

## MEETING NOTES

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

**Monday April 25, 2022  
11 a.m. – 12:20 p.m.**

Zoom Meeting ID: 832 1212 8180  
Call In Audio: 669 900 6833  
No Public Location

### Members Present via Zoom or Telephone

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

### Department of Health and Human Services Staff

Dr. Stephanie Woodard

### Attorney General's Office Staff

Rosalie Bordelove, Terry Kerns, Ashley Tackett

### Social Entrepreneurs, Inc. Support Team

Laura Hale and Emma Rodriguez

### Members of the Public via Zoom

Tray Abney (Abney Tauchen Group), Sofia Allison (Nye Communities Coalition), Jennifer Atlas (Griffin Company), Abigail Bailey (Division of Health Care Finance and Policy), Marcel Brown (Transparent Nevada), Lea Case (Belz and Case Government Affairs), on behalf of the Nevada Psychiatric Association; Kate Hitt-Kaplan, Mary Sarah Kinner (Washoe County Sheriff's Office), Anne-Elizabeth Northan (Join Together Northern Nevada), Thomas Qualls (Department of Indigent Defense), Marcie Ryba, (Department of Indigent Defense); Tammie Shemenski (Churchill Community Coalition), Stacy Smith (Nye Communities Coalition), Lea Tauchen (Tauchen Abney Group), and Kadie Zeller (Churchill Community Coalition)

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

Chair Doñate called the meeting to order at 11:03 a.m. noting that he may take agenda items out of order and combine two or more items for consideration or remove any agenda items throughout the duration of this meeting. He also noted reasonable accommodations for accessibility could be made through the Attorney General's Office, with the contact information listed on the agenda.

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

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

Chair Doñate asked for public comment, with a three-minute limitation per person.

Marcie Ryba, Executive Director, Department of Indigent Defense Services, which is tasked with oversight and support of indigent defense providers throughout Nevada provided the following public comment:

*Historically, little attention has been paid to indigent defense providers in this ongoing conversation of criminal justice reform. However, indigent defense providers are an essential piece of the plan for Nevada to program to effectively combat the opioid epidemic. Public defenders can turn the wave of addiction because they're uniquely situated to provide aid at intercept level 2 on the [Sequential](#)*

*Intercept Model which was developed by the [SAMHSA] GAINS Center. As public defenders are often the first person to be able to have an impact on an individual's opioid addiction after arrest, we hope this subcommittee will consider funding a holistic resource center which will provide the evidence-based practice of holistic defense for indigent defense providers, which is especially needed in the rural counties. This holistic defense model is based on the idea that to be an effective advocate, public defenders must adopt a broader understanding of the scope of their work. Defenders must not only address the immediate case at hand, but also the collateral legal consequences of criminal justice involvement, such as loss of employment, public housing, custody of children, and immigration status. Underlying life circumstances and non-legal issues often play a role in driving clients into the criminal justice system, and this includes opioid addiction. A Rand Corporation study on holistic representation found key findings that over a 10-year study holistic representation prevented more than a million days of incarceration. Holistic representation reduced the likelihood of a prison sentence by 16% and actual prison sentence length by 24%. Holistic representation saves taxpayers an estimated \$160 million in inmate housing costs alone. And holistic defense can significantly reduce incarceration and save taxpayer dollars without harming public safety.*

*Our department is willing to assist in any way, and we hope this subcommittee sees us as a partner in this process to address the opioid crisis. Thank you.*

Ms. Nadler asked for clarification that this subcommittee is for education and prevention, which Chair Doñate confirmed. Ms. Nadler said that agenda items and records on the needs assessment are not up to date with increased overdose rates since October 2021. Her group can't get funds to pay for billboards through organizations including There Is No Hero In Heroin ([TINHIH](#)), Moms Against Drugs (MAD), and in particular, an art therapist in Clark County working on the *Just Say Know* program to identify what students know about drugs, using art posters. Ms. Nadler said: *Our children desperately need the education and parents have no clue.*

Ms. Nadler said she is confused about 19% of funds going to pay attorneys or other set-asides. There is confusion between the Substance Use Response Working Group (SURG) and the Advisory Committee for a Resilient Nevada (ACRN). Ms. Nadler expressed that: *nobody knows what's going on and it's frustrating to sit and watch more and more young people die every day when we should be doing something now.* She wants funds for school programs. Kate Caplan is an Art Therapist who is working on this program. Ms. Nadler lost her son, and the Attorney General sued on behalf of her son and hundreds of thousands of others. She is not asking for money, but she is begging for billboards and education in the classroom.

