OFFICE OF THE ATTORNEY GENERAL

Aaron D. Ford, *Attorney General*

100 North Carson Street
Carson City, NV 89701
Telephone - (775) 684-1100
Fax - (775) 684-1108
Web - http://ag.nv.gov

PREVENTION SUBCOMMITTEE

Substance Use Response Group (SURG)

August 26, 2024

2:00 pm

1. CALL TO ORDER AND ROLL CALL TO ESTABLISH QUORUM

Chair Johnson

1. Call to Order and Roll Call to Establish Quorum Cont.

Member	SURG Role	Committee Role
Senator Fabian Doñate	Senate Majority Appointee	Member
Jessica Johnson	Urban Human Services (Clark County)	Chair
Debi Nadler	Advocate/Family Member	Member
Angela Nickels	Representative of a School District	Member
Erik Schoen	SUD Prevention Coalition	Vice Chair

2. PUBLIC COMMENT

Public Comment

- Public comment will be received via Zoom by raising your hand or unmuting yourself when asked for public comment. Public comment shall be limited to three (3) minutes per person (this is a period devoted to comments by the general public, if any, and discussion of those comments). No action may be taken upon a matter raised during a period devoted to comments by the general public until the matter itself has been specifically included on an agenda as an item upon which action may be taken pursuant to NRS 241.020.

- If you are dialing in from a telephone:
  - Dial 253-205-0468
  - When prompted enter the Meeting ID: 825 0031 7472
  - Please press *6 so the host can prompt you to unmute.

3. REVIEW AND APPROVE AUGUST 7, 2024 PREVENTION SUBCOMMITTEE MEETING MINUTES

Chair Johnson

4. PRESENTATION ON COMMUNITY HEALTH WORKERS

Jay Kolbet-Clausell, Nevada Community Health Workers Association, and

Wendy Madson, Healthy Communities Coalition

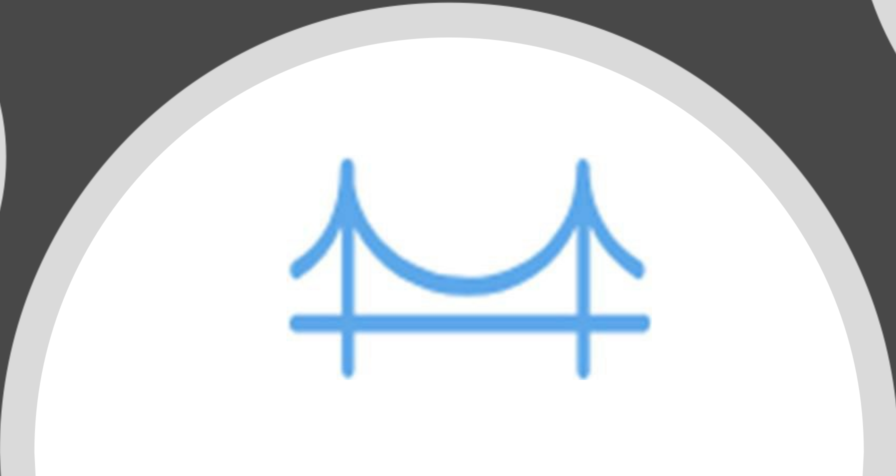
Transformative Community Health Worker Integration

Presented July 24, 2024

Nevada Community Health Worker Association

Jay Kolbet-Clausell, *MSW, CHWI*

Cody Wagner, *Interim Director*



Definition of a CHW

A community health worker is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.

A community health worker also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy.

- American Public Health Association

Nevada gained by aligning with national standards

Concepts more explicit in the historic NV standards but still in C3
Health insurance navigation, teamwork, budgeting, safe space for coworkers, project development, and shift management

CHW Roles and Competencies in C3 that were not in Nevada Standards
Leading events, transportation, coaching, support groups, policy, consent, motivate, document, translation, self-management, cultural humility, referrals, coalitions, community organizing, personal safety, mandatory reporting, professional development, boundaries, self-care, *mental/behavioral health, prevention*

CHW Core 3 Consensus Project
federally recognized by CDC, HRSA, CMS & more
c3project.org

In 2024, the Nevada Certification Board adopted the C3 Roles & Competencies
This increased Nevada's standards from 63 to 103 bullet points

A detailed crosswalk may be found on our website:
nvchwa.org/chw-core-competencies

Surveys From 2,679 CHW Students Aug 21

American Indian or Alaska Native	4%
Asian	4%
Black or African American	23%
Hispanic or Latino Ethnicity	30%
Native Hawaiian or Other Pacific Islander	1%
White	42%
Other	12%
Declined	6%

Some education	4%
High school diploma / GED	28%
Some college / no degree	28%
Associate's degree	11%
Bachelor's degree	22%
Master's degree	6%
Doctorate degree	1%
None	1%

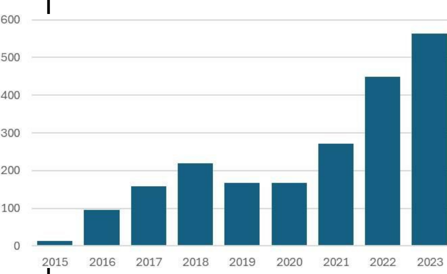
Female	67%
Male	16%
Write in	1%
Unknown	15%

Rural	29%
Urban	48%
Unknown	14%

Veteran	3%
Full-time	57%
Part-time	14%
Volunteer	5%

Youngest	17
Average	38
Oldest	96

Carson City	8%
Churchill	6%
Clark	50%
Douglas	4%
Elko	4%
Esmeralda	2%
Eureka	2%
Humboldt	2%
Lander	2%
Lincoln	3%
Lyon	8%
Mineral	3%
Nye	9%
Pershing	2%
Storey	3%
Washoe	22%
White Pine	2%



Who are CHWs in Nevada and growth over the last 9 years

Job Description Database
CHW Jobs

- **Health Education & Outreach:** Provide education and outreach to community members on health topics, preventive care, and available resources.
- **Patient Advocacy & Support:** Assist individuals in navigating healthcare systems, advocating for patients' needs, and providing emotional support.
- **Cultural Liaison:** Serve as a bridge between providers and community members, ensuring culturally sensitive communication and care.
- **Resource Coordination:** Connect community members with local health services, social services, and other resources to improve overall well-being.

