

MEETING NOTES

Statewide Substance Use Response Working Group Prevention Subcommittee Meeting

March 28, 2024
9:00 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, Senator Fabian Doñate

Attorney General's Office Staff

Rosalie Bordelove and Ashley Tackett

Social Entrepreneurs, Inc. Support Team

Emma Rodriguez and Margaret Del Giudice

Members of the Public via Zoom

Belz & Case Government Affairs representative, Trey Delap Noelle Hardt Donna Laffey, John Lum, Quintella Winbush, Alex Tanchek, Silver State Government Relations representative, Joan Waldock

Members Absent

None

1. Call to Order and Roll Call to Establish Quorum

Chair Johnson called the meeting to order at 9:02 a.m.

Ms. Rodriguez called the roll and established a quorum. She noted that Senator Seevers Gansert is not listed as Prevention Subcommittee member as she is no longer a member of the SURG. Senator Titus has replaced her with Senator Jeff Stone, though it is unclear at this time if he will serve on the Prevention Subcommittee.

Chair Johnson thanked Senator Seevers Gansert for her time served on the SURG and Prevention Subcommittee.

2. Public Comment (*Discussion Only*)

Chair Johnson read public comment guidance and asked for public comment.

Ms. Rodriguez provided information about call in options.

Ms. Nadler offered a public comment describing the recent loss of her cousin, who was not suffering from substance use disorder, due to 'street drugs.' She emphasized the importance of prevention and of addressing mental health needs. Ms. Nadler expressed grief and extreme frustration over multiple friends and family lost to overdoses, commenting that the trend appears to be worsening rather than improving. She described her own personal struggle after the loss of her son to overcome PTSD, financial instability, and other challenges, including the lack of social services and/or resources to support people and families who have lost a loved one and those struggling with SUD. She emphasized that this struggle and the lack of support is something so many people have experienced and continue to experience.

Chair Johnson thanked Ms. Nadler for sharing her story and expressing how deeply this is impacting her and her family. She continued that Ms. Nadler has her support and the support of the entire Prevention Subcommittee. Chair Johnson agreed that there is an urgent need to find opportunities for action and continued action. She thanked Ms. Nadler for her honesty and being present today to share this story.

Seeing no other public comment, Chair Johnson moved to agenda item 3.

3. Review and Approve Minutes from October 30, 2023 Prevention Subcommittee Meeting

Chair Johnson asked for a motion to approve the minutes from the October 30, 2023, Prevention Subcommittee.

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

4. 2024 Subcommittee Reorientation *(For Possible Action)*

Chair Johnson reviewed expectations for meeting participation and recommendation submissions (for details, see slides 8-9 of the meeting PowerPoint available on the [SURG Website](#)).

Ms. Rodriguez shared the recommendation submission survey, nearly the same as the survey used for 2023 recommendation submissions but with slight formatting changes and an updated access link and indicated that subcommittee members would receive this updated link following the meeting.

Ms. Rodriguez reviewed the survey components, including justification, research links, special populations addressed, and how/if a recommendation addresses AB374 Section 10 Requirements assigned to the Prevention Subcommittee and/or cross-cutting requirements assigned to all subcommittees. She explained that if a subcommittee member has more than one recommendation suggestion, each one would require a new survey submission.

Formatting changes to questions around impact, urgency, capacity, feasibility, and racial and health equity were also reviewed; changes included the opportunity to provide narrative description in addition to rating on a scale of 1-3 after hearing feedback about the subjectivity of these questions.

The survey provides members the opportunity to suggest presenters/presentations relating to their submitted recommendation. Ms. Rodriguez noted that if a subcommittee member had a suggestion for a presentation or presenter but did not have a recommendation to submit, they could email her directly rather than submit a survey response without a recommendation. She emphasized that the earlier a recommendation was submitted, the more time there would be to schedule presenters and to then workshop recommendations and encouraged subcommittee members to submit their ideas as soon as possible, ideally with at least one recommendation from each subcommittee member.