Kate Hitt-Caplan said she has lived in Nevada about all her life, and she has watched mining taxes, gaming taxes, liquor taxes, and marijuana taxes over the years. Her background is 22 years with the Las Vegas Metropolitan Police Department, so she understands red tape and how the process works, but monies have gone missing. This is where her passion is, although recovery is her heart. She teaches therapeutic art and the purpose of the *Just Say Know* program is to find out what kids know or don't know. She referenced a 169% increase in fentanyl deaths and noted that 70% of young people don't get enough information. Her program combines art and words, to paint a picture and tell a story with six words. She is frustrated stepping into these meetings to see money going the way of other monies that have come into this state, so she is proud of all those who are holding these people accountable with their feet to the fire, only getting 57 cents on the dollar for the deaths of these children and the destruction of these families. She explained that they need to work together, for those in recovery and those struggling to get into recovery, and the families who will never recover. *This is a collective effort on all our parts to make sure that funds received that are sitting in the coffers of our state while children are in coffins is crazy. MAD, TINHIH and [APG](#) help watch funds so not one*

*more penny goes to anything other than service and whether that service looks like education, prevention. . .(3-minute time limit expired).*

3. **Member Introductions** (Information Only)

Chair Doñate introduced himself as representing Senate District 10, encompassing the central Las Vegas area and parts of the Las Vegas Strip. He studied public health as an undergraduate and now works as a healthcare administrator, mostly in primary care. His experience with people who come to their clinic drives his passion to reform public health infrastructure in Nevada. He is eager to work with the members to hear their stories and perspectives on their priorities moving forward. Funds from this settlement will help support a public health infrastructure.

Ms. Nadler was unable to introduce herself due to an emergent event.

Chair Doñate called for a recess at 11:18 a.m. and reconvened the meeting at 11:24 a.m.

Mr. Schoen introduced himself noting his work in rural Nevada with Community Chest since 1986. They have locations in Storey, Lyon, and Mineral counties as well as in Tonopah. They provide a variety of health and human services from prevention and comprehensive counseling to integrated co-occurring counseling, substance abuse treatment programs and workforce employment. His perspective is informed by those 25 years, and he was trained as a Master's-level therapist, providing mental health counseling, substance abuse counseling, and he still teaches at UNR in the addictions minor. His perspective is informed on both the treatment and prevention sides. Community Chest is part of the Healthy Communities Coalition (part of the statewide prevention coalition) and they got a HRSA grant combining eight coalitions, called the *Resilient 8* which utilizes Community Health Workers to establish health and human service capacity throughout rural Nevada. This helps to show the promise of paraprofessionals including Peer Support Specialists. The statewide prevention coalition informed a number of recommendations that he added to the Subcommittee Tracker, reflecting expertise from all coalitions throughout Nevada.

Jessica Johnson is an Urban Health Services Representative and Senior Health Educator with the Southern Nevada Health District, with over 10 years of experience working in the prevention field. She is a Certified Prevention Specialist with the State of Nevada, and she is very proud of that work. She is also one of three or four people in the state who are certified by SAMHSA to do Substance Use and Prevention Specialist training. She is passionate about education. She has a Master's in Public Health from Oregon State University, and she is currently a doctoral student at the Johns Hopkins Bloomberg School of Public Health focusing on implementation science. She is passionate about the work our state and others are doing toward long-term, sustained behavior change. She believes in evidence-based prevention. She is a coach for the Southern Nevada Opioid Advisory Council, breaking down silos to foster innovative collaboration for over six years.

Senator Heidi Seevers-Gansert has a strong interest in children's issues, sponsoring numerous bills around child safety, including implementing the safe voice system in the schools. She has worked around behavioral health issues and established the Board for Behavioral Health to get more autism providers. She wants to help however she can with her legislative background, with six years in the state Assembly, two years as Chief of Staff to Governor Sandoval, and now serving in the state Senate for six years. She is most interested in the prevention side of substance use.

Emma Rodriguez and Laura Hale provide meeting support through Social Entrepreneurs, Inc.

Chair Doñate reviewed the Subcommittee Scope noting the focus on prevention, including harm reduction, to leverage and expand efforts by the state and local governmental entities to reduce

substance use. They can also study the advocacy and expand implementation of programs to educate youth and families on effects of substance use disorders (SUD). The Subcommittee will examine quality and quantity of data to understand risk factors, particularly the social determinants of health that impact SUD, with recommendations to the Department of Health and Human Services (DHHS). Another area of concern is how funds address special populations impacted by SUD, including elderly, veterans, incarcerated, pregnant women, LGBTQ community and others.