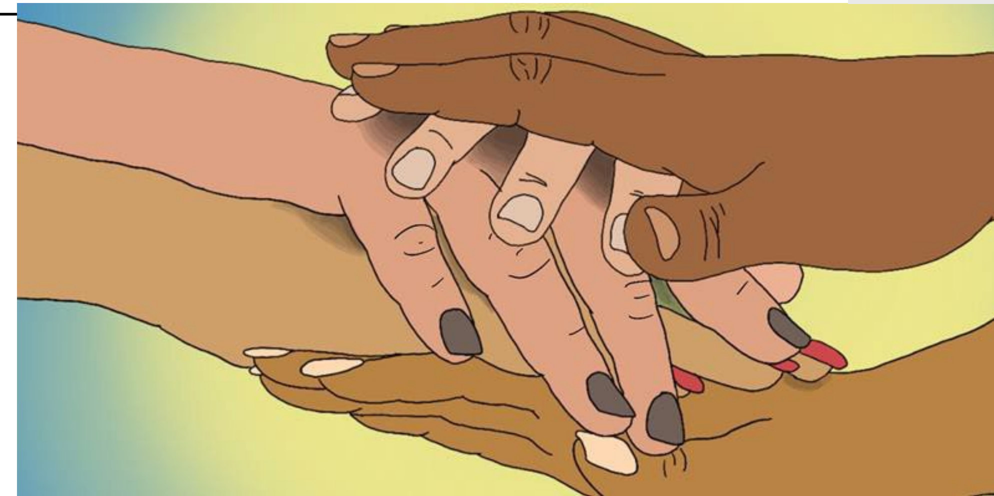
Jobs in Community Based Settings

Food Pantry

- **Community Engagement:** Develop relationships with the community and find health resources that are appropriate linguistically and culturally for clients
- **Health Education Workshops:** Organize and conduct workshops
- **Resource Navigation:** Help individuals and families access healthcare services, social services, etc.
- **Support and Advocacy:** Use coach-based techniques to help a client through healthcare processes through weekly contact with clients
- **Data Collection:** Gather data to be used in decision making and early intervention

Jobs in Behavioral Health Settings

Mental Health Support



- **Assessments for delivery of brief crisis intervention, gateway support, and/or basic skills services, which may include information and** referrals for food, clothing, housing, transportation, education, mentorship, job training, employment opportunities, physical or mental health care, and other support services
- **Documents** their education, outreach, engagements and encounters… to develop crisis safety plans, **encourage follow-through with services to support client growth**, self-sufficiency
- **Collaborates with other organizational clinical and non-clinical** staff to identify barriers and needs, coordinates access to agency programs and services, government programs, and other professionals to address needs of clients

Jobs in Medical Settings
CHW Working in a Clinic

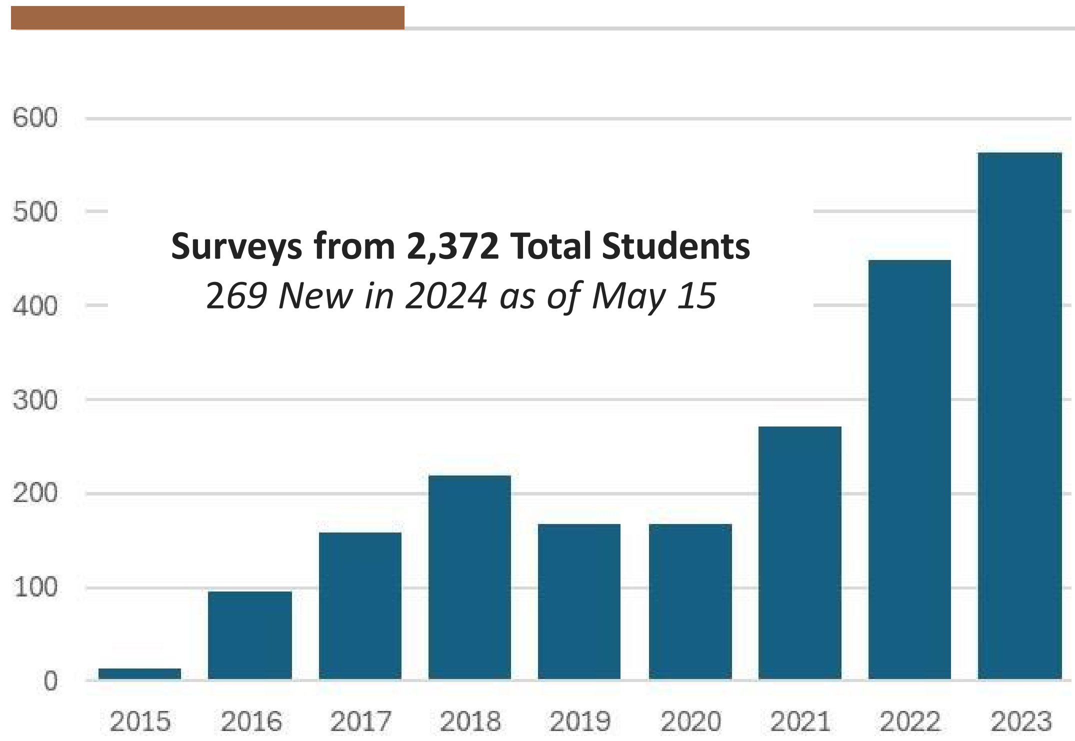
- **Health service navigation and resource coordination:** (E.g.: helping a patient find providers, arranging transportation or translation, etc.)
- **Health promotion and coaching:** providing self-management information and education (cessation of tobacco use, improvement in nutrition, lifestyle changes)
- **Health education:** Reinforcing recognized healthcare standards (control of toxic substances, prevention and control of diabetes, control of high blood pressure)
- **Communicating with culturally competent language and practices**

Home Visiting & Child Centers
CHWs with Families

- Provide motivational interviewing & health screening (including developmental screenings for children)
- Connect families with pediatricians, occupational therapists, telehealth by referrals
- Facilitate client access to community resources (locating housing, food, clothing, prenatal classes, parenting, and providers to teach life skills, and relevant mental health services)
- Documents and maintains accurate client records and inputs data into appropriate
- systems

