

## MEETING NOTES

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

**September 15, 2022  
10:30 a.m.**

Zoom Meeting ID: 829 0828 6089  
Call In Audio: 669 900 6833  
No Public Location

### Members Present via Zoom or Telephone

Senator Fabian Doñate, Jessica Johnson, Debi Nadler, Erik Schoen, and Senator Heidi Seevers-Gansert

### Attorney General's Office Staff

Terry Kerns, Ashley Tackett

### Social Entrepreneurs, Inc. Support Team

Laura Hale and Emma Rodriguez

### Members of the Public via Zoom

Tray Abney, Brandy Archuleta, Jennifer Atlas, Jeanette Belz (Belz and Case Government Affairs), Valeri Cauhape Haskin, Darcy's iPhone, Rhonda Fairchild, Hannah McDonald (Partnership Carson City), Jamie Ross (Nevada Statewide Coalition Partnership), Joan Waldock (DHHS), and Dawn Yohey (DHHS)

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

Chair Doñate called the meeting to order at 10:32 a.m.

Ms. Rodriguez called the roll and announced a quorum, with all members present.

### **2. Public Comment (*Discussion Only*) (10:33 a.m.)**

Chair Doñate asked for public comment, and he reminded participants that 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 in the agenda. There were no public comments at this time.

Ms. Nadler asked for someone to confirm that this subcommittee has to do with prevention; Chair Doñate confirmed this. She stated that the two other subcommittees are Treatment and Recovery and Resources.<sup>1</sup> She was not at the last meeting because she was attending an International Overdose Awareness Day event, but she did receive the email with the draft minutes and other materials. She was a little bit disappointed in seeing that somehow the prevention subcommittee has turned more into treatment, resources and recovery. Not that that's not important; it's very important, but they have two other committees focusing on that. Perhaps they need to divide prevention? Is it preventing an overdose or is it preventing first use which leads to that path until we focus on preventing the first use? Then we are complicit in the millions of lives that will be lost because we are not using primary prevention. Just last week, she believes it was the Ely Police Department, confiscated 56 lbs. of fentanyl. One pound kills 227,000 so 56 lbs. that were confiscated could have killed over 12 million people. We are spending a lot of money. The police department is doing their very best. The officials, everybody in preventing drugs from coming into our state, but we know with that many that they are catching, that there are more coming in. So how do we prevent these drugs from getting into the hands of our innocent youth? They don't know, the parents don't know, and it's up to our

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<sup>1</sup> The other SURG Subcommittee is Response.

subcommittee to make recommendations on prevention preventing these kids. . . Just the other day, and it wasn't in our state, but it is happening in our state for fourth graders – fourth graders died in another state yesterday in Hollywood where a student died in the bathroom at school. There is nothing that we are doing that is on primary prevention. We need to fight for this. None of the money is going towards prevention.

Chair Doñate advised Ms. Nadler that she had reached her time limit.

Ms. Valerie Haskin said she appreciated this opportunity for the record and stated her role as a Rural Regional Behavioral Health Coordinator. She had a chance to very quickly go through today's materials. She wanted to say that she is so pleased that the prevention coalitions are at the table and also wanted to reiterate that they are essentially, particularly in rural Nevada, the glue that holds a lot of these innovative programs together. When they're looking at places to house programs, really focusing on how the prevention coalitions can be utilized is the best strategy within a lot of these things, and she thinks they also need to use these funds in a way that allows the prevention coalitions to use, of course evidence of best practices, but also look at innovative strategies where they can work with program evaluators and others, and take some of these strategies that maybe have been implemented in other communities that don't quite fit for Nevada or their communities, but see how they can alter them, and then properly evaluate them. And, see how they can build something out that is meaningful and works for them. Beyond that, she thinks resiliency programming, when they're looking at prevention, resiliency is highly correlated with reduced use, and they reduce onset of substance misuse. When talking about prevention, this is long term, not just a webinar, not just a school assembly, but actually education that relates to self-awareness, self-regulation, mental agility, strengths of character, and identifying those learning how to connect with others, and also learning how to affect thinking for learned optimism. They need to look at weaving in these strategies with the work of school, social-emotional learning, programming, but also working with parents. Because, if kids aren't getting this at home, it makes it more difficult for them to build these skills as we look at that sort of thing, really weaving together the coalitions, the schools, the Nevada Resilience Project, and other state offices to making sure that they're on the same page, but launching really some resilience type focus programming. The coalitions have a lot of capacity to do this long-term programming that the schools just don't have the capacity for, because there's already so much put on them. Last but not least, she wanted to mention that the Rural Regional Behavioral Health Policy Board has a BDR (Bill Draft Request) #361 for the next legislative session, to build out a behavioral health workforce development center to bolster the workforce and grow Nevada's workforce within Nevada working with partners from K-12 through professional practice. She would be happy to talk with anyone about that and said she would put her email in the chat.

