



## OFFICE OF THE ATTORNEY GENERAL

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*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

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Substance Use Response Group (SURG)

September 21, 2023

12:00 pm

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

Chair Johnson

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

<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  
AUGUST 29, 2023 PREVENTION  
SUBCOMMITTEE MEETING  
MINUTES**

Chair Johnson

# **4. PRESENTATION ON PREVENTION FUNDING**

Abraham Meza & Tracy Palmer

Substance Use Prevention, Treatment, and Recovery  
Teams, Division of Public and Behavioral Health – Bureau  
of Behavioral Health Prevention and Wellness, Nevada  
Department of Health and Human Services

**Joe Lombardo**  
*Governor*



**Richard Whitley**  
*Director*

# State of Nevada

Division of Public & Behavioral Health

Tracy Palmer & Abraham Meza

September 21, 2023



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Department of Health and Human Services

*Helping people. It's who we are and what we do.*





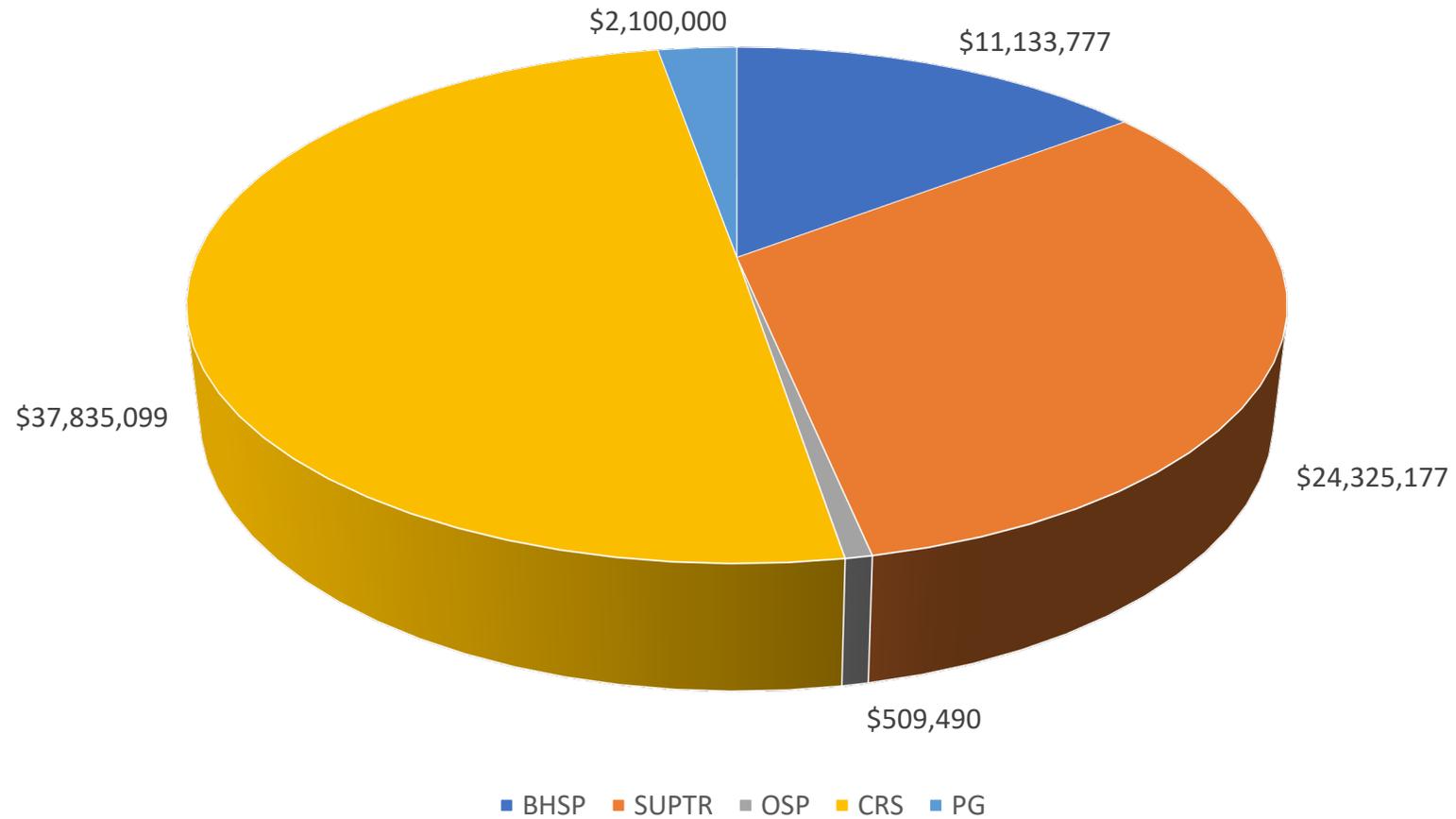
# Agenda

1. Overview of BBHWP Funding
2. SUPTR (Formerly SAPTA) Funding
3. Prevention SUBG Reporting
4. Deep Dive Into WITS



# Overall Funding: FY 23

Overview BBHWP Funding





# SUPTR Funding

Bureau of Behavioral Health Wellness and Prevention (BBHWP), Substance Use Prevention Treatment & Recovery (SUPTR) manages various funding sources for substance use prevention, treatment, and recovery services.

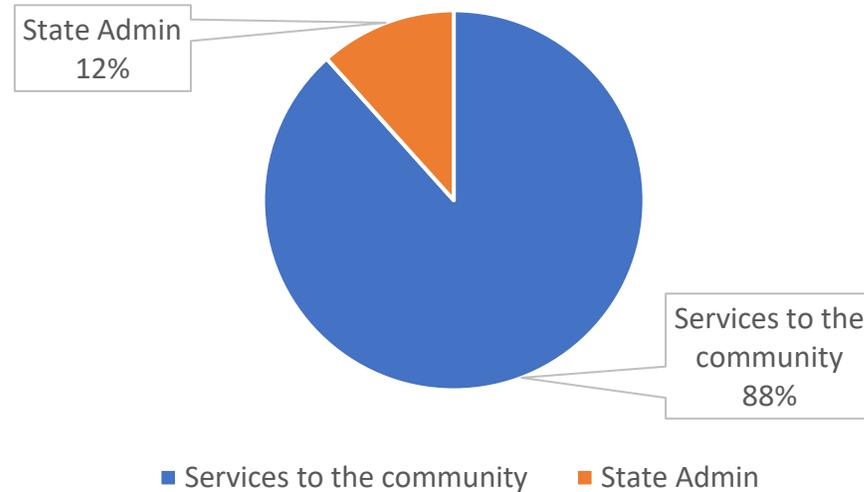
- State General Funds (ex. Alcohol/Methamphetamine/Marijuana)
- Revenue Funds (ex. Liquor tax, certifications)
- Federal Funds (Ex. SUBG, PFS, Women Services – Post Partum)

Maintenance of Effort (MOE): Block Grant (SUBG) requires the State to demonstrate that state and general fund dollars are also utilized to support Block Grant Activities



# State General Funds: FY 23

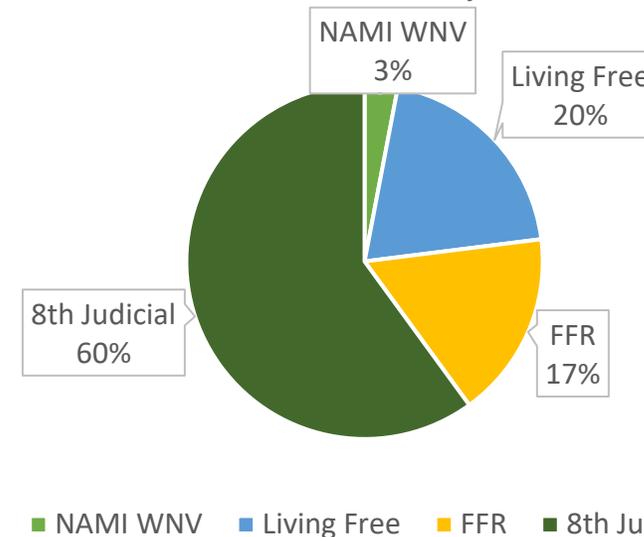
## Treatment MOE CAT10 (Alcohol)



Category 10 is funding substance use treatment initiatives in our community:

- Criminal justice inpatient and transitional housing
- Recovery Friendly Workplace
- Peer Recovery Support Services
- Transitional Housing
- Nevada CARES Warmline

## Treatment MOE CAT 10 "Services to the Community"



\*Total Treatment MOE Funds- \$2,402,604

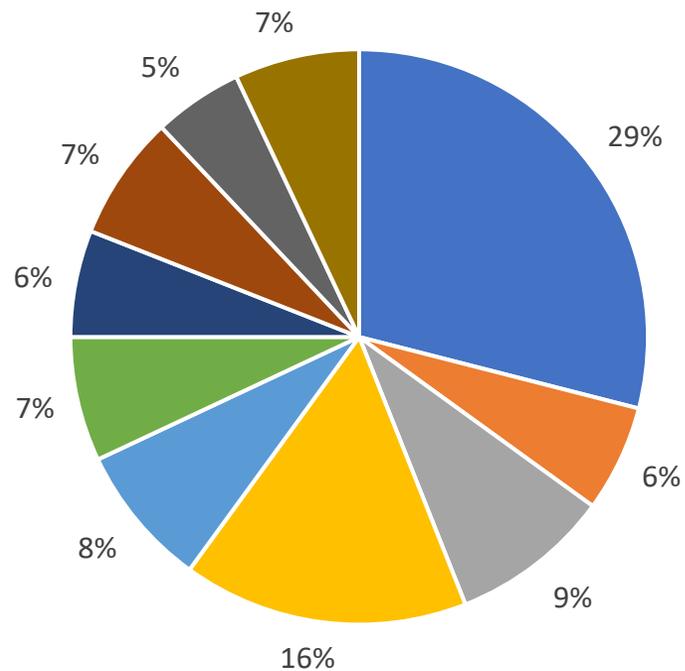
Category 10



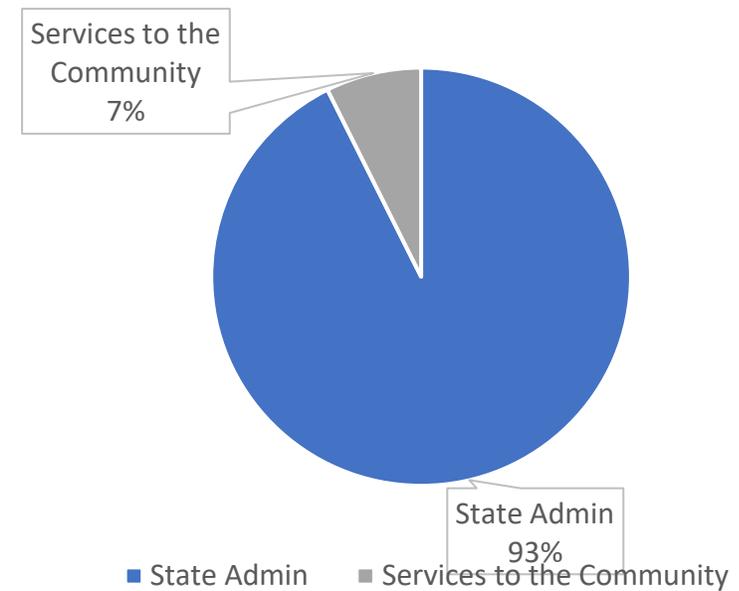
# State General Funds: FY 23

Cat 11 is funding substance use education and awareness in our community on methamphetamine

