

2023 SURG Recommendations with Status Updates from NV DHHS

DHHS/FHN (Fund for Healthy NV - Tobacco Settlement \$)	DHHS/FRN (Fund for Resilient NV - Opioid Settlement \$)	DCFS (Child & Family Services)	DHCFP (Medicaid)	DPBH (Public & Behavioral Health)
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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.

<p>The FRN is focused on funding prevention efforts that will make generational change with gestational substance exposed youth which includes neurological assessments and increased workforce. Funding is going to prevention coalitions and school based services specific to address opioid misuse and future use and awareness.</p>	<p><u>Family First Prevention Services Act</u> may affect children and families affected by SUD. Services may include Motivational Interviewing, Family Check-Up, Parents as Teachers, and Parent Child-Interaction Therapy</p>	<p>Funding/Grants: NV DHHS DPBH Bureau of Behavioral Health, Wellness and Prevention's (BBHWP) Substance Use Prevention Treatment and Recovery Services Block Grant (SUPTRS BG), NV DHHS DPBH BBHWP State Opioid Response (SOR) grant</p> <p>BBHWP currently allocates a minimum carve-out of 20% for primary prevention dollars every federal fiscal year for the Block Grant, as required by SAMHSA. The Bureau also oversees a general fund account that support primary prevention activities. The intention is to ensure this general fund account is more flexible in the upcoming years to allow for prevention activities for emerging trends. As the Bureau looks at the movement of block grant initiatives moving into the next FFY, the Medicaid 1115 SUD waiver will allow some additional flexibility of funding for the Block Grant. The Bureau will be conducting a needs assessment and strategic plan to ensure future planning aligns with the needs of the community.</p>
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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.).

The Director's Office (DO) Grants Management Unit (GMU) allocates Fund for a Healthy Nevada (FHN) dollars to three Public Health Districts in support of various initiatives throughout the state. While this funding is not specifically designated for tobacco control and prevention, Southern Nevada Health District has utilized their funding for SFY24 and SFY25 in the prevention and cessation of tobacco use, specifically e-cigarettes and other vaping devices. This is accomplished through providing messaging through various media platforms, and providing tools and resources to remain or become tobacco free. This program is focused on youth and young adults.

For Recommendation #3 not delegated to DHCFP. Although possibly some of the 1115 SUD Demonstration reporting may be valuable to review?

BBHWP works with BCFCW to allocate tobacco dollars. The SUPTRS block grant requires BBHWP to support tobacco related activities.

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.

BBHWP has retail violation rate data relating to the rate of which entities sell tobacco products to youth. This information is used to inform programming, education, and training throughout our communities. This information could be embedded into a consumable dashboard through OOA, if helpful.

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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.

Work is being initiated as part of the Children's Behavioral Health Transformation to promote early screening of behavioral health concerns, many community based services like family peer support, respite, and wraparound facilitation will be expected to be implemented within the 2025-2026. Have included more MSM policy for SUD treatment for adolescents in MSM 4100. For the SUD Residential levels of care, DPBH will continue to reimburse for room and board while Medicaid will be reimbursing a daily rate for the services. Also, 1115 SUD Demonstration Waiver amendment will be submitted to CMS in November to include psychiatric treatment in an IMD for SMI and SED, as well as integration of some Health Related Social Needs.

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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

The SOR grant oversees the State Naloxone Saturation Plan and is currently participating with various partners on a federal Policy Academy to expand and create a more robust way of saturating our communities with naloxone. This grant also has various dollars to support the purchase of naloxone. The SOR grant will be researching a data management system to allow for naloxone to be accessible by Nevadans, community partners, people who use drugs, and all other stakeholders that want to access free doses of naloxone. However, this recommendation reads as it is specific to opioid settlement dollars (Fund for Resilient Nevada).

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.

BBHWP would be happy to support this, as the SOR grant supports "leave-behind" programs for naloxone, as people who use drugs are at the highest risk of overdose.

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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.

FRN: SOR dollars take the lead for overdose reversal medications. The FRN can be used for this category as needed.