Chair Johnson echoed Ms. Rodriguez's encouragement for subcommittee members to each submit at least one recommendation.

Hearing or seeing no questions around attendance or recommendation submissions, Chair Johnson thanked Ms. Rodriguez and SEI for their work on the survey and moved to agenda item 5.

5. Review Subpopulations and AB374 Section 10 Requirements Addressed in 2023 Recommendations *(For Possible Action)*

For this agenda item, subcommittee members were encouraged to refer to the handout *2023 Recommendations and Legislation Addressed* for additional details (available on the [SURG Website](#)).

Chair Johnson reviewed AB374 Section 10 legislative language and subcomponents assigned to the Prevention Subcommittee as well as those that are cross-cutting and assigned to all SURG subcommittees (see slides 11-14). She then reviewed how the Prevention Subcommittee's 2023 recommendations aligned with these assignments in a table summarizing the 2023 recommendations in ranked order (see slide 15).

Ms. Rodriguez noted that in 2021, then Vice Chair Tolles, Dr. Woodard, and Dr. Kerns determined the subcommittee alignment.

Vice Chair Schoen highlighted the work of the Prevention Subcommittee, noting that three of the top five ranked recommendations, and half of the top ten, were from the Prevention Subcommittee. He noted that this proves false the frequently held view of prevention work as less important than work around treatment. He continued that there is still work to do around these 2023 recommendations; in particular, raising awareness of the recommendations with policy boards who are actively looking for policy recommendations to pursue next year.

Chair Johnson thanked Vice Chair Schoen for his comment and noted that Dr. Kerns has done a lot of work to distribute the 2023 recommendations to a variety of audiences, including the Clark Policy Board. She agreed that it is very important to share the recommendations with groups across the state that can move the policy through.

Vice Chair Schoen added that Dr. Kerns is also on the agenda for the April Northern Nevada Behavioral Health Policy Board meeting.

Ms. Rodriguez added the April SURG meeting will include an agenda item around report distribution and promotion of the 2023 recommendations, particularly with behavioral health policy boards as well as the Joint Interim Health Committee.

Chair Johnson thanked Ms. Rodriguez and asked for any additional comments or questions. She noted opportunities for this year to look at AB374 Section 10 subcomponent (h) and (g).

Ms. Rodriguez reviewed a table detailing how the 2023 recommendations addressed special populations (see slide 16).

Chair Johnson welcomed questions or feedback.

Vice Chair Schoen commented that the work can often feel messy, disconnected, and overwhelming but that this is the nature of trying to reach so many different populations, each requiring distinct strategies and methods of engagement while still working in concert to amplify the beneficial effects of each.

Ms. Nadler agreed with Vice Chair Schoen and underscored how important this observation is. She continued that the population of people who are socially using drugs may be missing from 2023 recommendations and from the special populations the SURG is tasked with addressing (detailed on slide 17). She emphasized that many young lives are being lost that fall within this population.

Chair Johnson thanked Ms. Nadler for her comment and Vice Chair Schoen for his reflection. She added that there are opportunities to synergistically look at the recommendations and how they broadly impact multiple populations. She clarified that the special populations detailed in the summary table on slide 16 are those that are specifically mentioned in the AB374 legislation and that last population listed (“other populations overly impacted by substance use disorders”) speaks to populations impacted but not otherwise specifically listed. She continued that guidance around addressing special populations is meant to ensure that recommendations adhere to legislative requirements but do not necessarily indicate a priority of one population over any other, especially in the context of a changing landscape.

Ms. Nadler asked when this legislation was passed, noting that the landscape has changed dramatically in the last few years.

Chair Johnson thanked Ms. Nadler for elevating this concern and welcomed the subcommittee to consider additional special populations to consider when submitting and discussing recommendations.

