					Impact				Urgency			Feasibility					
Rec. #	Recommendation	Notes	Gap	Legislative	# Lives	Magnitude	Health Equity	Average	Alternatives	Delay Consequence	Average	Infrastructure	Ease	Resources	Average	Leg. Target	Rating Total
58	Expand Mobile Crisis and ensure that the service is of consistently high quality, leverages federal matching funds, and is available for individuals not covered under Medicaid. Mobile crisis is an important alternative in substance-related crisis situations where the service can offer effective interventions and follow-up that includes referral and connection to post-crisis treatment. The ACRN recommends the opioid settlement funds be allocated to expanding Mobile Crisis services and ensuring the service is of consistently high quality, leverages federal matching funds, and is available for individuals not covered by Medicaid.		Treatment	Crisis Services	3	4	3	3.3	4	4	4.0	4	4	2	3.3	0.0	10.7
68	Support crisis stabilization units across the State that can serve Nevada residents and offer critical diversion from EDs and jails for those with OUD. The ACRN recommends the opioid settlement funds be allocated to implementing and/or supporting crisis stabilization units across the State that can serve Nevada residents and offer critical diversion from emergency rooms and jails.		Treatment	Crisis Services	1	4	3	2.7	5	4	4.5	4	4	2	3.3	0.0	10.5
69	Ensure adequate funding of the State 988 crisis line such that mobile crisis can be connected by GPS and dispatched by the crisis line. The ACRN recommends the opioid settlement funds be allocated to enhance the State's 988 crisis line with GPS capabilities, so a person calling from a cell phone can be easily located and a mobile crisis unit can be quickly dispatched to help the person in crisis.		Treatment	Crisis Services	3	4	3	3.3	4	5	4.5	4	4	3	3.7	0.0	11.5
147	Implement Mobile Crisis Teams with harm reduction training and naloxone leave behind	feasible	Treatment	Crisis Services													
3	Improve and standardize forensic toxicology testing and data. There are additional ways the State could get toxicology information to inform public health and public safety agencies about what is in the drug supply, and what the potential risk for an overdose may be. These methods include testing of seized drugs, through a lab or by field test, testing of syringes, wastewater testing, and urinalysis of people who have experienced a nonfatal overdose.		Data	Data	2	3	3	2.7	2	1	1.5		2	3	2.7	3	9.8
4	Develop a statewide forensic toxicology lab that can support surveillance sample testing and other types of toxicology testing that may increase the amount of information used to inform community awareness of overdose risk, including substances involved in suicides.		Data	Data	3	3	3	3.0	2	1	1.5		1	2	1.7	3	9.2
5	Expand surveillance testing. This will require a new funding formula for forensic toxicology, as well as better leveraging of federal funds.		Data	Data	3	2	3	2.7	2	1	1.5		2	3	2.7	0	6.8
6	Share standardized data between public safety agencies and those monitoring local overdose spike response plans. This will support local partners so they may act quickly when needed. The ACRN recommends the opioid settlement funds be allocated to increasing the reporting and analytical capacities within the DHHS Office of Analytics to support sharing standardized data between public safety agencies and those monitoring local overdose spike response plans, so local officials may act quickly when needed.		Data	Data	2	4	3	3.0	3	3	3.0	3	3	3	3.0	3	12.0
8	Establish Nevada all-payer claims database (APCD). The State is currently making progress on this recommendation. The database is intended to and should include claims for all medical, dental, and pharmacy benefits. The advisory committee that will make recommendations on the analysis and reporting of the data should ensure that key data elements are maintained through the de-identification process to ensure the data remain meaningful. Critical needs include the ability to stratify by special population characteristics (race/ethnicity, geography, LGBTQ+ status, pregnancy, etc.), and enough detail to identify physical and behavioral health comorbidities - The ACRN recommends the opioid settlement funds be allocated to establish a statewide all-payer claims database (APCD) that includes claims for all medical, dental, and pharmacy benefits with enough detail to identify physical and behavioral health comorbidities and de-identified demographic factors important for the meaningful analysis of health disparities, including but not limited to race/ethnicity, geography, sexual/gender orientation, pregnancy, etc.	#1 overall rating; #2 for impact (tied); #2 for urgency (tied); #4 for feasibility (tied)	Data	Data	3	4	5	4.0	5	3	4.0	4	4	3	3.7	3	14.7
9	Increase availability and access to real-time substance use disorder (SUD) and opioid use disorder (OUD) reports. The Sate of Nevada has multiple sources that could provide real-time data. The health information exchange (HIE), electronic health record (EHR) systems, birth registries, the Prescription Drug Monitoring Program (PDMP), and OpenBeds should be evaluated for interoperability-based use cases that will provide the needed data for analysis. Non-claims-based data sources should also be utilized to ensure the capture of all necessary data.		Data	Data	2	3	3	2.7	3	2	2.5		2	3	2.7	0	7.8