CHW Student Trends in Substance Misuse and Prevention

LIVE Data Searches Available During this Meeting by County and Services



15% work in Prevention

20% in Substance Misuse

25% in Behavioral Health

80% of CHWs working in ***Prevention*** are Women compared to 66% overall

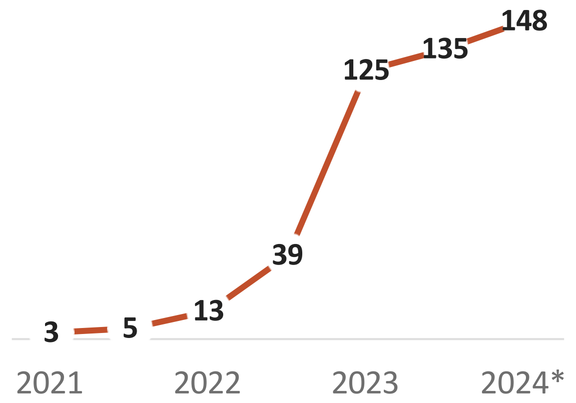
CHWs in clinical settings have the same levels of ***Educational attainment***

In a survey of 657 students, **69,481 clients** were being served with an average of **105 active clients per CHW** Averaging about 1.5 hours per month with each client

Native America, Hawaiian, Asian, and African American CHWs participate in providing these services at higher rates than White or Hispanic CHWs

A proportional # of CHWs provide these services in every Nevada county

Number CHWs addressing
Substance Misuse: 6 months



What are the CHW statutes in Nevada?

NRS 449.0027 **"Community health worker" defined.**
NRS 449.0028 **"Community health worker pool" defined.**
NRS 422.2722 **State Plan for Medicaid: Inclusion of requirement for payment of certain costs for services provided by community health worker.**

CHW Bills:
SB117 Text (state.nv.us)
AB191 Text (state.nv.us)
SB498 Text (state.nv.us)

NRS 449.0027 "Community health worker" defined. "Community health worker" means a natural person who:

1. Lives in or otherwise has a connection to the community in which he or she provides services.
2. Is trained by a provider of health care to provide certain services which do not require the community health worker to be licensed.
3. Provides services at the direction of a facility for the dependent, medical facility or provider of health care which may include, without limitation, outreach and the coordination of health care.

(Added to NRS by 2015, 2172)

NRS 449.0028 "Community health worker pool" defined. "Community health worker pool" means a person or agency which provides, for compensation and through its employees or by contract with community health workers, the services of community health workers to any natural person, medical facility or facility for the dependent. The term does not include an independent contractor who personally provides the services of a community health worker or a facility for the dependent or any medical facility other than a community health worker pool which provides the services of a community health worker.

(Added to NRS by 2015, 2172)

NRS 422.2722 The Director shall include in the State Plan for Medicaid a requirement that the State, to the extent authorized by federal law, pay the nonfederal share of expenditures incurred for the services of a community health worker who provides services under the supervision of a physician, physician assistant or advanced practice registered nurse. 2. The Director may include in the State Plan for Medicaid a requirement that the State, to the extent authorized by federal law, pay the nonfederal share of expenditures incurred for the services of community health workers who provide services under the supervision of specified types of providers of health care, other than those described in subsection 1. 3. As used in this section [, "community] :
(a) "Community health worker" has the meaning ascribed to it in NRS 449.0027.
(b) "Provider of health care" has the meaning ascribed to it in NRS 629.031.

NRS: CHAPTER 449 - MEDICAL FACILITIES AND OTHER RELATED ENTITIES (state.nv.us)

[NAC 449.39573](https://www.leg.state.nv.us/NAC/NAC-449.html) **Service Plan**
[NAC 449.39575](https://www.leg.state.nv.us/NAC/NAC-449.html) **Services of a CHW**
https://www.leg.state.nv.us/NAC/NAC-449.html

“The state board of health is hereby declared to be supreme in all non-administrative health matters”

dpbh.nv.gov/Boards/BOH/Board_of_Health_(BOH)_-_home

NRS 449.39575 Services of a community health worker” means the services provided by a community health worker at the direction of a community health worker pool…Added to NAC by Bd. Of Health by R133-15, eff. 12-19-2017

NAC 449.39577 Location to which license applies; name of administrator to appear on license; liability coverage. (NRS 449.0302)
…each license issued to operate a community health worker pool is separate and distinct and is issued to a specific person, who is designated on the license, to operate the community health worker pool…maintains the records for the clients, community health workers, other members of the staff…

Current Written CHW Pool Duties

- Hire trained and qualified CHWs
- Rules for personnel files
- Ensure ongoing training for CHW staff
- Establish and enforce a procedure to respond to grievances, incidents and complaints
- Written description of the rights of clients

What are the Nevada Administrative Codes?

SOURCE: leg.state.nv.us/NAC/NAC-Index.html#NACCOMMUNITYHEALTHWORKERPOOLS

State Board of Health

Nevada Administrative Code

- These sections were written in 2017 and have not been updated to reflect current CHW policy
- CHW Pools are an unused opportunity written in current state law