Methamphetamine Education (Prevention) MOE CAT 11



Methamphetamine Education (Prevention) MOE CAT 11

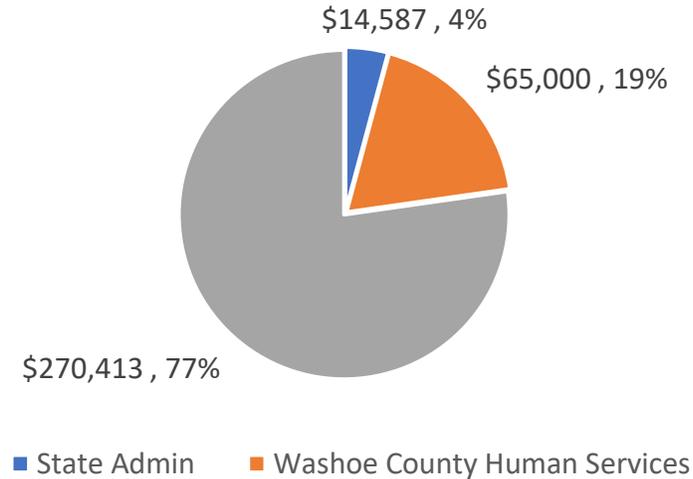


Category 11



# Revenue Funds: FY 23

## Treatment Marijuana MOE CAT 50 – FY 23



Category 50

### **NRS 678C.830 Deposit, use and disposition of money; administration of account.**

1. Any money the Division receives pursuant to NRS 678C.820 or that is appropriated to carry out the provisions of this chapter governing the issuance of registry identification cards and letters of approval and the regulation of the holders of such cards and letters:

(b) May only be used to carry out:

(2) Programs for alcohol or substance use disorders pursuant to NRS 458.094; and

**NRS 458.094 Use of certain money to provide programs to persons referred by agencies which provide child welfare services.** The Division shall use any money not needed to carry out the provisions of chapter 678C of NRS to provide programs for alcohol or other substance use disorders to persons referred to the Division by agencies which provide child welfare services as authorized pursuant to NRS 678C.830. NRS458.094

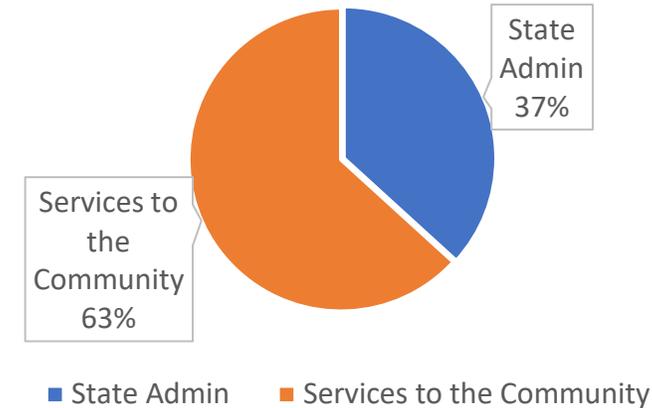
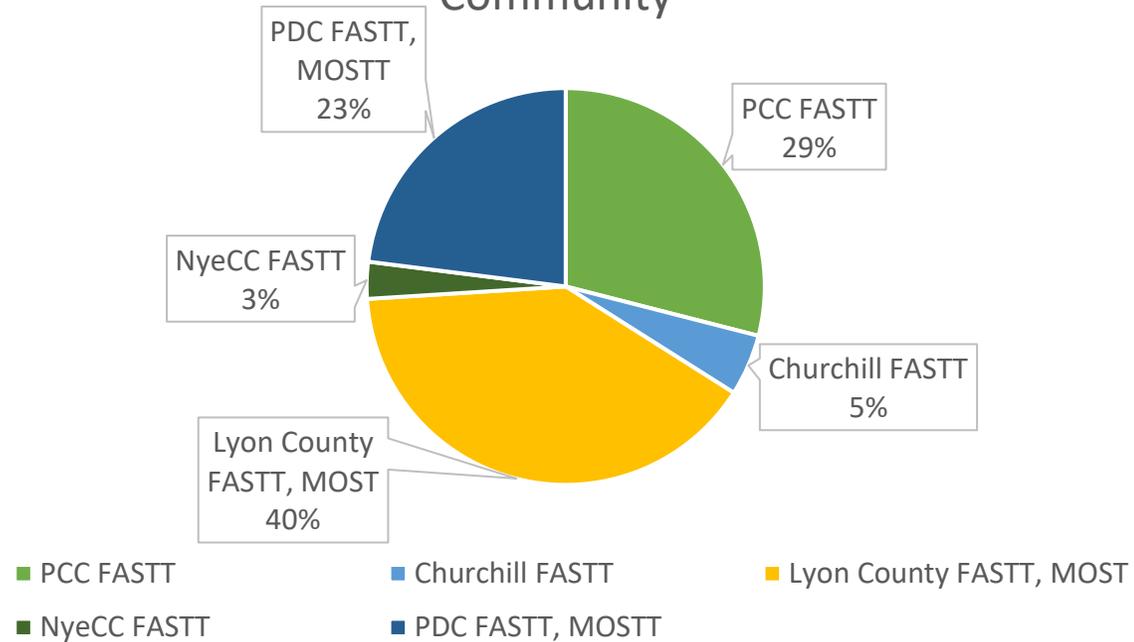
MOE Funding Total - \$350,000



# Revenue Funds

## Alcohol Tax Program CAT 14

Alcohol Tax Program CAT14 "Services to the Community"



Category 14 is funding substance use treatment initiatives in our community through FASTT and MOST programs

Category 14

The Alcohol Tax Program, commonly referred to as Liquor Tax, transfers money collected from tax on certain liquor to the Tax on Liquor Program Account, lead by SUPTR. Per NRS 458.097, the Alcohol Tax Program must be used to increase services for the prevention of alcohol or other substance use disorders and for the detoxification and rehabilitation of persons with an alcohol or other substance use disorder.

FASTT – Forensic Assessment Services Triage Team – To Determine the best way to work with law enforcement to avert arrest if possible and link the individual with an appropriate level of care  
 MOST – Mobile Outreach Safety Team – Created in response to the Reno Police Departments need to more efficiently intervene with people in crisis or are living with serve mental illness

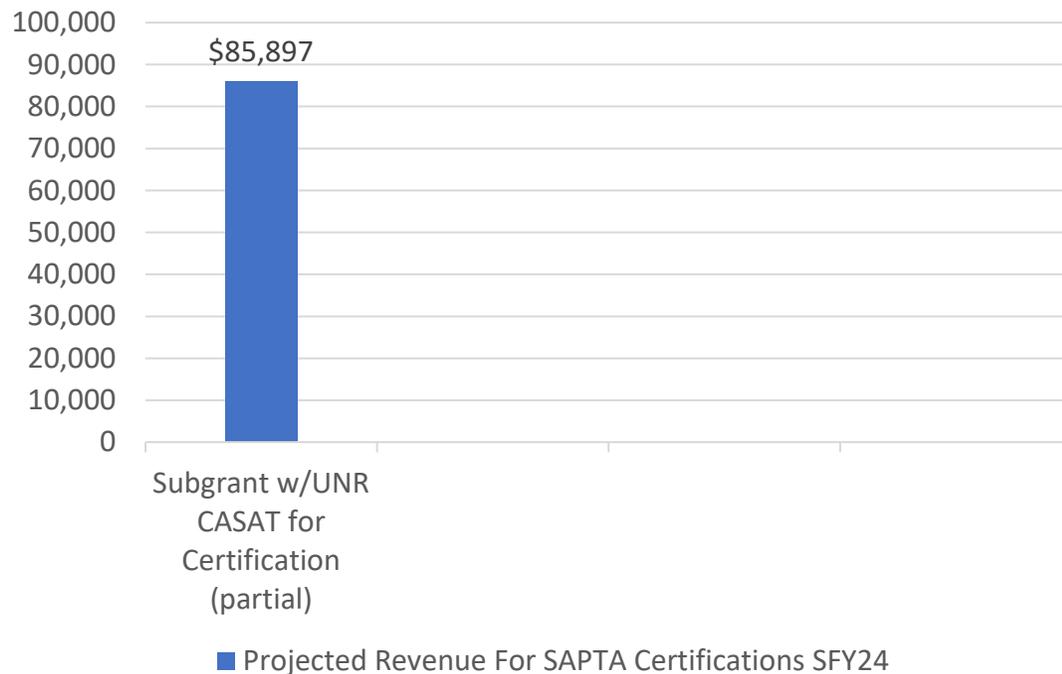
\*Total Cat 14 Funding – \$3,096,742



# Revenue Funds

**NAC 458.103 Certification required to receive funding from Division.** (NRS 439.200, 458.025) A program must be certified by the Division to be eligible for any state or federal money for alcohol and drug abuse programs administered by the Division pursuant to chapter 458 of NRS for the prevention or treatment of substance-related disorders

Projected Revenue For SUPTR  
Certifications SFY24



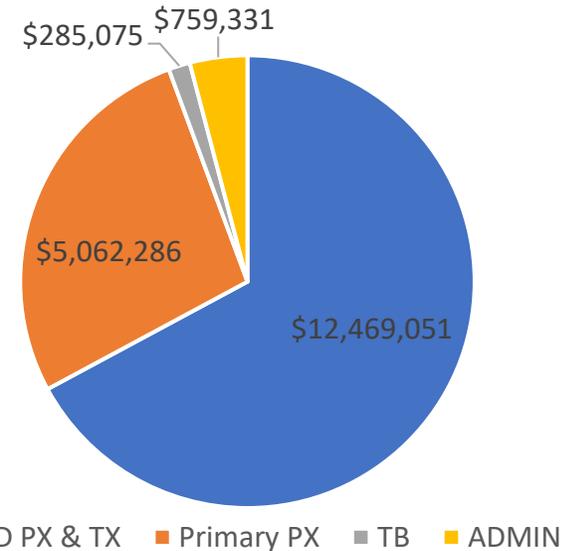
Category 16



# Federal Funds – Substance Use Block Grant

CCC OF SNV	\$40,000
Ridge House	\$1,944,000
Westcare	\$5,550,410
Living Free Health & F	\$368,365
8th Judicial	\$788,971
New Frontier	\$134,250
Step 2	\$68,250
CARE	\$473,000
Churchill	\$204,000
Frontier CC	\$204,000
HCC	\$243,000
JTNN	\$288,000
NyeCC	\$270,000
PACE	\$248,000
PACT	\$622,000
PCC	\$211,000
PDC	\$239,000

Substance Use Block Grant FY23



The information displayed is for FFY23. The dollars on the left indicate the subgrant award amount.