10	Increase data sharing using the HIE. Promote the use of HealthHIE Nevada chart provider portal at no cost to providers. Funding should be provided to providers in need of system updates or changes to allow for participation. This will increase the ability to share data across behavioral and physical health providers.		Data	Data	3	3	3	3.0	2	3	2.5		3	3	3.3	0	8.8
11	Provide reports or analytics from the PDMP that allow the State to identify demographic characteristics of those prescribed controlled substances for prevention of future overdoses. - Provide reports or analytics from the PDMP that allow the State to identify demographic characteristics of those prescribed controlled substances for prevention of future overdoses. The ACRN recommends the opioid settlement funds be allocated to increasing the reporting and analytical capacities within the DHHS Office of Analytics, so the State can produce reports from the Prescription Drug Monitoring Program (PDMP) that identify demographic characteristics of those prescribed controlled substances for prevention of future overdoses.		Secondary Prevention	Data	2	4	3	3.0	3	2	2.5	5	4	4	4.3	3	12.8
26	Partner with surrounding states to share PDMP data. State leadership should work with neighboring states to establish a way to share PDMP data across state lines. Nevada has PDMP partnerships with 34 states and shares data with four of the bordering five states' PDMPs. California does not share data with Nevada, creating a significant barrier for monitoring and harm reduction efforts along the Nevada-California border.		Primary Prevention	Data	2	4	3	3.0	2	4	3.0	4	1	4	3.0	0	9.0
93	Development of an overdose fatality review committee(s)		System Needs	Data													
101	Programs to monitor prescribing practices, co-occurring prescriptions, indications for prescriptions, all controlled substances including methadone from OTPs with subsequent education, enforcement, etc. based on data [COLLECTION AND ANALYSIS OF DATA]		Data	Data													
151	Purchase and distribute hand held drug testing equipiment (mass spectrometers) to allow for rapid testing of substances	feasible	System Needs	Data													
154	Establish a "bad batch" communications program to alert communities to prevent mass causulty events	feasible	System Needs	Data													
158	Increase reporting of Treatment Episode Data Set for all certified providers	difficult but could be done through HIE	System Needs	Data													
15	Promote careers in behavioral health through early education. Workforce development can begin as early as high school to engage students, especially in rural and frontier communities, to pursue a career in behavioral health. Possible resources could include ambassador programs, virtual mentoring, student training, scholarships, and mentorship.		Primary Prevention	Develop Workforce	3	3	4	3.3	3	2	2.5	3	3	3	3.0	0	8.8
16	Develop special medical school programs. Work with medical schools to offer specialized residencies or free or subsidized tuition for students who enter into the behavioral health field and serve in rural and frontier communities or with underserved populations for a specified number of years. The ACRN recommends the opioid settlement funds be allocated to Nevada's medical schools to offer specialized residencies or free or subsidized tuition for students who enter into the behavioral health field and serve in rural and frontier communities or with underserved populations for a specified number of years.		Primary Prevention	Develop Workforce	3	3	5	3.7	3	2	2.5	3	2	2	2.3	3	11.5

17	Increase prescriber training in graduate school. Training would be more effective if mandated as a part of graduate school education. Medical school curriculum should include education around buprenorphine, naloxone, and methadone, in addition to training of safe opioid prescribing and pain management practices. The ACRN recommends the opioid settlement funds be allocated to Nevada's medical schools to design and implement an opioid prescriber training curriculum, including education about buprenorphine, naloxone, and methadone, in addition to training on safe opioid prescribing and non-prescription pain management practices.		Primary Prevention	Develop Workforce	3	3	3	3.0	2	3	2.5	4	2	4	3.3	3	11.8
19	Improve upon evidence-based SUD and OUD treatment and recovery support training and resources for providers. Enhance trainings to include culturally-tailored and linguistically-appropriate services in an effort to decrease health disparities and evaluate current services to determine any possible expansions. Trainings may also include tools to determine the level of risk for relapse. - The ACRN recommends the opioid settlement funds be allocated to improving/enhancing evidence-based substance use disorder and opioid use disorder (SUD/OUD) treatment and recovery support trainings for providers to include culturally-tailored and linguistically-appropriate services in an effort to decrease health disparities.		Treatment	Develop Workforce	2	3	4	3.0	3	3	3.0	4	4	4	4.0	3	13.0
