Steve Sisolak
Governor

Richard Whitley
Director

State of Nevada

Department of Health and Human Services

Advisory Committee for a Resilient Nevada
Recommendations for the Fund for a Resilient Nevada

Resilient Nevada Unit

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

Advisory Committee for a Resilient Nevada (ACRN)

The Advisory Committee for a Resilient Nevada (ACRN) was established through the passage of Senate Bill (SB) 390 to be codified in Nevada Revised Statutes (NRS) 433 by the 2021 Nevada Legislature to obtain advice and counsel from persons and entities who possess knowledge and experience related to the prevention of opioid misuse, opioid-related deaths, and injury, as well as addiction and opioid use disorders within the State of Nevada.

The goal is to effectively address risks, impacts, and harms of the opioid crisis in the State through the Fund for a Resilient Nevada.

Goals of ACRN

On or before June 30 of each even-numbered year, the ACRN shall submit to the Director of the Department a report of recommendations concerning:

a) The statewide needs assessment (developed every 4 years)

b) The statewide plan to allocate money from the Fund (revised as applicable)

Developing Recommendations

When developing recommendations to be included in the report, the ACRN shall consider:

a) Health equity and identifying relevant disparities among racial and ethnic populations, geographic regions and special populations in this State; and

b) The need to prevent overdoses, address disparities in access to health care and prevent substance use among youth.

Survey

The goal of the survey was to assist in prioritizing gaps identified in the Needs Assessment and to develop recommendations based on the GAPS.

Gap Review

Data

Data gaps identified:

- Drugs co-prescribed with opioids
- Demographic information in the Prescription Drug Monitoring Program (PDMP)
- Pregnant women and opioid use
- Children and parents in the welfare system
- Health outcomes for those with SUD
- Availability of evidence-based practices especially for polysubstance use and co-occurring disorders
- Specific substances involved in suicides
- Physical and mental health diagnoses for those using opioids
- Details regarding race/ethnicity:
  - Housing status,
  - Veteran/military status,
  - Pregnant women,
  - LGBTQ+ status, and immigration status or other details for people not connected to the treatment system

Prevention

Prevention gaps identified:

- Community-based prevention programs across all counties
- Partial implementation of the zero-suicide initiative
- School-based prevention programs
- Prescription drug disposal in the southern and rural regions
- Education for school systems, parents, and law enforcement
- Education about the addictive potential of opioids and alternative therapies for chronic pain and chronic illness, especially in rural areas
- Education on treatment options, especially for those without housing
- Education for family members not sure what to expect or what medication-assisted treatment is
- Education among high school students around SUDs, awareness of the opioid epidemic and how to use naloxone, and attitudes about discussing these topics with health care providers
- Stigma reported by people with lived experience through difficulty in obtaining and keeping housing and employment, especially among veterans and tribal members
- Education of patients by prescribers on pain management expectations and the risk of opioids
- Utilization of and referral to other pain management options
- Negative attitudes from health care providers; pre-treatment screening and care plans that include alternative pain management
- Education and more monitoring around opioid prescribing and dispensing
- Participation in project Extension for Community Health Outcomes (ECHO)

General Treatment

General treatment gaps:

- Treatment availability
- Insufficient health care workforce
- Lack of sufficient treatment in rural areas
- Disparities for ethnic and minority youth
- Disparities in populations between those in treatment versus fatal overdose rates
- Peer support throughout treatment
- Lack of community-based accessible resources after release from the justice system
- Treatment for pregnant women who may not access treatment due to stigma, fear of losing their child once born if they admit to using opioids, and providers not wanting to take the risk of prescribing for pregnant women
- Drug courts, other treatment, and housing services are not available statewide
- Youth in the juvenile justice system
- SAPTA-certified providers for treating:
  - Co-occurring disorder, especially for youth;
  - Mental health treatment;
  - Screening, identification, and referral to treatment

Outpatient Treatment

Outpatient treatment gaps:

- Psychologists and psychiatrists specializing in SUD psychotherapy
- OTPs in rural areas
- OBOT in certain areas
- Outpatient detoxification and licensed drug and alcohol counselors in rural areas
- MAT in rural areas and tribal communities
- Mental health treatment during and after MAT
- MAT and other treatment interventions in justice facilities
- Outpatient treatment for youth having co-occurring disorders
- Limited evidence-based treatment for those using multiple substances and those with co-occurring mental health and physical health disorders
- Mental health treatment for those with and without SUD
- Formal collaborative care for individuals at risk for suicide

Withdrawal Management, Inpatient and Residential Services

Gaps for withdrawal management, inpatient and residential services:

- Community support during detox
- Facility services lacking in rural areas, causing transportation issues
- Short-term rehabilitation (less than 30 days) and long-term rehab (more than 30 days)
- Withdrawal management and residential services are not billable to Medicaid for ages 19-64
- A statewide consistent, comprehensive 24/7/365 crisis and crisis stabilization system
- Mobile crisis, especially outside of central Las Vegas
- Crisis stabilization units
- Follow-up after crisis to ensure stability and address barriers to care