Rhonda Fairchild wanted to reiterate what Ms. Nadler said that the prevention group should work on prevention, because treatment and recovery and resources are being covered in the other groups. She has been trying to go to all the meetings, and she thinks it's really important that they focus on prevention – what she would like to hear as the public is more prevention strategies from this group for the young and for people who are already using. She liked what Ms. Nadler said about “are we preventing them from using, or are we preventing them from dying,” and she is not sure she is clear on that either. Prevention just covers that whole spectrum. But she knows that there are different ways to approach prevention of using and prevention of dying. So, she wants to make sure that she understands from this group that there's a clear understanding of that.

**3. Review and Approve Minutes from August 31, 2022, Prevention Subcommittee Meeting (*For Possible Action*) (10:42 a.m.)**

Chair Doñate asked members to review the minutes and to identify any changes or corrections, as needed.

There were no changes or corrections to the draft minutes. Chair Doñate asked for a motion to approve the minutes.

- Mr. Schoen made a motion to approve the minutes;
- Senator Seevers-Gansert seconded the motion;
- Ms. Nadler abstained due to absence from the August 31, 2022, meeting.
- The motion passed with all other members in favor.

**4. Nevada Prevention Coalition Update** (*For Possible Action*) (10:44 a.m.)

Chair Doñate introduced Jamie Ross, Coordinator, Nevada Statewide Coalition Partnership, who introduced Hannah McDonald, Executive Director, Partnership Carson City. (See Slides 8 - 21)

Chair Doñate thanked Ms. Ross and Ms. McDonald and asked members for questions.

Ms. Nadler reiterated that there is no focus on primary prevention in their schools. She spoke with someone in the Health Services Department at Clark County School District (CCSD) the previous day and the only thing they have something called “Hazel Health,” an online service for students to use after school; and for parents to use. It’s not really focused on getting children to not use in the first place. She appreciates the fact that some coalitions are going into the schools. It’s not enough; it’s not stopping them from using, and she believes Senator Heidi Gansert made a recommendation to set aside funding for grassroots movements here in our state. She knows there are many grieving family members, and those in recovery as well, and that is their focus, is going into schools and actually speaking with the children; they have got to focus on primary prevention. Secondary is great, but that’s after the fact. [Presenters] talked about how it will save money in schools, but what will really save money in our state is if we stop them from using in the first place.

Chair Doñate suggested this could be discussed when they talk about recommendations, but he wanted to be respectful of the presenters, and he asked if Ms. Nadler had any questions specifically for them on their presentation.

Ms. Nadler asked if the presenters were responsible to this coalition and if they put “Hazel Health” into the school district.

