



2024 SURG Survey Responses

The following are survey responses collected during March 2024 in response to a SURG Survey designed to understand SURG members’ thoughts and observations about the prior year and suggestions for the year ahead.

Question 1:	What worked well over the last year that should be retained related to SURG meetings, subcommittee meetings, submitting and finalizing recommendations, drafting the annual report, etc.?
Name	Response
Christine Payson	Presentations from SMEs
Chelsi Cheatom	I believe that the whole process has worked very well and we have gotten a lot done as a group in the last year.
Beth Slamowitz	I was not part of the committee long enough to have a recommendation here.
Steve Shell	The way the communication flowed from the subcommittees to the full SURG. That led to a more thorough discussion in the full SURG meetings.
Dorothy Edwards	Am new to committee so didn't get to attend a lot of meetings yet. It seems that there is good collaboration and discussion.
Erik Schoen	Honestly -- if my experience on the Prevention Subcommittee is any indication -- it seems as if the tech-support team now has a good handle on the processes needed to help facilitate the "hitting of all of our marks" as we make our way through to drafting the annual report.
Debi Nadler	N/A
Jessica Johnson	Honestly, I am not sure we could have done this without SEI. The level of coordination and support they bring to me as a chair makes this work happen. I feel like this last year was such an improvement over the previous year, I look forward to continuing to build it together. I liked the changes made for how to present the recommendations that helped inform how they were voted on. Nice job SEI.
Terry Kerns	The entire process used in 2023 worked well.

Question 2:	Are there any processes that could be improved? If so, please tell us why and your suggestion for improvement.
Name	Response



Christine Payson	N/A
Chelsi Cheatom	N/A
Beth Slamowitz	N/A
Steve Shell	The structure and focus of the subcommittee, but I believe that is really more for the subcommittee I served on (Treatment and Recovery) in which we struggled to get enough engagement with making recommendations. We will be working through that during the first subcommittee meeting when expectations are reinforced.
Dorothy Edwards	As with many groups, there are always those who speak up more than others. Perhaps reminding all the members to speak up and contribute.....
Erik Schoen	I have no suggestions. This past year was a notable improvement over previous years, and I chalk that up to a talented support team learning along the way. Nice work!
Debi Nadler	When a meeting is called for a specific time-in my opinion everyone should be there/online at that specific time. I realize that there are circumstances in which someone is going to be late. That person should call in prior. This has held up a couple of previous meetings-waiting for a quorum.
Jessica Johnson	One small area for consideration - pilot test the Slido ahead of time :) and consider how we will handle recommendations that do not get ranked. I liked the double ranking with more info/details for a follow up meeting.
Terry Kerns	Perhaps when SURG members complete the ranking of recommendations, they can be provided a quick 5-minute familiarization with the tool so we do not have to redo any ranking due to procedural issues (i.e., no names on the tool).



Question 3:	At the January 10th, 2024 SURG meeting, there was a discussion about ideas for distribution of the 2023 annual report. Suggestions included: Regional Behavioral Health Policy Boards, Prevention Coalitions, all funded cities/counties in the One Nevada agreement, the Clark County Opioid Task Force, and the Southern Nevada Opioid Advisory Council (SNOAC). It was also suggested to hold a press conference. A press release was issued by the Attorney General's office. Do you have any additional suggestions for where the report should be distributed, or have you shared the report with any other groups? If so, please describe your suggestion or how you have shared the report below.
Name	Response
Christine Payson	Shared with the Nevada Sheriffs' and Chiefs' Association at their quarterly meeting.
Chelsi Cheatom	none
Beth Slamowitz	N/A
Steve Shell	I recommend the report be distributed to the various professional associations such as Nevada Psychiatric Association, Hospital Association, Nursing Association, Social Work Association, etc...
Dorothy Edwards	Shared with agency leadership. Perhaps county/city leadership.
Erik Schoen	Honestly, I don't think a one-and-done window of time for releasing the report is enough. In order for it to have legs and to continue to influence policy recommendations, I believe this report needs to be continually "reanimated" so that it continues to have traction. Thoughts for how to do this include, perhaps, sending out regular email reminders to stakeholders (i.e., all of those listed above including RBH Policy Boards, Prevention Coalitions) and others, especially as they begin drafting their own policy recommendations. Indeed, if we had a point person, we could do this in a targeted manner -- i.e., the Policy Board in Reno is currently soliciting policy recommendations, and the SURG Committee could submit some/all of its recommendations for consideration.
Debi Nadler	Perhaps the School boards.
Jessica Johnson	No other recommendations at this time.
Terry Kerns	In addition to distribution, presentations were provided to some groups, at the group's request to highlight the SURG recommendations and process.