These services are for substance use prevention and treatment programs.

Regional Behavioral Health Coordinators supported through this Block Grant – 33%

Category 28

\*Total Cat 28 Funding - \$20,537,145



# Federal Funds – COVID Testing/Mitigation

## COVID Testing & Mitigation CAT12 (09/01/21 – 09/30/25)

One-time funding intended to expand COVID testing and mitigation efforts for people with substance use disorders.

Early surveys with treatment agencies were conducted in 2021 to identify how to best use these dollars.

Re-established a plan to engage with partners on how to utilize this money, due to an influx in resources in the community for COVID testing and mitigation with SAMHSA approval.

**\$501,181**

Category 12



# Federal Funds - Supplemental

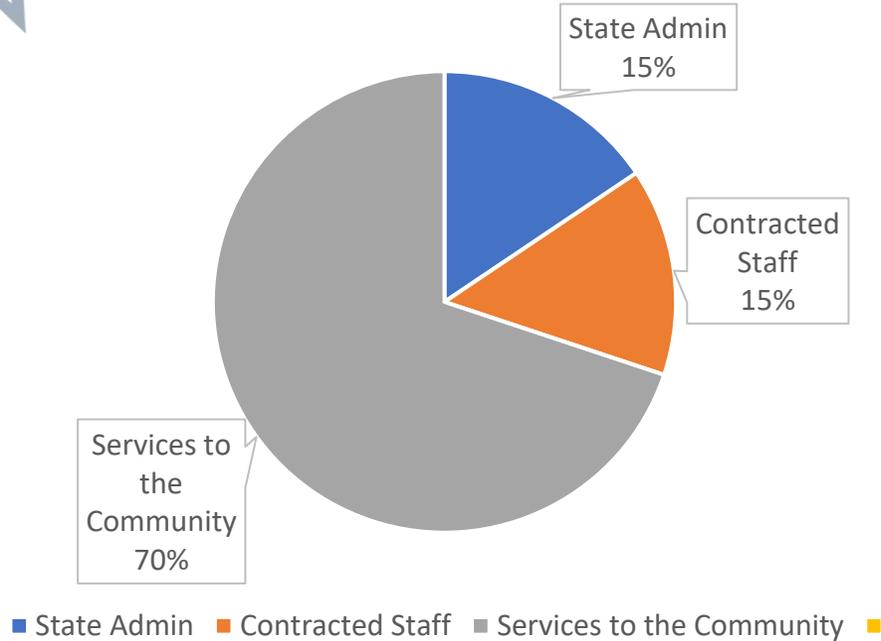
## Notice of Funding Opportunity (NOFO)

- A combined NOFO was issued to solicit applications to disperse funding for:
  - MHBG COVID (Behavioral Health)
  - MHBG ARPA (Behavioral Health)
  - SUBG COVID (Prevention & Treatment)
  - SUBG ARPA (Prevention & Treatment)
- Aligning the activities to those of the Block Grants has been challenging
- RFAs open opportunities for providers and coalitions to provide Emergency Response COVID\_ER and American Rescue Plan Act Services (ARPA)



# Federal Funds – Supplemental/COVID

SABG COVID 27



- Nevada Resilience Project is supported through contracted staff and Crisis Response System

8th Judicial	\$1,467,712
Adams Place	\$42,526
Board of Regents UNR	\$256,562
Churchill School Based	\$137,416
Clark County Social Services	\$228,110
Crisis Call Center	\$208,992
Foundation for Recovery	\$311,038
Healthy Communities Coalition	\$229,758
High Risk Pregnancy Center	\$320,581
JOIN Together Washoe	\$151,157
KPS3	\$44,999
Mark Hennessy Foundation	\$119,040
Nevada Broadcaster Association	\$28,352
New Frontier Treatment Center	\$1,716,826
Nothern Nevada HOPES	\$364,390
NYECC	\$104,838
Ridge House	\$830,832
Rural Nevada Counseling	\$879,544
Step 1	\$788,010
Step 2	\$699,832
There's No Hero In Heroin (TNHIH)	\$11,498
Vegas Stronger	\$559,653
Vitality Unlimited	\$1,195,307
Washoe County Family Services	\$277,953
Winnemucca Indian Colony	\$162,134

SUBG COVID - \$15,937,418 – THROUGH 03/14/2024 \*

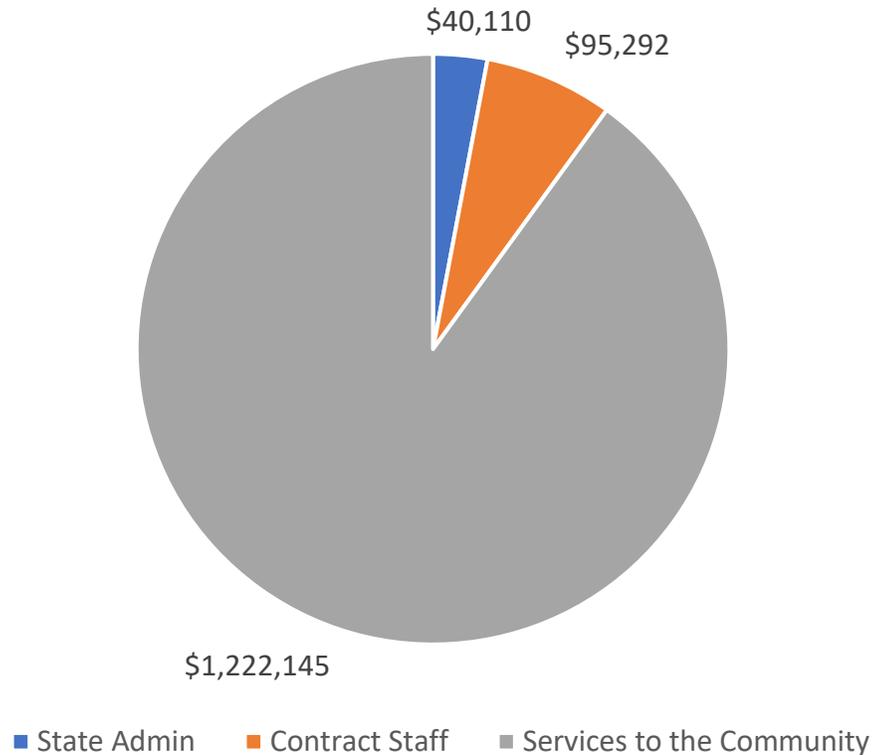
\*no cost extension approved by SAMHSA,

Extended the project period to 03/14/2024 and services already are in place



# Federal Funds – SUBG Supplemental (ARPA)

SABG ARPA CAT 44 -- Expenditures FFY23



\$13,764,133 – through 09/30/2025

Healthy Communities Coalition of Storey & Lyon County	\$147,642.00
Marty Hennessy Inspiring Children Foundation	\$72,690
Join Together Northern Nevada	\$123,675
Nevada Resilience Project Contractors	\$395,529
There Is No Hero In Heroin	\$85,827
<b>Total</b>	<b>\$825,363</b>

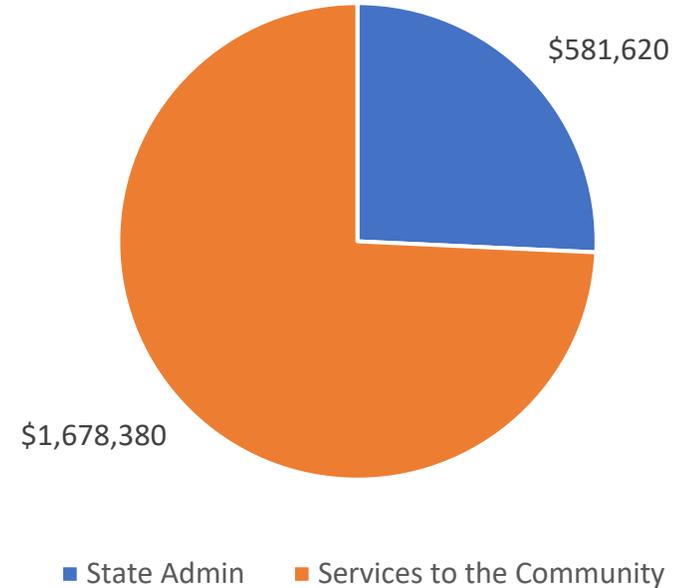
Category 44



# Federal Funds – Partnership for Success

CARE Coalition	\$260,621
Churchill Community Coalition	\$97,015
Frontier Community Coalition	\$102,301
Healthy Community Coalition	\$119,964
Join Together Northern Nevada	\$167,838
Nye Community Coalition	\$217,181
PACE	\$172,677
PACT Coalition	\$336,767
Partnership Carson City	\$114,942
Partnership Douglas County	\$89,074

Partnership for Success (PFS)



THE PFS grant funds initiatives to help reduce the onset and progression of substance misuse by supporting the delivery of community prevention services.

