



## OFFICE OF THE ATTORNEY GENERAL

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# PREVENTION SUBCOMMITTEE

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Substance Use Response Group (SURG)

August 29, 2023

9:00 am

**1. CALL TO ORDER AND  
ROLL CALL TO ESTABLISH  
QUORUM**

Chair Johnson

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

<b>Member</b>	<b>SURG Role</b>	<b>Committee Role</b>
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
Senator Heidi Seevers-Gansert	Senate Minority Appointee	Member

## **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 1 253 205 0468
  - When prompted enter the Meeting ID: 825 0031 7472
  - Please press \*9 so the host can prompt you to unmute.

**3. REVIEW AND APPROVE  
JULY 17, 2023 PREVENTION  
SUBCOMMITTEE MEETING  
MINUTES**

Chair Johnson

**4. 2022 PREVENTION  
SUBCOMMITTEE  
RECOMMENDATIONS  
REVIEW AND DISCUSSION**

Chair Johnson

# 2022 PREVENTION RECOMMENDATIONS (PART 1)

*Please refer to the handout for details on the status of recommendations.*

- *Handout recommendation #2: Support a backbone agency that specializes in data collection, evaluation, analysis, and assessment, and provides consultation to entities across Nevada to help improve internal local data collection systems and create a comprehensive statewide data sharing system that includes all State dashboards and public data.*
- *Handout recommendation #3: Support prevention and intervention in K-20 schools by investing in multi-tiered system of supports (MTSS) and provide a robust platform of services at schools to connect families to prosocial education, early intervention, counseling services, and other resources to help mitigate Adverse Childhood Experiences (ACES).*
- *Handout recommendation #4: Provide age appropriate, innovative and/or evidence-based prevention education and programming that is based on best practices and invest in certified prevention specialists in schools.*
- *Handout recommendation #6: 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.*



# 2022 PREVENTION RECOMMENDATIONS (PART 2)

- Handout recommendation #7: Support Harm Reduction through:  
*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.*
- Handout recommendation #8: Require the Department of Health and Human Services (DHHS) to allocate increased funding for the Prevention Coalitions to set aside funding for small grants to programs and grassroots efforts geared toward substance use prevention and education.
- Handout recommendation #9: 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 related to expanding MAT/establishing bridge MAT programs in emergency departments was sent to Treatment and Recovery subcommittee for potential reconsideration*

# 2022 PREVENTION RECOMMENDATIONS (PART 3)

- *Handout recommendation #15: 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.*
- *Handout recommendation #16: Increase school-based mental health professionals through a multi-disciplinary, cross-department school-based behavioral health team.*

# 2022 PREVENTION RECOMMENDATIONS (PART 4)

- Does anyone have additional information to add about the status of any of the recommendations?
- Given the status, do any of the recommendations warrant a revision and resubmission?
- If recommendations are to be resubmitted, which subcommittee member will submit the survey response?

**5. 2023 PREVENTION  
SUBCOMMITTEE  
RECOMMENDATIONS  
REVIEW AND DISCUSSION**

Chair Johnson

# 2023 PREVENTION RECOMMENDATIONS PROCESS DISCUSSION

The subcommittee will discuss the following for each recommendation:

- Impact
- Capacity & feasibility of implementation
- Urgency
- How the recommendation advances racial and health equity

# 2023 PREVENTION SUBCOMMITTEE RECOMMENDATIONS UNDER REVIEW

**Recommendation #1:** Recommend to DHHS/(or whoever oversees those dollars) to double the amount of investment in primary prevention programming every two years for ages 0-24.

- A presentation related to this recommendation is expected at the September subcommittee meeting.

# 2023 PREVENTION SUBCOMMITTEE RECOMMENDATIONS UNDER REVIEW

**Recommendation #2:** Allocate tobacco control and prevention funding using local lead agencies model to reach \$2 per capita recommended funding using a combination of funding sources (e.g., cigarette tax, other tobacco tax, Juul settlement, master settlement agreement, future vaping settlements, other tobacco related settlements, etc.).

Subcommittee to discuss:

- Impact
- Capacity & feasibility of implementation
- Urgency
- How the recommendation advances racial and health equity

# 2023 PREVENTION SUBCOMMITTEE RECOMMENDATIONS UNDER REVIEW CONT.

**Recommendation #3:** 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.

Subcommittee to discuss:

- Impact
- Capacity & feasibility of implementation
- Urgency
- How the recommendation advances racial and health equity



# **6. HARM REDUCTION RECOMMENDATIONS REVIEW AND DISCUSSION**

Chair Johnson

# HARM REDUCTION RECOMMENDATIONS (PART 1)

1. Pilot and evaluate the use of the “Bad Batch” App services in one behavioral health region. Rigorously evaluate the impact and reach of the app to determine effectiveness and next steps for potential expansion.
2. 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 RECOMMENDATIONS (PART 2)**

3. Harm Reduction Shipping Supply: Provide travel costs for pick up of used products to be returned for destruction. Increase advertising about shipping programs. Establish alternative strategy if people can't receive delivery of the supplies.
4. Increase support for harm reduction based post-overdose outreach with public safety, including wrap-around services for surviving family members and/or postmortem services for families (for example, the services could be funeral related, housing needs, health care, counseling, or a warm handoff to treatment for substance use disorder).

# **HARM REDUCTION RECOMMENDATIONS (PART 3)**

5. Create a bill draft request at the legislature to change the language around drug paraphernalia as it relates to smoking supplies.
6. Provide support to community coalitions to support community health workers to expand Harm Reduction throughout the state of Nevada and prioritize funding for Community Health Workers to provide community-based harm reduction services.

# **7. PUBLIC COMMENT**

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# **8. ADJOURNMENT**

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# ADDITIONAL INFORMATION, RESOURCES & UPDATES AVAILABLE AT:

[https://ag.nv.gov/About/Administration/Substance  
Use\\_Response\\_Working\\_Group\\_\(SURG\)/](https://ag.nv.gov/About/Administration/Substance_Use_Response_Working_Group_(SURG)/)



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