

MEETING NOTES

Statewide Substance Use Response Working Group Prevention Subcommittee Meeting

March 5, 2025
3:00 p.m.

Zoom Meeting ID: 825 0031 7472

Call in audio: 1 253-205-0468

No Physical Public Location

Members Present via Zoom or Telephone

Chair Jessica Johnson, Debi Nadler, Angela Nickels

Attorney General's Office Staff

Joseph Peter Ostunio, Esq., and Dr. Terry Kerns

Social Entrepreneurs, Inc. (SEI) Support Team

Kim Hopkinson, PhD, and Mary O'Leary

Members of the Public via Zoom

Allison Cladianos; B. Beckman; D. Davidson; Heather Kerwin; Jen Kelsh; Katie M. Snider, Ph.D.; Lisa Kelso; Marcie Trier; Shannon Lepe; Tamika Shauntee Rosales; 17025876207

1. Call to Order and Roll Call to Establish Quorum

Chair Johnson called the meeting to order at 3:06 p.m. Dr. Hopkinson then led the roll call, noting that all members serving in the Nevada State Legislature are removed from quorum requirements for the duration of the 2025 session.

2. Public Comment (*Discussion Only*)

Dr. Hopkinson read public comment guidance, and Chair Johnson asked for public comment.

Seeing or hearing no public comment, Chair Johnson moved to agenda item #3.

3. Review and Approve Minutes from December 2, 2024 Prevention Subcommittee Meeting (*For Possible Action*)

Chair Johnson asked for a motion to approve the minutes from the December 2, 2024, Prevention Subcommittee meeting.

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

Chair Johnson moved to agenda item #4.

4. 2025 Subcommittee Reorientation (*For Discussion Only*)

Chair Johnson presented this agenda item, handing the floor over to Dr. Hopkinson. Dr.

Hopkinson explained that since 2024, attendance has been tracked and any member who goes below a 75 percent attendance rate for subcommittee or SURG working group meetings will be asked if they wish to continue serving.

Dr. Hopkinson reiterated that if a member cannot attend a meeting, they should email SEI staff at least four business days in advance to ensure a quorum or the rescheduling of the meeting if necessary.

During a brief pause for questions, Ms. Nadler noted that she would greatly appreciate getting an email reminder the day before the meeting with a Zoom link included. SEI staff will add that to their process.

Dr. Hopkinson then moved to review the recommendations submission process. Members of each subcommittee are asked annually to submit recommendations for review by their subcommittee as well as potentially for review by the entire working group. Submitting the recommendations as soon as possible is ideal, although the survey will remain open throughout most of the year. Dr. Hopkinson explained that submitting recommendations as early as possible allows for more time to review and refine the recommendations as a subcommittee. Additionally, if members would like to have their recommendations reviewed at meetings, they should submit those at least one week in advance of the next scheduled subcommittee meeting.

Dr. Hopkinson then briefly walked members through the survey to explain the layout and the process of completing it. She noted that members will be receiving the survey link the next morning, at which point they will be able to start submitting recommendations for 2025.

Following the walkthrough of the survey, Chair Johnson asked the members if they had any questions.

Ms. Nadler asked if a prior recommendation that was made or is still sitting on the table would have to be re-entered via the survey.

Dr. Hopkinson answered that if there is new information available that supports or informs a previous recommendation, or if changes have occurred in the impacted populations or urgency, members should consider resubmitting the survey for that recommendation. The member can indicate that the recommendation is a continuation of a prior submission and highlight any new details. If no updates are needed, they can simply request that the original information be carried forward. Note that some survey fields are required, and members are advised to enter a placeholder (e.g., an asterisk) if necessary to proceed.

Ms. Nadler thanked Dr. Hopkinson for that explanation and noted that she will add more support for a recommendation in the future.

Chair Johnson then asked Dr. Hopkinson for guidance on how to complete the survey when subcommittee members or others have ideas about community needs but may not have all the necessary details or answers to fully complete the survey. She asked if there is a recommendation on how to approach the survey in such cases—whether to submit partial information, wait until more details are available, or take another approach?