Category 29

\*Cat 29 FY 23 Funds - \$2,162,539



# Federal Funds - SOMMS

## State Outcomes Measurement and Management System (SOMMS)

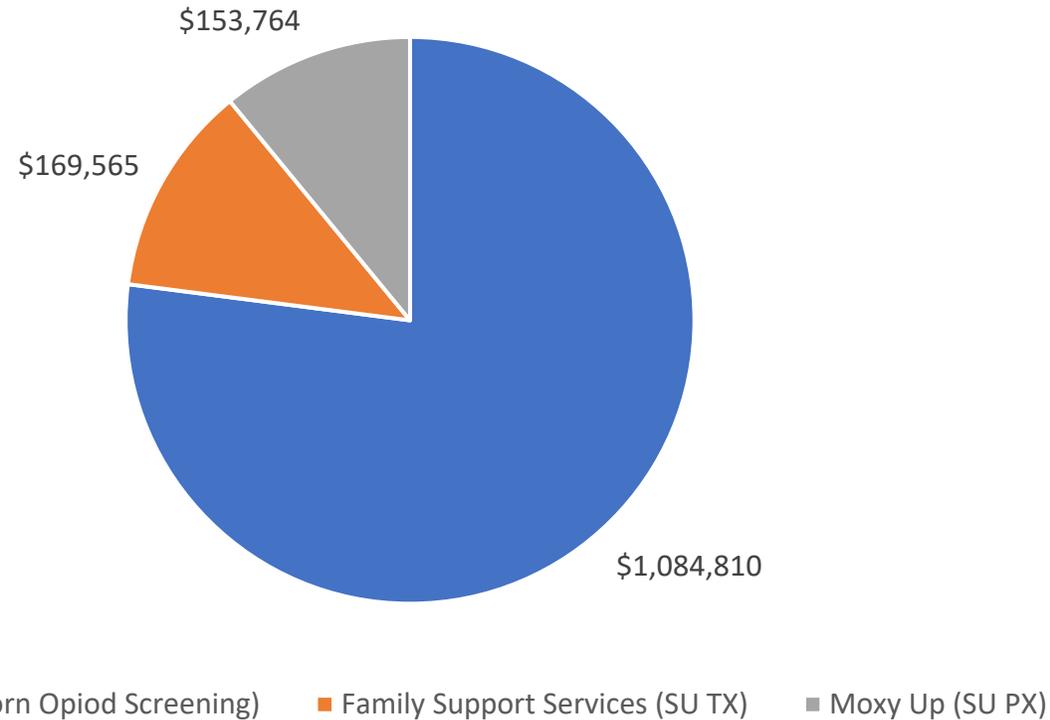
SUPTR receives dollars from SAMHSA to help support the use of the WITS system for data collection and federal TEDS reporting.

\$401,009



# Federal Funds – Supplemental Gov. ARPA

GOV ARPA CATs 60, 61, 64



The Governor’s Office funded these program through federal ARPA dollars, in which DPBH/SUPTR has oversight:

- Moxy- Up - Substance Use Prevention (CAT 61)
- Family Support Services – Substance Use Treatment (CAT 60)
- Nevada State Public Health Laboratory – New Opioid Screening (CAT 64)
- These are separate from the Bureau’s ARPA Funds

Category 60, 61, 64



# Prevention SUBG Reporting

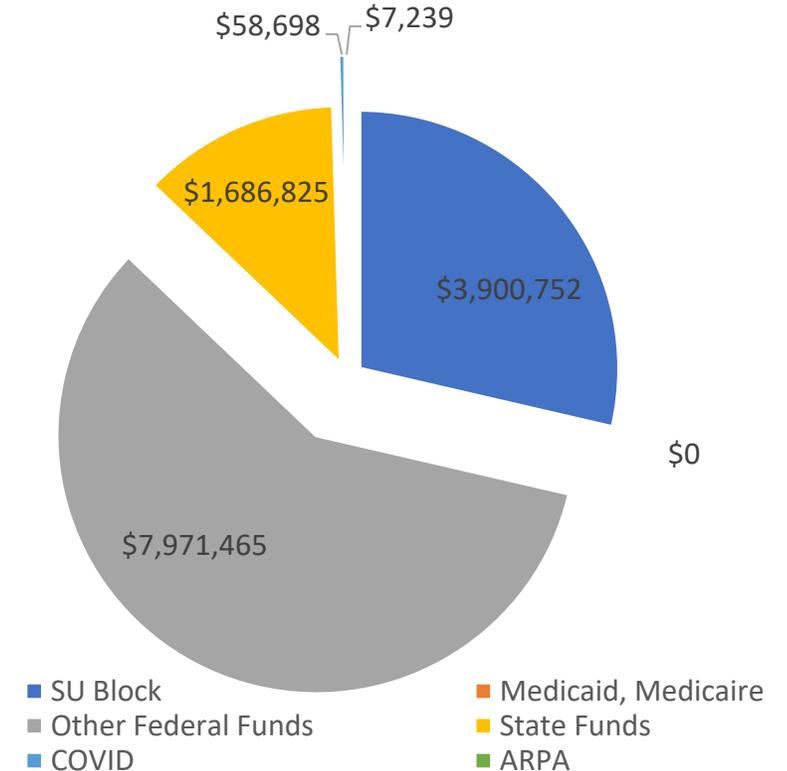


# Prevention SUBG Reporting

## Expenditure Annual Report - 2022

Primary Prevention- Expenditure

Activity	SU Block Grant	Medicaid, Medicare	Other Federal Funds (ACF, CDC, CMS, SAMHSA)	State Funds	COVID	ARP
1. Substance Use Prevention (Other than Primary Prevention) and treatment	\$12,360,032	\$3,309,385	\$37,665,865	\$3,223,474	\$3,015,676	\$584,246
a. Pregnant Women and Women w/ Dependent Children	\$990,466	0	0	0	\$73,971	0
b. All Other	\$11,369	\$3,309	\$37,665	\$3,223	\$2,941,704	\$584,246
2. Substance Use Disorder Primary Prevention	\$3,900,752	0	\$7,971,465	\$1,686,825	\$58,698	\$7,239
3. Tuberculosis Services	\$213,656	\$0	\$0	\$0	\$0	\$0
4. Early Intervention Services HIV	\$0	\$0	\$0	\$0	\$0	\$0
5. Administration	\$584,897	\$0	\$3,422,462	\$2,104,171	\$1,046,894	\$7,941
<b>Total</b>	<b>\$17,059,338</b>	<b>\$3,309,385</b>	<b>\$49,059,793</b>	<b>\$7,014,471</b>	<b>\$4,121,269</b>	<b>\$599,427</b>



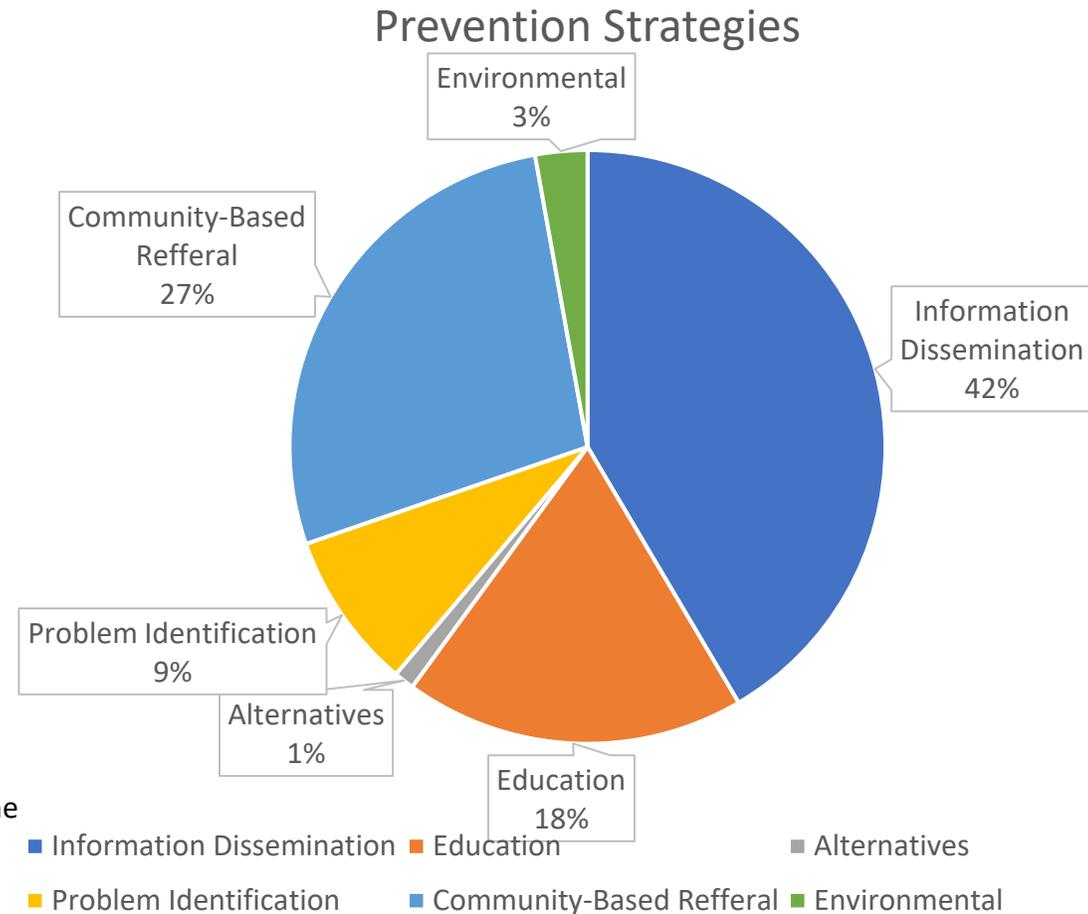
\*SUBG Report Table 2a



# Prevention SUBG Reporting

## Primary Prevention Expenditures

Strategy	SU Block Grant Award 2019-2021
Information Dissemination	\$1,361,210
Education	\$605,911
Alternatives	\$36,189
Problem Identification and Referral	\$281,261
Community-Based Process	\$900,410
Environmental	\$92,578

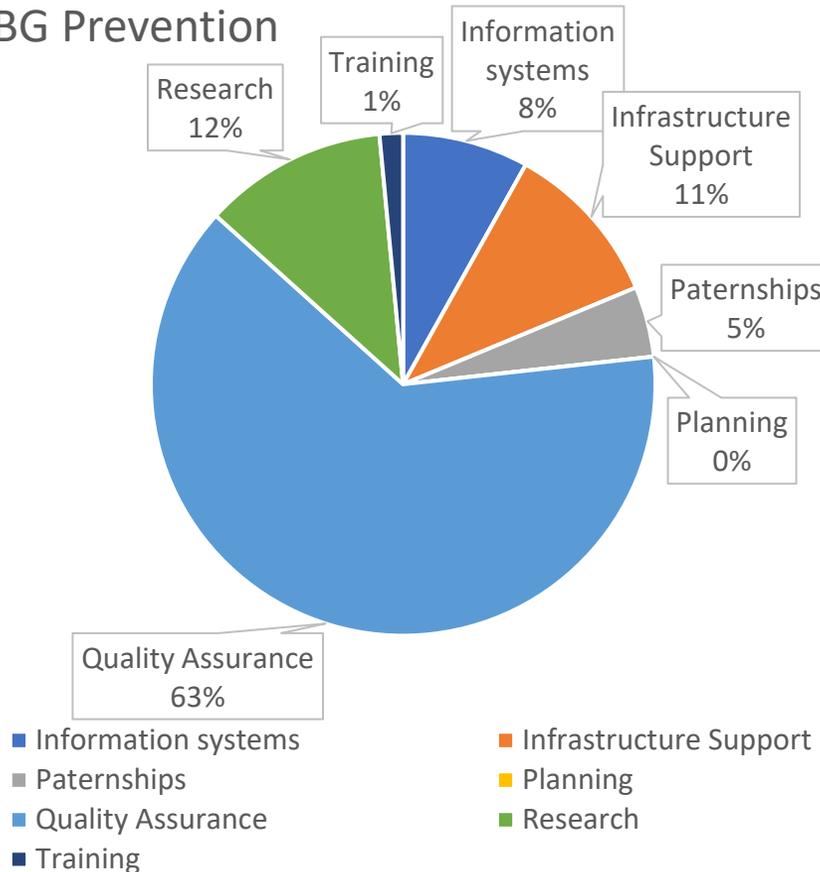


- There are six primary prevention strategies typically funded by principal agencies
- Expenditures within each of the six strategies should be directly associated with the cost of completing the activity



