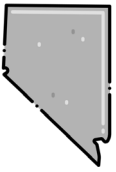


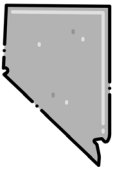
SURG Preliminary Recommendation Rankings December 13, 2023

Table 1. Ranked Scores in Descending Order

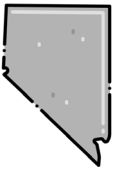
Recommendation	Count	Total Votes	Results
PS 1. Recommend to DHHS/DPBH/the Bureau of Behavioral Health Wellness and Prevention to double the amount of investment in SAPTA primary prevention programming (i.e., increase from current \$12 million to \$24 million for this biennium) for ages 0-24 and review the funding allocations annually. This funding should not be at the expense of existing programming.	11	13	3.69
TRS 1. Expand access to MAT and recovery support for SUD, limit barriers to individuals seeking treatment regardless of the ability to pay, and encourage the use of hub and spoke systems, as well as recovery support, including use and promotion of telehealth, considering the modifications that have been made under the emergency policies, and pursuing innovative programs such as establishing bridge MAT programs in emergency departments.	8	13	2.54
PS 4. Expand Medicaid billing opportunities for preventive services and allow blended and braided funding to facilitate services to expand access to care for youth and adults.	7	13	1.38
TRS 5. Significantly increase capacity; including access to treatment facilities and beds for intensive care coordination to facilitate transitions and to divert youth under the age of 18 at risk of higher level of care and/or system involvement.	8	13	1.38
PS 2. Create a bill draft request to amend the NRS for a 15 percent set aside of tobacco control and prevention funds from the Fund for a Healthy Nevada. This would be distributed using a local lead agencies model to reach \$2 per capita, a recommended funding goal from the Nevada Tobacco Control & Smoke-free Coalition and subject matter experts.	4	13	1



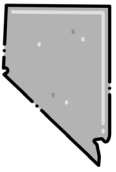
Recommendation	Count	Total Votes	Results
TRS 3. Implement a specialized child welfare service delivery model with follow up and referral and linkage to care that improves outcomes for children and families affected by parental substance use and child maltreatment and pregnant or birthing persons with substance use disorder.	4	13	0.62
PS 5. Support Harm Reduction through: Make a recommendation to DHHS to utilize opioid settlement dollars to designate a baseline level of identification and overdose reversal medication for the next 10 years in Nevada (base this on the state naloxone saturation plan) to create a stable, sustainable source of overdose reversal medication throughout the state.	2	13	0.54
PS 7. Support Harm Reduction through: Implement changes to recruitment, retention, and compensation of health and behavioral health care workers and enhance compensation in alignment with the Commission on Behavioral Health Board's letter to the Governor of June 22nd. Additionally, continue to sustain and expand investment in Community Health Workers, Peer Recovery Specialists, and Certified Prevention Specialists by implementing changes to recruitment, retention, and compensation.	5	13	0.54
RS 1. Evaluate current availability and readiness to provide comprehensive behavioral health services to include but not limited to screening, assessment, treatment, recovery support, and transitions for reentry in local and state carceral facilities (for example, implement follow up and linkage to care for individuals leaving the justice system). Recommend the allocation of funding to support the development of a Medicaid Reentry Section 1115 Waiver to Increase Health Care For People Leaving Carceral Facilities and to support readiness of carceral facilities to implement the 1115 waiver. Recommend legislation to require DHCFFP to apply for and implement the 1115 Waiver to Increase Health Care For People Leaving Carceral Facilities and ensure there is an evaluation of readiness for planning and implementation.	3	13	0.54
HR 4. Create a bill draft request at the legislature to change the Nevada paraphernalia definition as it relates to smoking supplies. (See proposed draft language change to N.R.S. 453.554 in justification.)	1	13	0.38



