

STATEWIDE SUBSTANCE USE RESPONSE WORKING GROUP

SUBCOMMITTEE #2 – Treatment and Recovery

Preliminary Recommendations and Justifications

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.*

Justification

1. "This treatment approach has been shown to:
 - a) Improve patient survival,
 - b) Increase retention in treatment,
 - c) Decrease illicit opiate use and other criminal activity among people with substance use disorders,
 - d) Increase patients' ability to gain and maintain employment,
 - e) Improve birth outcomes among women who have substance use disorders and are pregnant."

Source: <https://www.samhsa.gov/medication-assisted-treatment>

Action Step

- A. Policy changes so MAT can be delivered via telehealth (needs more investigation on public health emergency).
- B. Expenditure of settlement funds to enact these recommendations.
- C. Require DHHS to revise reimbursement rates and utilize expenditure funds to match the national average reimbursement rate for services.

Research Links

- <https://www.acep.org/globalassets/uploads/uploaded-files/acep/clinical-and-practice-management/resources/mental-health-and-substance-abuse/initiating-opioid-treatment-in-the-emergency-department-ed-faqs.pdf>

2. *Engage individuals with lived experience in programming design considerations.*

Justification

1. Critical to providing relevant and timely information about current substance use trends in communities at the level where these trends occur.

2. To ensure alignment of services to the needs and preferences of persons seeking or receiving services.
3. To include diverse perspectives to ensure culturally and linguistically relevant service delivery to people with substance use disorder.

Action Step

- A. Policy Change: Include people with lived experience in committee membership.
- B. Funding: Provide compensation for committee members who are not otherwise compensated for their time.

Research Links

- <https://www.samhsa.gov/grants/applying/guidelines-lived-experience>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6585590/>
- White W. L. (2010). Nonclinical addiction recovery support services: history, rationale, models, potentials, and pitfalls. *Alcohol. Treat. Q.* 28, 256–272. 10.1080/07347324.2010.488527

3. *Implement follow ups and referrals to support and care; linkage of care for justice involved individuals, including individuals leaving the justice system, and pregnant or birthing persons with opioid use disorder.*

Justification

1. Improve survival outcomes, increase retention in treatment, decrease illicit opiate use and other criminal activity among people with substance use disorders.
2. Improve birth outcomes among pregnant and birthing persons.
3. Increased engagement for justice involved individuals, including during incarceration and re-entry.

Action Step

- A. Ensure local jails, Nevada Department of Corrections, and Specialty Courts are in communication to ensure continuity and accountability through implementation.

Research Links

- <https://www.ncqa.org/hedis/measures/follow-up-after-high-intensity-care-for-substance-use-disorder/>
- <https://nam.edu/improving-access-to-evidence-based-medical-treatment-for-opioid-use-disorder-strategies-to-address-key-barriers-within-the-treatment-system/>
- https://store.samhsa.gov/sites/default/files/d7/priv/pep19-matbriefcjs_0.pdf

4. *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.

**See Oct 3 meeting attachment with highlighted Commission on Behavioral Health Draft Letter to Governor June 23, 2022, for details on changes.*

Justification

1. Efficient, effective, cost-saving, quick to stand up eager workforce.
2. Address ongoing shortage areas in Nevada and promote greater access to care.

Action Step

A. Policy Change and Legislation:

- a. Change in Medicaid Reimbursement to allow for reimbursement of CHWs affiliated with BH/SUD.
- b. Medicaid reimbursements for behavioral health, including paraprofessionals (CHWs, CPSs, PRSSs) must be evaluated and increased to recruit and retain qualified behavioral health professionals.

B. Funding:

- a. Expenditure of settlement funds through grant dollars.
- b. Direct DHCFP to create grant opportunities for organizations to employ CHWs affiliated with BH/SUD and be reimbursed for services provided to non-Medicaid individuals.

