

## MEETING NOTES

### Statewide Substance Use Response Working Group Prevention Subcommittee Meeting

September 21, 2023  
12:00 p.m.

Zoom Meeting ID: 825 0031 7472

Call In Audio: 1 253 205 0468

No Physical Public Location

#### Members Present via Zoom or Telephone

Senator Fabian Doñate, Chair Jessica Johnson, Debi Nadler, Angela Nickels, Erik Schoen,  
Senator Heidi Seevers-Gansert, Angela Nickels

#### Members Not Present

#### Attorney General's Office Staff

Dr. Terry Kerns, Rosalie Bordelove, Ashley Tackett

#### Social Entrepreneurs, Inc. Support Team

Emma Rodriguez and Margaret Del Giudice

#### Members of the Public via Zoom

Abe Meza, Morgan Biaselli, Dev Bararia, Alex Trancheck, Tracy Palmer, Breanne Van Dyne,  
Joan Waldock, Lea Case, Jennie Bear, Vanessa Diaz, Elyse Monroy-Marsala, Jamie Ross,  
Garrett Goodlander, Jennie Bear, Trey Delap, Morgan Green,

### **Call to Order and Roll Call to Establish Quorum**

Chair Johnson called the meeting to order at 12:01 p.m.

Ms. Rodriguez called the roll and established a quorum.

### **2. Public Comment (*Discussion Only*)**

Chair Johnson asked for public comment.

### **3. Review and Approve Minutes from August 29, 2023 Prevention Subcommittee Meeting**

Chair Johnson asked for a motion to approve the minutes from the August 29, 2023 Prevention Subcommittee.

- Ms. Nadler motioned to approve the minutes.
- Vice Chair Schoen seconded the motion.
- Senator Seevers-Ganswert abstained indicating she had not attended the August meeting.
- The motion was approved.

### **4. Presentation on Prevention Funding**

This presentation was provided by Tracy Palmer and Abraham Meza of the Substance Use Prevention, Treatment, and Recovery Teams at the DHHS Division of Public and Behavioral Health, Bureau of Behavioral Health Prevention and Wellness (see slides 8-45 of the meeting PowerPoint available on the [SURG website](#)). Tracy Palmer is a Health Program Manager and Substance Use Treatment and Recovery Teams section manager. She also oversees prevention general fund dollars and the Partnership for Success Prevention funds and Abraham Meza is a

health program specialist in the treatment field. Jennie Bear, the prevention lead specialist at DPBH, was also on the call to support the presentation.

Chair Johnson reminded subcommittee members that this presentation was requested for Prevention 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.*

Chair Johnson explained that the subcommittee is looking for additional information for revision or finalization of this recommendation. Subcommittee members were encouraged to take notes during the presentation on anything that would provide guidance for this recommendation.

Ms. Palmer provided a quick overview of overall funding, which includes Behavioral Health Services Plan (BHSP), Crisis Response Services (CRS), Substance Use Prevention, Treatment, and Recovery (SUPTR), Office of Suicide Prevention (OSP), and Problem Gambling (PG) (see 10 for details); SUPTR receives \$24,325,177. A snapshot of SUPTR revenue funds is provided on slide 11. Ms. Palmer explained that each funding source has a funding category, for example Treatment with a focus on alcohol is Category 10 funding (see slide 12 for details).

In the interest of time, Ms. Palmer moved to slide 26 on Prevention Substance Use Block Grant (SUBG) Reporting and an Expenditure Annual Report 2022. She noted the funds highlighted in yellow on the slide for Substance Use Disorder Primary Prevention (see slide 26 for details). Primary Prevention Expenditures aligned with six prevention strategies are detailed on slide 27. Ms. Palmer noted that the information included in this presentation is available in the 2023 SUBG Annual Report for the public to review.

Ms. Palmer moved to slide 32 to discuss Web Infrastructure for Treatment Services (W.I.T.S.) Data. She explained that SAMHSA requires all states to have a data tracking system; W.I.T.S. is what Nevada opted to use. Prevention entities are expected to enter their activities, in alignment with the costs, to the W.I.T.S. infrastructure.