Recommendation	Count	Total Votes	Results
<p>RS 3. Leverage existing programs and funding to develop outreach response provider(s) and/or personnel that can respond to any suspected overdose or to those who are provided treatment for an overdose in a hospital/emergency room/EMS and offer follow-up support, referrals, and services to the individual and those impacted by the overdose (for example, other persons with a personal and/or emotional connection to the victim, surviving family members and/or postmortem services for families) following an overdose. Provider(s) and/or personnel to be deployed to anyone being released from institutional and community settings (e.g., hospitals, carceral facilities, and other institutional settings) who is being discharged post overdose or suspected overdose. Ensure this recommendation is included as the build out of Nevada’s Crisis Response System is occurring so that tailored intervention for individuals who have survived a non-fatal overdose is included.</p>	2	13	0.38
<p>RS 5a. Recommend that a compliance study be completed on NRS 259.050 (number 3) and 259.053. RS 5b. Provide adequate funding for medical examiner offices to include death scene investigations, forensic pathologists, forensic epidemiologists, and toxicology testing to determine specific cause of death.</p>	1	13	0.38
<p>HR 1. Establish a statewide initiative for community drug checking that incorporates qualitative and quantitative drug checking and includes the following parameters:</p> <ul style="list-style-type: none"> • Work with harm reduction community to identify partners/ locations and provide guidance and training. • Start all sites with mail-based testing while piloting on-site drug checking in a subset of early adopters to refine implementation needs. • Standardize the data collection, entry, testing, mailing, analysis, reporting as a best practice. Make this as transparent of a process as possible. • Articulate principles and plans for what will happen to the data. 	1	13	0.31



Recommendation	Count	Total Votes	Results
HR 2. Harm Reduction Shipping Supply: Provide for shipping costs for evidence-based harm reduction supplies (e.g., naloxone, sharps, fentanyl test strips, etc.) and for travel costs for the pickup of used sharps products to be returned for destruction. Increase advertising about shipping programs to rural Nevada. In collaboration with local agencies and through community conversations, establish local support for harm reduction efforts. Establish an alternative strategy for harm reduction supply delivery if people can't receive delivery of the supplies directly.	1	13	0.31
HR 5. Recommend a bill draft request to equalize PRSS so it is equal to or exceeds CHW reimbursement. Add an educational requirement around evidence-based harm reduction to both PRSS and CHW certification.	1	13	0.31
TRS 4. Establish priority funding areas to ensure entry into treatment and/or recovery, ensure that Black, Latinx/Hispanic, Indigenous, and people of color and LGBTQIA communities are receiving culturally and linguistically appropriate overdose prevention (naloxone, vending machines, media), drug checking supplies to reduce fatal overdoses among Black, Latinx/Hispanic, Indigenous individuals, and people of color in Nevada.	3	13	0.31
TRS 6. Engage individuals with living and lived experience in programming design considerations and enhance Peer Support for underserved populations to be delivered through representatives of underserved communities by increasing reimbursement rates, implementing train the trainer models, and enacting policy changes to address limitations to the use of Peers in some settings through strategies including: 1) ensure adequate funding for these priorities, 2) target special populations, 3) increase reimbursement rates, and 4) offer standalone service provision opportunities.	2	13	0.23
PS 6. Support Harm Reduction through: Create a recommendation to the legislature modeled on Maryland's STOP Act which authorizes certain emergency medical services providers to dispense naloxone to individuals who received treatment for a nonfatal drug overdose or were evaluated by a crisis evaluation team, and requires certain community services programs, certain private and public entities, and hospitals to have a protocol to dispense naloxone to certain individuals free of charge under certain circumstances.	1	13	0.15



Recommendation	Count	Total Votes	Results
PS 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.	0	13	
RS 2. Recommend the Nevada System of Higher Education (NSHE) conduct a feasibility study to understand the true cost of implementing wastewater-based epidemiology (WBE) in Nevada and its ability to support community response plans. Funding for this study may be available through the Fund for a Resilient Nevada.	0	13	

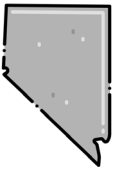


Table 2. Rankings by Individual SURG Members

Member	Rank 1	Rank 2	Rank 3	Rank 4	Rank 5
Chelsi Cheatom	PS1	HR2	TRS3	TRS6	TRS4
Dr. Dickson	TRS1	PS2	PS1	TRS4	TRS5
Dorothy Edwards	PS1	PS5	PS4	PS7	TRS3
Shayla Holmes	PS1	TRS1	TRS5	PS4	PS7
Jeffrey Iverson	PS1	PS4	TRS1	TRS3	TRS5
Jessica Johnson	HR4	PS1	PS5	PS2	TRS4
Terry Kerns	PS1	HR1	TRS1	RS1	RS3
Nancy Lindler	TRS1	HR5	TRS5	PS6	RS1
Debi Nadler	PS1	TRS1	TRS5	PS4	PS7
Christine Payson	RS5a.	RS3	PS2	TRS3	TRS5
Erik Schoen	PS1	PS2	PS4	PS7	TRS6
Steve Shell	PS1	TRS1	TRS5	PS4	PS7
Beth Slamowitz	TRS1	RS1	TRS5	PS4	PS1