CBO Barriers

Service Plan

Reporting Guidance

Client Screening

Market Demand for CHWs

Not all defined work is billable

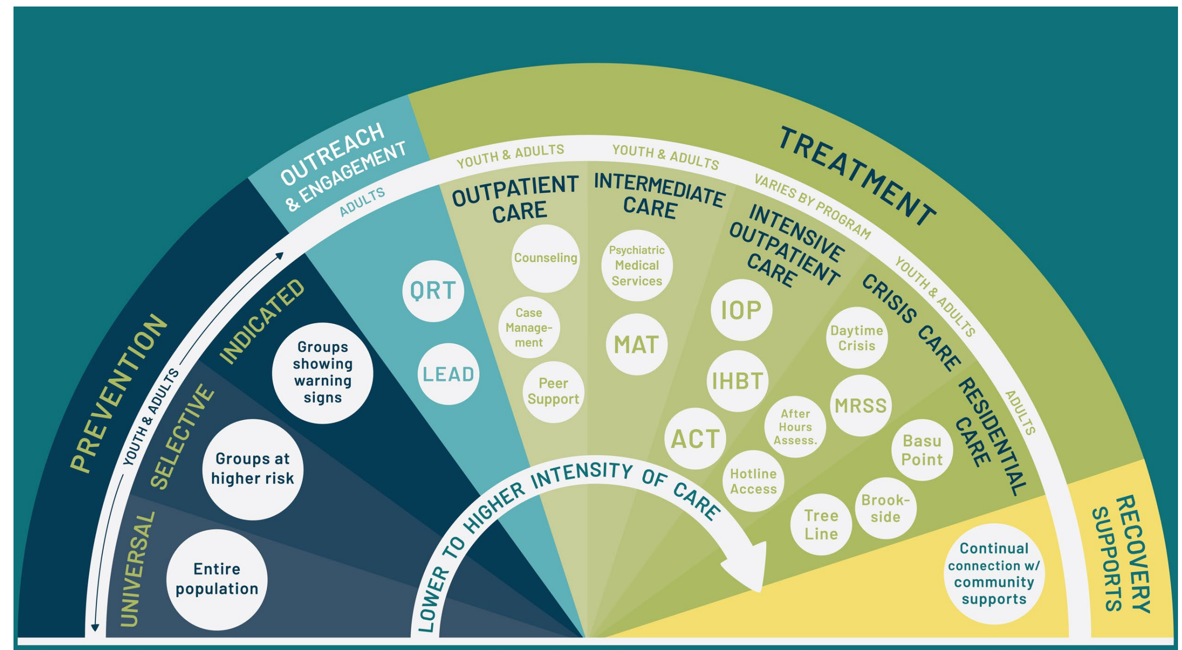
CHW Discussion

5. PRESENTATION ON SCHOOL-BASED PREVENTION PROGRAMMING

Anne-Elizabeth Northan, Executive Director, Join Together Northern Nevada

Introduction

- *Join Together Northern Nevada*
- *What is Prevention?*
- *Current Data*
- *Evidence Based Prevention*
- *Recommendations*



Issues

- *Prevention Programming in the schools in which it is occurring is successful, but sporadic due to the nature of the current system. More work needs to be done to increase capacity within school district.*
- *The Prevention Workforce in Nevada is limited, and more certified professionals are needed to adequately address prevention needs.*
- *There is a successful infrastructure in place that can engage in successful, evidence-based prevention efforts. Resources to expand capacity are needed to engage at scale.*
- *There is an increase in the 2023 YRBS in Middle School Current and Lifetime Substance Misuse, as well as ACEs and other risk factors, indicating a strong need for prevention work as the public health model has positive generational impact.*

Special Populations

- *Prevention is intended to impact the universal, selective and indicated populations*
- *In the case of K-12 schools:*
  - *Youth*
  - *Lesbian, gay, bisexual, transgender and questioning persons*
  - *Other populations disproportionately impacted by substance use disorders.*
    - *Racial and Ethnic Minorities*
    - *Military Families*
    - *Pregnant Women and the parents of depended children*
  - *Defining and Targeting Risk and Protective Factors*
    - *Adverse Childhood Experiences*
    - *Health Inequities*
    - *Community*

What's Working Well / Evidence Based Practice

- *Strategic Prevention Framework*
- *Too Good for Drugs*
- *CHWS*
- *Curriculum-Based Support Groups*
- *Teacher/Counselor Education*
- *Parent Education*
- *ACEs/PCEs*
- *Addressing Health Disparities*
- *Harm Reduction*
- *Stigma Reduction Efforts-Media Campaigns, Information Dissemination, Education*

Recommendation(s)

- ***Enhance and expand the prevention workforce through increased training, resource development, partnership, and policy.***
- ***Increase resources for Evidence-Based Prevention Programming in Schools and communities.***
- ***Use the current infrastructure to enhance policies and create strategic prevention plans for districts and schools based on data and best practice.***
- ***Collaboration with Nevada Certification Board and subject matter experts to develop collaborations in communities and the state to bolster prevention efforts and ensure robust, wholistic programming.***

References

- *Nevada Youth Risk Behavior Surveillance System*. (n.d.). University of Nevada, Reno. https://www.unr.edu/public-health/research-activities/nevada-youth-risk-behavior-survey
- Lombardo, J., Whitley, R., Health, N., & Profile, E. (2023). https://dhhs.nv.gov/uploadedFiles/dhhsnvgov/content/Programs/Office_of_Analytics/Bureau%20of%20Behavioral%20Health%20Wellness%20and%20Prevention%20-%20Epidemiologic%20Profile%20-%20Nevada%20-%202023(5).pdf
- SAMHSA. (2023). *Evidence-Based Practices Resource Center*. Www.samhsa.gov. https://www.samhsa.gov/resource-search/ebp
- *Pacific Southwest PTTC - Prevention Technology Transfer Center (PTTC) Network*. (2024, April 19). Prevention Technology Transfer Center (PTTC) Network. https://pttcnetwork.org/center/pacific-southwest-pttc/

Contact Information

Name	Anne-Elizabeth Northan
Title	Executive Director
Phone	775-324-7557
Email	director@jtnn.org

6. DISCUSS AND REVISE REMAINING 2023 PREVENTION RECOMMENDATIONS

Chair Johnson

2023 Prevention Subcommittee Recommendations

- In addition to the seven Harm Reduction recommendations workshopped during the August 7th Prevention subcommittee meeting, there are four Prevention subcommittee recommendations from 2023 to be discussed.
- The following slides include the 2023 report recommendations (full information can be found in the *2023 Prevention Recommendations* handout)
- Items in red indicate a suggested change or new information collected by staff from subcommittee members and subject matter experts for subcommittee consideration.
- The subcommittee needs to determine if it will:
  - Move the recommendation forward as a 2024 recommendation.
  - If moving forward, determine if there are revisions to be made to the recommendation language and corresponding components.

#1 in Annual Report Rankings: Recommendation, Justification

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.

Justification/Background: While there are strong, evidence-based primary prevention programs that are in place in Nevada along with a robust coalition network, there is not enough financial support to reach all students with primary prevention programming. The most effective interventions target salient risk and protective factors at the individual, family, and/or community levels and are guided by relevant psychosocial theories on substance use. This funding should be allocated on a per pupil basis to ensure maximum reach within the state.

