

Treatment and Recovery 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.

Service Coordination: These recommendations correspond to AB374, Section 10, Subsection 1, Paragraphs (e) and (f).

Recommendation 11: 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. (Treatment and Recovery #1 and Prevention #8c)

Action Step Outlined in 2022 Report	2023 Legislative Updates, ACRN Grants, Policy Work	Bureau Actions	Bureau Notes
<ul style="list-style-type: none"> i. Expenditure of settlement funds to enact these recommendations. ii. Require DHHS to revise reimbursement rates and utilize expenditure funds to match the national average reimbursement rate for services. 	<ul style="list-style-type: none"> • AB156 - Ensure availability of MAT in jails, detention centers, and correctional facilities for people dx with OUD, and continuation of treatment on release or transfer. • SB119 - Extends coverage for telehealth services. • Opioid Technical Assistance and Training Center (\$1,438,419) • TARGET 1: Increase the Availability of Evidence-Based Treatment/Living Free Health - Frontier Treatment and Transitional Housing (\$271,844) 	<p>Currently working with Managed Care Health Plans to get individuals reinstated as soon as they are released.</p>	<p>The Bureau is working collaboratively with DHCFP to support this, once the individual is getting ready to be released, we work with DWSS to get resources/establish connections. Started in March and continue to support from a recovery point. Services such as hospitality skills, supporting businesses that they'll work at.</p>

Recommendation 12: Implement follow ups and referrals and linkage of care for justice involved individuals, including individuals leaving the justice system, and pregnant or birthing persons with opioid use disorder. (Treatment and Recovery #3)

Action Step Outlined in 2022 Report	2023 Legislative Updates, ACRN Grants, Policy Work	Bureau Actions	Bureau Notes
<p>i. Ensure local jails, Nevada Department of Corrections, and Specialty Courts are in communication to ensure continuity and accountability through implementation.</p> <p>ii. Require all jails and state prisons to take reasonable measures offering medication-assisted treatment for inmates diagnosed with opioid use disorder in the same manner and to the same extent as other forms of health care. Prohibit jails and prisons from discriminating against medication-assisted treatment in favor of other forms of treatment or abstinence without treatment. If a person is incarcerated in a jail or transferred from a jail to a prison and has already received medication-assisted treatment, the jail or prison must facilitate the continuation of this treatment. The jail or prison must also take reasonable measures to facilitate continuation of medication-assisted treatment upon release. (BDR –332)</p>	<ul style="list-style-type: none"> • TARGET 5: Increase Treatment for Neonatal Abstinence Syndrome (NAS)/Pre- and Postpartum Services/Roseman - EMPOWERED RISE: Recovery, Integration, Support and Empowerment (\$230,360) • TARGET 6: Provide Opioid Prevention and Treatment Consistently Across Criminal Justice and Public Safety System/Carson City Community Counseling Center Regional Wellness Center – Increasing Wellness (\$292,268)/Department of Alternative Sentencing – STAR Program Expansion (\$182,560) • AB156 - Ensure availability of MAT in jails, detention centers, and correctional facilities for people dx with OUD, and continuation of treatment on release or transfer. • AB389 - Requires Medicaid program to provide coverage for incarcerated persons (under 18, dx mental illness, SUD, chronic disease, disability, TBI, HIV, or pregnant), including Case Management, consultation, MAT, and services of CHW. • SB439 - Requires Medicaid to cover Rx used to provide MAT for opioid use disorder. 	<p>Currently working with 8th Judicial. This work is being supported through the Substance Use Block Grant.</p>	<p>In the 8th Judicial we work with LIMA program, Juvenile Program, START Program, EMPOWER Program. All southern Nevada.</p>

Recommendation 13: To facilitate opportunities for entry into treatment and/or recovery, ensure that Black, Latinx/Hispanic, Indigenous, and people of color 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, Latinx/Hispanic, Indigenous individuals, and people of color in Nevada.
 (Treatment and Recovery #5)

Action Step Outlined in 2022 Report	2023 Legislative Updates, ACRN Grants, Policy Work	Bureau Actions	Bureau Notes
<p>i. Fund organizations that are already trusted entities within BIPOC communities to conduct Overdose Education and Naloxone Distribution (OEND) outreach.</p> <p>ii. Direct DPBH to create grant opportunities for organizations to provide overdose prevention, recognition, and reversal training and overdose prevention supplies to BIPOC communities.</p> <p>iii. Direct DPBH to allocate funding to projects that are specifically conducting outreach to BIPOC communities to ameliorate the harms of substance use disorder.</p>	<ul style="list-style-type: none"> NV Indian Commission; Tribal Opioid Coordinator SB4 - Primarily expands Fund for a Healthy Nevada beyond previous target population (seniors and persons with disability), but DHHS regulations could target BIPOC populations. 	<p>This is currently being accounted for in the states RFA, the state takes this into consideration when reviewing applications.</p>	<p>The Bureau put out a statewide application, in that RFA we clarified high risk targeted populations. So yes, this is statewide.</p>

Recommendation 14: 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. (Treatment and Recovery #6)

Action Step Outlined in 2022 Report	2023 Legislative Updates, ACRN Grants, Policy Work	Bureau Actions	Bureau Notes
<ul style="list-style-type: none"> i. Direct DHHS to create grant opportunities and pursue public and private partnerships, including capital and operational costs, to open or expand bed capacity. ii. Implement specialized child welfare programs that are not reimbursed by other payer sources. iii. Ensure child welfare agencies and medical providers are in communication to ensure continuity and accountability through implementation. 	<p>AB156 - Ensure availability of MAT in jails, detention centers, and correctional facilities, for people dx with OUD, and continuation of treatment on release or transfer.</p>	<p>DHHS is working with 8th Judicial on this.</p>	

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

Recommendation 18: Engage individuals with lived experience in programming design considerations. (Treatment and Recovery #2)

Action Step Outlined in 2022 Report	2023 Legislative Updates, ACRN Grants, Policy Work	Bureau Actions	Bureau Notes
i. Policy Change: Include people with lived experience in committee membership. ii. Funding: Provide compensation for committee members who are not otherwise compensated for their time.	AB403 - Changes requirements for recovery houses from licensure to certification and preserving certain immunity from liability for volunteers of a recovery house for persons recovering from alcohol or other substance use disorders.	Working with SAMHSA's guidance to include this. Currently SAMHSA encourages organizations to involve individuals with lived experience.	

For Future Coordination

The SURG identified the following issues to be resolved through the continued work of the Working Group:

- Policy changes to cover non-pharmacological or complementary treatments for pain, also to increase coverage of preventive and non-pharm/CAM modalities.

ACRN Grant: NV Public Health Foundation; Pharmacist Conference