# Prevention SUBG Reporting – Expenditure Report

SUBG Prevention



Non-Direct Services Overflow

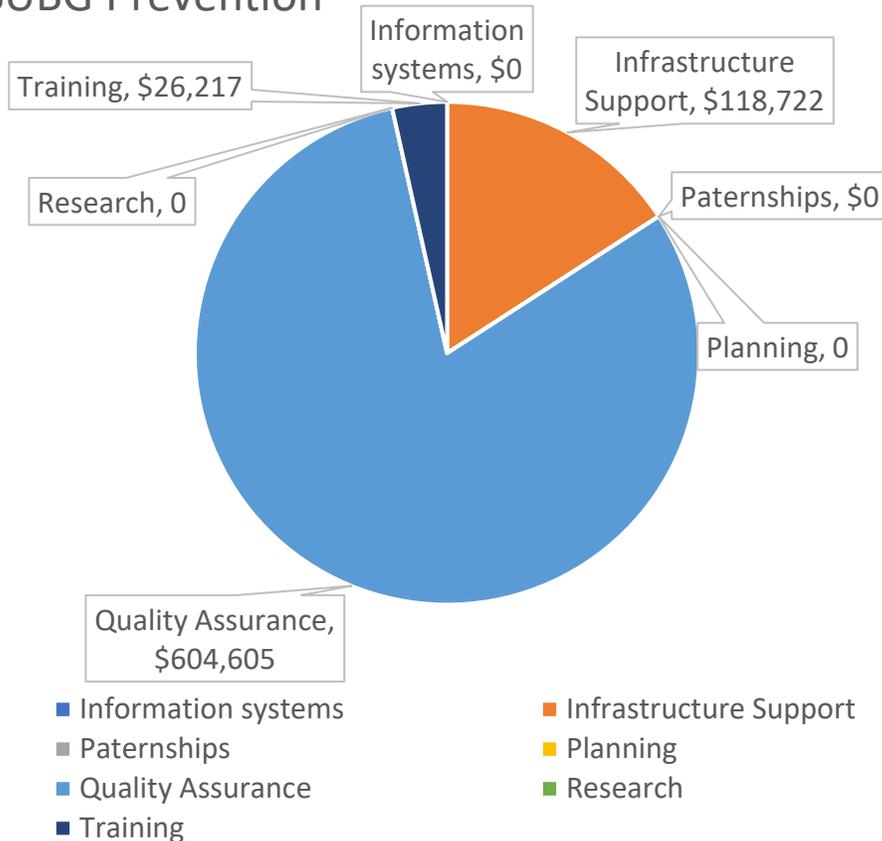
Activity	SUBG Treatment	SUBG Prevention	SABG Intergrated
1. Informations Systems	\$333,423	\$144,510	\$153,393
2. Infrastructure Support	\$189,907	\$189,907	\$40,000
3. Patnerships, community outreach, and needs assessment	\$160,174	\$81,000	\$91,134
4. Planning Council Activities (MBHG required, SUBG optional)	\$3,900,752	0	\$7,971,465
5. Quality Assurance and Improvement	\$213,656	\$0	\$0
6. Research and Evalution	\$0	210,930	\$21,062
7. Training and Education	\$0	\$26,805	\$13,537
8. Total	\$1,819,757	\$1,787,221	\$403,607

\* SUBG -2023 Annual Report: Table 6



# Prevention SUBG Reporting - Expenditure Report

SUBG Prevention



Non-Direct Services Overflow

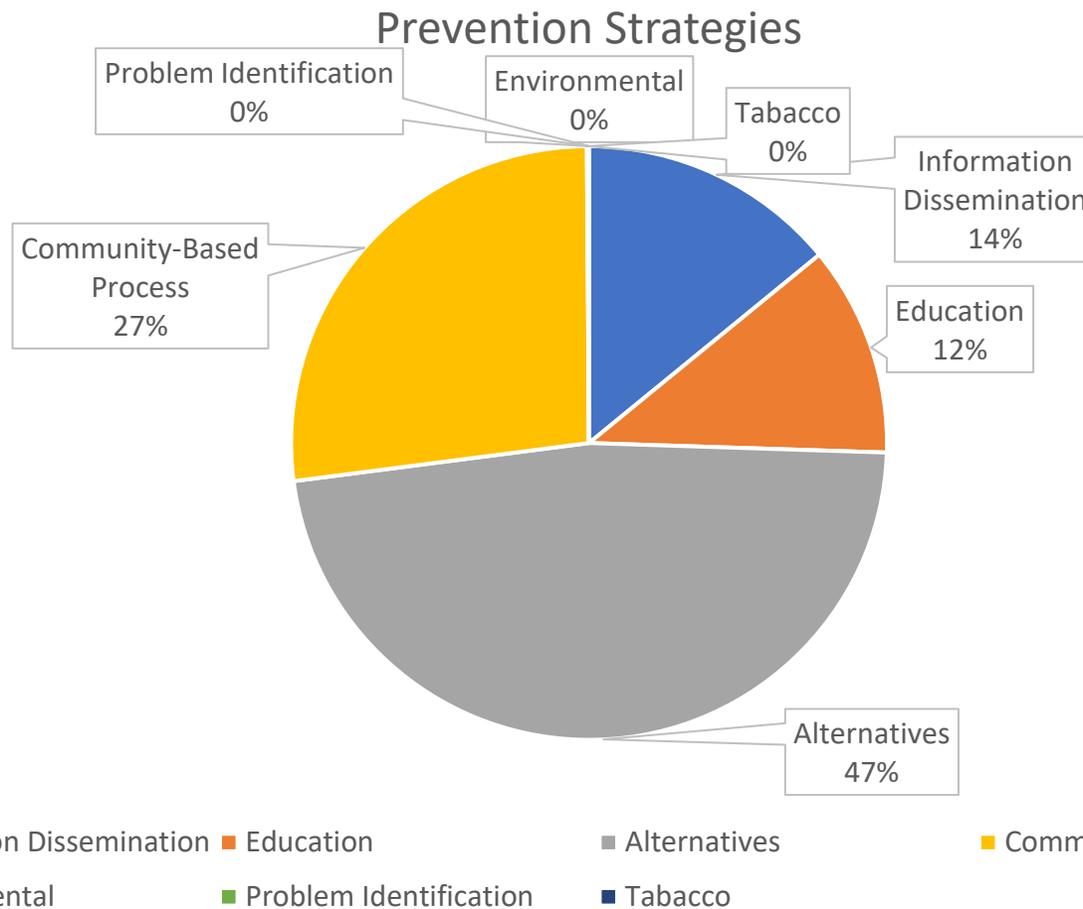
Activity	SUBG Treatment	SUBG Prevention	SABG Intergrated
1. Informations Systems	\$46,543	\$0	\$138,009
2. Infrastructure Support	\$118,722	\$118,722	\$0
3. Patnerships, community outreach, and needs assessment	\$70,718	\$0	\$0
4. Planning Council Activities (MBHG required, SUBG optional)	\$0	0	\$0
5. Quality Assurance and Improvement	\$604,605	\$604,605	\$84,479
6. Research and Evaluation	\$0	0	\$21,062
7. Training and Education	\$0	\$26,217	\$0
8. Total	\$840,588	\$749,544	\$243,550

\* SUBG -2023 Annual Report: Table 6 – Current to date



# Prevention SUBG Reporting

## Primary Prevention Expenditures – FY 2022



Strategy	SU Block Grant Award 2021 - 2022
Information Dissemination	\$914,144
Education	\$846,838
Alternatives	\$891,898
Community-Based Process	\$0
Environmental	\$220,390
Problem Identification	\$220,390
Tabacco	\$0