Chair Doñate also reviewed member roles to attend meetings and communicate with him if they are unable to attend. They will be providing recommendations in advance of the meetings to support concrete discussion as to what they would like to push forward. They will need to review materials provided by subject matter experts (SME) for policy proposals and the recommendations they choose to support.

#### **4. Review Subcommittee Tracking Tool (For Possible Action)**

Ms. Rodriguez reviewed the tracking tool, noting that Mr. Schoen had entered several recommendations into the spreadsheet. Going forward, members will have the option to make additional recommendations in the spreadsheet, or by responding to a survey. Staff at SEI will compile the recommendations for subsequent meetings. A PDF of the updated spreadsheet will be posted ahead of each meeting for members of the public as well as subcommittee members. Ms. Rodriguez reviewed each column of information, including drop-down menus with cross-cutting elements from Section 10 of [AB374](#) which established the SURG.

Ms. Johnson asked if members are required to complete all the fields included with the tracking tool, such as cross-cutting elements. Ms. Rodriguez explained that the only required element is making sure that your recommendation aligns with the role of the Prevention Subcommittee. Other elements are optional, i.e., cross-cutting elements and special populations.

Chair Doñate said there are three levels of prevention, including primary, secondary and tertiary explaining that you don't always know which populations you might impact, but they will think through the policy recommendations for which ones to prioritize.

#### **5. Review Baseline Information for Response to Substance Use (Information Only)**

Stephanie Woodard, PsyD, Senior Advisor for Behavioral Health, Department of Health and Human Services (DHHS), provided an overview of Substance Use programs administered by the Division of Public and Behavioral Health (DPBH) and the Division of Health Care Finance and Policy (DHCFP).

Dr. Woodard explained that the goal of these presentations to each subcommittee is to provide baseline information, recognizing that while many members do have subject matter expertise, other members do not have that same expertise because they are not working specifically in this field. With a shared baseline for what the current state system looks like, they will have an opportunity for discussion and members can lend their expertise to help further the conversation.

Dr. Woodard presented from the perspective of the DHHS Division of Public and Behavioral Health, which receives primary funding for prevention and harm reduction services that are administered through different programs, including the Prevention Coalitions. (See Slides)

The Substance Abuse Treatment and Prevention Block Grant (SABG) requires a 20% set aside for primary prevention as well as federal regulations for how states monitor youth sales for tobacco products, known as Synar Requirements. The Partnership for Success (PFS) grant targets reduction of alcohol, cannabis and methamphetamine use in high-risk populations. State general funds support

maintenance of effort for prevention, which is required to receive the federal SABG funds, demonstrating our state-level investment.

Funding for harm reduction services is increasingly supported by federal policy with the State Opioid Response (SOR) grant administered by [SAMHSA](#), and the Overdose to Action (OD2A) administered by the [CDC](#). There is a Clark County specific OD2A grant, in addition to the statewide OD2A, with a lot of collaboration and coordination between all three of these grants to supplement efforts rather than supplant, addressing known gaps within the state.

Nevada's Prevention Coalitions provide a very strong foundation with expertise in each community to drive evidence-based prevention programming. The [Community Coalitions](#) represent single or combined counties, depending on population size, all working collaboratively. Community Prevention Plans are available on their websites. Some include activities related to mental health, suicide prevention and harm reduction strategies.

Certified Prevention Specialists (CPS) support implementation of evidence-based practices related to SUD. This certification meets international certification reciprocity consortia criteria, with continuing education requirements available through the Nevada Certification Board, currently supporting 23 CPS who will need 40 hours of continuing education credits for recertification.

A flow chart of Nevada's Prevention Structure is available on Slide #7. Administered by the Bureau of Behavioral Health Wellness and Prevention (BBHWP), the Statewide Epidemiological Organizational Workgroup (SEOW) is designed to review data and identify trends with youth and adults, and the related risk factors for substance use. Several advisory groups with multiple SMEs work collaboratively to ensure that data is driving decision making toward selection of evidence-based practices to implement at the community level.

Core data sets available for Nevada at the statewide and regional levels include Behavioral Health Epidemiological Profiles, Behavior Risk Factor Surveillance System (BRFSS), Youth Suicide Report, and Youth Risk Behavior Surveillance System.

This framework for prevention ensures quantitative and qualitative assessment for planning and implementation of programs at the community level, then determining if needs are being met through process and outcome evaluation. Cultural competence and targeted interventions are embedded within this framework, building upon success to develop sustainability.

The six primary prevention strategies are information dissemination, education, alternative programs, problem identification and referral, community-based process, and environmental strategies. Secondary and tertiary prevention must also be used, but they are underfunded because federal funds only support primary prevention.