Dr. Hopkinson replied that if members do not have answers for some survey fields, even required ones, they can enter placeholders like “more information to come” or “unavailable at this time” to move the survey forward. Fully detailed responses are not needed before submitting a recommendation, but members should be sure to note areas that will need follow-up.

Chair Johnson thanked Dr. Hopkinson for her guidance. The Chair informed community members in attendance that subcommittee members are open to receiving recommendations. Community members can reach out to them directly or email SEI staff for follow-ups on presentations, ideas, or important issues.

Dr. Hopkinson added that if members would like their recommendations to be brought forward this year to be considered by the full SURG, these recommendations would have to be submitted by August. If recommendations are submitted after August, they may be rolled into 2026.

Ms. Nadler asked whether there will be another survey process after the legislative session concludes to reassess recommendations based on what was approved or not. She also inquired if someone is tracking which of the recommendations have been passed by the legislature.

Chair Johnson noted the legislative session ends in May and asked Dr. Hopkinson for input.

Dr. Hopkinson noted that the SurveyMonkey link will remain open throughout the year. It can still be used after the session is wrapped if there are any updates about what may or may not have proceeded from the session.

Chair Johnson then moved to agenda item #5.

5. Review AB374 Section 10 Requirements and Subpopulations Addressed in Prior Recommendations *(For Possible Action)*

Chair Johnson began the discussion with a review of the 2024 Prevention Recommendations and the 2024 Harm Reduction Recommendations.

2024 Prevention Recommendations:

1. *Recommend to DHHS/DPBH/the Bureau of Behavioral Health Wellness and Prevention to include in their Governor's budget request, a request to double the amount of investment in SAPTA primary prevention programming (i.e., increase from current \$12 million to \$24 million for this biennium) for ages 0-24 and review the funding allocations annually. This funding should not be at the expense of existing programming.*
2. *Create a bill draft request to amend the NRS for a 15 percent set aside of tobacco control and prevention funds from the Fund for a Healthy Nevada. This would be distributed using a local lead agencies model to reach \$2 per capita, a recommended funding goal from the Nevada Tobacco Control & Smoke-free Coalition and subject matter experts.*
3. *Require the state office of Medicaid to develop a state plan amendment to implement changes to support the recommendation requesting rates and billing standards for CHWs and Peers be increased to align with the national average and CMS standard.*
4. *Create a bill draft request to allocate a 15 percent set aside of cannabis retail funds to be distributed using a local lead agencies model to reach \$2 per capita, a recommended funding goal from the Nevada Tobacco Control & Smoke-free Coalition and subject matter experts.*

2024 Harm Reduction Recommendations:

1. *Recommend to DHHS to develop an annual or biannual saturation and distribution plan for overdose reversal medication. DHHS should utilize opioid settlement dollars to designate a baseline level of identification and overdose reversal medication for the next 10 years in Nevada (which should be based on the state's Naloxone Saturation Plan) to create a supply of stable, sustainable overdose reversal medication throughout the state.*
2. *Establish a statewide initiative for community drug checking that incorporates qualitative and quantitative drug checking and includes the following parameters:*

- *Utilize a regional implementation approach with standardized, statewide indicators, since local jurisdictions are best equipped to respond to findings from community drug checking.*
 - *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.*
3. *Harm Reduction Shipping Supply: In collaboration with local agencies and through community conversations, recommend to DHHS to provide for shipping costs for evidence-based harm reduction supplies (e.g., naloxone, sharps, test strips, etc.) and for travel costs for the pickup of used sharps products to be returned for destruction. Increase advertising about shipping programs to rural Nevada. Establish an alternative strategy for harm reduction supply delivery if people can't receive delivery of the supplies directly.*
 4. *Recommend a bill draft request to support legislation that will (1) help to fund/establish a statewide association for Peers, and (2) better define supervision requirements for Peers under the age of 18.*

Chair Johnson noted that it is important to acknowledge these recommendations, and that if members want them to be included in the 2025 report, they should include them in the recommendations survey with any updates. Alternatively, members can notify SEI staff to ensure the recommendations are included moving forward.

