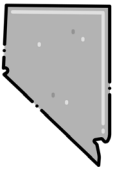


# SURG Preliminary Recommendation Rankings

## October 11, 2023

Table 1. Aggregate Ranked Scores

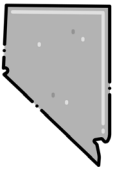
| Ranked Score in Descending Order | Recommendation   |
|----------------------------------|--|
| 1.91                             | PS 4: Expand Medicaid billing opportunities for preventive services and allow blended and braided funding to facilitate services to expand access to care for youth and adults.  |
| 1.64                             | 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.  |
| 1.18                             | <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"> <li>• Work with harm reduction community to identify partners/ locations and provide guidance and training.</li> <li>• Start all sites with mail-based testing while piloting on-site drug checking in a subset of early adopters to refine implementation needs.</li> <li>• Standardize the data collection, entry, testing, mailing, analysis, reporting as a best practice. Make this as transparent of a process as possible.</li> <li>• Articulate principles and plans for what will happen to the data.</li> </ul> |
| 1.18                             | HR 3. 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).  |
| 1.18                             | HR 5. 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.  |



| Ranked Score in Descending Order | Recommendation  |
|----------------------------------|---|
| 1.09                             | 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.   |
| 1                                | PS 1. Recommend to DHHS/DPBH/the Bureau of Behavioral Health Wellness and Prevention to double the amount of investment in primary prevention programming every two years for ages 0-24 and review the funding allocations annually.  |
| 0.82                             | 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.  |
| 0.82                             | 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 loved ones) 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. |
| 0.82                             | 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.  |
| 0.82                             | 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.  |



| Ranked Score in Descending Order | Recommendation   |
|----------------------------------|--|
| 0.64                             | 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.   |
| 0.55                             | PS 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, tobacco master settlement agreement, future vaping settlements, other tobacco related settlements, etc.).   |
| 0.36                             | HR 4. Create a bill draft request at the legislature to change the language around drug paraphernalia as it relates to smoking supplies.   |
| 0.27                             | 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.   |
| 0.18                             | HR 2. Harm Reduction Shipping Supply: Provide travel costs for pickup of used products to be returned for destruction. Increase advertising about shipping programs. Establish alternative strategy if people can't receive delivery of the supplies.  |
| 0.18                             | 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.   |
| 0.18                             | 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. 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 DHCFP 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. |



| Ranked Score in Descending Order | Recommendation  |
|----------------------------------|---|
| 0.18                             | 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 opioid use disorder.   |
| 0                                | TRS 2. Implement follow ups and referrals and linkage of care for justice involved individuals, including individuals leaving the justice system.   |
| 0                                | RS 2. Understand the true cost of implementing wastewater-based epidemiology (WBE) in Nevada and its ability to support community response plans.   |
| 0                                | RS 4. Review the operations and lessons learned from Clark County’s Overdose Fatality Review Task Force when that body’s report is released in December 2024 and take this into account when supporting legislation to establish regional Overdose Fatality Review (OFR) Committees allowing flexibility as to the makeup and practice and for the OFR to remain at the county or regional level, as needed, to effectively identify system gaps and innovative community-specific overdose prevention and intervention strategies in accordance with established best practices such as the Bureau of Justice Assistance’s Overdose Fatality Review: A Practitioner’s Guide to Implementation. |
| 0                                | RS 5. Understand what coroners and medical examiners currently test for and make recommendation to a specific agency or other sources to fund personnel and resources for independent medical examiner(s) for investigations and reports to specify the cause of death in overdose cases.   |

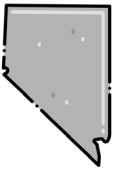
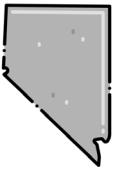


Table 2. Rankings by Individual Subcommittee Members

| Rec. # | Prevention:<br>Johnson | Prevention:<br>Nadler | Prevention:<br>Schoen | Response:<br>Holmes | Response:<br>Kerns | Response:<br>Lindler | Treatment<br>and<br>Recovery:<br>Cheatom | Treatment<br>and<br>Recovery:<br>Iverson | Treatment<br>and<br>Recovery:<br>Lee | Treatment<br>and<br>Recovery:<br>Shell | Treatment<br>and<br>Recovery:<br>Thomas |
|--------|------------------------|-----------------------|-----------------------|---------------------|--------------------|----------------------|--|--|--------------------------------------|--|---|
| PS 4   |                        | 3                     | 1                     | 3                   |                    | 4                    |  | 2  |                                      | 2                                      |   |
| TRS 1  | 5                      |                       |                       |                     | 2                  | 1                    |  | 3  |                                      | 1                                      |   |
| HR 1   |                        |                       | 2                     |                     | 1                  |                      |  |  | 2                                    |  |   |
| HR 3   |                        | 4                     | 5                     | 2                   |                    |                      |  |  | 3                                    |  | 3                                       |
| HR 5   |                        |                       |                       |                     |                    | 2                    | 2  | 1  |                                      |  |   |
| TRS 6  |                        |                       | 4                     |                     |                    |                      | 3  |  | 1                                    | 4                                      |   |
| PS 1   | 3                      | 1                     |                       |                     | 3                  |                      |  |  |                                      |  |   |
| PS 5   | 1                      |                       | 3                     |                     |                    |                      |  | 5  |                                      |  |   |
| RS 3   |                        |                       |                       | 1                   | 4                  |                      |  |  |                                      | 5                                      | 5                                       |
| TRS 4  |                        |                       |                       |                     |                    |                      | 1  | 4  | 4                                    |  |   |
| TRS 5  |                        |                       |                       |                     |                    | 5                    |  |  |                                      | 3                                      | 1                                       |
| PS 7   |                        | 2                     |                       |                     |                    | 3                    |  |  |                                      |  |   |
| PS 2   | 4                      |                       |                       |                     |                    |                      |  |  |                                      |  | 2                                       |
| HR 4   | 2                      |                       |                       |                     |                    |                      |  |  |                                      |  |   |
| PS 6   |                        | 5                     |                       | 4                   |                    |                      |  |  |                                      |  |   |



# Statewide Substance Use Response Working Group (SURG)

October 2023 Preliminary Recommendation Rankings

| Rec. # | Prevention:<br>Johnson | Prevention:<br>Nadler | Prevention:<br>Schoen | Response:<br>Holmes | Response:<br>Kerns | Response:<br>Lindler | Treatment<br>and<br>Recovery:<br>Cheatom | Treatment<br>and<br>Recovery:<br>Iverson | Treatment<br>and<br>Recovery:<br>Lee | Treatment<br>and<br>Recovery:<br>Shell | Treatment<br>and<br>Recovery:<br>Thomas |
|--------|------------------------|-----------------------|-----------------------|---------------------|--------------------|----------------------|--|--|--------------------------------------|--|---|
| HR 2   |                        |                       |                       |                     |                    |                      | 4  |  |                                      |  |   |
| PS 3   |                        |                       |                       |                     |                    |                      |  |  |                                      |  | 4                                       |
| RS 1   |                        |                       |                       | 5                   | 5                  |                      |  |  |                                      |  |   |
| TRS 3  |                        |                       |                       |                     |                    |                      | 5  |  | 5                                    |  |   |