

### 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 31, 2022

9:00 am

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

Chair Doñate

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

Member	SURG Role	Committee Role
Senator Fabian Doñate	Senate Majority Appointee	Chair
Debi Nadler	Advocate/Family Member	Member
Erik Schoen	SUD Prevention Coalition	Member
	Urban Human Services (Clark	
Jessica Johnson	County)	Member
<b>Senator Heidi Seevers-</b>		
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.

### 3. REVIEW AND APPROVE JULY 28, 2022 PREVENTION SUBCOMMITTEE MEETING MINUTES

Chair Doñate

# 4. PRESENTATION ON OVERDOSE PREVENTION AND HARM REDUCTION SERVICES IN MARYLAND

Erin Russell, MPH, Chief, Center of Harm Reduction Services, Maryland Department of Health, Prevention and Health Promotion Administration

# 5. SUBCOMMITTEE RECOMMENDATIONS AND DISCUSSION OF TOP 5 PRIORITIES

Chair Doñate

### **New Recommendations**

- After the July Prevention Subcommittee meeting, additional recommendations were requested from subcommittee members.
- Due to Open Meeting Law, these could not be included in the initial round of prioritization.
- Five new recommendations were submitted.

## New Recommendations Submitted by Prevention Subcommittee Members

New submissions from Debi Nadler

- 1. Provide appropriate primary prevention education and programming in K-12 schools.
- 2. Establish a fund within the Department of Health and Human Services (DHHS) to set aside funding for small grants to programs geared toward substance use prevention and education. Grassroots movements in our state who have either suffered a loss and or in recovery. Most knowledgeable and up to date on what is happening and what is working and what is not working.

## New Recommendations Submitted by Prevention Subcommittee Members

### New submissions from Jessica Johnson

- 1. Make a recommendation to DHHS to utilize opioid settlement dollars to designate a baseline level of naloxone kits for the next 10 years in Nevada (base this on the state naloxone saturation plan) to create a stable, sustainable source of naloxone throughout the state.
- 2. Make a recommendation to the legislature to enact legislation to require a general acute care hospital to include a urine drug screening for fentanyl if a person is treated at the hospital and the hospital conducts a urine drug screening to assist in diagnosing the patient's condition.
- 3. 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.

### Initial Weighted Prioritization

- Prior to the August meeting, Prevention Subcommittee members were asked to prioritize their Top 5 recommendations that had been submitted before the July meeting.
- Four out of the five subcommittee members submitted their prioritizations.
- Weights were determined based on relative priority: 1=50 points, 2=20 points, 3=10 points, 4=5 points, and 5=2 points. Because each weight is multiplied by the rank, with 1 being the highest rank, the descending weights must drop enough to overcome the higher multiplier.
- If multiple subcommittee members ranked the same recommendation, it's highlighted in blue with a corresponding cumulative score.

O,	Rank	Weight	Score	Cumulative Score	Recommendation
	1	50	50		
	2	20	40		Continue to invest in standing up CHWs and Peer Recovery Specialists throughout Nevada.
				90	

• Rank	Weight	Score	Cumulative Score	Recommendation
	3	10	30	Co-locate integrated supports with mental health and SUD professionals working side by side in schools.
	4	5	20	Provide Certified Prevention Specialists in Nevada schools, before and after school programs, and other youth serving organizations to provide appropriate prevention education and programming.
	4	5	20	Invest in a multi-disciplinary, cross-department school-based Behavioral Health team.
	5	2	10	Increase school-based health qualified mental health professional workforce.

Rank	V	Weight	Score	Cumulativ Score	e Recommendation
	1	50	50		Contract with a company that specializes in data collection, evaluation, analysis, and assessment, and provide consultation to entities across Nevada to help improve internal local data collection systems and create a comprehensive statewide data sharing system that
	3	10	30		includes all State dashboards and public data.

Rank	Weight	t Score		Recommendation
	1	50	50	Provide educational opportunities to increase competency of clinicians providing adolescent care.
	1	50	50	Utilize harm reduction strategies, including:  *Syringe Services  *Naloxone  *Fentanyl Testing Strips  *Safer Sex Supplies  *Utilization/Distribution of Public Health Vending Machines  *Overdose Prevention Sites

Rank	Weight	Score	Recommendation
2	20	40	Adverse Childhood Experiences are recognized by the CDC and throughout prevention as a fundamental risk factor for substance misuse, abuse, and overdose in our communities. Funding to address ACES mitigation in statewide efforts will include SEL, Safe Dating/Violence Prevention, Early Childhood Development, Parenting Programs, Trauma informed care, and Mentorship programs for children, youth, and young adults.  ACES mitigation efforts involve systemic change in our communities. One evidence-based solution is to provide supports for parents in our state.  ACES mitigation will be integrated through the broader community through employer education, workplace SUD recovery support, and
			supportive measures for parents in the workplace.
2	20	40	Enable educators to build capacity to address psychological first aid for students.
2	20	40	Expansion of Project Aware statewide.

Rank Weight Score Cumulative Recommendation Score

4 5 20

5 2 10

Establish a bridge MAT program in emergency departments.

30

•	Rank	Weight	Score	Recommendation
	3	10	30	Build and strengthen comprehensive FASTT and MOST teams statewide to provide intensive supports to incarcerated individuals both in the jails and upon release and provide a safety net for individuals presenting a mental health need in the community using EBP model.
	3	10	30	Expand Medicaid billing opportunities and allow blended and braided funding to facilitate services for system involved and at-risk youth.

• Rank	Weight	Score	Recommendation
4	5	20	Promote telehealth for MAT, considering the modifications that have been made under the emergency policies.
5	2	10	Encourage greater implementation of SBIRT across primary care settings.
5	2	10	Ensure the use of housing first initiatives to decrease drug-related harms.

### Discussion of Top 5 Priorities

- Synthesizing recommendations
- New spreadsheet to be sent out for members to re-prioritize; will include new recommendations submitted for this meeting
- September 15 Prevention Subcommittee meeting will include a review and discussion of priority recommendations and deliberation to decide on the top 5-7 recommendations to bring to the full SURG October 5 meeting.

# 6. CONSIDER SUBJECT MATTER EXPERTS FOR FUTURE MEETINGS

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# 7. PUBLIC COMMENT

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# 8. ADJOURNMENT

### ADDITIONAL INFORMATION, RESOURCES & UPDATES AVAILABLE AT:

https://ag.nv.gov/About/Administration/Substance

Use Response Working Group (SURG)/



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