

Joe Lombardo
Governor



Richard Whitley
Director

Advisory Committee for a Resilient Nevada (ACRN)

April 9, 2024

Department of Health and Human Services

Helping people. It's who we are and what we do.





Agenda Item I

Call to Order, Roll Call of Members, and Establish Quorum



Agenda Item II

Public Comment #1

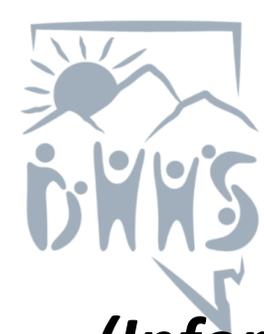
*Public comment will be taken during this agenda item regarding any item appearing on the agenda. To provide public comment telephonically, dial (775) 321-6111. When prompted to provide the Meeting ID, enter 846 416 202#. Please note: if joining by phone press *6 to mute/unmute and press *5 to raise hand. In consideration of others who may also wish to provide public comment, please avoid repetition and limit your comments to no more than three (3) minutes. No action may be taken on a matter discussed under this item until the matter is included on an agenda as an item on which action may be taken.*



Agenda Item III

(For Possible Action)

Review and Approve Minutes from March 12, 2024, ACRN Meeting



Agenda Item IV

***(Informational)* Highlights from Funded Providers (10 Minutes Each)**

Trac B

Rick Reich

Living Free Health and Fitness

Shelley Poerio

The EMPOWERED Program

Dr. Andria Peterson, Rachel Mack



Agenda Item V

(Informational)

Overview of Potential Wastewater Analysis Project

Ben Rendo, Stercus Bioanalytics

Chase Whittmore, Argentum Partners



(For Discussion)

Agenda Item VI

Review of Statewide Opioid Goals

**Vanessa Diaz, Quality Assurance Specialist Director's Office, Department of Health and Human Services
(DHHS)**

Funded

Internal Ongoing

Earmarked dollars in budget

Not yet funded



Goal 4: Provide Behavioral Health Treatment

Strategy 4.1: Increase the Availability of Evidence-Based Treatment

Objective 4.1.1: Increase Training and Implementation Support for EBPs:

Activities:

- Improve upon evidence-based SUD and OUD treatment and recovery support training and resources for providers, including for subpopulations (e.g., children and families, tribal members) who need tailored treatment – Increase evidence-based suicide interventions and trauma-informed care **O-TACC**
- Increase the availability of evidence-based treatment for co-occurring disorders (COD) and use of multiple substances for adults and children through training and reimbursement for use of specific evidence-based models
- Monitor outcomes from the Association of State and Territorial Health Officials (ASTHO) Opioid Use, Maternal Outcomes, and Neonatal Abstinence Syndrome Initiative and State Opioid Response grant, especially identifying health disparities
- Improve OUD screening, referral, and treatment for pregnant women through Project ECHO



Goal 4: Provide Behavioral Health Treatment

Strategy 4.1: Increase the Availability of Evidence-Based Treatment

Objective 4.1.2: Provide a Variety of Evidence-Based and Best Practices Accessible to Nevada's Frontier, Rural, and Urban Populations

Activities:

- Increase withdrawal management services in the context of comprehensive treatment programs
- Implement Comprehensive Addiction and Recovery Act of 2016 (CARA) Plans of Care with resource navigation and peer support
- Use EBPs to support mothers, babies, and families impacted by opioid use **EMPOWER**
- Increase availability of peer recovery support services
- Ensure all providers prioritize best practices for patients, family/caregivers, and neonates/infants
- Require all SUD treatment programs to measure standard patient outcomes and implement best practices
- Implement community health workers throughout recovery supports, behavioral health, and social service agencies
- Provide grief counseling and support for those impacted by the fatal overdose by a family or friend
- Engage nontraditional community resources to expand treatment access in rural or underserved areas and target populations that experience health disparities
- Expand IOTRC hub classification beyond CCBHC, FQHC, and OTP
- Continue to work with tribal communities to meet their needs for prevention, harm reduction, and treatment **Nevada Indian Commission**
- Support referral to evidence-based practices
- Continue to expand MOUD in Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs)
- Increase longer-term and short-term rehabilitation program capacity **Living Free Health & Fitness; Washoe County DAS STAR Program**
- Provide continuity of care between levels of care



Goal 4: Provide Behavioral Health Treatment

Strategy 4.1: Increase the Availability of Evidence-Based Treatment

Objective 4.1.3: Expand Treatment Options for Special Populations, Including Adolescents and Individuals with Co-Occurring Disorders

Activities:

- Expand adolescent treatment options across all ASAM levels of care for OUD with cooccurring disorder integration
- Expand treatment options for transition-age youth – Provide specialty care for adolescents in the child welfare and juvenile justice systems **NyE Communities Coalition**
- Increase adolescent beds certified to treat young adolescent and transition-age youth, as well as capable of treating co-occurring disorders
- Establish Community Health Worker/Peer Navigator program for pregnant and parenting persons with OUD **EMPOWER**
- Increase parent/baby/child treatment options including recovery housing and residential treatment that allow the family to remain together **Living Free Health & Fitness**