Ms. Ross explained that program comes from a partnership between the school and a digital health company. She is happy to connect with folks at CCSD, and there’s actually quite a bit of primary prevention programming happening within CCSD. About 25 middle schools are getting a semester-long evidence-based prevention program called all-stars, not to be confused with after school all-stars. They’re entirely separate programs. There are multiple programs in elementary schools, from life skills to cognitive action to multiple programs that focus on multi-tiered systems of support and positive behavioral interventional supports. She thinks that most folks within the school district would know the names of those programs, but may not connect that with substance misuse, because they think of DARE programs with someone coming in and scaring kids straight about drugs, which isn’t an evidence-based program. What makes students successful in school is oftentimes the same thing that makes them not use substances or a multitude of risky behaviors. Primary prevention is where her heart is, as well, and she works closely with community partners to do other important work.

Ms. Nadler referenced teachers reporting middle-school students using (drugs) in the bathroom, but they told her there are no programs in place. She has a grandchild going into third grade who has already been offered drugs. You can google how many kids are being offered drugs; using drugs.

They look like candy. Ms. Nadler added that she has had conversations with the Department of Education on curriculum standards and what gets taught at different various age levels, and she can forward that on as supplemental material separate from the community grants.

Chair Doñate asked Ms. Ross what amount of funds they distribute. She will send that to Ms. Rodriguez by the end of the week, including the total amount for prevention that all the coalition members received, plus the percentage that goes directly into the community, which is about 85%.

Ms. Nadler asked about Senate Bill (SB) 205 from 2021, regarding school reporting for *the number of times they have used Narcan or Naloxone*, that go to DHHS, Behavioral Health. Ms. Ross will reach out to Ms. Nadler with information on Assembly Bill (AB) 205. Ms. McDonald added that Carson City is the local distributor for Narcan, and they also provide training for nurses and sports educators in the schools. The distribution numbers are not shared with them, unless law enforcement lets them know. When they are reported to DHHS, they don't typically make their way back down to the community coalition, unless they wait for some type of a quarterly report.

Ms. Johnson said she was grateful to hear about the work on SB 59 around evidence-based prevention programming and resulting partnerships. She asked about successful first steps, and the proposed next steps. Ms. Ross said Christy McGill with the Nevada Department of Education (NDE) has been a great community partner, but they know they can't expect to implement evidence-based prevention programming in every single school in Nevada without significant funding and community resources. The next steps with NDE will be to ensure that any schools wanting evidence-based prevention programming go directly to the coalitions for that programming and funding support because the programs are not free, and multiple sessions over many weeks are needed to change long term behavior.

Ms. McDonald reiterated that there is insufficient funding with only 20% set aside for primary prevention. They are looking to the members of this subcommittee, leaders in the state, for a little more financial freedom, because while primary prevention is cheaper than treatment, 20% is not enough. They also need allocated time in classes, because a six-week program interrupts teachers' classroom goals and objectives they have to meet. They need to find a way to ensure kids are getting a little bit of everything they need, whether that's a mandatory class or section of schooling. In Carson City, they receive about a two-week education during their health classes in their freshman year, and never again, unless it's from the coalition.

Ms. Johnson asked Ms. Ross and Ms. McDonald if they have a budget estimate for standing up that level of programming, and she also asked how these evidence-based primary prevention programs are evaluated.

Ms. Ross said she would provide the budget information by the end of the week, based on 400 elementary schools (plus other schools) in Nevada, so it would be a big lift. They will do a per school breakdown. She explained that any evidence-based program will require a short-term evaluation, and all coalitions also do long-term evaluations. In addition, the Youth Risk Behavior Survey (YRBS) is done statewide, and preliminary numbers were provided earlier this week. Reports of use for many substances are going down, but unfortunately, some are still going up.

Ms. McDonald reported on seven elementary schools, two middle schools, and two high schools in Carson City. Her office currently operates on a \$2.17 million budget, including primary and secondary prevention, as well as other services outside of substance-based prevention, including English as a second language (ESL). Their primary prevention budget is currently about \$500,000, and she would like to see \$1 - \$1.5 million for Carson City, alone, to touch every grade from K-12, at

least six weeks per school year. Programs like suicide prevention are currently taught for every grade, but it's a bit cheaper with other partners including school social workers.