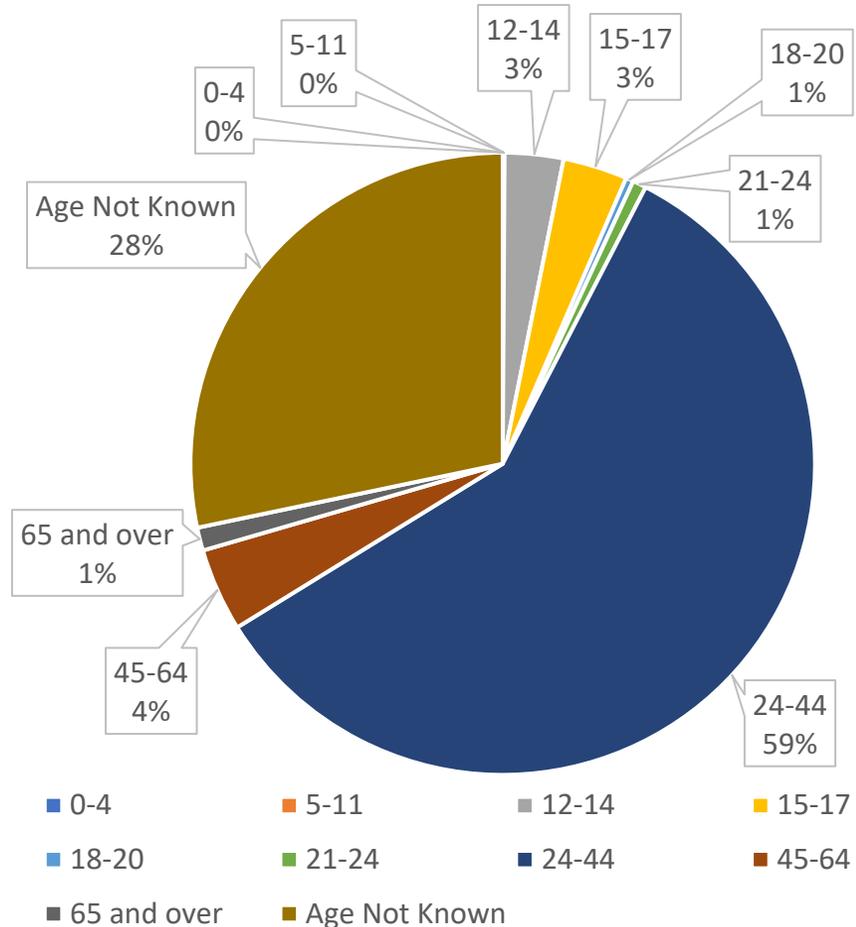


# Web Infrastructure For Treatment Services – (W.I.T.S) Data



# W.I.T.S. Data – WITS Extract FY 19- 21

Population-Based Program

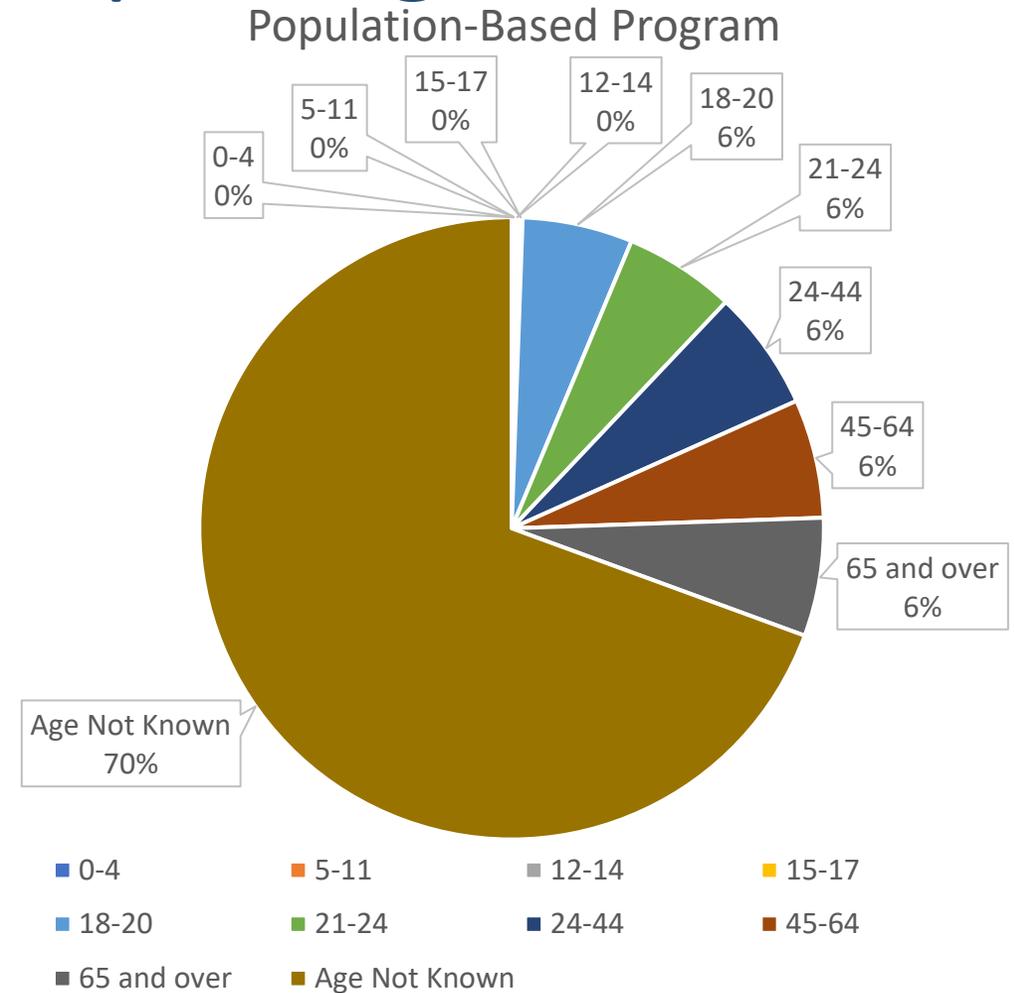


Age	Individual Based -Programs # Persons Served
0-4	28
5-11	45
12-14	2,381
15-17	2,616
18-20	309
21-24	552
25-44	45,916
45-64	3,385
65 and over	939
Age Not Known	22,170
<b>Total</b>	<b>78,341</b>



# W.I.T.S. Data – Prevention SUBG Reporting

Age	Population Based -Programs # Persons Served
0-4	8,680
5-11	20,815
12-14	24,165
15-17	24,917
18-20	795,228
21-24	802,318
25-44	870,698
45-64	859,962
65 and over	856,542
Age Not Known	9,666,250
<b>Total</b>	<b>13,929,575</b>

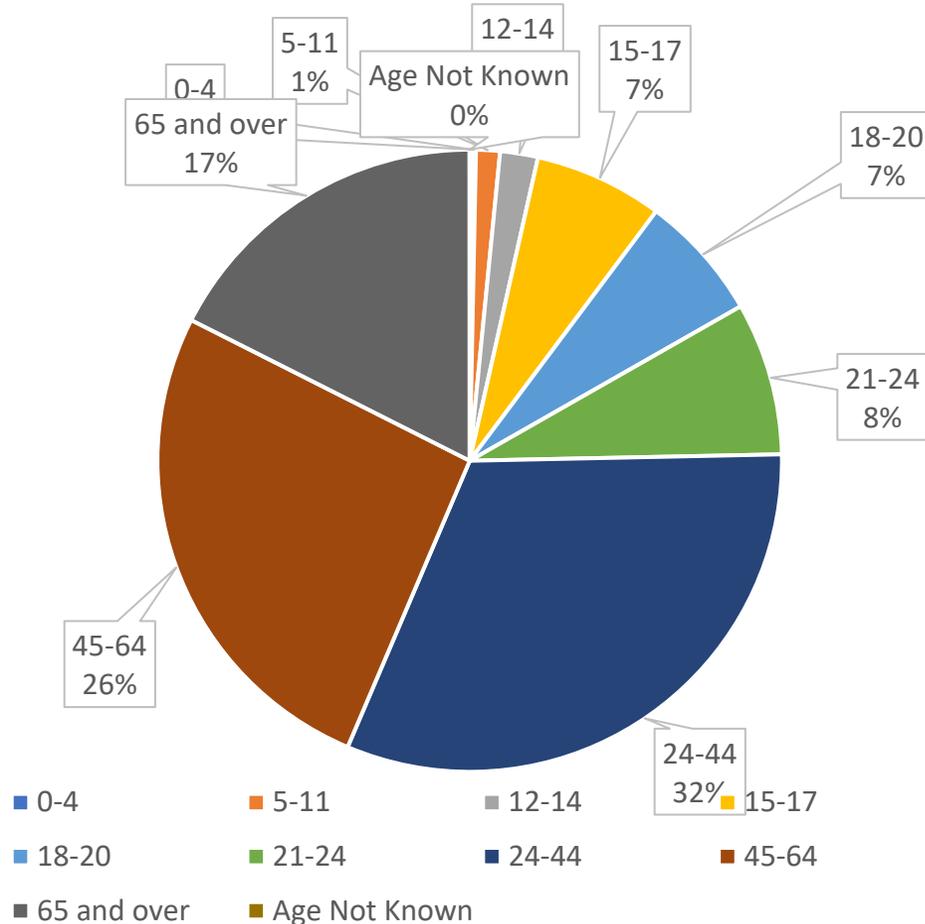


\*Table 32 – SUBG 2023 Annual Report



# WITS Data Extract – FY 23

Population-Based Program



Age	Individual Based -Programs # Persons Served
0-4	72
5-11	278
12-14	440
15-17	1,500
18-20	1,471
21-24	1,785
25-44	7,131
45-64	5,861
65 and over	3,940
Age Not Known	1
<b>Total</b>	<b>22,479</b>

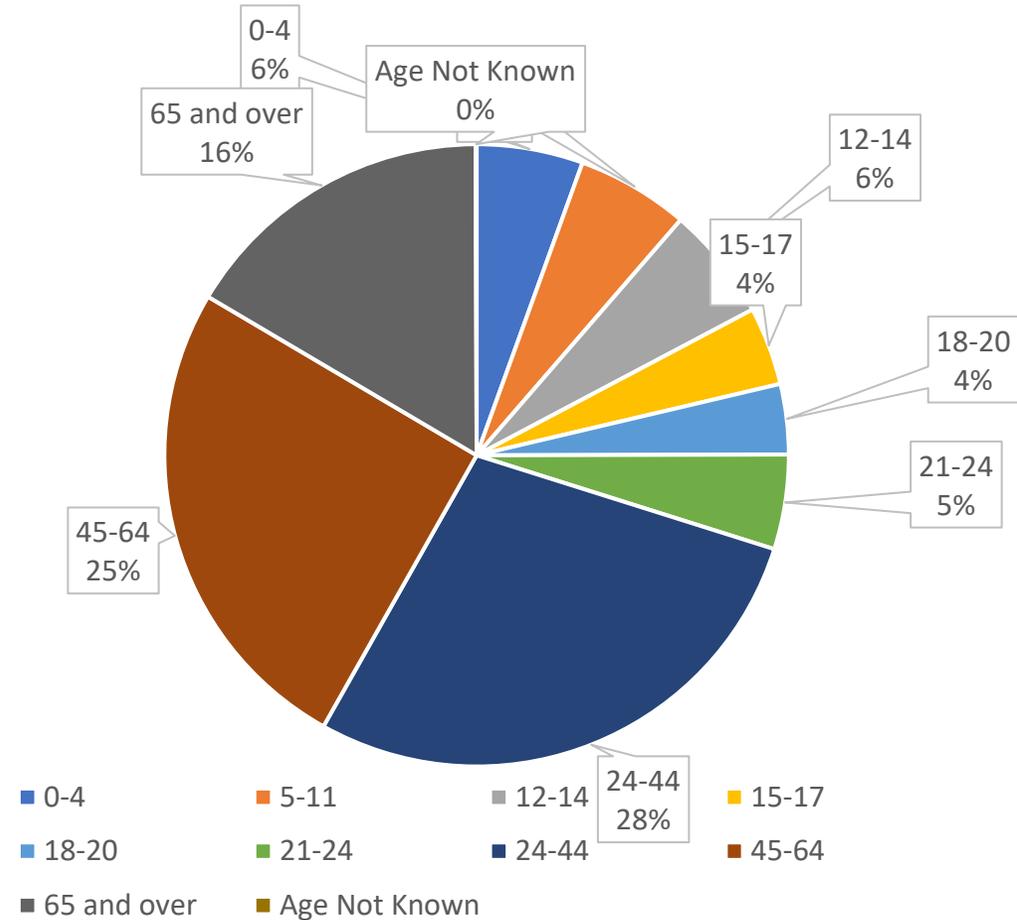
\*Table 31– SUBG 2023 Annual Report



# W.I.T.S. Data – FY 23

Age	Population Based -Programs # Persons Served
0-4	23,873
5-11	25,251
12-14	25,587
15-17	17,641
18-20	15,831
21-24	21,309
25-44	122,593
45-64	109,889
65 and over	71,232
Age Not Known	219
<b>Total</b>	<b>433,425</b>