Nevada was not selected for the Strategic Prevention Framework – Partnership for Success funding from SAMHSA this year, which historically has provided funding for primary prevention (Nevada received an annual $2,260,000 award for the past five years).

(Justification continued on next slide.)

#1 in Annual Report Rankings: Justification Continued, Action Step

Justification/Background: *(Justification continued from previous slide)* The 2022 National Drug Control Strategy report on cost effectiveness of prevention states that "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… 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."

Action Step:

- Expenditure of Opioid Settlement Funds
- DHHS Policy
- Other – Expenditure of other funds/reappropriation of general fund dollars

#1 in Annual Report Rankings: Impact, Capacity & Feasibility, Urgency, Racial & health equity

Impact: This long-term investment in Nevada's youth can reduce substance use and risk behavior in our state.

Capacity & feasibility of implementation: We have a strong coalition infrastructure that is already engaging stakeholders and schools in primary prevention programming; additional resources are needed to reach saturation.

Urgency: This is an emerging crisis and an ongoing need for youth.

Racial and health equity: Equitable education to learn about substance use and all health risk improves opportunities for healthy choices and reduces risk over time.

#3 in Annual Report Rankings: Recommendation

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.

- **Vice Chair Schoen recommended removing this recommendation as it is duplicative with recommendation #8**
- *Additional information on this recommendation can be found in 2023 Prevention recommendations handout.*

#5 in Annual Report Rankings: Recommendation, Justification

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.

Justification/Background: This funding recommendation was recommended and supported by the Nevada Tobacco Control & Smoke-free Coalition. With the $2 per capita support, this brings the total to $6.2 million for tobacco control and prevention statewide in Nevada. This would move Nevada's national ranking for tobacco control and prevention funding to 24th instead of its current position at 47th in the nation. The CDC recommendation for Nevada Tobacco Control and Prevention is $30 million to mitigate morbidity and mortality (Ahlo, M., (7/17/23). Presentation to the SURG Prevention Subcommittee).

Fifteen percent set aside of the approximate $41 million received annually for the State of Nevada would be about $6.15 million, which gets close to the $2 per capita.

The intent of this recommendation is that it should not be at the expense of current Prevention programming/funding or existing NRS set aside for the millennium scholarship.

Additional background information can be found in 2023 Prevention recommendations handout.

#5 in Annual Report Rankings: Action Step, Impact, Capacity & Feasibility, Urgency, Racial & health equity

Action Step: Identifying funding sources alternative to FRN that can support these statewide programs

Impact: Vaping prevention efforts focus on youth, which is a population of focus for the SURG, and is relevant to the impact of this recommendation.

Capacity & feasibility of implementation: There is capacity and feasibility to implement this.

Urgency: This should be considered urgent, given the statistics shared by Malcolm Ahlo, Tobacco Control Coordinator at SNHD:

- Tobacco kills at a higher rate than alcohol, car accidents, illegal drugs, murders, suicides, and AIDS combined.
- Tobacco use remains the leading cause of preventable death, even though traditional tobacco or commercial use has declined.
- Cannabis/marijuana/tobacco and other mechanisms such as vaping.

Racial & health equity: Many tobacco companies target communities of color.

Unranked Annual Report Rankings: Recommendation

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.

- The Response subcommittee is considering two recommendations related to data collection and reporting and is expected to include language on outlet density.
- *Additional information on this recommendation can be found in 2023 Prevention recommendations handout.*

Additional Prevention Recommendations

- School ID cards
  - Debi Nadler has been gathering information on implementation at schools and would like to discuss:
    - Who is in charge of implementing?
    - Elementary school ID cards
- Additional recommendations?

7. REVIEW AND DISCUSSION OF REVISED 2023 HARM REDUCTION RECOMMENDATIONS

Chair Johnson

Harm Reduction Recommendations

- At the August 7th Prevention subcommittee meeting, subcommittee members discussed and workshopped the 2023 Harm Reduction recommendations.
- The following slides include 2023 Harm Reduction recommendations, with items in red indicating a suggested change or new information collected by staff from subcommittee members and subject matter experts for subcommittee consideration.
- The subcommittee needs to determine if it will:
  - Move the recommendation forward as a 2024 recommendation.
  - If moving forward, determine if there are revisions to be made to the recommendation language and corresponding components.
  - *Please reference the 2023 Harm Reduction Recommendations handout.*

#7 in Annual Report Rankings: Recommendation and Proposed Revised Recommendation

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.

Recommend to DHHS to develop an annual or biannual saturation and distribution plan for overdose reversal medication. ~~which should be regularly revisited and updated.~~ 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.

#7 in Annual Report Rankings: Justification

Justification/Background: While the Bureau has made strides to utilize grant funding to identify naloxone, fentanyl test strips, and xylazine test strips, it remains imperative that a baseline level of access to overdose reversal medication (such as naloxone) exists in order to meet on-going needs of community members. Reliance on grant funding alone can leave gaps in access to overdose reversal medications and increases risk for fatal overdose. Other states have utilized past distribution efforts, modeling, and other statistical formulas to project estimated number of naloxone doses needed for sustainable overdose reversal planning and engagement.

#7 in Annual Report Rankings: Action Step, Impact, Capacity & Feasibility, Urgency

Action Step: Expenditure of Opioid Settlement Funds

Impact: Access to opioid overdose reversal medication during time of overdose (like naloxone) is an evidence-based best practice that is associated with saving lives.

Capacity & feasibility of implementation: This initiative aligns directly with legislation on opioid litigation funds; expertise on overdose reversal medication, purchase, and distribution already exists within DHHS and affiliates; a naloxone saturation plan has been developed for the state.

Urgency: Moderate urgency - current naloxone access in the state relies solely on grant funding (e.g., SAMHSA State Opioid Response), which creates vulnerability for long-term sustainable access.

#7 in Annual Report Rankings: Racial & health equity

Racial & health equity: Multiple publications have outlined the current system (nationally) inequitably distributing naloxone across populations at risk, however, research on addressing the gaps is limited. One study on the cascade of care for naloxone engagement (and re-engagement) among people who use drugs found disparities in the re-engagement continuum such that White persons who inject drugs (PWID) were most likely to have ever and recently received naloxone, while Latino/a/x and Black PWID were least likely (https://www.sciencedirect.com/science/article/pii/S0376871621002544). Identifying opportunities to engage and re-engage PWID and PWUD in naloxone access with an eye toward reducing disparities, such as using peer networks to distribute naloxone and equitable access across neighborhoods.