Chair Doñate thanked Ms. Ross and Ms. McDonald, again.

#### **5. Finalize Subcommittee Recommendations** (*For Possible Action*)

Chair Doñate explained his continued reference to the World Health Organization for the definition of prevention, including not just the individual level, but also the population-based level; they have to deal with mature disease and public health, and also be mindful of early detection. The Prevention Subcommittee was tasked to look comprehensively at primary, secondary and tertiary prevention, so it's all the above, not just one or the other.

Ms. Rodriguez summarized the prioritization process, with members reprioritizing their top five recommendations for this meeting. She reviewed those results for discussion, potential edits, and votes for the five to seven recommendations they will submit to the full SURG for the October 3<sup>rd</sup> meeting. (See Slides 23 – 35)

Chair Doñate went back to the recommendation on Community Health Workers (CHWs), noting that a presentation from the Interim HHS committee had been posted online and distributed to members.

Senator SeEVERS-Gansert referenced the Behavioral Health pipeline and the immense shortage of providers, while demand keeps rising, so she thought the weighting was appropriate. Ms. Johnson agreed with the weighting and suggested revising the recommendation (as suggested in the presentation to Interim HHS) to include CHWs in legislation for Medicaid Coverage, along with enrolled physicians, physician assistants and advanced practice registered nurses.

Chair Doñate reported that the Interim HHS submitted the bill draft, noting that the funding will be the more critical part, and they can modify the recommendation.

Mr. Schoen agreed with member comments on this recommendation, and he supported reaching for the low-hanging fruit. However, he likes the general recommendation to focus on utilizing community health workers and peer recovery specialists as a core part of that team, with a variety of strategies and funding mechanisms.

Ms. Johnson asked for a point of clarification regarding the identified challenge of the limited coverage under Medicaid, noting specific barriers related to supervision.

Ms. Rodriguez referenced a strategy from the Recovery Subcommittee to document their support for existing bill drafts, rather than using up their limited number of recommendations to move forward to the full SURG. She asked if they would want to keep the broader language from this recommendation, then create a separate category for support of the Interim HHS bill draft.

Chair Doñate asked for a motion to use this approach.

- Senator SeEVERS-Gansert made the motion:
- Mr. Schoen seconded the motion.
- The motion passed unanimously.

Chair Doñate confirmed this would be the first priority. Ms. Rodriguez will note support for the bill draft request from the Interim HHS committee work session.

Ms. Rodriguez read the second weighted priority to support a backbone agency that specializes in data collection. Ms. Nadler referenced a grant through the Attorney General's Office for the University of Nevada, Reno (UNR), to do data collection, with at least \$5 million in funding.

Chair Doñate interpreted the goal of this recommendation is to stand up an agency that would be self-sustaining. Senator Seevers-Gansert said she didn't know if it would be a separate agency or if it would be in DHHS, but she thought it was extremely important. Ms. Johnson echoed Senator Seevers-Gansert's comments, and she appreciated the wording and the opportunity to support some equity among different groups around data collection, and a statewide comprehensive system.

Chair Doñate asked for a motion to make this the second recommendation:

- Ms. Nadler made the motion.
- Senator Seevers-Gansert seconded the motion.
- The motion passed unanimously.

Ms. Rodriguez reviewed the third recommendation regarding utilizing opioid settlement dollars to designate a baseline level of naloxone kits, with a suggestion to replace "naloxone kits" with "overdose reversal medication."

Chair Doñate asked the members if they would also like to insert language for "other mechanisms," to increase flexibility for future support. Senator Seevers-Gansert agreed with the broader language, noting challenges obtaining naloxone. Ms. Johnson said she is open to the broader language, but she cautioned against going beyond overdose reversal medication as a tool for individuals to use specifically for overdose, rather than prior to engaging in substance use.

