

Prevention 2022 SURG Recommendations Status July 2023

The following information regarding 2023 updates was gathered by SEI. Additional information on Bureau Actions and Notes were provided by staff from the Bureau of Behavioral Health Prevention and Wellness. Subcommittee members are encouraged to provide additional information during their upcoming meetings.

Data Collection: This recommendation corresponds to AB374 Section 10, Subsection 1, Paragraph (k).

Recommendation 2: 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. (Prevention #2)

| Action Step Outlined in 2022 Report | 2023 Legislative Updates, ACRN Grants, Policy Work | Bureau Actions | Bureau Notes |
|-------------------------------------|---|--|--|
| Expenditure of settlement funds. | DHCFP Medicaid All Payers Claims Database (\$109,448) | The Office Of Analytics currently does these activities. This is supported by the Block Grant. In the future you could provide a future agency with foundation level of information with support from the Office of Analytics. | <p>Status and trends related to substance use in Nevada. Also provides a breakdown of demographic information, including distribution by age group, sex, and race/ethnicity. Key metrics, maps, and trend graphs.</p> <p>Data throughout are separated into three categories: dependence, poisoning, and death, and are collected from three different data sources which are hospital emergency department/room encounters, hospital inpatient admissions, and the electronic death registry system for Nevada. Dependence and poisoning are collected from hospital data. Deaths due to substance poisoning are collected from the electronic death registry system in the Office Of Vital Records. Data are separated into the following substances: alcohol, opioids, stimulants, and all substances (excluding nicotine but including alcohol, stimulants, and all other substances).</p> |

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Education: These recommendations correspond to AB374 Section 10, Subsection 1, Paragraph (b), Subparagraph (a); and Paragraph (j), Subparagraphs (a) and (b).

Recommendation 3: Support prevention and intervention in K-20 schools by investing 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). (Prevention #3)

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| Expenditure of settlement funds to update curriculums and hire, train, and retain staff. | <ul style="list-style-type: none"> • MTSS Multi-Tiered Systems of Support (\$500,000) • CASAT/UNR Education/Opioids (\$250,000) | Currently the State Opioid Response Team funds this prevention and intervention. | |

Recommendation 4: Provide age appropriate, innovative and/or evidence-based prevention education and programming that is based on best practices and invest in certified prevention specialists in schools. (Prevention #4)

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| Expenditure of settlement funds to update curriculums and hire, train, and retain staff. | | Evidenced-based prevention education already provided by The Department of Education of Behavioral Health liaison. | |

Finance Coordination: These recommendations correspond to AB374 Section 10, Subsection 1, Paragraph (q), Subparagraphs (a), (b), and (c).

Recommendation 6: 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. (Prevention #7)

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| <ul style="list-style-type: none"> i. Support efforts to expand Provider Type 60 to include reimbursement for preventive. ii. Require DHHS to revise reimbursement rates and utilize expenditure funds to match the national average reimbursement rate for services. iii. Require DHHS to identify any gaps in Medicaid reimbursement for the delivery of care to support prevention. | <p>Nevada Treatment of OUD/SUD Transformation Project 1115 Demonstration Waiver approved 12/29/22</p> | <p>DHCFP and DHHS are working collaboratively on the 1115 demonstration waiver; rate-study was completed in preparation for this.</p> | |

Recommendation 7: 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. (Prevention #8a)

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| <ul style="list-style-type: none"> i. Expenditure of settlement funds to support the distribution of overdose reversal medications at the community level, including in schools and other institutions. ii. DHHS Recommendation iii. Require the Nevada Department of Education to collaborate with school districts on the distribution of overdose reversal medications and other services to support harm reduction. | <p>Naloxone, Fentanyl and Xylazine Test Strips (\$1,350,000 Statewide)</p> | <p>The state has increased orders for all testing strips mentioned. SAMHSA has recently approved the state for the order of Xylazine strips.</p> | |