Population-Based Program



\*Table 32 – SUBG 2023 Annual Report



# Deep Dive Into W.I.T.S

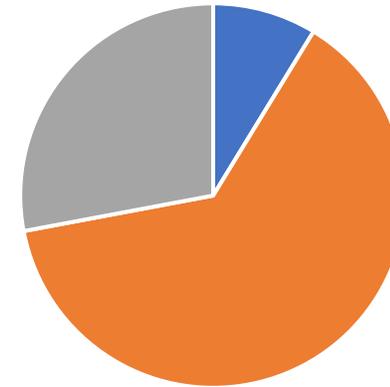


# Deep Dive Into WITS – FY 19-21

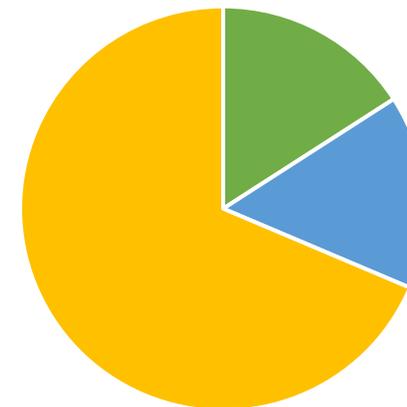
Gender	Individual- Based Programs
Male	6,910
Female	50,205
Gender Unknown	21,226

Gender	Population- Based Programs
Male	2,212,313
Female	2,160,997
Gender Unknown	9,556,265

Individual Based Programs



Male Female Gender Unknown  
Population-Based Programs



Male Female Gender Unknown



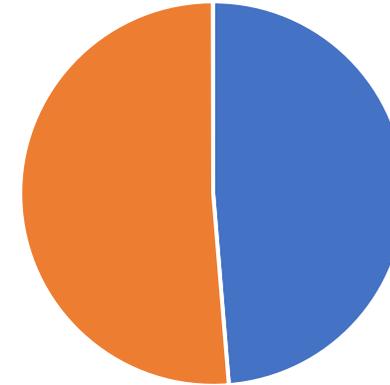
# Deep Dive Into WITS

## – FY 23

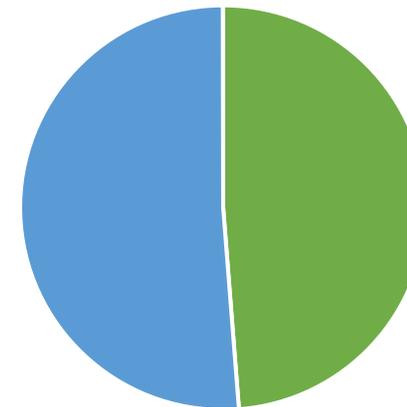
Gender	Individual- Based Program
Male	10,947
Female	11,528
Gender Unknown	4

Gender	Population- Based Program
Male	10,974
Female	11,528
Gender Unknown	4

Individual Based Programs



Population-Based Programs

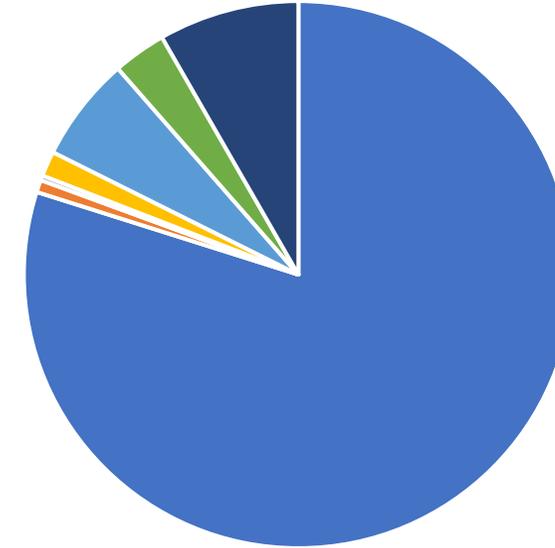


\*Table 31+32 – SUBG 2023 Annual Report



# Deep Dive Into WITS FY 19-22

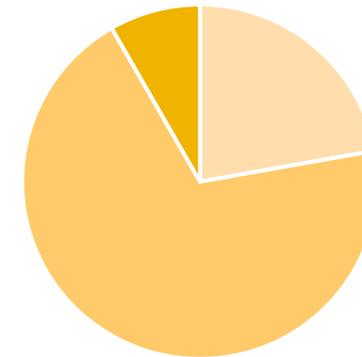
# of Persons Served by Race



- White
- Black/African American
- Native Hawaiian/Other Pacific Islander
- Asian
- American Indian/Alaska Native
- More than one race
- Race not known

Race	Population-Based Programs
White	11,127,847
Black or African American	101,430
Native Hawaiian/ Other Pacific Islander	39,931
Asian	207,187
American Indian/Alaska Native	862,557
More than one race	437,179
Race not known or other	1,153,444
<b>Total</b>	<b>13,929,575</b>

# of Persons Served by Ethnicity



- Hispanic or Latino
- Non Hispanic or Latino
- Ethnicity Unknown

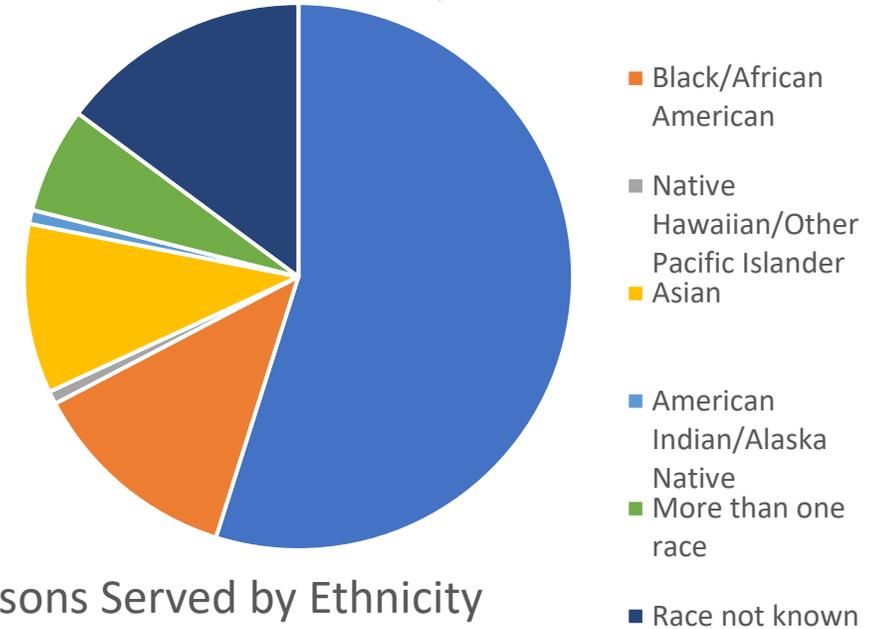
Ethnicity	Population- Based Programs
Hispanic or Latino	3,092,670
Non Hispanic or Latino	9,684,158
Ethnicity Unknown	1,152,747
<b>Total</b>	<b>13,929,575</b>

\*Table 31+32 – SUBG 2023 Annual Report



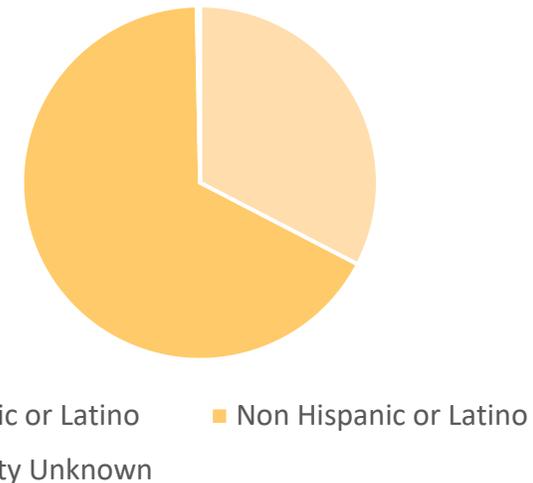
# Deep Dive Into WITS - FY 23

# of Persons Served by Race



Race	Population-Based Programs
White	237,776
Black or African American	53,996
Native Hawaiian/ Other Pacific Islander	3,334
Asian	43,415
American Indian/Alaska Native	3,562
More than one race	27,107
Race not known or other	64,235
<b>Total</b>	<b>433,425</b>

# of Persons Served by Ethnicity



Ethnicity	Population- Based Programs
Hispanic or Latino	141,446
Non Hispanic or Latino	290,694
Ethnicity Unknown	1,285
<b>Total</b>	<b>433,425</b>

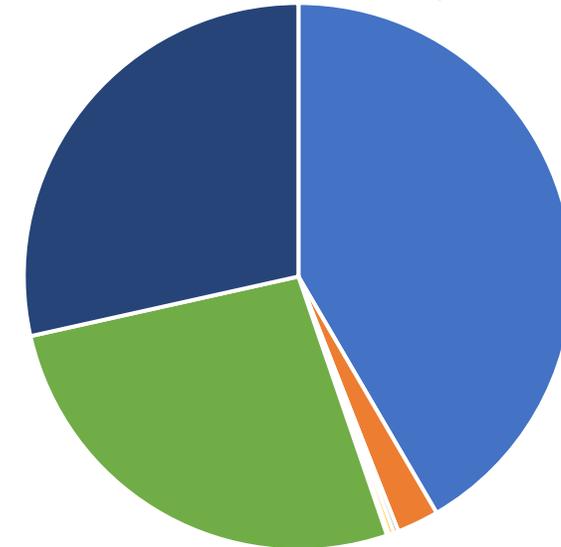
\*Table 31+32 – SUBG 2023 Annual Report



# Deep Dive Into WITS FY 19-22

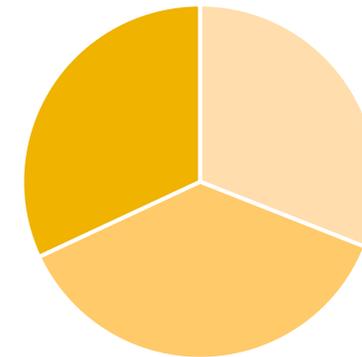
Race	Individual- Based Programs
White	32,590
Black or African American	1,935
Native Hawaiian/ Other Pacific Islande	218
Asian	230
American Indian/Alaska Native	99
More than one race	20,945
Race not known or other	22,324
<b>Total</b>	<b>13,929,575</b>

# of Persons Served by Race



- White
- Black/African American
- Native Hawaiian/Other Pacific Islander
- Asian
- American Indian/Alaska Native
- More than one race
- Race not known