Ms. Rodriguez reported that the legislation was passed in 2021 and that in the survey, respondents are able to select “other populations overly impacted by substance use disorders” and specify an additional particular population.

Chair Johnson welcomed additional comments or questions. Hearing none, she moved on to a review of the 2023 Prevention Subcommittee and Harm Reduction recommendations (which were workshopped by the Prevention Subcommittee) (see slides 17-21).

2023 Prevention and Harm Reduction Recommendations:

- *Recommend to DHHS/DPBH/the Bureau of Behavioral Health Wellness and Prevention 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.*
- *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.*
- *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.*
- *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.*
- *Support Harm Reduction through: 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.

- *Create a bill draft request at the legislature to change the Nevada paraphernalia definition as it relates to smoking supplies. (See proposed draft language change to N.R.S. 453.554 in justification.)*
- *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 Shipping Supply: Provide for shipping costs for evidence-based harm reduction supplies (e.g., naloxone, sharps, fentanyl 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. 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.*
- *Recommend a bill draft request to equalize PRSS so it is equal to or exceeds CHW reimbursement. Add an educational requirement around evidence-based harm reduction to both PRSS and CHW certification.*
- *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.*
- *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 underscored the importance of reorienting to these recommendations by recalling Vice Chair Schoen's concern from the prior year around ensuring that recommendations are revisited and potentially carried through into the next year.

Chair Johnson welcomed comments or questions.

Vice Chair Schoen noted that each of the 2023 recommendations remain important and relevant. He expressed a concern about continuing to generate new recommendations and a preference for spotlighting a few essential recommendations that require attention and long-term work.

Chair Johnson thanked Vice Chair Schoen and, noting its relevance to the next agenda item, moved to agenda item 6.

6. Planning for 2024 Prevention Subcommittee Meetings (For Possible Action)

Chair Johnson posed the following questions for the subcommittee to consider in planning for the 2024 year (see slide 23):

- *What would the Prevention Subcommittee like to accomplish this year?*
- *What is your vision for developing recommendations?*
 - *Should we focus on refining last year's recommendations, or on creating new recommendations?*
- *Where do we want to be by September, when the SURG Working Group will begin narrowing down the recommendations to include in the annual report?*

Chair Johnson expressed agreement with Vice Chair Schoen's earlier comment about prioritizing the refinement and continuation of the prior year's recommendations. She added that feedback received from the larger SURG via the rankings allows a new lens through which to review the recommendations, and that new speakers could facilitate further refinement as an initial priority.

In reference to comments from Ms. Nadler, Chair Johnson also emphasized the need to adapt and respond to the changing environment and focus on community, particularly around tertiary prevention efforts. She envisioned that by September 2024, there would be some recommendations that have been become narrower/refined and if there is anything new, subject matter experts can provide concrete recommendations.

Ms. Nadler agreed with Chair Johnson. She then asked whether mental health was ever considered or included as part of the first recommendation about doubling the amount of investment in SAPTA primary prevention programming. She emphasized the importance of considering and addressing mental health concerns in the classroom starting with kindergartener's to teach them learning and coping skills and social and emotional learning.

Chair Johnson thanked Ms. Nadler for her comment. She clarified that the recommendation does include ages 0-24 and that a lot of evidence-based primary prevention programming does what Ms. Nadler is recommending by focusing on age-appropriate learning that is not substance-focused but aims to build resilience among youth and teach skills and coping strategies across multiple risk factors, including mental health and substance use choices and decision making.

Ms. Nadler added that an additional need is for there to be a helpline or number to call on the back of all middle school and high school ID cards.

Chair Johnson thanked Ms. Nadler and suggested this could be the topic of a possible recommendation and/or future presentation.

Ms. Nadler noted that Lisa Lee had effective strategies for getting this done.