Goal 4: Provide Behavioral Health Treatment

Strategy 4.1: Increase the Availability of Evidence-Based Treatment

Objective 4.1.4: Expand/Maximize Capacity of Current Services and Increase Workforce

Activities:

- Promote healthcare profession career tracks in high school
- Encourage and support medical school students from rural or frontier communities
- Evaluate provider enrollment process to ensure it is not a deterrent for providers
- Incentivize providers to serve in rural and underserved communities
- Create a scholarship fund dedicated to individuals directly affected by the epidemic



Goal 4: Provide Behavioral Health Treatment

Strategy 4.2: Increase Access to Evidence-Based Treatment

Objective 4.2.1: Expand Treatment Funding Options

Activities:

- Ensure funding for the array of OUD services for uninsured, underinsured, and tribal populations
- Offer sustainable funding for the IOTRCs
- Enforce parity across physical and mental health
- Modify or remove prior authorization requirement for selecting outpatient behavioral health services
- Align utilization management policies between Medicaid managed care and fee-for service
- Implement a reimbursement model that reduces the administrative burden on providers of administering grant funds
- Utilize FRN funding for state's share for 1115 SUD Waiver, room and board, and uncompensated care

Objective 4.2.2: Increase Effective Utilization of Telehealth

Activities:

- Partner with a TeleMAT service provider
- Increase provider training and education on the effective use of telehealth



Goal 4: Provide Behavioral Health Treatment

Strategy 4.3: Increase Availability of and Access to MOUD

Objective 4.3.1: Increase the Volume of Waivered Prescribers of Medications for Opioid Use Disorder (MOUD) Providing Treatment in Rural and Underserved Areas

Activities:

- Incentivize providers for Office-Based Opioid treatment (OBOT) through bonuses
- Implement a plan for expansion of mobile MOUD treatment for rural and frontier communities CASAT
- Monitor the capacity of SUD and OUD treatment providers
- Expand statewide Patient-Centered Opioid Addiction Treatment (PCOAT) model

Objective 4.3.2: Increase Access to MOUD

Activities:

- Create street outreach teams to provide street medicine programs, harm reduction, psychiatry, and care management
- Expand access to long-acting buprenorphine medications
- Increase education, adoption, and support for buprenorphine as a first-line treatment for reproductive/birthing/pregnant, etc., patients
- Initiate buprenorphine in the emergency department and during inpatient stays Quest Counseling
- Expand access to MOUD treatment for youth in primary care and behavioral health settings Quest Counseling
- Support low threshold prescribing for buprenorphine treatment
- Fully implement Nevada's hub-and-spoke system for MAT regardless of payer



Goal 4: Provide Behavioral Health Treatment

Strategy 4.3: Increase Availability of and Access to MOUD

Objective 4.3.3: Increase Provider Proficiency in Treatment with MOUD
Activities:

- Expand use of Project ECHO[®] to increase provider capacity
- Establish addiction medicine fellowships
- Create a provider forum for treatment and other resource-sharing O-TACC



Goal 4: Provide Behavioral Health Treatment

Strategy 4.4: Increase Treatment for Neonatal Abstinence Syndrome (NAS)

Objective 4.4.1: Screening, Intervention, and Referral for Pregnant Women

Activities:

- Offer parenting programs and home visits for at-risk pregnant women
EMPOWER
- Establish SBIRT in OBGYN offices and engage Project ECHO
- Continue to monitor and expand ASTHO programs for Neonatal Abstinence Syndrome (NAS) with special attention to preventing health disparities
EMPOWER



Goal 5: Implement Recovery Communities across Nevada Social Determinants of Health (SDOH)

Strategy 5.1: Address Social Determinants of Health

Objective 5.1.1: Screen and Connect people to Social Determinants of Health (SDOH) Resources

Activities:

- Incorporate screening for standard SDOH needs as a routine intake procedure for all services
- Expand 211 to identify and match individuals to resources for SDOH
- Identify opportunities for faith-based organizations to provide recovery supports in local communities
- Include recovery support services such as recovery centers in the work of local community coalitions

Objective 5.1.2: Access to Housing

Activities:

- Develop housing and recovery supports for homeless youth with OUD
- Establish policies and funding to support evidence-based recovery housing
- Provide tenancy supports for individuals to maintain housing through the recovery process Washoe County DAS STAR
- Develop sober and affordable housing resources through partnerships Living Free Health & Fitness; Washoe County DAS STAR Program



Goal 5: Implement Recovery Communities across Nevada Social Determinants of Health (SDOH)

Strategy 5.1: Address Social Determinants of Health

Objective 5.1.3: Employment Supports

Activities:

- Develop employment supports for those in treatment and in recovery Living Free Health and Fitness
- Provide education for employers through Recovery Friendly Workplace Initiative