Moving on, Chair Johnson went over legislative language and Prevention Subcommittee assignments. Key aligned items are outlined below, and additional details can be found on pages 35-55 of the 2024 Annual Report. Chair Johnson noted that the Prevention Subcommittee is specifically assigned the following:

- **(a)** *Leverage and expand efforts by state and local governmental entities to reduce the use of substances which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids, and stimulants, and identify ways to enhance those efforts through coordination and collaboration.*
- **(g)** *Make recommendations to entities including, without limitation, the State Board of Pharmacy, professional licensing boards that license practitioners, other than veterinarians, the State Board of Health, the Division, the Governor, and the Legislature, to ensure that controlled substances are appropriately prescribed in accordance with the provisions of NRS 639.2391 to 639.23916, inclusive.*
- **(j)** *Study the efficacy and expand the implementation of programs to: (1) Educate youth and families about the effects of substance use and substance use disorders; (2) Reduce the harms associated with substance use and substance use disorders while referring persons with substance use disorders to evidence-based treatment.*

Chair Johnson continued, explaining that there are also crosscutting initiatives that all subcommittees are responsible for.

- **(b)** *Assess evidence-based strategies for preventing substance use and intervening to stop substance use, including, without limitation, the use of heroin, other synthetic and non-synthetic opioids and stimulants. Such strategies must include, without limitation, strategies to: (1) Help persons at risk of a substance use disorder avoid developing a substance use disorder; (2) Discover potentially problematic substance use in a person and intervene before the person develops a substance use disorder.*
- **(h)** *Examine qualitative and quantitative data to understand the risk factors that contribute to substance use and the rates of substance use, and substance use disorders, focusing on special populations.*
- **(q)** *Study, evaluate and make recommendations to the Department of Health and Human Services concerning the use of the money described in section 10.5 of this act to address substance use disorders, with a focus on: (1) The use of the money described in subsections 1, 2 and 3 of section 10.5 of this act to supplement rather than supplant existing state or local spending; (2) The use of the money described in section 10.5 of this act to support programs that use evidence-based interventions; (3) The use of the money described in section 10.5 of this act to support programs for the prevention of substance use disorders in youth; (4) The use of the money described in section 10.5 of this act to improve racial equity; and (5) Reporting by state and local agencies to the public concerning the funding of programs to address substance misuse and substance use disorders.*

Chair Johnson then handed it over to Dr. Hopkinson to explain the number of recommendations aligned with the Prevention Subcommittee and cross-cutting assignments. Dr. Hopkinson explained that the reason for the summary on Slide 18 is to illustrate how often the recommendations were noted as aligning with either the Prevention Subcommittee assignments **(a, g, and j)** and the cross-cutting assignments that are the responsibility of all subcommittees **(b, h, and q)**.

Dr. Hopkinson underscored that the goal of this summary was to illustrate where the subcommittee has focused their efforts. She noted that there were more components **(k, i, and c)** that were aligned with the recommendations. They are listed at the bottom of Slide 18.

Chair Johnson stated that the table on Slide 18 is very helpful to outline if there are any areas that need to be focused on this year, noticing that the least amount of focus has been the cross-cutting assignment of **h**. Chair Johnson said that perhaps that assignment has been addressed by other subcommittees more thoroughly.

Hearing no questions from the members, Dr. Hopkinson circled back to the SurveyMonkey, explaining that the survey is crucial in helping determine alignment with specific legislative assignments. If members are unsure of the aligning assignment at the time of survey submission, they can indicate “unsure at this time” to ensure follow-up. This will help prevent recommendations from not being connected to an appropriate assignment in the future.

Moving on, Dr. Hopkinson explained that Slide 19 shows how often the subcommittee’s recommendations aligned with its assigned components during the 2022-2024 period. To make this clearer, the components were written out instead of just listing their letters. The most frequently aligned recommendation was **j** with 15. **J** deals with studying the efficacy and

expanding the implementation of programs to educate youth and families and reduce the harms associated while referring people to evidence-based treatment. **A** and **g** were equally aligned with six recommendations each—**a** involves leveraging and expanding efforts to reduce substance use, and **g** pertains to ensuring controlled substances are prescribed appropriately under relevant regulations.