# of Persons Served by Ethnicity



- Hispanic or Latino
- Non Hispanic or Latino
- Ethnicity Unknown

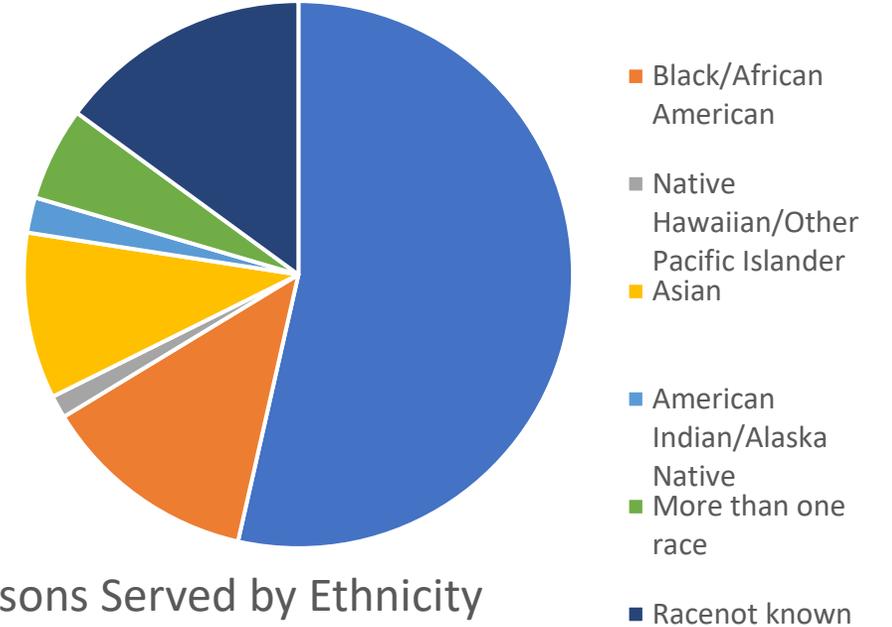
Ethnicity	Individual- Based Programs
Hispanic or Latino	24,288
Non Hispanic or Latino	29,008
Ethnicity Unknown	25,045
<b>Total</b>	<b>13,929,575</b>

\*Table 31+32 – SUBG 2023 Annual Report



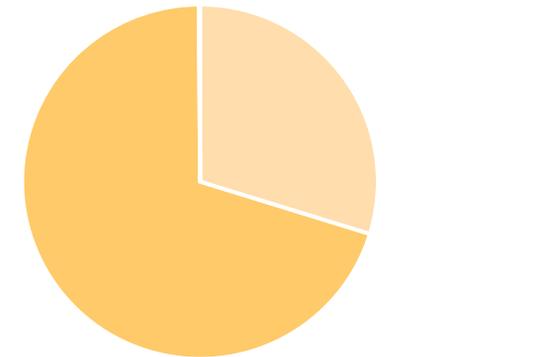
# Deep Dive Into WITS – FY 23

# of Persons Served by Race



Race	Individual- Based Programs
White	12,034
Black or African American	2,870
Native Hawaiian/ Other Pacific Islander	301
Asian	2,208
American Indian/Alaska Native	470
More than one race	1,240
Race not known or other	3,356
<b>Total</b>	<b>22,479</b>

# of Persons Served by Ethnicity



Ethnicity	Individual- Based Programs
Hispanic or Latino	6,693
Non Hispanic or Latino	15,762
Ethnicity Unknown	24
<b>Total</b>	<b>22,479</b>

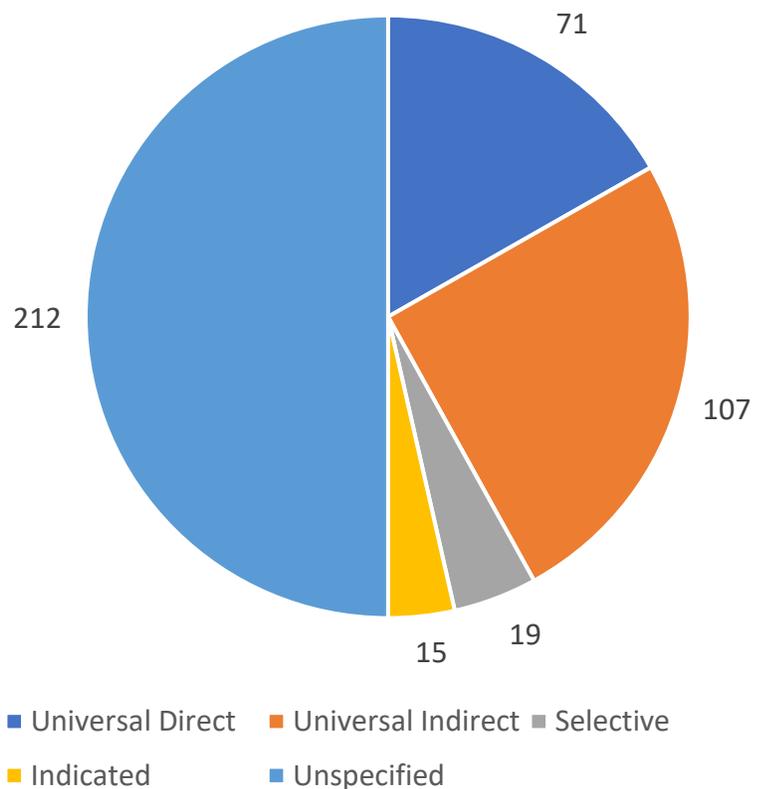
\*Table 31+32 – SUBG 2023 Annual Report

■ Hispanic or Latino      ■ Non Hispanic or Latino  
■ Ethnicity Unknown



# Deep Dive Into WITS

Number of Prevention Programs and Strategies Reported



Type	Total SUBG Block Grant Dollars Spent on Evidence-based Programs/Strategies
Universal Direct	\$727,520
Universal Indirect	\$460,629
Selective	\$196,275
Indicated	\$84,326
Unspecified	\$1,468,752
<b>Prevention Total</b>	<b>\$2,937,504</b>

\*Table 35 – 2023 SUBG Annual Report – TABLE 35

Institute of Medicine (IOM) – Classifications for prevention = Strategies are based on the services delivery method



# Questions?



# Contact Info

Tracy Palmer, LMSW  
Health Program Manager II  
t.palmer@health.nv.gov  
775-684-4069

Abraham Meza, BA - Psych  
Health Program Specialist I  
ameza@health.nv.gov  
775-431-7079

<https://dpbh.nv.gov/Programs/ClinicalSAPTA/Home> - SAPTA/

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

Chair Johnson

# Prevention Recommendations Discussion and Review

- For recommendation submission details (i.e., justification, action steps, etc.), please refer to the handout *SURG Prevention and Harm Recommendations September 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. (p.1 of handout)*
- Workshop language?
- Complete additional fields? (see next slide)

# Prevention Recommendation #1 Cont.

- Fields to be completed:
  - Justification/background
  - Research or links
  - AB374 Section 10 Requirement(s) assigned to the Prevention subcommittee
  - AB374 Section 10 Requirement(s) that are cross-cutting elements
  - Special populations
  - Action step
  - Short or long-term recommendation
  - Fiscal note information
  - Qualitative elements: urgency, impact, capacity & feasibility, how the recommendation advances racial and health equity

# 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)*
- Fields to be completed:
  - Qualitative elements
    - No additional information received after August subcommittee meeting
    - Summary of discussion from August meeting is included on the next slide

# Prevention Recommendation #2 Cont.

- *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.).*
- Qualitative elements
  - **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 (included in survey submission on pages 3-4 of handout):
    - 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.
  - **How the recommendation advances racial and health equity:** Many tobacco initiatives disproportionately impact communities of color.

# 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)*
- Fields to be completed:
  - Research or links
  - AB374 Section 10 requirement(s) that are cross-cutting elements
  - Qualitative elements
    - No additional information received after August subcommittee meeting
    - Summary of discussion from August meeting is included on the next slide

# Prevention Recommendation #3 Cont.

- *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.*
- Qualitative elements
  - **Impact:** This would provide a baseline of information needed to complement information at the state level to inform better decisions about interventions. This would have a notable impact and is a first step in identifying opportunities for communities to identify additional policies or program/interventions around outlets and how they correlate with other health outcomes.
  - **Capacity & feasibility of implementation:** There is high capacity and feasibility for implementation.
  - **Urgency:** This is urgent.
  - **How the recommendation advances racial and health equity:** There is currently no coordinated effort to collect this information on a regular basis and cross-mapping where people live will help to identify if, and to what degree, there are higher alcohol, tobacco, and cannabis density in communities of color relative to other communities. This can help to advance racial and health equity.

# Prevention Recommendation #4 (2022 rec #6 resubmitted)

*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. (p.8 of handout)*

- This was discussed as a recommendation to be resubmitted in the August meeting, but no survey was received.
- Include all the same information from the 2022 annual report?
- Any additional changes?
- Qualitative elements are still needed:
  - Impact
  - Capacity & feasibility of implementation
  - Urgency
  - How the recommendation advances racial and health equity

# Prevention Recommendation #5 (2022 rec #7 resubmitted)

*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. (p.8 of handout)*

- This was resubmitted based on discussion from the August meeting, including the qualitative elements (see handout p.10)
- Any additional changes?

# Prevention Recommendation #6 (2022 rec #9 resubmitted)

*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)*

- This was resubmitted based on discussion from the August meeting, including the qualitative elements (see p.15 of handout)
- Any additional changes?

# Prevention Recommendation #7 (2022 rec resubmitted)

*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.16 of handout)*

- This was resubmitted based on discussion from the August meeting, including the qualitative elements (see p.20 of handout)
- Any additional changes?

# New Recommendations Submitted

- *Nevada Youth Risk Behavior Survey (YRBS) Implemented and mandated in all middle school and high school classrooms.*
- *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.*

(See handout pages 21-25 for submission details.)

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

Chair Johnson

# 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). (p.29 of handout)*

- See handout p.29 for qualitative elements submitted.
- Are there any changes or additions?

# Harm Reduction Recommendation #5

*Create a bill draft request at the legislature to change the language around drug paraphernalia as it relates to smoking supplies. (p.33 of handout)*

- See handout p.33 for qualitative elements submitted.
- Are there any changes?

# Harm Reduction Recommendation #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. (p.35 of handout)*

- See handout p.36 for qualitative elements submitted.
- Are there any changes?

# **7. DISCUSS REPORT OUT FOR OCTOBER SURG MEETING**

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Chair Johnson

# **8. PUBLIC COMMENT**

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# 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.

# **9. 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)/)



## OFFICE OF THE ATTORNEY GENERAL

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*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>