Discharge and Recovery Support

Discharge and recovery support gaps:

- Funding and insurance for long-term care for recovery and residential programs
- Limits by insurance to the duration of treatment
- Inadequate discharge planning, coordination, and communication between levels of care
- Programs for individuals released from the justice system
- Religious or spiritual advisors, faith-based organizations, and 12-step programs in rural areas
- Educational support
- Parenting education
- Support in obtaining health insurance, including Medicaid
- Education on maintaining recovery
- Recovery centers

Harm Reduction

Harm reduction gaps:

- Needle exchanges
- Limited hours of availability of harm reduction programs
- Education on harm reduction resources and methods, including naloxone uses
- Safe places to use
- Harm reduction in rural areas without other community members knowing about an individuals use

Social Determinants of Health

Social determinants of health:

- Lower income and higher unemployment and poverty rates for those living on tribal lands
- Housing vouchers and affordable housing
- Transportation, not only to treatment, but to access employment, vocational stuff, volunteer opportunities
- Employment for those receiving treatment and in recovery
- Volunteer and vocational opportunities
- Internet access
- Food access
- Financial resources and stability for those in recovery

Gaps Identified Through Survey

- Public education to include all Nevada school district students (public and private schools)
- Youth and pregnant individuals should be included
- Prevention – Secondary and tertiary strategies
- Data gaps - Analysis, dissemination, feedback loops, sharing
- Recovery is long term - Helping our community along the continuum of care with resources that are not just grant funded
- Family support tools and options, education for educators/families, outpatient care, permission to work on harm reduction more closely to prevent deaths and overdoses
- Housing
- Treatment providers are needed in rural areas
- Victim compensation
- Family based treatments and prevention
- Coordination of resources
- Detox centers in rural Nevada

Recommendations Review

Recommendations from ACRN 1

- Mandatory prevention training in all schools along with current health training, mental health, suicide and drug prevention.
- Intense media coverage regarding prevention, how to recognize an addict within your circle of influence, and effective steps one can take to help the person. Ads should be running across social media, TV, radio and print - specifically, billboards and flyers.
- All of the above implemented for all groups affected by the crisis.
- Opening more beds for crisis and withdrawal management that should be readily available, despite an individual's insurance status.
- Expand harm reduction services in both urban and rural underserved areas, this should include funding for syringe exchange, fentanyl test strips, and naloxone distribution.
- Support secondary prevention strategies including screening and linkage to care, school-based mental health, and other community-wide multipronged strategies.
- Support of investments in data gathering/collection systems as well as investment into analysis and timely analysis of substances that are causing harm.

Recommendations from ACRN 2

- Family and educator tools and education
  - Family support groups and bridging to care
  - Support for long term outpatient care
  - Crisis stabilization and transitions support
- Role harm reduction can play in saving lives
- Creation of more inpatient rehabilitation facilities
- Mass public media messaging about stigma, what it is, how to combat it, and why it matters
- Peer support workers along with community health workers implanted in the recovery support programs across the state

Recommendations from ACRN 3

- More housing development for those who are working toward recovery and resiliency
- Provide funding to northern rural areas in addition to central rural. We need that stability to have homegrown clinicians stay in the community and the licensing boards to work with rural areas.
- Victim compensation, i.e., to the families who have suffered a loss, those still struggling, and the expenses incurred for treatment, funerals, therapists, medicine, medical treatment and other out of pocket expenses to survive the grief. The grief caused by the recklessness of these pharmaceutical companies, doctors, negligent rehab, and no available resources to these families. When the monies were awarded to the state the Attorney General specifically stated when he first joined the lawsuit that he was suing on behalf of the losses incurred in our state so a portion of that lawsuit money needs to go to those grieving families that will never recover. (anonymous)

Recommendations from ACRN 4

- Approaching the problem from an 80/20 perspective. Limited resources so prioritizing what will save the most lives-->treatment with MOUD and everything that is tied to treatment. Evidence based/informed practices across all treatment in Nevada.
- Transportation for individuals in rural Nevada access services.
- Prioritize allocation of settlement funds towards communities impacted by drug use and overdose.
- Ensure that all recipients of such funds are representing the needs and priorities of those affected.
- Ensure that allocation of funds is governed by an equity lens that identifies those communities and people most impacted and allocates resources according to need.
- Extend harm reduction services beyond major population centers, with a recognition that harm reduction is an approach, not just a set of tools or interventions. The approach requires recognition of the dignity and autonomy of people who use drugs.

Recommendations from ACRN 5

- Prioritize naloxone distribution to people who use drugs.
- Implement an overdose fatality review system that reviews the circumstances of each and every death and makes recommendations for how future deaths can be prevented.
- Prioritize alignment of priorities between law enforcement and public health - ensure that protections from the 911 Good Samaritan Law and statutes on paraphernalia possession are enforced as intended, so that that fear of law enforcement intervention does not serve as a risk factor for drug overdose, HIV infections, and other health harms.