Hearing no questions, Dr. Hopkinson went over Slide 20, which illustrates how often all SURG recommendations align with the cross-cutting assignments for which all subcommittees are responsible. Dr. Hopkinson noted that **b** was the most frequent with 26, followed by **q** with 17, and then **h** with 6.

Dr. Hopkinson proceeded to the next slide, Slide 21. This slide shows the number of times special populations are noted as being impacted by recommendations for all subcommittees across 2023 and 2024. Notably, the recommendations related to prevention and harm reduction most frequently cited other populations disproportionately impacted by substance use disorders, followed by veterans, elderly populations, youth; individuals involved in the criminal or juvenile justice systems; and people who inject drugs. The least frequently cited special populations in alignment with these recommendations were pregnant women and parents of dependent children.

Chair Johnson thanked Dr. Hopkinson for the hard work and preparation that went into creating these slides. With no questions from the members, Chair Johnson moved to agenda item #6.

6. Planning for 2025 Prevention Subcommittee Meetings *(For Possible Action)*

Chair Johnson began by noting that she would welcome input from Ms. Nadler and Ms. Nickels regarding planning for upcoming meetings. She said that at the SURG meeting in January, members discussed key issue areas and topics for the full group, and she will summarize them in a bit. Chair Johnson then moved to seek feedback on whether the Prevention Subcommittee should continue refining its existing recommendations, introduce new recommendations, or strike a balance between both approaches. She noted that the Vice Chair would support refining existing recommendations and then opened the floor for discussion.

Ms. Nadler asked whether there is a system to track how funds allocated through their recommendations are being used. She wants to know if entities receiving funding are required to submit reports detailing their expenditures, what the money has been spent on, and what achievements have been made over one, two, or three years.

Chair Johnson responded that perhaps Ms. Nadler is referring to the work of the Fund for Resilient Nevada that oversees the state's opioid settlement funding.

Ms. Nadler agreed that the Fund for Resilient Nevada is what she was referring to. She added that they should be accountable on where the money is going, what they are doing, and what they have or have not seen. This would help the group make additional and better recommendations.

Chair Johnson acknowledged hearing that Ms. Nadler would like an update from the Fund for Resilient Nevada on not only successfully executed projects but also outcomes from 2024 SURG recommendations. She is not sure if this is on the slate for the April SURG meeting, noting that there have been presentations from the Fund for Resilient Nevada in the past as well as opioid settlement spending updates from Mark Krueger.

Chair Johnson continued that she would work with SEI staff and the Attorney General's office to make that proposal for an update on the programming from the Fund for Resilient Nevada.

Summarizing what she has heard so far, Chair Johnson stated that their vision for this year is really to stand on the shoulders of what has worked or track the progress of existing recommendations to see where they are or what improvements need to be made. Chair Johnson then asked Ms. Nickels for feedback.

Ms. Nickels noted that there has been talk around how to get opioid settlement money to Mission High School. Chair Johnson replied that perhaps in the conversation with the Fund for Resilient NV there could be an explanation of how organizations and/or individuals can know about open requests for proposals or opportunities to apply. This has been noted and can be elevated at future SURG meetings.

Adding to the conversation, Ms. Nadler said that this past year she has seen so many incidents in schools that relate to mental health and substance use. She asked if there was some kind of program that has to do with mental health in the schools and the number of counselors that they have currently.

Chair Johnson thanked Ms. Nadler for raising the topic and acknowledged the value of her insights. She suggested the possibility of a presentation on the intersection of mental health and substance use in youth and what programs currently exist. Chair Johnson proposed working with SEI staff to identify a relevant speaker, mentioning the Statewide Coalition Partnership Group, led by Jamie Ross, as a potential resource.

Speaking further on the topic, Chair Johnson referenced a previous Department of Education presentation on MTSS (Multi-Tiered System of Supports) in schools and suggested requesting an update from those presenters. The update could provide insights into current progress, existing barriers, and any challenges encountered in implementing the program.