Mr. Schoen referenced a previous discussion regarding harm reduction strategies that would be considered separately from other prevention recommendations. He asked if this could be moved into a parking lot for harm reduction.

Ms. Johnson recalled asking for clarification on this at a previous meeting and she is concerned that it hasn't been identified what those recommendations are from the broader list, with secondary and tertiary prevention strategies. Some could be in multiple categories depending on the priority population identified in the SURG bylaws, including *people who use drugs* and *young people*. This committee was to include harm reduction, as the *Prevention and Harm Reduction Subcommittee*, so creating recommendations has been challenging.

Ms. Nadler agreed with Ms. Johnson on some of the wording. She referenced some problems with test strips testing properly and the explanation on how to use it. She believes this should go to another group.

Chair Doñate determined to table this recommendation and come back to it.

Ms. Rodriguez read the next recommendation regarding support for prevention and intervention in K-12 schools by investing in multi-tiered system of supports for MTSS.

Senator Seevers-Gansert suggested this recommendation should be at the top of the list, or at least in the third recommendation slot. She wants the Attorney General to know how important it is.

Ms. Johnson is in favor of this recommendation, and she suggested a revision to the second part to provide *age appropriate evidence-based prevention, education, and programming*.

Ms. Nadler agreed with Senator SeEVERS-Gansert that this should be a top priority, and she asked to move it to number three. She agreed with Ms. Johnson's wording, but she asked to change the term "evidence-based," because the epidemic is changing, and old programs are not going to work.

Mr. Schoen agreed this recommendation should be in the top three, and he also supported Ms. Nadler's comments, noting the importance of innovative strategies cited by prevention coalition representatives.

Chair Doñate asked for clarification if the wording could be "age-appropriate, innovative or evidence-based" or if the suggestion was for the term "evidence-based" to be taken out.

Mr. Schoen agreed with Ms. Johnson that programs should be robust, so maybe "innovative or evidence-based" would be sufficient.

Ms. Johnson suggested language "based on best practices" so that it builds on foundational evidence that is in the community that we do know work from an implementation perspective, but they are trying to be nimble. She asked if the prevention professionals who presented earlier could make a recommendation.

Ms. Ross described a list of programs including pre-approved evidence-based programs and multiple innovative practices that have been reviewed by a panel of experts, but they may not yet be on the national evidence-based practices list. There is an evidence-based practices work group that considers innovative programs, through the Division of Public and Behavioral Health, that could be a potential solution.

Ms. Nadler agreed with this and with inserting the word "innovative" into the recommendation.

Chair Doñate asked for a motion with the revised language and to move this as the third recommendation:

- Ms. Nadler made the motion.
- Mr. Schoen seconded the motion.
- The motion passed unanimously.

Ms. Rodriguez read the next recommendation to establish a fund within DHHS to set aside funding for small grants for substance use prevention and education, with a suggestion to specifically reference grassroots movements as the most knowledgeable and up-to-date on what is happening and what is working and what is not working.

Chair Doñate suggested that supporting increased funding for prevention coalitions to continue programming with their existing structure and capacity might be easier than starting something new.

Ms. Nadler credited Senator SeEVERS-Gansert with making this recommendation, and she suggested that DHHS is sometimes overwhelmed by so many different things, adding that she loves all their work. She's not asking for money for herself, but she sees so many people in recovery and people who have lost their children who are going out to schools on their own, and doing so many things, and using their own out of pocket money. She personally uses her money to put up a billboard and lights. They are suffering because of Purdue and they are using their own money and trying to make a difference; other parents and kids are listening to them. She said this program is outside the box and there has to be some kind of funds set aside; it's not a victim's compensation and all the money in the world won't bring their kids back. She reiterated that those in recovery and those struggling and those grieving are making a big difference, and there needs to be a set aside where they don't have to go

through DHHS. Ms. Nadler then reported having asked for a billboard and wasn't given one, but then she said she wasn't asking for herself, stating "I'm saying all the grassroots movements here, we're making a difference."