Additional information on this recommendation can be found in 2023 Harm Reduction recommendations handout.

#8 in Annual Report Rankings: Recommendation and Proposed Revised Recommendation

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 (2022). 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.

Require the state office of Medicaid to develop a state plan amendment to implement changes to support the recommendation ~~of the State Amendment Plan~~ requesting rates and billing standards for CHWs and Peers be increased to align with the national average and CMS standard. ~~by at least 10% if not more over current rates and double increase the number of hours that CHWs and Peers can bill per month.~~

#8 in Annual Report Rankings: Justification

Justification/Background: As detailed in the August 2023 meeting of the SURG Prevention Subcommittee, there has been tremendous movement and momentum for recognizing the important contributions of CHWs by ensuring that the funds (i.e., Medicaid reimbursements) are at a high enough level to provide competitive and livable wages.

Those working as Peer Recovery Specialists and Certified Prevention Specialists deserve similar compensation levels for their unique and important contributions to supporting our fellow Nevadans.

#8 in Annual Report Rankings: Action Step, Impact, Capacity & Feasibility, Racial & Health Equity

Action Step: Bill Draft Request (BDR). There may be pathway for PRSS's and Prevention Specialists in the "slipstream" of the momentum and pathway carved by CHWs in the 2023 legislative session. Perhaps leverage this for the 2025 session.

Impact: HIGH -- If successful in having PRSSs and Prevention Specialists at parity with CHWs, we would have onboard all of the Big Three paraprofessional professions that are key to building strong, effective, and sustainable strategies for mitigating harm from substance abuse.

Capacity & feasibility of implementation: Because of the trailblazing done by CHW advocates, there is already demonstrated capacity and feasibility for implementation of incorporating PRSSs and Prevention Specialists.

Urgency: HIGH -- It is vitally important that we get all of the needed workforce pieces in place so that we don't unintentionally handicap efforts going forward.

Racial & health equity: These sorts of services advance racial and health equity. This is done in two ways. On the workforce development side, these are considered "attainable" professions for folks who might otherwise want to work in healthcare but feel that the barrier of entry is too high for more traditional points of entry (i.e., nurses, doctors).

Additional information on this recommendation can be found in 2023 Harm Reduction recommendations handout.

#10 in Annual Report Rankings: Recommendation and Proposed Revised Recommendation

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 in handout.)

Create a bill draft request at the legislature to change the Nevada paraphernalia definition as it relates to smoking supplies, utilizing Maine or Colorado as examples. (See links to examples from Maine and Colorado to change N.R.S. 453.554 in justification.)

- Include links to 2021 Maine law and 2024 Colorado law as examples in justification
  - Maine legislation: https://www.mainelegislature.org/legis/bills/getPDF.asp?paper=HP0732&item=1&snum=130
  - Colorado legislation: https://leg.colorado.gov/bills/hb24-1037

#10 in Annual Report Rankings: Justification

Justification/Background: Fentanyl has rapidly become a primary opioid in the illicit drug supply. Fentanyl, especially in its pill form, is most often smoked rather than injected, both by individuals who are new to opioid use and by those experienced in injecting black tar heroin. Along with a parallel increase in the use of methamphetamine, which is also commonly smoked, the prevalence of opioid and stimulant smoking is quickly overtaking injection as a primary and frequent route of administration. This strategy is a significantly less risky mode of administration for people who are unwilling or unable to stop using drugs. A person’s overall drug-related risk is lowered every time they choose to smoke instead of inject. Studies have found that participants who inject drugs are often willing to switch to smoking or other modes of administration when feasible, and that non-injection routes of administration may pose less risk of overdose. Many of the harms of injection drug use, such as endocarditis, skin infections, and vein damage, are injection specific. In addition to being harmful to individual health, endocarditis, HIV, and HCV are expensive to treat, and place a considerable economic burden on the public health system. Expansion of access to these supplies for public health purposes are additionally important for reducing risk for exposure to tuberculosis outbreaks and COVID-19. Harm reduction services for people who use drugs are almost entirely focused on injection. Access to safer smoking supplies creates safer-use options for people who don't inject, or who prefer stimulants as a primary drug. This broadens the reach of harm reduction services and offers an additional pathway into care and recovery.

#10 in Annual Report Rankings: Action Step, Impact, Capacity & Feasibility

Action Step: Bill Draft Request (BDR)

Impact: Studies have found that participants who inject drugs are often willing to switch to smoking or other modes of administration when feasible, and that non-injection routes of administration may pose less risk of overdose. Many of the harms of injection drug use, such as endocarditis, skin infections, and vein damage, are injection specific. In addition to being harmful to individual health, endocarditis, HIV, and HCV are expensive to treat, and place a considerable economic burden on the public health system. Expansion of access to these supplies for public health purposes are additionally important for reducing risk for exposure to tuberculosis outbreaks and COVID-19.

Capacity & feasibility of implementation: Nevada already has multiple laws and policies supporting access to harm reduction services, such as syringe services/harm reduction programs and reduced drug-paraphernalia for drug checking equipment for personal overdose prevention (e.g., fentanyl test strips). Making safer smoking equipment more widely available in partnership with harm reduction programs can provide more opportunities for effective health communication. This can reduce health care barriers and improve health outcomes.

#10 in Annual Report Rankings: Urgency, Racial & Health Equity

Urgency: Fentanyl has rapidly become a primary opioid in the illicit drug supply. Fentanyl, especially in its pill form, is most often smoked rather than injected, both by individuals who are new to opioid use and by those experienced in injecting black tar heroin. Along with a parallel increase in the use of methamphetamine, which is also commonly smoked, the prevalence of opioid and stimulant smoking is quickly overtaking injection as a primary and frequent route of administration. This strategy is a significantly less risky mode of administration for people who are unwilling or unable to stop using drugs.