Ms. Marcie Trier from the Department of Children and Family Services (DCFS) made a comment at this time: “I represent DCFS. We have mobile crisis. We have a Mobile Crisis Response Team that you can call until 11pm—8 to 11. The crisis response workers will go to the schools and do emergency assessments, provide counseling. They are generally mental health counselors. Some are licensed mental health counselors like myself, so they can intervene and immediately provide the mental health treatment for the youth in all the schools regardless—public, private, charter. [The schools] can call, and they will be dispatched within 30 minutes.”

Chair Johnson noted that a presentation on what Ms. Trier just described would be helpful. Ms. Trier added that the group she referenced would be willing to provide a presentation, and she can reach out and schedule if needed.

Ms. Nadler noted that there is supposed to be a number for SafeVoice on the back of student IDs. Ms. Nadler inquired about who picks up the phone when kids call.

Dr. Hopkinson noted that they could make a note of Ms. Nadler’s question and circle back to it at a later meeting.

Chair Johnson said that this is related to Ms. Nadler’s earlier suggestion on the intersection of mental health. So, ideally the identified speaker for that topic would speak about the SafeVoice program as well and what that process looks like.

Ms. Nadler then raised concerns about the lack of certified mental health counselors in schools today compared to past years. She emphasized the challenges students face, including bullying,

anger, substance use, and hatred, and inquired whether a mental health program could be implemented as part of school programming.

Chair Johnson acknowledged the importance of this issue and suggested identifying presenters who could speak on the intersection of mental health and school resources, including available programs and their structures. She encouraged submitting a SurveyMonkey form if there was a specific recommendation related to this topic to ensure it is considered in the subcommittee's work for the year.

Ms. Nadler added that similar programs exist in other states and offered to provide examples.

Chair Johnson welcomed this input. She then offered a summary of the discussion, noting the subcommittee's goal of balancing updates to existing recommendations with new areas of engagement.

Moving on, Chair Johnson listed some upcoming presentations for consideration at the larger SURG meetings in April, July, and potentially October:

- Legislative updates, including hearing from Regional Behavioral Health Coordinators (RBHCs) on bills submitted (April and July)
- Updates on opioid settlement (All Meetings)
- Annual Report dissemination (April)
- Results of annual member survey (April)
- Compassionate Overdose Response (April)
- AB19 and additional members on SURG

Chair Johnson gave additional detail on AB19, explaining that, as proposed, it adds the Executive Director of the Department of Indigent Defense Services; one member of the general public; one person who is an emergency response employee; one representative of the Division of Child and Family Services of the Department of Health and Human Services; and one representative of the Nevada District Attorneys Association, or its successor organization.

Moreover, Chair Johnson said that at a hearing on February 17, 2025, additional members were suggested. This included someone for Clark County Public Defender's office, someone from the Division of Public and Behavioral Health (DPBH), and people from multilingual households that have been affected by the drug crisis. At the hearing the Attorney General suggested getting input from current members and would like to discuss that in the subcommittee meetings as well as in April.

Chair Johnson asked if subcommittee members had any input.

Ms. Nadler weighed in, saying that she thinks that proposal is great. She then asked if something could be added to that or if it will stand as is. Chair Johnson replied that the Attorney General is interested in additions that have been suggested.

Ms. Nadler said that the more help they could get from outside organizations the better.

Dr. Terry Kerns provided additional context, having attended the AB19 hearing before the Assembly Health and Human Services (HHS) Committee, where all recommendations were presented. Additional recommendations included appointing a person in recovery from substance use disorder and a provider who treats individuals with substance use disorder—both of whom are already represented on the SURG and its subcommittees.

Dr. Kerns continued that during the hearing, an HHS Committee member expressed concerns that larger groups can become less effective. In response, the speaker explained how SEI structured the SURG process by aligning subcommittees with specific legislative requirements outlined in AB 374. This approach ensures that each subcommittee focuses on the most relevant issues based on expertise and mandates, rather than all subcommittees addressing the same requirements. They also clarified that subcommittee assignments are based on members' backgrounds, education, training, and interests, which helped address concerns about group efficiency.

Furthermore, Dr. Kerns stated that the Attorney General's Chief of Staff is in discussions with the DPBH and HHS regarding potential new membership additions. Specifically, if there are representatives added from DCFS and DPBH, there would be three HHS-affiliated members on the SURG, including Dr. Beth Slamowitz from the Director's Office. These discussions have had some back and forth.