For Recommendation #7, DHCFP has developed specific provider enrollments for CHWs, and now Peers. DHCFP has a SPA under review with CMS to create a daily rate for SUD residential services. DHCFP plans to submit for rate increases for outpatient behavioral health services, including peer support by the end of 2024 to CMS.

BBHWP has supported harm reduction through funding certified prevention specialists in various primary prevention coalitions and staff at the Bureau. The SOR grant also supports the hiring, retention, and training of Peer Recovery Support Specialists (PRSS) within its programs and has proposed paying for PRSS coursework as part of the latest award application to bolster recruitment to the field (pending SAMHSA approval). The Bureau is looking to expand the funding support to get PRSSs embedded into various community supports: hospitals, treatment programs, recovery programs, jails, prisons, opioid treatment programs.

8. Establish a statewide initiative for community drug checking that incorporates qualitative and quantitative drug checking and includes specific parameters (as listed in full recommendation).

The SOR program has proposed funding a drug checking pilot program in Washoe County modeled, in part, after Southern Nevada Health District's drug checking program as part of the latest award application with plans to expand efforts more broadly into rural/frontier counties (pending SAMHSA approval). If approved, this project will move forward October 2024.

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9. 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.

The SOR grant currently funds a mail-order harm reduction supply program via Impact Exchange/Trac-B in Las Vegas; funding could be used to expand advertising for the program.

10. 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).

DO GMU issues funding from the State General Fund Grief Support Trust Account (NRS 439.5132) to two nonprofit grief support providers - Adam's Place and The Solace Tree. Services provided under this funding include bereavement services (individual and group counseling, peer support groups, family activities) for children and families who have lost a loved one due to overdose.

The SOR grant currently funds a children's bereavement program via Adam's Place that provides support to children and their families who have suffered the loss of a loved one due to opioid or stimulant overdose.

11. Create a bill draft request at the legislature to change the language around drug paraphernalia as it relates to smoking supplies.

12. 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.

FRN: Funds sharps and sharps containers and some staffing to be able to fill machines.

Any work that we can do to promote the use of peers to support this work?

This has been identified as a priority for SOR as part of the latest award application (pending SAMHSA approval).

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13. 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.

DO GMU allocates FHN dollars to five Federally Qualified Health Centers (FQHC) in support of various initiatives throughout the state. While this funding is not specifically designated for MAT and recovery support for SUD, Community Health Alliance has utilized their funding for SFY24 and SFY25 in support of building a MAT program. This will include identifying an evidence-based MAT care model, development of policies and procedures, providing staff training, and establishing a policy for collaboration with behavior health providers and integrating those services in treatment plans for SUD patients. Southern Nevada Health District is utilizing their funding to design and implement an integrated Behavior Health model and coordinate with other FQHCs to identify and refer patients, including co-occurring conditions for SUD.

Medicaid has implemented policy for telehealth service delivery to be clinically appropriate and medically necessary, rather than to be limited to certain services. Medicaid has built a brand new provider type 93 to include Opioid Treatment Programs along with other SUD clinical models. AB 156 required Medicaid to reimburse for MAT when provided by a pharmacist.

The Bureau is working on finalizing Recovery Housing Division Criteria. Once approved, a pilot project will be completed in Las Vegas to fund Recovery Housing from the SOR grant. This will support individuals in recovery from an OUD or StimUD. The SOR grant will be working to expand MOUD services through the Request for Application process of the upcoming grant cycle. The State Opioid Treatment Authority, Stephanie Cook, within the Bureau is continuously working with the Opioid Treatment Programs in Nevada on innovative ways to expand MOUD services: possibility of mobile units, or medication sites. With the recent updates to 42 CFR Part 8, telehealth and other flexibilities were permanently added, expanding access to MOUD.

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14. Implement follow ups and referrals and linkage of care for justice involved individuals, including individuals leaving the justice system.