Ms. Palmer continued to slide 33, which provides a snapshot of W.I.T.S. Data from a program perspective. As an example of what can be reported to and tracked within W.I.T.S., she noted that in prior years age could not be tracked from a programmatic perspective with roughly 9 million unknown persons served with age unknown (see slide 33 for details), but that recently coalitions have been able to integrate the age of the person they're working with and have gotten the number of those with the age reported as unknown down to 219 (see slide 35 for details). This information reported to the state via W.I.T.S. is then reported to SAMHSA by Ms. Palmer and her team.

Ms. Palmer continued with a brief look at types of evidence-based practices and programs in primary prevention tracked in W.I.T.S. system and their funding (see slide 43 for details). She then moved to slide 45 with her and Mr. Meza's contact information and welcomed questions.

Ms. Nadler thanked Ms. Palmer for the presentation and asked about specific evidence-based programs, indicating that she hasn't seen programs for middle-school, high-school, or college in Clark County, but that she does see a lot of programs in Reno (e.g., DARE). Ms. Nadler asked if Ms. Palmer could provide a list of the programs implemented in Clark County.

Ms. Palmer thanked Ms. Nadler for her questions and for her feedback, noting that the age-range she was speaking about is the age range that prevention coalitions are targeting. She noted that there is an overall large list of evidence-based practices/programs at SAMHSA, but for a Clark

County specific list she could ask the coalitions in Clark County, such as the CARE Coalition and PACT Coalition (Jamie Ross, PACT Coalition Director, was present during this Prevention subcommittee meeting and may be able to help with this list). Ms. Palmer explained that coalitions need to obtain permission from school administrators to implement programs/practices in schools. She elaborated that coalitions begin working in the middle of the summer to implement the programs and they have from October to September to work with the schools and this timeframe may also be limited per school district requirements. Ms. Palmer emphasized that she would be happy to provide the SURG representatives, through either Chair Johnson or Ms. Rodriguez, with that list.

Chair Johnson thanked Ms. Palmer and noted that Jamie Ross gave a thumbs up indicating that the PACT team could help with this list.

Chair Johnson thanked Ms. Palmer for the presentation and asked if the CDC or SAHMSA has a ceiling or floor recommendation for primary prevention funding, like a dollar amount for per capita funding amount, and if so, where is Nevada at in meeting that.

Ms. Palmer noted that on slide 17 there are dollar amounts for the Substance Use Block Grant. She explained that all states are required to have a minimum of 20% out of the dollar amount awarded, which means that the \$20,537,145 funds awarded for substance use prevention and treatment programs has a minimum of 20% set aside for primary prevention (approximately \$4,107,429). She added that this year they are aiming for 25% (they achieved 23% last year) and are currently at 19%.

Chair Johnson asked about other funding not included in the block grant.

Ms. Palmer noted other primary prevention dollars include the Partnership for Success grant (see slide 22 for details) which is entirely for primary prevention (this is a discretionary grant from SAMHSA). She added that the year prior this funding source amounted to \$2.1 million but this year it was cut by 50% to about \$1.6 million.

Chair Johnson asked if there is a per pupil primary prevention funding recommendation and what the reach looks like into youth activities with the dollars at their disposal now.

Ms. Palmer responded there is not a requirement or recommended percentage of prevention funding across the board but that there are assessments or standards where information must be submitted to SAMHSA which is then compared to other states to inform national standards. With regards to a percentage outside of the requirements of specific funding sources, Ms. Palmer was unsure if there was a set percentage recommended but indicated she'd be happy to research that.

Chair Johnson thanked Ms. Palmer and asked about the reach of the primary prevention dollars in hand now for all students in the state. She noted that Prevention Recommendation #1 looks at that reach or penetration into primary prevention programming.

Ms. Palmer confirmed with Chair Johnson that the reach she was asking about was the reach into each school to provide prevention services with each student across Nevada. She responded that there are 10 prevention coalitions working in all counties, even in rural areas. Ms. Palmer emphasized that not every school has open arms but that coalitions work hard to overcome these difficulties. She noted that rural areas are harder to reach so additional dollars are set aside to help coalitions reach out to schools or youth not yet reached. Ms. Palmer commented that the question is whether the problem is the amount of funding or the amount of county administrators in the schools allowing coalitions in and allowing for time away from academics. When it comes

to a saturation plan of getting prevention in every area of Nevada, Ms. Palmer believes that the coalitions are where they need to be and working with stakeholders and community partners, but that some rural areas are less inviting. She added that in rural areas, coalitions have done a lot of work with tribal communities, military, and LGBTQ communities.