Senator Seevers-Gansert agreed with Ms. Nadler bringing the initial concept for having small grants to support grassroots movements because the person-to-person contact, and family-to-family contact really makes a difference. They have all this big machinery and the [SURG], but personal stories are what can most affect other people sometimes, so she appreciates the opportunity to have this on the list.

Mr. Schoen stated his appreciation for the (proposed) switch to increase funding for prevention coalitions, because of the way it was originally worded. He was concerned that it was setting up a separate funding mechanism from the system they are trying to support, which is the prevention coalitions and their mission to be aware of the local needs on the ground. He thinks it is an excellent change, and he fully supports it.

Ms. Johnson echoed Mr. Schoen's support for the change to funding the Prevention Coalition. She also echoed Ms. Rodriguez's earlier comments about the second half of this recommendation where "grassroots" are not defined. She suggested that the last two sentences be removed, or they would need to further clarify the intent.

Chair Doñate suggested that "grassroots" is already covered when they talk about school-based programs, as part of the innovative work and ideas. He would be fine with removing the second part of the recommendation, subject to committee members' input.

Ms. Nadler described grassroots movements as those started by people who have suffered a tragic loss of those in recovery. There are small groups who formed together to make larger groups to bring awareness, sometimes across the country, sometimes across the state. They're not funded; there's no grants; people rely on donations, a lot of which come from those who've lost somebody or those in recovery. They are very important in getting things started across the country. A lot of things have started as grassroots movement and have gained a lot of ground, getting things done. She does not think "grassroots movement" should be removed, whatsoever.

Senator Seevers-Gansert agreed with Ms. Nadler that "grassroots" needs to be in there somewhere, because when you just look at funding for prevention coalitions that ends up being very important in my mind. Those are formal organizations versus kind of the micro-loans, but micro grants, potentially. She suggested adding "and grassroots efforts" onto the first part of the recommendation, and then removing the second half of the recommendation.

Chair Doñate said that sometimes it's hard to write grants if you don't have the background.

Ms. Johnson clarified that she was not necessarily advocating for "grassroots" to be removed, but she is encouraging the subcommittee to define further what is meant by that. A coalition director might not know what they are supposed to be funding under this recommendation. She heard two different interpretations: one is that it is exclusively for people who have lost a loved one; another is for small grants or micro-loans, but not with the population in mind.

Ms. Nadler suggested they could add the definition and explained that she was using grieving moms in recovery as an example. There are a lot of other people there, including students themselves, some of whom have contacted her, who are trying to start something in their schools, such as *students against drugs*.



Ms. Johnson wanted to ensure the recommendation goes forward toward who it is intended to impact.

Chair Doñate clarified that the funds would be allocated to DHHS, so they are discussing the tool and he suggested changing the recommendation to “Require DHHS to allocate funds” rather than “Establish a fund within DHHS.”

Ms. Nadler asked to add the word grassroots because they are already funding coalitions. Chair Doñate explained the word “grassroots” is in there, but they would increase existing funding rather than create new funding, including for grassroots.

Mr. Schoen said he likes this proposal and he thinks the changes make it stronger. As someone who runs programs in rural Nevada, he likes the wiggle room to see what works and what doesn’t, without defining “grassroots.” DHHS might direct that a certain percentage of funds allocated to coalitions can be used for this purpose to try different innovative strategies that might come forward. He added that the Resilient Eight Coalition in rural Nevada has used such an approach to great effect.

- Senator Seevers-Gansert made a motion to forward the recommendation with the current wording.
- Mr. Schoen seconded the motion.
- The motion passed unanimously.

Ms. Rodriguez noted that with Mr. Schoen and Senator Seevers-Gansert needing to leave the meeting, they would still have a quorum with the three remaining members. She also explained that was the last recommendation with a cumulative score. Ms. Rodriguez recalled the guidance for five to seven recommendations from each subcommittee, suggesting they don’t have to fill all seven slots, at the chair’s discretion.