20	Increase provider training and education on the effective use of telehealth. The State currently supports telehealth utilization and billing. Providers may require training as increased flexibility due to COVID-19 has led to an increase in the use of telehealth and a need for training on how to use this modality to deliver treatment. Utilization of federal resources such as the American Medical Association's provider playbook can assist in these efforts. In addition, use of telehealth can assist in expanding services to rural and frontier areas, provide greater access to specialists such as eating disorder specialists, and assist individuals in finding providers with similar cultural backgrounds. The ACRN recommends the opioid settlement funds be allocated to designing and implementing trainings for providers on the effective use of telehealth, including how to code and bill for a telehealth visit.		Treatment	Develop Workforce	2	3	4	3.0	2	2	2.0	4	4	4	4.0	3	12.0
22	Create a primary care integration toolkit. Include the elements of an integrated Care Training Program. Training in the integration of physical and behavioral health can not only help to identify substance use and potential misuse earlier, but it can address other problems, such as mental health issues, before they contribute to substance use. A toolkit should consider the unique landscape of rural, frontier, and tribal communities in the development of tools. Integrated care allows for better screening, rapid intervention, and referral to treatment for opioid misuse for the general population. The toolkit should also include a focus on Social Determinants of Health (SDOH) and can be tailored for opioid issues in special populations, such as adolescents and transition-age youth or pregnant and postpartum women, and underserved individuals such as people of color. - The ACRN recommends the opioid settlement funds be allocated to the development of a substance use disorder education and recognition toolkit for primary care providers. The Toolkit should include the elements of an Integrated Care Training Program, a focus on the Social Determinants of Health, and have sections which appropriately consider the unique landscape of rural, frontier, and tribal communities.	This already exists. Would need funding to implement but do not need a toolkit	Primary Prevention	Develop Workforce	4	3	5	4.0	3	3	3.0	3	3	5	3.7	3	13.7
30	Address stigma among providers of all types. Enhanced educational and training practices with strategies to influence provider attitudes and reduce stigma can increase provider willingness to offer SUD treatment and recovery services. Anti-stigma training can also benefit primary care, dental, and emergency department providers by promoting more compassion when interacting with people with SUD and in recovery.		Secondary Prevention	Develop Workforce	3	3	3	3.0	3	3	3.0	3	2	3	2.7	0	8.7
40	Evaluate provider enrollment process to ensure the process of becoming a Medicaid provider is not deterring providers from enrollment. The State should evaluate current enrollment procedures, using available data including provider stakeholder group input to determine where there are opportunities to improve the provider enrollment process, encouraging more providers to join the Medicaid program. The ACRN recommends the opioid settlement funds be allocated to evaluating the current Medicaid provider enrollment process, using available data and stakeholder engagement, to ensure the process itself is not deterring providers from enrolling and therefore acting as a barrier to increasing the number of providers who accept Medicaid.		Treatment	Develop Workforce	3	2	3	2.7	3	2	2.5	5	4	5	4.7	0	9.8
42	Accurately identify capacity of SUD and OUD treatment providers. Due to the fact that many providers such as Opioid Treatment Programs (OTPs) and Office-Based Opioid Treamtents (OBOTs) are not delivering services to capacity, a review of available data sources such as Medicaid claims and information from the Office of Analytics, Primary Care Association and other entities can be used to determine the current provider network array and determine where there are gaps, especially in the Fee for Service system. Developing a provider gap and needs assessment will allow the State to target specific areas and provider types as part of the effort to provide as full a continuum of care as possible. Managed care contracts should include provider adequacy requirements for MAT. Information should include the patient capacity of providers. The gaps analysis should include culturally relevant indicators, such as the availability of tribal providers and distance of underserved populations from existing providers. The ACRN recommends the opioid settlement funds be allocated to developing a statewide provider gap/needs assessment, using a DEI framing, to determine the current provider network array and what is missing, especially in the Fee for Service system.		Treatment	Develop Workforce	2	3	5	3.3	3	3	3.0	4	3	3	3.3	3	12.7