Research Links

- <https://www.leg.state.nv.us/App/InterimCommittee/REL/Document/27968>
- Tiffany N. Ford and Jamila Michener, "Medicaid Reimbursement Rates Are a Racial Justice Issue" <https://doi.org/10.26099/h5np-x425>

5. To facilitate entry into treatment, ensure that BIPOC communities are receiving overdose prevention, recognition, and reversal training and overdose prevention supplies such as fentanyl test strips and naloxone to reduce fatal overdoses among Black and Latinx/Hispanic individuals in Nevada.

Justification

1. Notes from the field: Increase in drug overdose deaths among Hispanic or Latino persons-Nevada, 2019-2020. *MMWR*, 71(19). Thomas, S. (2022). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9098250/>
2. Nevada State Unintentional Drug Overdose Reporting System, Report of Deaths January to December, 2021 – Statewide. School of Public Health, University of Nevada, Reno. Thomas, S., Dinwiddie, A. T., & Monroy, E. (2022). <https://nvopioidresponse.org/wp-content/uploads/2022/10/SUDORS-Report-2021-All-Statewide.pdf>

Action Step

A. Funding

- a. Fund organizations that are already trusted entities within BIPOC communities to conduct OEND outreach.
- b. Direct DPBH to create grant opportunities for organizations to provide overdose prevention, recognition, and reversal training and overdose prevention supplies to BIPOC communities.

Research Links

- <https://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2022.306807>
- https://journals.lww.com/jphmp/Fulltext/2022/11001/Maine_s_Overdose_Prevention_Through_1
- <https://stacks.cdc.gov/view/cdc/114435>
- <https://www.thenationalcouncil.org/program/training-public-safety-to-prevent-overdose-in-bipoc-communities/>

6. *Significantly increased capacity is needed for intensive care coordination to facilitate transitions and to divert youth at risk of higher level of care and/or system involvement. Implement a specialized child welfare service delivery model that improves outcomes for children and families affected by parental substance use and child maltreatment.*

Notes from October 3, 2022, SURG: Vice Chair Tolles suggested the following language: *significantly increased capacity, including access to treatment facilities and beds for intensive care coordination to facilitate care transitions.* This language would clarify that it's increasing access, which would include various avenues to get there, whether through **public-private partnerships or the programs Dr. Woodard described.**

Suggested Alternate Recommendation: Significantly increase capacity; *including access to treatment facilities and beds* for intensive care coordination to facilitate transitions and to divert youth at risk of higher level of care and/or system involvement. Implement a specialized child welfare service delivery model that improves outcomes for children and families affected by parental substance use and child maltreatment.

Justification

1. "Although many children living in households with a substance-using parent will not experience abuse or neglect, they are at increased risk for child maltreatment and child welfare involvement compared with other children. In addition, these children are at an increased risk for engaging in substance use themselves. The consistency of the prevalence across age groups in the percentage of children living with at least one parent with an SUD suggest that prevention and intervention efforts targeting older and younger children may be beneficial for reducing the impact of parent SUDs." Source: https://www.samhsa.gov/data/sites/default/files/report_3223/ShortReport-3223.html

Action Step

- A. Funding: Direct DPBH to create grant opportunities for organizations to open or expand bed capacity and implement specialized child welfare programs that are not reimbursed by Medicaid or other payers.

Research Links

- <https://store.samhsa.gov/sites/default/files/d7/priv/samhsa-state-community-profiles-05222019-redact.pdf>
- <https://www.sciencedirect.com/science/article/abs/pii/S0145213421000363?via%3Dihub>
- <https://www.sciencedirect.com/science/article/abs/pii/S0145213421003331?via%3Dihub>
- [https://www.journalofsubstanceabusetreatment.com/article/S0740-5472\(21\)00289-0/fulltext](https://www.journalofsubstanceabusetreatment.com/article/S0740-5472(21)00289-0/fulltext)
- <https://www.sciencedirect.com/science/article/abs/pii/S0190740921003327?via%3Dihub>