September Preliminary Weighted Recommendations from Prevention Subcommittee

Prior to the September meeting, Prevention Subcommittee members were asked to prioritize their Top 5 recommendations. The table below shows the prioritized, weighted[1] recommendations and corresponding notes for the subcommittee to consider. If multiple subcommittee members ranked the same recommendation, it's highlighted in blue with a corresponding cumulative score.

Rank	Weight	Score	Cumulative Score	Recommendation	Notes
1	50	50		Continue to invest in standing up Community Health Workers, Peer Recovery Specialists, and Certified Prevention Specialists throughout Nevada.	
2	20	40			
4	5	20			
			110		
1	50	50		Support a backbone agency that specializes in data collection, evaluation, analysis, and assessment, and provides consultation to entities across Nevada to help improve internal local data collection systems and create a comprehensive statewide data sharing system that includes all State dashboards and public data.	
3	10	30			
5	2	10			
			90		
1	50	50		Make a recommendation to DHHS to utilize opioid settlement dollars to designate a baseline level of naloxone kits for the next 10 years in Nevada (base this on the state naloxone saturation plan) to create a stable, sustainable source of naloxone throughout the state.	Suggestion to change "naloxone kits" to "overdose reversal medication" to encompass future drugs that may come out.
3	10	30			
			80		
2	20	40		Support prevention and intervention in K-12 schools by: Invest in multi-tiered system of supports (MTSS) and provide a robust platform of services at schools to	

[1] Weights were determined based on relative priority: 1=50 points, 2=20 points, 3=10 points, 4=5 points, and 5=2 points. Because each weight is multiplied by the rank, with 1 being the highest rank, the descending weights must drop enough to overcome the higher multiplier. For example, 1 X 50 and 2 X 25 would yield equal scores of 50. By reducing the weight to 20 for the second priority, this problem is resolved where 1 X 50 = 50 and 2 X 20 = 40.

3	10	30		connect families to prosocial education, early intervention, counseling services, and other resources to help mitigate Adverse Childhood Experiences (ACES). Provide appropriate prevention education and programming and invest in certified prevention specialists in schools. Increase school-based mental health professionals through a multi-disciplinary, cross-department school-based behavioral health team.	
			70		
2	20	40		Increase school-based health qualified mental health professional workforce.	
3	10	30			
			70		
1	50	50		Establish a fund within the Department of Health and Human Services (DHHS) to set aside funding for small grants to programs geared toward substance use prevention and education. Grassroots movements in our state who have either suffered a loss and or in recovery. Most knowledgeable and up to date on what is happening and what is working and what is not working.	
5	2	10			
			60		
1	50	50		Enhance Prevention Infrastructure - Expand UNR PBIS-TA Center's capacity to provide MTSS training and coaching to all of Nevada local education agencies.	
2	20	40		Provide appropriate primary prevention education and programming in K-12 schools	
2	20	40		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.	
3	10	30		Expand Medicaid billing opportunities and allow blended and braided funding	

				to facilitate services for system involved and at-risk youth.	
4	5	20		Support training of key stakeholders statewide in the Collective Impact approach to affecting community change. This will establish an operating standard for community engagement and systems changes in Nevada's communities. DPBH leadership has indicated this is the approach /model they are now supporting. Training should be statewide, cross sector, and cross discipline so all are on same page. Training should be state level down to coalition/community level (multi-layered)	
4	5	20		Address workforce development for youth/young adults through scholarships, work study opportunities and training. Increase options for supervision of internships by supporting clinical supervisors such as LCSW.	
4	5	20		Just Say Know. It's a school pilot program for middle and high school students to work with their families using the arts of communication. It's a joint effort with Moms Against Drugs and TINHIH. We want to know what our kids know about drugs.	
4	5	20		Promote telehealth for MAT, considering the modifications that have been made under the emergency policies.	
5	2	10		Build and strengthen comprehensive FASTT and MOST teams statewide to provide intensive supports to incarcerated individuals both in the jails and upon release and provide a safety net for individuals presenting a mental health need in the community using EBP model.	

5	2	10		Support prevention and intervention in K-12 schools by: Invest in multi-tiered system of supports (MTSS) and provide a robust platform of services at schools to connect families to prosocial education, early intervention, counseling services, and other resources to help mitigate Adverse Childhood Experiences (ACES). Provide appropriate prevention education and programming and invest in certified prevention specialists in schools. Increase school-based mental health professionals through a multi-disciplinary, cross-department school-based behavioral health team.	
5	2	10		Establish a bridge MAT program in emergency departments.	