Vice Chair Schoen commented about a recent visit to Washington, D.C. He explained that as a recipient of federal funds, instead of the federal government coming to a site visit in Nevada, fund recipients go to Washington, D.C. for a "reverse site visit." During these reverse site visits, there are 2-3 days of presentations by subject matter experts on addiction, specifically related to opioids and ranging from prevention through treatment. He explained that he has been going to these for about 6 years and now has to guard himself from being dispirited. He elaborated that real progress was made through 2016-2018 in response to the prescription opioid drug problem which engendered a sense of hope, but since then fentanyl has come on to the scene causing damage on a much larger scale. Vice Chair Schoen expressed concern around current numbers and the harm still being done and the need to remind himself that there is no magic solution, and

that the hard work of what the SURG and this subcommittee is trying to do is to mitigate the harms from opioids and increase resilience (resilience of a community, family, school, student, etc.). He continued by emphasizing that it's centrally about community building and relationship building to provide the protective factors, develop skills, and increase knowledge so that people can safely navigate this environment. In light of this, Vice Chair Schoen suggested that when the subcommittee considers its vision for the next year, they focus primarily on how to support community resiliency. With this focus, he continued, the subcommittee could address some of the antecedents that Ms. Nadler had elevated (i.e., supporting mental health, supporting school communities).

Chair Johnson thanked Vice Chair Schoen for his robust vision and suggestion for subcommittee focus moving forward.

Chair Johnson noted a previously requested presentation providing an update on statewide data (see slide 24 for details) and reported that they are still working on the 2023 data but that perhaps preliminary data and/or regional data could be requested. Chair Johnson recalled that Ms. Nadler had asked for regional data and asked if she had anything specific to request.

Ms. Nadler expressed interest in learning about what's going on in different states. She called attention to what she considered a new and concerning trend of young people, without ostensibly experiencing mental health challenges, using cocaine that can be laced with fentanyl.

Chair Johnson thanked Ms. Nadler for her comment and suggested that a potential presenter could talk about stimulants with fentanyl and a focus on youth. She added that a presentation has already been suggested for the Boys and Girls Club on evidence-based youth prevention.

Chair Johnson reviewed upcoming Prevention Subcommittee Meeting dates (see slide 24 for details) and then moved to agenda item number 7.

7. Discuss Report Out for April 10 SURG Meeting *(For Possible Action)*

Chair Johnson reported that her plan for the report out at the April 10 SURG Meeting was to share the Prevention Subcommittee's vision as discussed today. She asked subcommittee members if there was anything else they'd like her to highlight.

Ms. Nadler recalled that in the November or December SURG Meeting, Attorney General Ford had indicated that there was \$500,000 to spend on a campaign, the details of which she could not remember clearly.

Chair Johnson asked Ms. Nadler if this could have been at the Joint Task Force.

Ms. Nadler agreed and recalled that the funds were meant to go to a campaign addressing the Good Samaritan Law (including billboards, videos, podcasts). She remembered that AG Ford had seemed ready to do this, but that it had then been tabled.

Chair Johnson confirmed that in her recollection this was an initiative of the Joint Task Force meeting but that it was an agenda item labeled for discussion rather than possible action so that no vote was taken. She noted that the Joint Task Force may not have reconvened since that meeting.

Ms. Nadler asked if it were possible to present this to AG Ford again.

Chair Johnson responded affirmatively and said that she would add this to the report out at the April SURG Meeting. She added that staff will follow up on this as well, potentially with a status report about the items from the Joint Task Force for the April SURG Meeting.

Ms. Rodriguez confirmed that the question had been noted and that SEI would reach out for an update from DHHS.

Chair Johnson thanked Ms. Rodriguez and Ms. Nadler and then moved on to agenda item 8.

8. Public Comment (*Discussion Only*)

Seeing and hearing no public comment Chair Johnson moved to agenda item number 9.

9. Adjournment

Chair Johnson thanked subcommittee members and others in attendance adjourned the meeting at 10:05 a.m.