43	Capture data on workforce through the licensure renewal processes. Licensure renewal is another opportunity to capture workforce information from the State's 26 health licensing boards. There are opportunities to efficiently collect standardized, longitudinal employment, demographic, and practice data on any health profession licensed by the State of Nevada. Such information can be used to capture existing and calculate projected clinical full-time equivalent (FTE) capacity needed to meet the demand for SUD. Combined with the data from the gap analysis, the information collected can help the State's strategic allocation of resources.		Treatment	Develop Workforce	3	3	3	3.0	3	2	2.5	4	2	4	3.3	0	8.8
47	Increase availability of peer recovery support services. Peer supports are a valuable component of treatment, harm reduction, and recovery systems. Consider expanding internship programs, offering scholarships to pursue peer support certification, and promoting 24/7 peer-staffed call centers.		Treatment	Develop Workforce	2	2	3	2.3	3	3	3.0	4	4	2	3.3	0	8.7
48	Expand drug court treatment availability as well as treatment protocols to include treatment for multiple substances, including stimulants. Although some efforts have been made, such as the expansion of individuals able to be served by the Las Vegas-based 8th Judicial MAT Re-Entry Court to include those with a stimulant disorder, interventions for those who use multiple substances should be available Statewide.		Treatment	Develop Workforce	1	3	3	2.3	4	4	4.0	3	3	3	3.0	0	9.3
	Where the group left off																	
92	Create a scholarship fund dedicated to an individual directly affected by the epidemic.		System Needs	Develop Workforce	1	2	3	2.0	3	2	2.5	3	3	4	3.3	0	7.8
95	Establish an office of public engagement with the goal being inclusive, transparent, accountable, and responsible to our citizens.	This is the Resilient Nevada Unit	System Needs	Develop Workforce													
113	Provide funding to Northern Rural areas in addition to central rural. We need that stability to have our homegrown clinicians stay in our community and the licensing boards to work with rural areas.	This needs to be refined.	System Needs	Develop Workforce													
163	Establish Addiction Medicine Fellowships	feasible	System Needs	Develop Workforce													
	The ACRN recommends the opioid settlement funds be allocated to designing and launching a statewide education campaign on the availability of naloxone kits targeted at the populations experiencing disproportionate overdoses.	NEW RECOMMENDATION FROM KARISSA															
14	Increase education on the safe use and storage of opioids. Statewide campaign should be developed to provide consistent education and standardized guidance on the use and storage of opioids, such as the Office of Suicide Prevention's Safe Storage Efforts. This campaign should also include resources for safe disposal of opioids, which should include engaging law enforcement, the State, and pharmacies to develop easily accessible safe disposal resources. - The ACRN recommends the opioid settlement funds be allocated to launching a statewide educational campaign to provide consistent and standardized guidance on the safe use and storage of opioids, including safe disposal in partnership with DHHS, law enforcement, and pharmacies.	High priority and feasible #2 overall rating (tied); #3 for impact (tied); #3 for urgency (tied); #3 for feasibility (tied)	Primary Prevention	Education/Awareness Campaign	4	4	3	3.7	3	4	3.5	5	4	3	4.0	3	14.2
24	Implement family-based prevention strategies, especially for transition-age youth and young adults. The ACRN recommends the opioid settlement funds be allocated to researching and implementing family-based prevention strategies, especially for transition-age youth and young adults.		Primary Prevention	Education/Awareness Campaign	4	3	3	3.3	4	3	3.5	3	2	3	2.7	3	12.5

27	Implement an education campaign on the addictive potential of opioids and alternative therapies for chronic pain and chronic illness, especially in rural areas, that is tailored to geography and underserved populations. - The ACRN recommends the opioid settlement funds be allocated to designing and launching a statewide education campaign on the addictive potential of opioids and alternative therapies for addressing chronic pain and chronic illness that is tailored for different populations, including underserved populations living in a rural/frontier county.	#3 overall rating (tied); #3 for impact (tied); #3 for urgency (tied); #4 for feasibility (tied)	Secondary Prevention	Education/Awareness Campaign	4	3	4	3.7	3	4	3.5	4	4	3	3.7	3	13.8
31	Implement marketing and communications campaigns to combat stigma in the general public. Campaigns should be tailored to address stigma toward different groups, such as pregnant women, criminal justice involved people, and youth, and can be delivered in a variety of ways, from online/social media videos to curricula in school health classes, to target different audiences. People with lived experience and those in the target audience can be of assistance in tailoring material to have a meaningful impact. In addition, utilizing success stories from individuals in recovery can be a powerful part of a marketing campaign.		Secondary Prevention	Education/Awareness Campaign	3	2	3	2.7	3	2	2.5	4	3	3	3.3	0	8.5