Recommended SME include:

- Prevention Coalitions;
- School Districts and Nevada Department of Education; and
- Drs. Wei Yang and Kristen Clements-Nolle, University of Nevada, Reno
  - Data analysis from [BRFSS](#) and [YRBSS](#), including a recent study on Adverse Childhood Experiences (ACEs) that contribute to substance use, suicide and mental health issues.

Harm reduction is a philosophy to be integrated from secondary and tertiary prevention all the way through treatment and recovery, to meet individuals where they are at. The statewide Harm Reduction

Coalition actively does this work and could provide incredibly insightful information to this committee. A range of approaches and interventions such as syringe exchange, overdose prevention/naloxone distribution and street outreach programs are included, as well as care in medical and behavioral health treatment settings.

In primary care settings, which Chair Doñate mentioned, screening brief intervention and referral to treatment (SBIRT) is proliferating. Other harm reduction strategies include fentanyl testing distribution, vending machines, criminal justice deflection and diversion, and SBIRT focused on pregnant women. While not considered formal treatment, harm reduction can offer linkage to care or low threshold treatment with buprenorphine and methadone treatment as opposed to abstinence-based treatment.

Recommended SME include many SURG members among the following:

- Southern Nevada Health District;
- Harm Reduction Coalitions;
- Law Enforcement Harm Reduction Programs (LIMA; Homeless Outreach Teams); and
- Dr. Karla Wagner, University of Nevada, Reno
  - Overdose education and Naloxone distribution.

Chair Doñate noted that public health training taught him to think upstream and that is why he wants to prioritize primary prevention, but that is not the full picture.

Ms. Johnson asked Dr. Woodard about data gaps related to timeliness of prevention efforts and harm reduction data collection. Dr. Woodard acknowledged there are lots of data limitations. The Needs Assessment is intended to address timeliness issues. They need to strike a balance between timeliness and accuracy, e.g., overdose surveillance data is timely, but it is general and might not reflect actual overdose. There is baseline data with spike information, and all communities now have overdose spike response plans. But there are delays with fatality data, toxicity reports and validation from the Medical Examiner regarding specific drugs. They look at data holistically and recognize limitations.

Ms. Johnson also asked about missing components around harm reduction. Dr. Woodard referenced overdose education and naloxone distribution with federal funds. For data capture related to harm reduction strategies, they don't want it to be overly burdensome or intrusive to people seeking naloxone, which could do more harm than good by creating barriers to access. There is no well-defined data set to gather, but there is an enormous data burden for the SOR grant, which is identified as a barrier to care for a number of individuals. They need to reconstruct data gathering tools and where the federal requirements fit with individuals reaching out for care.

Mr. Schoen appreciated Dr. Woodard's presentation and focus on reimagining the structure of building systems in Nevada. He referenced a metaphor about having one architect and many workers, whereas Nevada has that backwards, trying to import mental health professionals who don't stick around. They can utilize subclinical providers such as Peer Support Specialists, Community Health Workers, and Prevention Specialists to work on ACES, working in schools before we have more serious issues. His recommendations in the Subcommittee Tracker come from the Prevention Coalitions which look broadly, from ACEs to getting into the schools, and working with the Forensic Assessment Services Triage Team and Mobile Outreach Safety Team (MOST).

Ms. Johnson asked if Prevention Coalition reports were statewide or community specific. Dr. Woodard explained those reports are seminal documents for the Needs Assessment for environmental

scans to consider what is similar and different across communities and the Statewide Plan will honor differences and nuances while also looking to consistent strategies statewide.

Mr. Schoen reiterated that the Tracker includes Prevention Coalition recommendations that bubble up from the communities, but they are germane to all of them with common elements.

Ms. Johnson asked for a presentation from the Advisory Boards with expertise in these areas so they can lean into areas that are working and developing opportunities. Chair Doñate agreed to identify which Advisory Groups can present, noting that some of them have already presented to the [Interim HHS Committee](#), so he encourages members to review those recordings.

**6. May Meeting Dates** (*For Possible Action*)

Chair Doñate explained that the proposed May 4<sup>th</sup> meeting will be rescheduled to provide more time to accommodate presentations from SME. As members start writing their policy recommendations, they can also make additional suggestions for SME. His priority is for primary prevention, but presentations on secondary or tertiary prevention will also be considered.

Ms. Johnson asked for a tracking document to review other recommendations in advance of the main meeting. Ms. Rodriguez explained that the document has not yet been posted. Once a date is set for the next meeting, members will have a deadline for submitting recommendations to give staff time to compile recommendations, then get the document distributed to members and posted in compliance with open meeting laws.

**7. Public Comment**

None

The meeting was adjourned at 12:20 p.m.