Recommendation 8: Require the Department of Health and Human Services (DHHS) to allocate increased funding for the Prevention Coalitions to set aside funding for small grants to programs and grassroots efforts geared toward substance use prevention and education. (Prevention #6)

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| <p>Expenditure of settlement funds to increase funding for prevention coalitions to set aside funding for small grant programs.</p> | | <p>In Fiscal Year 23 SAMHSA has extended the Partnership for Success Grant. Prevention efforts are supported through the General Fund, federal dollars, and other resources.</p> | <p>SAMHSA sent out an RFA to all coalitions nationally; all 10 of Nevada's were informed and asked to apply. Nevada applied as a state entity (on behalf of the state); our funding was cut 50% from the prior year with the expectation that the coalitions would apply directly to SAMHSA. This would be a new grant application, not an extension. Awarded for 5 years.</p> |

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Legislative and Regulatory Coordination: These recommendations correspond to AB374 Section 10, Subsection 1, Paragraphs (g) and (i).

Recommendation 9: 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. (Prevention 8b)

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| <ul style="list-style-type: none"> i. Bill Draft Request ii. Expenditure of settlement funds to enact legislation. | <p>AB277 - DHHS endorsement for rural emergency hospitals to serve as crisis stabilization centers providing behavioral health services, leveraging Medicaid payment source.</p> | <p>The State has approved certain projects such as the MOST/Crisis Teams to complete similar goals. Subawards are also gifted to hospitals to meet this objective.</p> | <p>Not all hospitals in Nevada are receiving SAPTA Subgrant awards to act as crisis stabilization centers. List below: Northeastern Nevada Regional Hospital, William Bee Ririe Critical Access Hospital, Humboldt General Hospital, Battle Mountain General Hospital, Pershing General Hospital, Renown Hospital, Saint Mary's, Northern Nevada Medical Center, Carson Tahoe Mallory Crisis Center, Carson Tahoe Regional Medical Center, Banner Churchill Hospital, Carson Valley Medical Center, South Lyon Medical Center, Desert View Hospital,</p> |

Workforce Development: These recommendations correspond to AB374, Section 10, Subsection 1, Paragraph (q).

Recommendation 15: 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. (Treatment and Recovery #4 and Prevention #1)

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| <ul style="list-style-type: none"> i. Change in Medicaid Reimbursement to allow for reimbursement of CHWs and CPSs affiliated with BH/SUD. ii. Medicaid reimbursements for behavioral health, including paraprofessionals, must be evaluated and increased to recruit and retain qualified behavioral health professionals. iii. Funding: Expenditure of settlement funds through grant dollars. iv. Direct DHHS to create grant opportunities for organizations to employ CHWs and other behavioral health providers affiliated with BH/SUD and be reimbursed for services provided to underinsured and uninsured individuals. | <ul style="list-style-type: none"> • AB37 requires the Behavioral Health Workforce Development Center to consist of (1) a main hub located at an institution within the System; and (2) regional hubs in each of the five behavioral health regions into which this state is divided. • SB117 - Expands Medicaid coverage to Certified Prevention Specialists. • SB191 - Expands Medicaid coverage to behavior analysts, assistant behavior analysts and registered behavior technicians for recipients under 27 years of age • AB138 - Requires state to pay for nonfederal share of behavioral health services, including treatment of a substance use disorder, including collaborative care management services. • SB117 - Expands Medicaid coverage to CHWs • SB191 - Expands Medicaid coverage to behavior analysts, assistant behavior analysts an registered behavior technicians for recipients under 27 years of age. | <p>AB 37 and AB 69 were introduced and adopted to try to mitigate this issue.</p> | |

Recommendation 16: Increase school-based mental health professionals through a multi-disciplinary, cross-department school-based behavioral health team. (Prevention #5)

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| <ul style="list-style-type: none"> i. Expenditure of settlement funds to increase the hiring of mental health professionals and create scholarship opportunities for students in higher education programs. ii. Expenditure of settlement funds geared toward workforce development programs. | | <p>Nevada Department of Education is working to secure more funding for this issue.</p> | |

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