32	Expand educational efforts in the schools to promote early intervention and reduce stigma. Curricula such as Mental Health First Aid can be an effective method of assisting youth in identifying the signs of suicidality in their peers in a way that reduces stigma and increases knowledge of how to promote intervention. Continued training on the signs and interventions of suicide and substance use in the school system for parents, law enforcement, and other community partners will assist in reducing stigma and assisting in identifying individuals at risk, allowing for potential earlier intervention and decreased risk for lethality. The ACRN recommends the opioid settlement funds be allocated to expanding educational efforts in schools to promote early intervention and reduce stigma.		Secondary Prevention	Education/Awareness Campaign	5	2	3	3.3	3	4	3.5	4	2	3	3.0	3	12.8
33	Utilize an education and awareness campaign focused on identification of the need for treatment and treatment options, targeted to people using opioids and their families. The campaign should be tailored for different populations in order to promote health equity. Populations targeted should include those without housing. - The ACRN recommends the opioid settlement funds be allocated to designing and launching an education and awareness campaign focused on how to identify the need for treatment and different treatment options targeted to people using opioids and their families. The campaign should be designed using a health equity framework tailored for different populations, including Nevadans experiencing homelessness.	#2 overall rating (tied); #4 for impact (tied); #1 for urgency (tied); #5 for feasibility (tied)	Secondary Prevention	Education/Awareness Campaign	2	3	5	3.3	5	4	4.5	3	4	3	3.3	3	14.2
34	The ACRN recommends the opioid settlement funds be allocated to designing and launching a statewide educational campaign to decrease stigma and enhance understanding of recovery targeted at employers and landlords.	This is the Recovery Friendly Workplace Initaitive. #2 overall rating (tied); #4 for impact (tied); #1 for urgency (tied); #5 for feasibility (tied)	Secondary Prevention	Education/Awareness Campaign	2	3	5	3.3	5	4	4.5	3	4	3	3.3	3	14.2
35	Increase education for middle and high school students around SUDs, awareness of the opioid epidemic, naloxone use, and how to discuss these topics with health care providers.	This could be combined with several other recommendations above	Primary Prevention	Education/Awareness Campaign	2	1	3	2.0	5	1	3.0	2	3	3	2.7	0	7.7
36	Train providers and pharmacists on how to educate patients about pain management expectations and the risk of opioids. Provide tools and patient education materials for Statewide use as well as materials tailored for underserved populations. - The ACRN recommends the opioid settlement funds be allocated to training programs for providers and pharmacists on how to educate patients about pain management expectations and the risk of using opioids.	Could be expanded to include fully utilizing pharmacists in collaborative care agreements.	Secondary Prevention	Education/Awareness Campaign	4	2	4	3.3	3	4	3.5	3	4	3	3.3	3	13.2
84	Create a public-facing website for individuals looking for resources on substance use treatments. The website may also include successful recovery stories and outcome data that has been deidentified to assist in reducing the stigma both amongst providers and the general public toward people with SUD. The website could also link to available MAT providers, including OB-GYNs, as well as resources for SDOH and other factors in recovery. A section for families to inform them about supporting a family member in treatment and recovery would be helpful. Nevada may feature a family and consumer social marketing campaign on the website to include risks associate with use that is tailored to different populations experiencing health disparities. The ACRN recommends the opioid settlement funds be allocated to designing, launching, and sustaining a public-facing website for individuals looking for resources on substance use treatments which includes successful recovery stories and outcomes data that has been deidentified to assist in reducing the stigma both amongst providers and the general public toward people with SUD. The website should also include links to available MAT providers, including OB-GYNs, and a section for families to inform them about supporting a family member in treatment and recovery.	Exists through 211 and behavioral health nv. Could be expanded	System Needs	Education/Awareness Campaign	3	3	4	3.3	2	2	2.0	3	3	4	3.3	3	11.7
112	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	Same as #84 State Opioid Response website is the place for this information to live	Primary Prevention	Education/Awareness Campaign													
143	Public messaging campaign on the prevention and impact of ACE's	feasible	System Needs	Education/Awareness Campaign													