Vice Chair Schoen asked if Ms. Palmer could provide a grand total for what is being spent on primary prevention.

Ms. Palmer said she could not provide that accurately at this time, but she could take a closer look and get that number.

Vice Chair Schoen said that would be extremely helpful as the committee is trying to determine the gross amount of funding already going to prevention to set a reasonable goal of increase year over year.

Ms. Palmer said she would be able to provide that and added that in 2022-2023 and 2023-2024, prevention efforts include ARPA funds that will no longer be available in 2024-2025. She asked if Vice Chair Schoen would like these funds included.

Vice Chair Schoen said he would like to know the state's commitment and to know the other sources as supplemental information for current year and for 2024 if possible.

Senator Heidi Seevers Gansert added that it would be helpful if the spreadsheet included state, federal match, and COVID/ARPA funds to provide a complete look to see the total spend and noted that the COVID funds are not going to continue. She suggested that when this is put together, it could include the expiration date of COVID funds.

Ms. Nadler reported that on September 1, 2023 four states mandated opioid prevention curriculum (Oregon, Illinois, Texas, and Mississippi) and it's ready to pass in California. She asked if required lessons on the dangers of opioids and new synthetic pills were something Nevada could do and if so, if this was a legislative issue.

Chair Johnson thanked Ms. Nadler for her question and noted that the subcommittee would want to adhere to best practices in primary prevention while leaning into local conditions, and the six evidence-based strategies noted by Ms. Palmer (see slide 27). She suggested that Ms. Nadler submit this as a separate recommendation for the subcommittee to consider at a later date.

Hearing no other questions, Chair Johnson thanked Ms. Palmer and Mr. Meza for their presentation. She added that Ms. Rodriguez would follow up with them about the program list and total spending spreadsheet.

## **5. 2023 Prevention Subcommittee Recommendations Review and Discussion**

See slides 48-58 for recommendation details and discussion prompts. For recommendation details to guide discussion, Ms. Rodriguez urged subcommittee members to download the handout *SURG Prevention and Harm Recommendations September 2023*, available on the [SURG website](#).

Chair Johnson called attention to page 1 of the handout to discuss Prevention Recommendation #1.

*2023 Prevention 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. (page 1 of handout)*

Chair Johnson asked if subcommittee members had any additional wording or guidance for this recommendation.

Ms. Nadler asked if the wording around “every two years” could be changed to yearly because of ever-changing dynamics, or if it is not an increase in funding every year it could be a review every year.

Vice Chair Schoen clarified that the recommendation reflects investment every two years to mirror how often the legislature meets to make those funding determinations. He continued that he was open to adding an annual part but that a decision today would be premature without having a better idea of the amount of funding being spent (information expected soon from DHHS).

Ms. Nadler suggested adding a review component for off-year discussion.

Chair Johnson also suggested revising to add DPBH.

Ms. Palmer clarified that if the goal is to address this to the Bureau of Behavioral Health Wellness and Prevention, to add that language specifically.

Elyse Monroy-Marsala of ACRN commented that it was appropriate to keep DPBH.

Suggested revision to Prevention Recommendation #1: Recommend to DHHS/DPBH/Bureau of Behavioral Health Wellness and Prevention to double the amount of investment in primary prevention programming every two years for ages 0-24 and review the funding allocations annually.

Chair Johnson commented that this recommendation can be amended or revised after receiving from Ms. Palmer the larger grand total. She added that additional fields need to be completed for this recommendation (see slide 49 for details). Chair Johnson volunteered to complete these fields and have the justification summarized in advance of the October SURG Meeting.

Chair Johnson moved to Prevention Recommendation #2 (see slide 50).

2023 Prevention 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.).(p. 2 of handout)

Ms. Rodriguez explained that qualitative elements for this recommendation had been previously discussed and are detailed on slide 51 as well as on pages 3-4 of the handout. She asked subcommittee members for approval or suggestions for revision before it moves to the full SURG in October.

Ms. Nadler commented that Mr. Ahlo was going to present to the subcommittee again with information related to kids using marijuana compared to those using tobacco. She asked if we'd received this information and suggested that marijuana be added to this recommendation.