Chair Doñate referenced the outstanding recommendation, with a cumulative score, for harm reduction, and asked if remaining members wanted to review all the recommendations or just this remaining recommendation with a cumulative score.

Ms. Johnson asked to briefly review the remaining recommendations. For the recommendation to *Provide appropriate primary prevention education and programming in K-12 schools*, Ms. Johnson asked if this repeated what they passed already; Chair Doñate confirmed that.

Ms. Nadler asked about the recommendation to *Promote telehealth for MAT*, asking if this is something they already do. Dr. Kerns said telehealth [for MAT] was implemented under COVID, but she thinks the recommendation is to continue using it as an approved and effective method. Ms. Nadler supported this as an important recommendation. Chair Doñate said that could be an option for final recommendations.

Ms. Johnson asked to pull the recommendation for MOST and FASST teams as another option to consider.

- Ms. Johnson asked if staff from the Prevention Coalitions had classified this as a secondary intervention or tertiary intervention program, which may be relevant to the committee.
- Ms. Ross suggested this could be both secondary and tertiary, depending upon the severity of the folks receiving services, but she believes it mostly would be tertiary prevention.
- Dr. Kerns reported that the Response Subcommittee has a general recommendation to leverage existing programs to develop “outreach response providers” and personnel to

respond to suspected overdose with follow-up for support, referral and services. FASST and MOST do fall under that general outreach support or response.

- Ms. Nadler asked about telehealth, but Ms. Kerns explained they had not made a recommendation in this area.
- Ms. Johnson asked Chair Doñate about whether the Prevention Subcommittee should put forward similar recommendations to show priority, or should they indicate separate support.
- Chair Doñate suggested it would be a support item.

Ms. Rodriguez noted that Ms. Johnson had also highlighted the STOP Act for further consideration.

Chair Doñate identified an additional area for consideration was a blend of reimbursement and expanding access to care, under the recommendation related to Medicaid, to incorporate some of the other items they just pulled. He provided an example of Medicaid support for detox and related infrastructure to stabilize people in crisis.

Ms. Nadler agreed with this and suggested free detox for a lot of kids who are otherwise being turned away. Chair Doñate clarified that his suggestion was not to isolate detox in particular, but to look at expanding anything that deals with this subject.

Ms. Johnson suggested review of the bylaws to identify specific targets for this subcommittee. Ms. Nadler referenced the target for at-risk youth, which would fall under prevention and could also fall under Medicaid.

Ms. Rodriguez noted that Chair Doñate had lost his connection at approximately 12:25 p.m., then got back online within a minute.

Chair Doñate suggested removing the reference to “system involved and at-risk youth,” leaving the recommendation to “Expand Medicaid billing” more generalized. Ms. Nadler asked about referencing both adults and youth. Chair Doñate preferred a more general statement for individuals who have Medicaid, noting that’s already folks that experience the most social determinants of health. He suggested adding language “to facilitate services to expand access to care for youth and adults,” but he wanted it to align with prevention.

Chair Doñate asked for a motion to approve this language as a fifth recommendation.

- Ms. Nadler made the motion.
- Ms. Johnson seconded the motion.
- The motion passed unanimously.

Chair Doñate moved back to the harm reduction notes. Ms. Rodriguez read the statement regarding harm reduction, such as naloxone distribution, noting that the Prevention subcommittee could include this for a review section, and if there is consensus among the entire SURG in October, it could be included as a recommendation in the report.

Ms. Nadler said she thinks this is a very important recommendation that needs to be addressed, whether it goes with prevention or not.

Chair Doñate suggested combining the recommendation for overdose reversal medication with recommendations on slides 31 and 33, respectively, to model legislation after Maryland’s STOP Act, and to promote telehealth for MAT.