85	Create a position to coordinate opioid initiatives across divisions in the Office of Strategies and Initiatives. This position would allow one person to work across the divisions to make sure work is coordinated and gets done and doesn't get de-prioritized over time, ensuring centralized management of initiatives. This helps solve the issues with pockets of initiatives and pilots occurring but none to scale because no one person is overseeing projects.	This is the FRN unit in the DO.	System Needs	Evaluate Programs	3	1	3	2.3	3	2	2.5	4	3	4	3.7	0	8.5
91	Evaluate outcomes from efforts to support SUD treatment for the criminal justice-involved population. Monitor outcomes of criminal justice-involved individuals. This may include individuals who are inducted onto MAT prior to discharge, or other interventions such as drug courts for individuals with polysubstance conditions, and working with probation and parole officers to support the needs of individuals in treatment and recovery to determine best practices for improvements in outcomes in this population.		Health Equity	Evaluate Programs	2	3	4	3.0	2	2	2.0	2	2	3	2.3	3	10.3
94	Would globally recommend a step wise approach to spending, 5-10-15-20 year etc plans that gradually (constant, vs ramping up, etc.) spread out funds (and depending on investments possible perpetual funding) vs spending all at once.	As a general note, a given is that all recommendations be evidence, best practice, guideline, etc. based/informed and data driven, evaluated, etc. [illegible] possible	System Needs	Evaluate Programs													
97	Fund an office/positions that can support the recommendations being provided to ensure that efforts, funds, etc. are being utilized appropriately and with quality, outcomes, etc. [EVALUATION]	Dupliacte #85	System Needs	Evaluate Programs													
100	Programs treating SUDs (all ASAM levels of care) be evaluated for best practices, standards of care, implemented practices, patient outcomes, data metrics on numerous fronts (agencies, MCOs, etc) to be held to a certain standard keeping in mind that currently SAPTA certification, IOTRC, CCBHCs, etc. designations do not guarantee the above. Ideally parity in this respect across physical and mental health (for example a pregnant patient who presents for delivery should receive all of the above for the patient and newborn which would include labor and delivery, pediatrician, NICU, etc. as well in evaluation. Another would be the same for infectious disease specialists/departments). [EVALUATION OF EXISTING PROGRAMS]	Too many recommendations in one item. This should be several recommendations to be considered for scoring.	System Needs	Evaluate Programs													
103	Parity between criminal justice system treatment and regular treatment as much as possible. Same treatments should be available, before, during, and after. [PROGRAMS FOR PERSONS INVOLVED IN THE CRIMINAL JUSTICE OR JUVENILE JUSTICE SYSTEM]		Treatment	Evaluate Programs													
117	Anonymous school survey to principals and staff to identify specific drug trends/issues in their particular schools, for the purposes of additional training/resources for their students and parents.	This is YRBS	Secondary Prevention	Evaluate Programs													

72	Implement initiatives prior to release from prison that provide information on and connection to post-release treatment and housing, as well as education on the risks of overdose after periods of abstinence. - The ACRN recommends the opioid settlement funds be allocated to designing and launching education campaigns for people who are incarcerated, prior to their release, to provide information about and connections to post-release treatment, housing, and employment, as well as education on the risks of overdose after periods of abstinence.		Tertiary Prevention/Harm Reduction	Housing	1	3	5	3.0	4	4	4.0	4	3	3	3.3	3	13.3
79	Address housing needs as a SDOH. Nevada may utilize tenancy supports as an intervention to allow individuals to maintain housing as they go through the recovery process. In addition, development of sober housing resources and affordable housing through partners such as the Public Housing Authority can assist individuals in recovery in finding and maintaining affordable housing to enable ongoing recovery.		Recovery Supports/SDOH	Housing	2	4	3	3.0	3	3	3.0	3	3	3	3.0	0	9.0
133	Housing and recovery supports for homeless youth with OUD	feasible- this may be covered in #79- more specific and targeted	Treatment	Housing													
169	Establish policies and funding to support evidence based recovery housing using NARR criteria	feasible	System Needs	Housing													
81	Work with parole and probation officers to educate them on the need for treatment and recovery, and assist individuals returning to the community to have increased support in achieving and maintaining sobriety in the community. Treatment planning for these individuals should also include housing and employment interventions to ensure resources are in place to support the individual in the community. - The ACRN recommends the opioid settlement funds be allocated to designing and launching education campaigns targeted to parole and probation officers about the need for treatment and recovery, and how they can assist individuals returning to the community with increased support to achieve and maintain sobriety.	This is supported by AB236	Recovery Supports/SDOH	Justice Programs	1	3	5	3.0	4	3	3.5	4	3	3	3.3	3	12.8