Question 4:	At the January 10th, 2024 SURG meeting, the Nevada Office of Minority Health and Equity presented on Choice Point Thinking: A Guide to Applying Nevada's Health Equity Lens (Please reference materials posted for the 1/10/24 meeting on the SURG website). Prior to January 2024, recommendations from members included providing details on how each recommendation advances racial and health equity. How do you recommend going forward to include consideration of how each recommendation advances racial and health equity? You can select more than one box below.
Name	Response
Christine Payson	Continue the process of evaluating how the recommendations advance racial and health equity.
Chelsi Cheatom	Continue the process of evaluating how the recommendations advance racial and health equity; I would like to discuss this further at the April SURG meeting
Beth Slamowitz	I would like to discuss this further at the April SURG meeting.
Steve Shell	Use Choice Point Thinking Tool.
Dorothy Edwards	I need more information.
Erik Schoen	I would like to discuss this further at the April SURG meeting.
Debi Nadler	I would like to discuss this further at the April SURG meeting.
Jessica Johnson	Continue the process of evaluating how the recommendations advance racial and health equity; Not Sure.
Terry Kerns	I would like to discuss this further at the April SURG meeting; I need more information.



<p>Question 5:</p>	<p>The LAPP 2023 State of the States Legislative Roadmap for Reducing Overdose Deaths and Increasing Access to Treatment identifies four strategies that Nevada has not adopted: STRATEGY 5: REQUIRE STATE AND LOCAL CORRECTIONAL SETTINGS TO PROVIDE WITHDRAWAL MANAGEMENT SERVICES STRATEGY 7: REQUIRE ALL PUBLIC HIGH SCHOOLS TO STORE NALOXONE ON SITE FOR RESPONDING TO OVERDOSES AT SCHOOL AND AT SCHOOL-SPONSORED EVENTS STRATEGY 8: INCREASE ACCESS TO SUBSTANCE USE TREATMENT IN EMERGENCY DEPARTMENT SETTINGS STRATEGY 10: SUPPORT INFORMATION SHARING WITH OVERDOSE FATALITY REVIEW TEAMS Do you agree that Nevada is not currently implementing the strategies above, and if so, should Nevada try to implement them?</p>
<p>Name</p>	<p>Response</p>
<p>Christine Payson</p>	<p>#5 I agree with this, unless it comes in the form of an unfunded mandate #7 I was under the impression that all public high schools do have Naloxone on site. I hope we can get clarification on this #8 & #10 I agree with</p>
<p>Chelsi Cheatom</p>	<p>Some jurisdictions do support withdrawal management in correctional settings. Also, some Emergency Departments do take-home Buprenorphine. I think we should implement each of these strategies but also, we should look at what is already being done and how it is working.</p>
<p>Beth Slamowitz</p>	<p>Yes for items 7 and 8. I am aware of work being done to address number 5. Yes, Nevada should work towards implementing all of them, if work has not been done in those spaces to do so.</p>
<p>Steve Shell</p>	<p>Yes and yes</p>
<p>Dorothy Edwards</p>	<p>I am not clear as to the status of the above however I strongly support 5 and 8</p>
<p>Erik Schoen</p>	<p>Some of the above are being done in certain jurisdictions, but not all.</p>
<p>Debi Nadler</p>	<p>I think some of these strategies are being implemented in certain counties but they are definitely not being implemented across the state. We need to have some kind of nucleus where all information is available to all. It seems that there is a communication gap.</p>



