed that the language should use the term “overdose reversal medications” in case other medications come about later so we don't limit it to a specific brand.

Ms. Nadler agreed with wanting to put this into this recommendation.

Chair Doñate said he thought we should keep the language as is and add the overdose reversal medication in the action step. Chair Doñate's action step recommendation was: “Expenditure of

settlement funds to support the distribution of overdose reversal medications at the community level including in schools and other public institutions.”

Ms. Nadler wanted to know if we can make this mandatory in schools and if that language be understood as being mandated?

Chair Doñate wants to inquire why schools don't want it and if there is a reason as to why they are turning it away. The DOE should create some strategy to support this in schools. Otherwise you would have to do a bill draft request.

#6.b. proposed language: 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.

Ms. Rodriguez noted Jessica Johnson is the one who submitted this recommendation.

Chair Doñate added an action step: “Expenditure of settlement funds to enact legislation.”

There were no other changes.

#6.c. proposed language: Promote telehealth for MAT, considering the modifications that have been made under the emergency policies.

Ms. Rodriguez stated there was a suggestion to merge this recommendation from one in the treatment in recovery, which was to: “Expand access to MAT and recovery support for SUD, limit barriers to individuals seeking treatment regardless of the ability to pay, and encourage the use of hub and spoke systems, as well as recovery support, including use and promotion of telehealth, considering the modifications that have been made under the emergency policies, and pursuing innovative programs such as establishing bridge MAT programs in emergency departments.”

Mr. Schoen stated that he thinks it makes sense to merge the two recommendations together.

Chair Doñate agreed and these two recommendations were merged.

Ms. Rodriguez asked what the action step would be for this?

Mr. Schoen stated there may be actual policy changes that need to be made so MAT can be delivered via telehealth. This is a suggested action step. He noted that we will need to investigate this further.

Chair Doñate stated it will cost money to do this, so he suggested an action step as “Expenditure of settlement funds to enact these recommendations.”



Mr. Schoen noted he talked with a friend who runs a MAT clinic in Reno and this person said the reimbursement rates are low and it cannot be justified to branch out into rural areas. Do we need to look at increasing the reimbursement rates?

Chair Doñate stated this may go with the previous Medicaid recommendation so we might not have to repeat this twice.

Mr. Schoen would like to add this as an action step on the previous Medicaid recommendation—adding language on matching national reimbursement rates.

Ms. Rodriguez confirmed she will go back and add the action step to the appropriate recommendation.

Ms. Rodriguez would like to clarify the action step—so MAT can be delivered via telehealth after the public health emergency has ended?

Mr. Schoen mentioned that is the only language that allows for telehealth to continue so we will need to find some language to allow this to continue after that ends.

Chair Doñate asked if we need a vote to finalize these.

Ms. Bordelove stated a vote is necessary to make these final recommendations.

#### Revised Recommendations:

- Continue to sustain and expand investment in Community Health Workers, Peer Recovery Specialists, and Certified Prevention Specialists throughout Nevada.
- 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.
- 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).
- Provide age appropriate, innovative and/or evidence-based prevention education and programming that is based on best practices and invest in certified prevention specialists in schools.
- Increase school-based mental health professionals through a multi-disciplinary, cross-department school-based behavioral health team.
- 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.
- 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.
- 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.
- 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.
- Promote telehealth for MAT, considering the modifications that have been made under the emergency policies. Expand access to MAT and recovery support for SUD, limit barriers to individuals seeking treatment regardless of the ability to pay, and encourage the use of hub and spoke systems, as well as recovery support, including use and promotion of telehealth, considering the modifications that have been made under the emergency policies, and pursuing innovative programs such as establishing bridge MAT programs in emergency departments.
- Note support for: Joint Interim Standing Committee on Health and Human Services BDR #333 which revises provisions relating to community health workers.

Chair Doñate asked for a motion to approve the changes of the recommendations and finalize

- Mr. Schoen made the motion;
- Senator Seevers-Gansert seconded the motion;
- The motion passed unanimously.

## **6. Subcommittee Appointments and Process** *(Discussion Only)*

Chair Doñate noted that Section 7E of the SURG bylaws states that subcommittee members will serve for one year on the subcommittee and after one year the Working Group chair will determine if the subcommittee needs to continue for another year. If the committee is needed for another year, the Working Group Chair will appoint the subcommittee chair and members from the Working Group.

Chair Doñate asked members to discuss if they would like to stay on the Prevention subcommittee or move to a different one, and if they are interested in a Chair or Vice Chair subcommittee appointment, to please discuss.

Ms. Nadler said she would like to stay on the Prevention subcommittee.

Mr. Schoen asked if the subcommittee will be less active during the legislative session?

Ms. Rodriguez said she thinks that is correct and that at the December SURG meeting there will be an agenda item to discuss subcommittee meeting frequency.

Dr. Terry Kerns noted that during the legislative session, if there are any recommendations for a policy change and a BDR occurs, then the subcommittee will follow it. If subject matter expert testimony is needed, SURG members can provide that. It is really about supporting this rather than a ton of subcommittee meetings, so the frequency will not be as much.

Mr. Schoen stated he would be happy to serve as Vice Chair of the Prevention Subcommittee.

Ms. Rodriguez noted the Attorney General will appoint the Chair and Vice Chairs, and this agenda item was intended to gauge interest with this discussion.

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

Chair Doñate asked for public comment.

Ms. Fairchild would like to comment on recommendation #6.c. for MAT. She noted it is really important for someone on MAT to see a doctor and be drug tested regularly. She noted telehealth is great for counseling, but there needs to be doctor interaction and drug testing, so we can make sure they are not taking any illicit substances while on MAT. Medicaid requires a certain amount of treatment encounters to be reimbursed. She stated she would like this to be considered.

Mr. Schoen stated that regarding recommendation #5, he received confirmation that it is type 60.

## **8. Adjournment**

The meeting was adjourned at 10:12 a.m.