90	Expand MAT into adult correctional and juvenile justice facilities. Expand current pilot efforts to provide MAT services within correctional facilities prior to release to help remove lapses in treatment. This would require collaboration and engagement effort with counterparts in the State and local criminal justice systems. The ACRN recommends the opioid settlement funds be allocated to expanding partnerships with the criminal justice system to implement MAT in adult correctional and juvenile justice facilities prior to release to help prevent lapses in treatment.		Health Equity	Justice Programs	1	3	5	3.0	4	4	4.0	3	3	2	2.7	3	12.7
139	Implement Safe Baby Courts for families impated by substance use	feasible	Treatment	Justice Programs													
37	Develop and implement a Statewide plan for prevention, screening, and treatment for Adverse Childhood Experiences (ACEs) across State agencies and provider settings. The ACRN recommends the opioid settlement funds be allocated to developing and implementing a statewide plan for prevention, screening, and treatment for Adverse Childhood Experiences (ACEs) across State agencies and provider settings.		Treatment	Prevent ACEs	4	3	3	3.3	3	3	3.0	3	3	3	3.0	3	12.3
116	Identify a school screening tool for the purposes of identifying adverse childhood experiences and early intervention for children and the families. Provide appropriate referrals for treatment/counseling services.		Primary Prevention	Prevent ACEs													
126	Implement Trauma Informed Schools	Already being implemented in some schools, feasible- This may be covered in #21-Similar but different	Secondary Prevention	Prevent ACEs													
140	Implement zero to three programming to support families impacted by substance use	feasible	Treatment	Prevent ACEs													
142	Implement Child Welfare best practices for supporting families impacted by substance use	feasible, already occurring but not to scale	System Needs	Prevent ACEs													
144	Create an Office of Strategic Initiatives as recommended by the DHHS task force to coordiante activities across DHHS for programs supporting families impacted by parental substance use	feasible, already occurring but not to scale	System Needs	Prevent ACEs													
145	Train providers and organizations on EBP's for mitigating harm from exposure to ACE's/resiliency training	feasible- This may be covered in #37- can be combined into #37	System needs	Prevent ACE's													
74	Continue the use of comprehensive preventive services rooted in harm reduction principles. Harm reduction can be an effective way of decreasing risk in multiple areas, from overdose to reduction of HIV and other diseases. It allows for education and intervention with active users who may be in the early stages of change and assists with linkage to treatment. Efforts should include community members, organizations, volunteers, professionals, and other stakeholders to become engaged members of the harm reduction and prevention workforce. Planning, implementation, and monitoring should meaningfully involve people with lived experience. - The ACRN recommends the opioid settlement funds be allocated to implementing comprehensive preventive services rooted in harm reduction principles. Planning, implementation, and monitoring should meaningfully involve people with lived experience.		Tertiary Prevention/Harm Reduction	Reduce Harm	2	4	3	3.0	3	4	3.5	3	4	3	3.3	3	12.8
75	Maintain distribution of naloxone kits. Although naloxone is available and public education on the benefits and use have increased, the funding for current efforts is primarily driven by grants and subsidies and a long-term sustainability plan is needed to ensure continued access is available. It is also essential to ensure that further educational efforts are targeted at special populations and groups experiencing disproportionate overdoses. - The ACRN recommends the opioid settlement funds be allocated to increasing/sustaining access to and distribution of naloxone kits.	#3 overall rating (tied); #3 for impact (tied); #3 for urgency (tied); #4 for feasibility (tied)	Tertiary Prevention/Harm Reduction	Reduce Harm	2	5	4	3.7	2	5	3.5	4	4	3	3.7	3	13.8
76	Support an increase in needle exchanges across the State. Many non-profit organizations provide needle exchange services, but more sites are needed in locations where those using them feels safe and anonymous. In addition, sites could expand services to include distribution of naloxone, and to provide education regarding recovery and treatment as well as public		Tertiary Prevention/Harm Reduction	Reduce Harm	1	4	4	3.0	2	4	3.0	3	2	3	2.7	3	11.7
104	Family Support groups bridging to care	This recommendation is incomplete	System Needs	Reduce Harm													