Question 5:	<p>The LAPP 2023 State of the States Legislative Roadmap for Reducing Overdose Deaths and Increasing Access to Treatment identifies four strategies that Nevada has not adopted: STRATEGY 5: REQUIRE STATE AND LOCAL CORRECTIONAL SETTINGS TO PROVIDE WITHDRAWAL MANAGEMENT SERVICES STRATEGY 7: REQUIRE ALL PUBLIC HIGH SCHOOLS TO STORE NALOXONE ON SITE FOR RESPONDING TO OVERDOSES AT SCHOOL AND AT SCHOOL-SPONSORED EVENTS STRATEGY 8: INCREASE ACCESS TO SUBSTANCE USE TREATMENT IN EMERGENCY DEPARTMENT SETTINGS STRATEGY 10: SUPPORT INFORMATION SHARING WITH OVERDOSE FATALITY REVIEW TEAMS Do you agree that Nevada is not currently implementing the strategies above, and if so, should Nevada try to implement them?</p>
Name	Response
Jessica Johnson	<p>S5: I thought Strategy 5 was proposed in our last legislative session. I did some quick research though and could not locate the bill. S7: This sounds like an enhancement to AB205 from the 2021 legislative session? The barrier to mandating this was the cost to the schools, so if there is an opportunity to address the on-going cost then I think this is a good idea. S8: I think there are some efforts around this and I think we should do it. I would recommend seeking expertise from National Bridge (formerly California Bridge) who has set the standard for how to do this. S10: I think this is a good idea. The State ODTA group did a report on this and described their recommendations/successes/barriers in this report: https://nvopioidresponse.org/wp-content/uploads/2023/08/NVOD2A-OFR-Final-Report-FINAL-ADA-508.pdf I recommend SURG review the report to see if there are actionable steps to implement this strategy.</p>
Terry Kerns	<p>Yes. Some components are implemented but perhaps not to the full extent, i.e., the schools to store naloxone at all public schools and school-sponsored events.</p>

Question 6:	<p>Do you have any suggestions for how the SURG should go about developing recommendations to address the LAPP strategies? If so, please describe below.</p>
Name	Response
Christine Payson	<p>Ensure that the 4 strategies are addressed using opioid settlement funds only.</p>
Chelsi Cheatom	<p>I think we should have some presentations from folks that have already implemented some of these strategies or are in the process of implementation.</p>



Question 6:	
Do you have any suggestions for how the SURG should go about developing recommendations to address the LAPPAs strategies? If so, please describe below.	
Name	Response
Beth Slamowitz	I think a presentation by the school districts or state department of education would be helpful to understand the current landscape and capabilities, before any recommendations are made. Recommendations are pointless if they are not feasible to move into action.
Steve Shell	Invite representatives from the areas that will need to be involved with each strategy such as Nevada Hospital Association for strategy #8, Nevada State Superintendent's office for strategy #7, etc...
Dorothy Edwards	N/A
Erik Schoen	Just being more aware of these is helpful. Perhaps we bring these back up as policy recommendations are being considered?
Debi Nadler	I think it is absolutely imperative that we put a huge focus on the mental aspect. Driving force behind substance use.
Jessica Johnson	(see response to question #5)
Terry Kerns	Possible BDRs and/or collaboration with other groups that may be interested in and/or sponsoring BDRs that support one or all of the above strategies.

Question 7:	
Thank you for your time! If you have any questions or additional comments/feedback, please share them here.	
Name	Response
Christine Payson	N/A
Chelsi Cheatom	N/A
Beth Slamowitz	N/A
Steve Shell	N/A
Dorothy Edwards	N/A



Question 7:	Thank you for your time! If you have any questions or additional comments/feedback, please share them here.
Name	Response
Erik Schoen	N/A
Debi Nadler	I just lost my 32 year old cousin. He was not suffering from addiction. A social user. He knew the dangers. They all know the biggest hurdle we have yet to discuss and it needs to be discussed is How do we make an impact on our youth? How do we get them to think twice? The million dollar question. The overdoses I am seeing now, most have to do with mental problems-depression etc. we have to bring focus on this aspect. As I have always stated. Prevention is key.
Jessica Johnson	SEI is the best! It would be hard for us to be successful in this group without their coordination.
Terry Kerns	If possible, I would like a presentation concerning Oregon's current status on decriminalization and the subsequent recriminalization of drugs. What went wrong , why the legislation was rescinded and what could have improved the process.