DHCFP is working to implement the requirements of the Consolidated Appropriations Act, to allow for justice involved youth to receive Medicaid eligibility and receive EPSDT as well as targeted case management services 30 days pre and post release in 2025. While the larger goal is to implement an 1115 to cover all justice involved individuals 90 days pre and post release for additional services, including substance use treatment.	BBHWP funds FASTT and MOST programs for the state to decrease recidivism and works upstream from the Sequential Intercept Model. The Bureau also funds DWSS with the Recovery Friendly Workplace initiative, connecting individuals to work and other resources upon re-entry to the community.
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15. 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.

CARA/substance affected infants referrals may include Early Head Start, Thrive by Five, Southern Nevada Health District, and Family Resource Centers	The Children's Behavioral Health Transformation work includes building up community based services to children that meet at risk criteria (definition in the works) for services. Additionally, Medicaid is working to implement a Health Home for individuals with Fetal Alcohol Spectrum Disorder by the end of 2024 and considering an additional Health Home model for pregnant individuals struggling with SUD.	BBHWP has a carve out of 5% for women in treatment programs. We plan on working with empowered to incorporate more peer recovery support services related to CARA plans of care.
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16. 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.

The SOR grant has funded the Spanish translation of opioid use education materials and funds community-based organizations representative of underserved populations to conduct harm reduction activities. The upcoming Request for Applications will help the Bureau make data-driven decisions to identify community partners and agencies that are able to provide services to specific populations.

17. 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.

Medicaid currently has a SPA under review to reimburse for SUD Residential Services as a daily rate rather than based on individual service reimbursement. Additionally, Medicaid received SPA approval to reimburse facility based provider of Intensive Crisis Stabilization Services a daily rate.	BBHWP has funded youth residential care for 8th Judicial District Court in the past year. With the expanded flexibility relating to 42 CFR Part 8, more youth should have access to MOUD. Working with OTPs to understand these flexibilities and areas of opportunity.
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18. 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 specific strategies (as listed in full recommendation).

<p>Medicaid is initiating policy revision for Peer support services and adding Family Peer Support as an available service. Also, Peer Recovery Support Specialist is now a specific enrollment specialty. Medicaid is targeting a end of year SPA submission to increase reimbursement rates for behavioral health outpatient services that would include peer services.</p>	<p>BBHWP supports and funds peer support training and certification through recovery services with partners such as Foundation for Recovery. The Bureau is exploring additional opportunities to ensure those with living and lived experience are embedded into the various aspects of program development.</p>
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19. 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.

<p>AB 389 requires Medicaid to apply for an 1115 Re-entry Demonstration Waiver, work has been initiated. Please reference the DHCFP Re-entry webpage for updates. https://dhcfnv.gov/Pgms/Waivers/Reentry_Initiative/</p>	<p>BBHWP funds FASTT programs in a few local jails throughout the State to decrease recidivism and work upstream from the Sequential Intercept Model. The SOR grant has proposed funding a needs assessment for NDOC related to the provision of MOUD services and related supports as part of the latest award application. The SOR grant is helping to support MOUD at Casa Grande in Las Vegas.</p>
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20. Understand the true cost of implementing wastewater-based epidemiology (WBE) in Nevada and its ability to support community response plans.

21. 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.

The SOR grant is continuously looking at how to fund peer recovery supports throughout various continuums of care, ensuring individuals are connected with peers to help navigate resources.

BBHWP has a crisis response section that is in charge of overseeing the state's crisis response activities. The RBHC also assist with engaging the community with the needed resources. The FASTT and MOST teams also work closely with the jail systems to provide linkages to care

22. 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.

BBHWP is looking forward to seeing this report, with the intention of utilizing it to inform programming in Clark County.

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23. 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.

The SOR grant has proposed funding the expansion of the drug panel used to test all individuals who enter Washoe County Medical Examiner's Office and Clark County Coroner's Office to include a broader array of opioids and stimulants. This data will be used with a public health lens to analyze the data and inform prevention and intervention-based programming.

OD2A funds the toxicology testing conducted at the WCRME. WCME works with the coroners office to gather the reports and conduct the testing.