In discussion regarding whether this would be a 6<sup>th</sup> recommendation, Ms. Nadler asked if it would take away from possible votes for the other five recommendations that have to do with prevention. Chair Doñate suggested that instead of this being a 6<sup>th</sup> recommendation, this would be a recommendation they provide for harm reduction, considering that other subcommittees might submit similar, or their own recommendations, but from the prevention lens. Ms. Nadler supported this.

Ms. Johnson noted the opportunity to more fully and broadly consider harm reduction recommendations, which has been somewhat of a challenge, so this is a great opportunity to move forward, and she is hopeful that the full SURG committee will have some additional discussion on harm reduction as a separate entity.

Ms. Nadler asked for clarification as to whether it would be a separate item. Ms. Johnson clarified her support for moving this forward as a sixth recommendation from this subcommittee. She described prevention as primary, secondary and tertiary, inclusive of harm reduction strategies, and she also supports the full SURG to consider more detailed opportunities to come up with additional harm reduction recommendations. However, for the sake of this meeting, she was comfortable moving forward at this time.

Ms. Nadler said she supported this recommendation under harm reduction and she reiterated her concern that it shouldn't take away from prevention.

Ms. Johnson explained that she was made aware that the subcommittee is actually Prevention and Harm Reduction, so she doesn't see this recommendation moving out of this subcommittee. She reiterated the opportunity to advocate for all six of these recommendations at the full SURG meeting in October.

Ms. Nadler said she must have missed the meeting where harm reduction was added to this subcommittee. Ms. Rodriguez referenced the March 9<sup>th</sup> SURG meeting when the subcommittees were created, Vice Chair Tolles said the Prevention subcommittee would have a comprehensive view, including primary, secondary, and tertiary activities, plus harm reduction. Ms. Rodriguez reiterated that there would be further discussion at the October SURG meeting to handle harm reduction in the subcommittees going forward.

Ms. Nadler said she did not see that part, and she would now agree with Ms. Johnson to add the sixth consolidated recommendation for harm reduction.

Chair Doñate came back to Ms. Johnson's motion, with a second from Ms. Nadler to forward all six recommendations to the SURG. The motion carried unanimously.

Ms. Rodriguez noted the support item for the bill draft related to CHWs. The recommendations to be forwarded to the SURG are listed below.

Prevention Subcommittee Preliminary Recommendations:

1. Continue to invest in standing up Community Health Workers, Peer Recovery Specialists, and Certified Prevention Specialists throughout Nevada.
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.

3. Support prevention and intervention in K-12 schools by: Invest 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). 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. Increase school-based mental health professionals through a multi-disciplinary, cross-department school-based behavioral health team.
4. 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.
5. 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.
6. 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.
  - 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.
  - Promote telehealth for MAT, considering the modifications that have been made under the emergency policies.

Note Support For:

- Joint Interim Standing Committee on Health and Human Services BDR #333 which revises provisions relating to community health workers.

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

Ms. Fairchild said that as a person in long-term recovery, a question she asks herself is what made that eleven-year-old girl pick up drugs and alcohol. These are the underlying conditions that need to be focused on for prevention. If she had the resources to treat those conditions, she may not have picked that up. Number two, she was just certified as a peer supervisor for the state of Nevada. It's new, so she doesn't know the Medicaid billing around that. But, she's officially a Certified Peer Supervisor. And then, number three - If this is a harm reduction committee, she hopes they research and learn more about safe injection sites. And then, number four – the bridge program in ERs. They have been doing that with the Center for Behavioral Health or behavioral health group for the past four or five years, and the problem they run into is, it's not in hospital protocol, what they want them to do. So, the nurses follow a hospital protocol. They don't call us to come and help with people who are . . . unless we sit in the emergency room for eight hours a day, and we can't pay somebody to do that. So, it would require changes in hospital protocols. It would also require training on overdose protocols for nurses and doctors, because the stigma is ridiculous between nurses and hospitals and people who are overdosing. And, make sure that they have after care referrals.

#### 7. **Adjournment**

The meeting was adjourned at 12:42 p.m.