Recommendations from ACRN 6

- Expansion of payment coverage for family treatments (insurance coverage for family-based treatments lags individual treatment creating a disincentive for many providers); family (caregiver/kin) based programs to fortify adolescent and young adult attachment as a preventive measure; provider training in administration of family-based treatment.
- Easily accessible, non-commercial and continually managed/updated detailed resource guide; non-commercially sponsored meeting forum for treatment and other resource providers to share practices, concerns, scholarship and other topical info.
- Peer support workers along with community health workers implanted in the recovery support programs across the state

Recommendations from Public Comment 1

- Use current best practices and include more primary prevention
- Recovery is not mentioned enough
- Discuss the acute situation—the opioid epidemic that is killing people at an alarming rate
- Approach that acute problem with treatment, long-term case management, and housing
- Acute care includes detoxification (detox); supportive care includes inpatient services; long-term care requires case management and housing; supportive neighborhoods include employment and community centers with activities
- More is needed to support education and stigma
- Recommendations regarding harm reduction could be activated quickly to affect change
- With youth in crisis now, secondary prevention should be supported as much as primary prevention. Secondary prevention includes screenings, drug testing, and mental health assessments

Recommendations from Public Comment 2

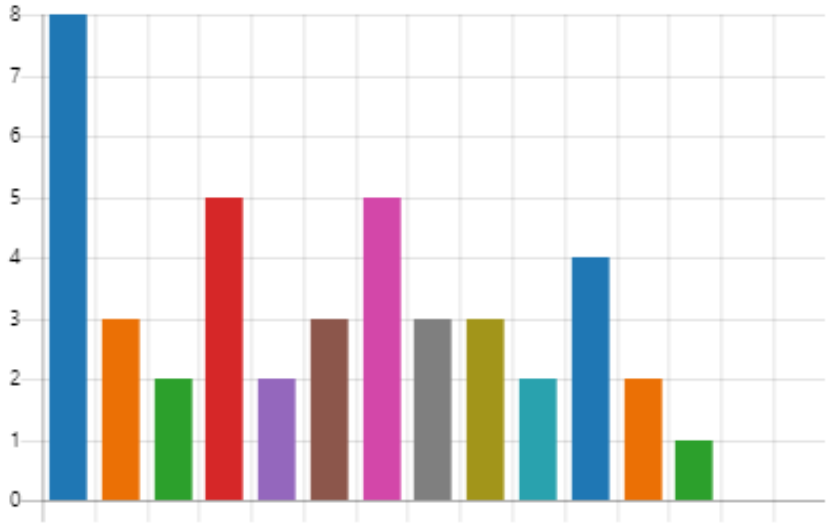
- “There are organizations and individuals throughout the state who have been working for years and years and years in this community and have proven their worth. Why aren't they just given some operating money instead of paying for themselves and/or begging individuals?”
- Money disbursed to assist those who are no longer with us and those who were there with them (Victim Compensation)
- Leveraging infrastructure to address individual-level risk factors for OUD including social determinants of health and co-occurring physical and behavioral health conditions and to track progress on addressing racial, ethnic and other disparities related to addiction
- Many individuals with OUD have needs including housing, transportation, employment, and food insecurity that intersect with their addiction and make engaging in treatment difficult
- Effective recovery support system which includes a robust network of community partners and the infrastructure in place to support personalized, coordinated care

Recommendations from Public Comment 3

- Acknowledge, measure and commit to address disparities including differences in access to treatment and fatal overdose rates across racial, ethnic and other groups
- Not just expanding treatment and wrap-around support, but also tracking to ensure that expanded services improve outcomes for the most disadvantaged and vulnerable groups
- Consider tools that increase access to health and social care and coordination of services
- Establish infrastructure that can help address the broader health and social conditions contributing to the epidemic and improve health equity across the state

Categorized Recommendations based on SB390

Expanding access to evidence...	8
Programs to reduce the incide...	3
Prevention of adverse childho...	2
Services to reduce the harm c...	5
Prevention and treatment of i...	2
Services for children and othe...	3
Housing for persons who hav...	5
Campaigns to educate and inc...	3
Programs for persons involve...	3
The evaluation of existing pro...	2
Development of the workforc...	4
The collection and analysis of ...	2
Capital projects relating to su...	1
Implementing the hotline for ...	0
Other	0



Next Steps

- Mercer will take the voted on and approved recommendations and prioritize through an objective method.
- Next meeting, we will present prioritized recommendations within a draft report to the director.

Questions?

Contact Information

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Acronyms

- ACRN - Advisory Committee for a Resilient Nevada
- COD - Co-Occurring Disorders
- IP – In Patient
- MAT – Medication-Assisted Treatment
- MOUD – Medications for Opioid Use Disorder
- OBOT - Office Based Opioid Treatment
- OP – Outpatient
- OTP - Opioid Treatment Program
- OUD - Opioid Use Disorder
- PDMP - Prescription Drug Monitoring Program
- SAPTA – Substance Abuse Prevention and Treatment Agency
- SUD - Substance Use Disorder