Racial & health equity: Harm reduction services for people who use drugs are almost entirely focused on injection. Access to safer smoking supplies create safer-use options for people who don't inject, or who prefer stimulants as a primary drug. This broadens the reach of harm reduction services and offers an additional pathway into care and recovery. Harm reduction programs can connect people who smoke drugs (PWSD) to a wider array of harm reduction education, materials, and linkage with health care and substance use treatment. In addition, engaging PWSD, especially with younger adults, may slow the development or escalation of substance use disorder and/or transition into injection.

Additional information on this recommendation can be found in 2023 Harm Reduction recommendations handout.

#13 in Annual Report Rankings: Recommendation, Proposed Revised Recommendation, Justification

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.***

Justification/Background: There is an increasingly unstable drug supply, and potency can vary significantly from batch to batch. There is a wide range of cutting agents, some of which can be quite harmful, including Xylazine, Levamisole and synthetic opioids. The unpredictability of the drug supply has a direct impact on overdose rates and negative health effects. Currently, people who use drugs in Nevada lack broad access to quantitative drug checking services, which has been shown to prevent overdoses and change drug using behavior. Additionally, collection of this data as a dashboard reported to the public could inform tailored community interventions and resources.

~~This recommendation was workshopped by the Prevention subcommittee from recommendation submissions by Prevention Vice Chair Schoen, Chair Jessica Johnson, and SURG committee member Lisa Lee. (See SURG Prevention and Harm Reduction Recommendations August 2023 for earlier submissions).~~

#13 in Annual Report Rankings: Action Step, Impact, Capacity & Feasibility

Action Step:

- 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.

Impact: This could have a profound impact for public health and safety. If we provide accessible drug checking services they empower people to make informed decisions and reduce their risk of overdose. At the community level, it would allow public health entities and community-based organizations and harm reduction organizations to have a more comprehensive approach to addressing substance use and overdose prevention.

Capacity & feasibility of implementation: Health districts and other local coalitions could support this regional approach. There is also an existing infrastructure through harm reduction advocates to implement this. However, due to recent changes to state law that increased penalties for people who possess drugs that contain fentanyl, there is a risk for criminal penalty. One additional challenge is distributing the needed funding to smaller community-based harm reduction organizations.

#13 in Annual Report Rankings: Urgency, Racial & Health Equity

Urgency: This is urgent, because of escalating overdoses, particularly around fentanyl. These innovative "boots on the ground" approaches are needed to promote evidence-based strategies to keep people safe. This can negate risks associated with substance use and create safer communities.

Racial & health equity: Offering accessible drug checking services helps to address system inequities by providing a community-based intervention for all people who use drugs to engage in harm reduction measures, and access to information to make an informed choice. BIPOC communities have historically not been connected to the same resources and do not have the same social supports that alleviate substance use related harms within their communities. Involving community members who are harm reductionists in the design and implementation can help make sure this program is attuned to the unique needs and challenges based on disproportionately impacted populations, making it more inclusive and equitable.

Additional information on this recommendation can be found in 2023 Harm Reduction recommendations handout.

#14 in Annual Report Rankings: Recommendation Proposed Revised Recommendation, Justification

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.

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.

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.

#14 in Annual Report Rankings: Action Step, Impact, Capacity & Feasibility and proposed revisions

Action Step: Expenditure of Opioid Settlement Funds

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. Additionally, critical information about assistance for medical care, detox, treatment are included in the mailed packages. This can remove a communication barrier and allow for more effective information sharing.

Supporting the collection of used sharps focuses on supporting safe disposal and protects individuals and communities. Syringe disposal is much more important than one might suspect. Individuals may elect to reuse or share used syringes and points if they do not have the means to properly dispose them.

This recommendation ~~supports the~~ scales up ~~of~~ an existing program and ~~with an incorporation of~~ incorporates-working with communities/community coalitions to develop additional strategies for disposal and delivery to people in need of naloxone and other harm reduction items. This scaling up would allow individuals receiving products to meet local agency staff if they choose to physically drop off used products. It’s important to consider the limited lines of communication with people using illicit drugs. This recommendation meets people where they are at, which is an important quality of harm reduction.

Capacity & feasibility of implementation: Harm reduction shipping supply is a very cost-effective way of distributing supplies. 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.

#14 in Annual Report Rankings: Urgency, Racial & Health Equity and proposed revisions

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 improperly disposing of or reusing sharps.

Racial & 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.

Additionally, mailing presents a much more non-judgmental, non-discriminatory approach which is essential to open lines of communication and allows control by the participant.

Additional information on this recommendation can be found in 2023 Harm Reduction recommendations handout.

#15 in Annual Report Rankings: Recommendation and proposed revised recommendation, Justification

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.

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.

Justification/Background: Nevada has a robust peer recovery specialist credentialing program and the community prevention coalitions utilize both peers and community health workers on staff that provide support to their communities in various ways which could include harm reduction efforts that are for the communities they serve. Peers are every bit as effective as community health workers in providing therapeutic social support(s); as such, it is important for them to be reimbursed through Medicaid at a similar, if not higher, level.

#15 in Annual Report Rankings: Action Step, Impact, Capacity & Feasibility

Action Step: Expenditure of Opioid Settlement Funds

Impact: HIGH - If there were a contender for "most impactful strategy" with respect to workforce development, the widespread utilization of CHWs (and Peers and Prevention Specialists) would be at the top of the list. From recruitment to sustainability, these paraprofessionals are the most widely accessible and easily deployable -- not to mention the most eager -- members of the workforce to utilize and mobilize in providing Nevadans with the supports they need to mitigate any harm from possible substance use or abuse, including harm reduction efforts.

Capacity & feasibility of implementation: The good news is that many of the community coalitions throughout Nevada are already utilizing CHWs and Peers in harm reduction efforts like Naloxone training and distribution, and other strategies. These coalitions have also done the hard work of helping the communities they serve be more receptive to the importance of considering and utilizing harm reduction strategies.

#15 in Annual Report Rankings: Urgency, Racial & Health Equity

Urgency: HIGH - Time is of the essence -- the longer we delay in standing up this very important strategy, the slower we will be to bring the full benefits to Nevada residents.

Racial & health equity: The use of paraprofessionals helps to promote diversity within the workforce (according to the NCHWA, the most recent cohort of CHW trainees is more than 50% people of color). As well, they are uniquely positioned to be able to have an outsize positive influence relative to more traditional professions (i.e., masters-level therapists, psychiatrists, etc.).