Chair Johnson indicated that Ms. Rodriguez is still trying to schedule this presentation with Mr. Ahlo. She also noted tobacco control and prevention funding does include work beyond tobacco and broadly targets vaping, including marijuana.

Vice Chair Schoen commented that this recommendation should not come at the expense of prevention funding, emphasizing that it ought to be above and beyond other funding.

Suggested wording to be added to the justification for 2023 Prevention Recommendation #2: *The intent of this recommendation is that it should not be at the expense of current prevention programming/funding.*

Ms. Nadler suggested adding the word marijuana or a bullet point about marijuana under urgency.

Language added under urgency for 2023 Prevention Recommendation #2: *This includes tobacco, cannabis, marijuana, and mechanisms such as vaping.*

Chair Johnson asked to change master settlement agreement to tobacco master settlement agreement to avoid confusion.

Revised 2023 Prevention 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, **tobacco** master settlement agreement, future vaping settlements, other tobacco related settlements, etc.).*

Hearing no additional feedback, Chair Johnson moved to Prevention Recommendation #3 (slide 52).

2023 Prevention 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.(p. 6 of handout).*

Chair Johnson explained that because this was workshopped during a subcommittee meeting, additional research links and other fields need to be completed (see slide 52 for details). Chair Johnson volunteered to complete this at another time.

Ms. Rodriguez noted that qualitative elements were discussed at the August meeting and are detailed on slide 53.

Chair Johnson moved on to discussion of Prevention Recommendation #4 (slide 54).

2023 Prevention Recommendation #4: *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.*

Incomplete fields for this recommendation are detailed on slide 54. Chair Johnson asked for a volunteer to submit responses or for the subcommittee to move to strike this from the 2023 recommendation report.

Vice Chair Schoen commented that he considered this an important recommendation in terms of evolving sustainability for prevention funding and in terms of recognizing the value of prevention. He indicated he currently does not have the bandwidth to submit a response for the recommendation himself but did want it to move forward.

Chair Johnson invited discussion on the qualitative elements and suggested if there were none to leave these blank.

Vice Chair Schoen suggested returning to this at the end of the meeting, time permitting.

Chair Johnson moved to Prevention Recommendation #5 (slide 55).

2023 Prevention Recommendation #5: *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.*

Chair Johnson paused for additional changes to this recommendation.

Hearing none, Chair Johnson moved to Prevention Recommendation #6 (slide 56).

2023 Recommendation #6: *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.(p 11 of handout)*

Chair Johnson reminded members that this was discussed at the August meeting and responses to the qualitative elements are detailed on page 15 of the handout. She paused for additional edits to this recommendation.

Chair Johnson reminded members of the presentation on the Medicaid Demonstration Waiver.

Chair Johnson moved to the final recommendation, Prevention Recommendation #7 (slide 57).

2023 Prevention Recommendation #7: *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.(p. 6 of handout)*

Qualitative elements for this recommendation are detailed on page 20 of the handout. Chair Johnson paused for feedback and hearing none, moved to two new recommendations submitted by Ms. Nadler (see slide 58 for details and p. 21-25 of the handout for submission details).

New Prevention Recommendation #1: *Nevada Youth Risk Behavior Survey (YRBS) Implemented and mandated in all middle school and high school classrooms.*

New Prevention Recommendation #2: *Recommending all middle, high schools and college student's ID cards have either a QR code or phone number on the back of their ids. To get emergency help whether it be suicide, drug use or other mental disturbances.*

Chair Johnson asked the subcommittee members if they would like to consider new recommendations or postpone those for future meetings to focus on workshopping for those recommendations already in consideration. Chair Johnson encouraged focusing on the recommendations already in consideration.

Vice Chair Schoen agreed with Chair Johnson and added that these new recommendations do need to be discussed in more depth.

Ms. Nadler expressed concern that in 2024 there may be a changed committee member list and that she would not like to be in the middle of a winning game and replace the quarterback, so to speak.

Chair Johnson clarified that Ms. Nadler was referring to term limits for committee members. She asked Dr. Terry Kerns if committee members would receive guidance at the October or December SURG meeting. Chair Johnson added that Ms. Nadler could identify subject matter experts to speak on these new recommendations and that SEI could schedule these for future meetings to ensure they are discussed in ongoing work in the future.

Dr. Kerns commented that under legislation and bylaws committee members can be reappointed and remain on the SURG and a subcommittee.