Additionally, the Chief of Staff has reached out to the Clark County Public Defender's Office regarding their membership request. Further updates on these discussions will be provided as they progress.

Chair Johnson thanked Dr. Kerns for her input and feedback, noting that she also wondered how adding someone from DPBH would be aligned with the current HHS Director's appointee. Chair Johnson also echoed Dr. Kerns' concern around having the right amount of members on the committee to get things done effectively. Hopefully, there will be more information to come about AB19 at the April SURG meeting and ongoing to the July meeting.

Chair Johnson then continued listing upcoming presentations for consideration at the larger SURG meetings in April, July, and potentially October:

- Clark County Regional Opioid Task Force (July)
- Current Trends in Substance Use (July)
- MOUD in Rural Jails (July)
- Updates on Crisis Response Centers in Washoe and Clark (July)
- Updates from DHHS on status/progress of recommendations (October)

In terms of the next meeting, Chair Johnson noted that SEI staff have been in contact with Dr. Lev at Ms. Nadler's recommendation to schedule a presentation around cannabis prevention.

Ms. Nadler inquired about the Good Samaritan Law, recalling prior discussions and questioning whether it falls under the Response Subcommittee or the Prevention Subcommittee.

Dr. Kerns confirmed that the Response Subcommittee is examining the intersection of the Good Samaritan Law and the Drug-Induced Homicide Law. The Response Subcommittee has noted that despite public education efforts—led by prevention coalitions and CASAT for law enforcement—some individuals still hesitate to call 911 when witnessing an overdose out of fear of arrest. The subcommittee is exploring potential legislative changes to address specific populations affected by this issue. Since they are not sure if there is legislation addressing that this year, it may require continued advocacy for the next legislative session.

Chair Johnson offered Dr. Kerns the support of the Prevention Subcommittee on this moving forward as there seems to be interest.

To wrap the agenda item, Dr. Hopkinson noted that subcommittee members should have received calendar invitations for the following dates—May 7th, June 4th, August 6th, September 3rd, and November 5th. If they have not received the calendar invitations, they should reach out to any SEI staff member. Additionally, if they cannot attend a meeting, they should also reach out as soon as possible so that rescheduling can be looked into if necessary.

With no further items for discussion, Chair Johnson closed agenda item #6 and moved on to agenda item #7.

7. Discuss Report Out for April 9 SURG Meeting (*For Possible Action*)

Chair Johnson began the agenda item by explaining that she has historically provided a brief report on Prevention Subcommittee meeting discussions and is prepared to do so for the April 9th full SURG meeting. She reiterated that the Attorney General has expressed interest in new members, which may be brought forward for a vote at the April meeting. Members should be prepared for that discussion.

Ms. Nadler nominated Chair Johnson to continue providing the report out.

Chair Johnson appreciated Ms. Nadler's statement and will give the report at the April meeting. She then concluded the discussion and moved on to agenda item #8.

8. Public Comment (*Discussion Only*)

Chair Johnson opened the floor for public comment, asking Dr. Hopkinson to read the public comment guidance.

Chair Johnson recognized Ms. Tamika Shauntee Rosales.

Ms. Rosales commented: "My name is Tamika Shauntee Rosales. I am the Deputy Director of Government Affairs for the Boys and Girls Club, and I just want to introduce myself and thank everyone for all they do, and all of the great commentary and discussion at this meeting. This is my first time, but I will be attending on behalf of the Boys and Girls Club. Thank you."

Chair Johnson thanked Ms. Rosales for attending.

Seeing and hearing no additional public comment, Chair Johnson moved to agenda item #9.

9. Adjournment

Chair Johnson thanked subcommittee members and others in attendance and adjourned the meeting at 4:07 p.m.

Meeting Chat Log:

Kim Hopkinson (she/her) 3:09 PM

Please do not utilize chat for anything other than technical issues because the content is not necessarily available to the general public, which is a requirement of the open meeting law.

Kim Hopkinson (she/her) 4:05 PM

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