Additional information on this recommendation can be found in 2023 Harm Reduction recommendations handout.

#18 in Annual Report Rankings: Recommendation, Justification (Part One)

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.

Propose removing recommendation

Justification/Background (Part One): While the Bureau has made considerable strides to develop MOST/FAST teams and crisis stabilization centers, there is still considerable work to ensure naloxone is provided to individuals when they are vulnerable to overdose (e.g., when being released from incarceration, being released from the hospital, etc.) Maryland's legislation requires evaluation of individuals experiencing non-fatal overdose at these key junctures and requires dispensation of naloxone to these individuals. Further, exploring how to give medication free of charge (and in-hand from hospital discharge) is imperative to ensure access to people at risk of overdose.

From the 2022 Annual Report: One harm reduction tool to address the increase in fatal opioid overdoses is naloxone, a safe and highly effective Food and Drug Administration-approved medication that reverses opioid overdoses. In studies, naloxone efficacy has ranged between 75 and 100 percent. One study from Brigham and Women’s hospital in Massachusetts concluded that of those individuals given naloxone, 93.5 percent survived opioid overdose.

#18 in Annual Report Rankings: Justification (Part Two)

Justification/Background (Part Two): In Maryland, the STOP Act legislation expanded access to naloxone in two ways. First, it authorized emergency medical services (EMS) personnel, including emergency medical technicians (EMTs) and paramedics, to dispense naloxone to an individual who experienced a nonfatal overdose or who was evaluated by a crisis response team for possible overdose symptoms. Second, the legislation established that within 2-years of passage, community services programs, including those specializing in homeless services, opioid treatment, and reentry, must develop protocols to dispense naloxone free of charge to individuals at risk of overdose. Both approaches help get naloxone into the hands of those who are most at risk. It is worth noting that Nevada leaders in the legislature and governor's administration have already taken many steps to increase naloxone availability across the state, such as with the passage of The Good Samaritan Drug Overdose Act of 2015 (Senate Bill 459, Chapter 26, Statutes of Nevada 2015 NRS 453C.120). This Act allows greater access to naloxone, an opioid overdose reversal drug and has saved countless lives across Nevada since its passage. This proposed policy would expand these laws to allow health providers to dispense naloxone "leave-behind" or "take-home" kits so that people who use drugs have ready access to them if needed. Dispensing naloxone into the hands of people who use drugs has been found to be effective. One meta-analysis found that in the case of overdose, a take-home kit reduced fatality to one in 123 cases.

#18 in Annual Report Rankings: Action Step, Impact, Capacity & Feasibility, Urgency, Racial & Health Equity

Action Step: Bill Draft Request (BDR)

Impact: Access to opioid overdose reversal medication during time of overdose (like naloxone) is an evidence-based best practice that is associated with saving lives.

Capacity & feasibility of implementation: This initiative aligns directly with legislation on opioid litigation funds; expertise on overdose reversal medication, purchase, and distribution already exists within DHHS and affiliates; DHHS has expanded capacity in 2022/2023 with MOST/FAST and crisis stabilization, these entities can be the first groups to engage in provision of naloxone for non-fatal overdoses.

Urgency: Opioid overdose reversal medication during time of overdose (like naloxone) is an evidence-based best practice that is associated with saving lives.

Racial & health equity: Research on addressing gaps in naloxone access is limited. One study on the cascade of care for naloxone engagement (and re-engagement) among people who inject drugs (PWID) found disparities in the re-engagement continuum such that White PWID were most likely to have ever and recently received naloxone, while Latino/a/x and Black PWID were least likely (https://www.sciencedirect.com/science/article/pii/S0376871621002544). Identifying opportunities to engage and re-engage PWID and PWUD in naloxone access with an eye toward reducing disparities, such as using peer networks to distribute naloxone and equitable access across neighborhoods is imperative to save lives. The impact of this recommendation will be dependent on the extent to which these crisis stabilization services have been impactful at addressing racial disparities in their services and programs.

Additional information on this recommendation can be found in 2023 Harm Reduction recommendations handout.

8. APPROACH TO RECOMMENDATIONS RANKING PROCESS

Chair Johnson

Discussion on Recommendations Ranking Process

- Options for ranking:
  - 2022 method: weighted ranking; recommendations with multiple members ranking it as their top recommendation received a higher aggregate score.
  - 2023 method: ranked the full slate of preliminary recommendations in October and the final recommendations in December to reflect the relative importance of different recommendations.
  - New option: entire SURG ranks recommendations by subcommittee topic area.
- **Given the approaches used in the past, and the likelihood of there being fewer recommendations, how would the subcommittee suggest moving forward?**
  - Your feedback will be discussed by support staff and provided to the Attorney General for a final decision.

9. UPCOMING PREVENTION SUBCOMMITTEE MEETINGS AND NEXT STEPS

Chair Johnson

September 4th Meeting

- This will be the last subcommittee meeting before the full SURG considers preliminary subcommittee recommendations at the October 9th meeting and will focus on finalizing recommendations.
- Note that the subcommittee will meet again on November 6th to consider the October meeting feedback and finalize recommendations.

10. PUBLIC COMMENT

Public Comment

- Public comment will be received via Zoom by raising your hand or unmuting yourself when asked for public comment. Public comment shall be limited to three (3) minutes per person (this is a period devoted to comments by the general public, if any, and discussion of those comments). No action may be taken upon a matter raised during a period devoted to comments by the general public until the matter itself has been specifically included on an agenda as an item upon which action may be taken pursuant to NRS 241.020.

- If you are dialing in from a telephone:
    - Dial 253-205-0468
    - When prompted enter the Meeting ID: 825 0031 7472
    - Please press *6 so the host can prompt you to unmute.

11. ADJOURNMENT

ADDITIONAL INFORMATION, RESOURCES & UPDATES AVAILABLE AT:

https://ag.nv.gov/About/Administration/Substance_Use_Response_Working_Group_(SURG)/

OFFICE OF THE ATTORNEY GENERAL

Aaron D. Ford, *Attorney General*

100 North Carson Street
Carson City, NV 89701
Telephone - (775) 684-1100
Fax - (775) 684-1108
Web - http://ag.nv.gov