Objective 5.1.4: Access to Childcare

Activity:

- Expand access to childcare options for families seeking treatment/recovery supports

Objective 5.1.5: Access to Transportation

Activities:

- Address transportation needs as a SDOH Washoe County DAS STAR; CCCCC
- Support providers with start-up and transportation costs under Nevada's new, Medicaid-funded non-emergency Secure Behavioral Health Transport service



Goal 6: Provide Opioid Prevention and Treatment Consistently across the Criminal Justice and Public Safety Systems

Strategy 6.1: Promote Safe Response to Opioid Use in the Community

Objective 6.1.1: Ensure Laws and Law Enforcement Agencies Do Not Deter Interventions for People in Need of Harm Reduction Interventions

Activity:

- Train law enforcement on laws to increase appropriate enforcement to protect interventions for people who have overdosed
- Ensure state laws do not prevent harm reduction efforts



Goal 6: Provide Opioid Prevention and Treatment Consistently across the Criminal Justice and Public Safety Systems

Strategy 6.2: Prevent Overdose after Release from Jails and Prisons

Objective 6.2.1: Increase Access to Quality Care for Justice-Involved Individuals

Activities:

- Provide MAT in all adult correctional and juvenile justice facilities Carson City Community Counseling Center
- Expand drug court treatment availability and include treatment for multiple substances
- Monitor outcomes related to SUD treatment for the criminal justice-involved population

Objective 6.2.2: Support Individuals with Opioid Use History Leaving Jails and Prisons

Activities:

- Connect people leaving jails and prisons to post-release treatment, housing, and other supports as well as educate about overdose risk Carson City Community Counseling Center
- Educate parole and probation officers on the need for treatment, recovery, housing, and employment



Goal 7: Provide High Quality and Robust Data and Accessible, Timely Reporting

Strategy 7.1: Provide Consistent, High-Quality Data for Surveillance and Reporting

Objective 7.1.1: Improve the Quality of Toxicology Data

Activities:

- Establish a statewide forensic toxicology lab and improve funding mechanisms
- Support a forensic pathology training program
- Standardize and improve toxicology testing procedures, including more detailed reporting of demographic characteristics
- Objective 7.1.2: Improve and Standardize Surveillance Reporting

Activities:

- Expand surveillance testing
- Standardize reporting and query code/logic across reporting agencies
- Establish minimum data set for suspected and actual overdose for use in all agencies, including demographic characteristics



Goal 7: Provide High Quality and Robust Data and Accessible, Timely Reporting

Strategy 7.2: Increase Availability of Data for Rapid Response to Opioid Trends

Objective 7.2.1: Increase Breadth of Data Collected

Activities:

- Ensure data elements include demographic characteristics to identify and address health disparities
- Collect data from the poison control hotline DPBH Public Health Preparedness Program
- Include demographics and methadone in the state prescription drug monitoring program
- Increase provider utilization of the Treatment Episode Data Set (TEDS)

Objective 7.2.2: Ensure Data is Shared Across Agencies and Providers

Activities:

- Implement the All-Payer Claims Database Division of Health Care Financing and Policy
- Increase Health Information Exchange (HIE) data sharing and utilization when prescribing opioids
- Create an Automated Program Interface (API) connection to Emergency Medical Services (EMS)/Image Trend DPBH Emergency Medical Services



Goal 7: Provide High Quality and Robust Data and Accessible, Timely Reporting

Strategy 7.2: Increase Availability of Data for Rapid Response to Opioid Trends

Objective 7.2.3: Provide Immediate Access to Critical Opioid-Related Data

Activities:

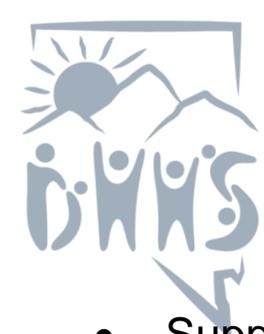
- Provide access to real-time SUD and OUD reports from various systems (e.g., EHR, PDMP, HIE, etc.)
- Facilitate prompt “bad batch” communications
- Connect public safety and local overdose spike monitoring agencies Nevada Division of Emergency Management/OTTAC



Agenda Item VII

(For Discussion and Possible Action)

Review and Prioritize Substance Use Response Working Group (SURG) Funding Recommendations



SURG Recommendations

- 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.
- 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 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.
- Recommend to Department of Health and Human Services (DHHS)/Division of Public and Behavioral Health (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.



SURG Recommendations

- 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.
- 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.



SURG Recommendations

- 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.
- 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.
- 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 ensure adequate funding for these priorities, target special populations, increase reimbursement rates, and offer standalone service provision opportunities.



SURG Recommendations

- Recommend that a compliance study be completed on NRS 259.050 (number 3) and 259.053.
 - 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.
- 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.



Agenda Item VII

Public Comment #2

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Agenda Item VIII

Adjournment