Ms. Rodriguez noted that another subcommittee has incorporated a section called “for future consideration.” She suggested discussing this at the November subcommittee meeting.

Chair Johnson agreed that this was a good compromise for the time being.

## **6. Harm Reduction Recommendations Review and Discussion**

Harm Reduction recommendations are detailed on slides 60-62.

Chair Johnson noted that the SEI team received qualitative descriptions which are listed on the handout and will be forwarded to the full SURG for consideration at the October 11th meeting. In the interest of time, Chair Johnson invited brief discussion of these.

Ms. Rodriguez called attention to Harm Reduction Recommendation #4 (see slide 60 and page 29 of the handout for details) and asked if the response currently placed under the qualitative element “Impact” should be split up or if there is additional information that could be added to the other elements.

*Harm Reduction Recommendation #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).*

Chair Johnson agreed that the bullet points did belong under Impact and asked for additional input from subcommittee members.

Hearing none, Chair Johnson moved on, pausing to allow for feedback on any of the other Harm Reduction Recommendations. With no additional feedback, these recommendations were determined as ready to move to the full SURG as written.

## **7. Discuss Report Out for October SURG Meeting**

Chair Johnson explained that the Prevention subcommittee is tasked with both Prevention and SURG-wide Harm Reduction recommendations, and therefore will need to report out on both during the October SURG meeting. She asked if Vice Chair Schoen would be open to presenting the Prevention recommendations and she could present the Harm Reduction recommendations.

Vice Chair Schoen agreed and said he would be happy to do so.

With time remaining, Chair Johnson recommended returning to Prevention Recommendation #4 (see slide 54 for details).

*2023 Prevention Recommendation #4: 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. (pg. 8 of handout).*



Ms. Nadler announced that she needed to leave the meeting at 1:20 pm.

Regarding Prevention Recommendation #4, Chair Johnson asked if the subcommittee members had any feedback around qualitative elements.

Vice Chair Schoen said impact would be huge for helping to nudge Medicaid to cautiously embrace the health and wellness model, alongside the medical model, which would be an important step to providing additional options and tools to be proactive and get in front of some important issues and provide tangible results when implemented. He elaborated that a problem in treatment is not having enough providers, so there need to be other ways to create on-ramps for people to access services and not continue to route them to the already overburden licensed professionals. He emphasized that we need the ability to be proactive.

Chair Johnson thanked Vice Chair Schoen for his robust response.

Vice Chair Schoen indicated that this would not have an immediate impact but potentially have a profound impact over the long-term.

Senator Doñate agreed with Vice Chair Schoen and clarified that the struggle in expanding Medicaid billing opportunities especially for this recommendation is that often there is a considerable lack of funding for starting a pilot program. He added, in agreement with Vice Chair Schoen, that the impact is long-term and that in terms of capacity and feasibility of implementation this recommendation includes looking at the different CPT codes and billing opportunities for facilities. He added that implementation will require initially identifying the gaps that students are experiencing in terms of primary care and prevention services and what the opportunities will be.

Chair Johnson highlighted Vice Chair Schoen's comment around urgency being long-term but that it is vital to begin work now.

Vice Chair Schoen added, in agreement with Senator Doñate, that this will require extensive infrastructure.

With regard to how the recommendation advances racial and health equity, Senator Doñate commented that this recommendation address gaps in provider services which can help improve health outcomes.

## **8. Public Comment**

Chair Johnson asked for public comment.

Jamie Ross was recognized.

Ms. Ross spoke about mandating prevention in schools. She reported that that all school districts in the state do have required prevention training already embedded in their programs. They do not specify opioids because they avoid specifying substance to accommodate constant changes in environment over the decades. She noted that one gap that currently exists is that there is no requirement that the prevention services are best-practices/evidence-based, this is something that prevention agencies in Nevada and the Department of Education are working on. She continued that a first step towards this was institutionalized in Nevada's 2021<sup>st</sup> legislative session.

Additionally, Ms. Ross recommended speaking with Kristen Clements-Nolle at UNR who does the YRBS who could explain what the YRBS does, adding that many recommendations suggested already exist within Nevada.

Chair Johnson thanked Ms. Ross for her comment and asked for any additional public comment. Seeing and hearing none she moved to agenda item #9.

### **9. Adjournment**

The meeting was adjourned at 1:31 p.m.