105	Require the use of evidenced-based practices to address and treat polysubstance use in all treatemnt protocols and expand statewide access to interventions for polysubstance users (including through drug court)		System Needs	Reduce Harm													
106	Establish a mechanism by which local and state health authorities can request and receive technical assistance and funding to integrate harm reduction services (e.g., syringe services, naloxone distribution) into other routine public health programs. The idea here is to remove silos between "public health practice" and "harm reduction services" by integrating them.	Technical assistance is available through ORN and CASAT.	System Needs	Reduce Harm													
107	Establish an advisory board that informs implementation of harm reduction services that includes people in recovery, people with lived experience of substance use, and people currently using drugs, that can provide oversight and inform the equitable and ethical integration of harm reduction into routine public health services.		System Needs	Reduce Harm													
108	Prioritize naloxone distribution to people at highest risk for overdose death. This will require a more systematic data collection effort to drive allocation of resources towards the people and communities with high death rates, as well as innovative efforts to connect with people at highest risk (e.g., people who are housed, living alone, or living in settings where drug use is hidden)		System Needs	Reduce Harm													
109	Require that protections from the 911 Good Samaritan Law and the revised statute 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.		System Needs	Reduce Harm													
110	Align priorities of 911 Good Samaritan Law protections with the enforcement of drug induced homicide laws, by de-prioritizing enforcement of the DIH law.		System Needs	Reduce Harm													
111	Establish a dedicated funding source to resource the establishment of supervised drug consumption sites.		System Needs	Reduce Harm													

114	Prioritize naloxone distribution to people who use drugs and to clinics that provide MAT (Medication Assisted Treatment) services. Fentanyl test strips can be included in this also, to people who use drugs and to clinics that provide MAT services.		System Needs	Reduce Harm														
155	Establish a disease investigation model for non-fatal overdoses to identify and mitigate risk	feasible-high priority	Tertiary Prevention/Harm Reduction	Reduce Harm														
167	Expand access to harm reduction products through the purchase and distrbution of vending machines statewide	feasible	Tertiary Prevention/Harm Reduction	Reduce Harm														
89	Neonatal Abstinence Syndrome Initiative and State Opioid Response grant projects for pregnant and postpartum women and their infants and implement lessons learned. Ensure that outcome data is detailed and stratified by important demographic characteristics in order to detect and address health disparities. Review of the outcomes from these projects will allow Nevada to analyze lessons learned and apply successes for future initiatives addressing SUD in additional identified special populations. The ACRN recommends the opioid settlement funds be allocated to evaluate the outcomes and lessons learned from the Association of State and Territorial Health Officials Opioid Use, Maternal Outcomes, and Neonatal		Health Equity	Reduce Neonatal Abstinence Syndrome	1	3	4	2.7	2	2	2.0	3	4	4	3.7	3	11.3
98	Ensure that all delivery hospitals and health care systems taking care of reproductive age, pregnant, and postpartum patients, utilize currently available programing for pregnant patients that prioritize best practices for patient, family/caregivers, and neonate/infant (ie. SBIRT, outpatient care, inpatient care, delivery, reproductive planning, care coordination, CARA plan of care, treatment, NAS, etc.) [REDUCE severity of neonatal abstinence syndrome]	This would require policy to support incentivizing	Treatment	Reduce Neonatal Abstinence Syndrome														
99	Increase education, adoption, support for buprenorphine first line for reproductive/birthing/pregnant, etc. patients with OUD [REDUCE SEVERITY OF NEONATAL ABSITENCE SYNDROM]		Treatment	Reduce Neonatal Abstinence Syndrome														
134	Incentivize and implement SBIRT in OB/GYN settings	feasible, toolkit has been developed and training is aready occurring, not to scale- Also recommended by ACRN see #98; and see #29-Keep #29, #98 has too many recommednations to be one recommendation. It will need to be broken into several	Secondary Prevention	Reduce Neonatal Abstinence Syndrome														
135	Establish CHW/Peer Navigator program for pregnant and parenting persons with OUD	feasible, already occuring but not to scale #23 and #47-keep this is specific for pregnant and parenting programming	Treatment	Reduce Neonatal Abstinence Syndrome														
136	Promote NAS prevention programs through homevisting and parenting programs for pregant and pareneting persons with OUD	feasible, already occuring but not to scale	Treatment	Reduce Neonatal Abstinence Syndrome														
137	Promote Eat, Sleep Console for mother/baby dyads for treating withdrawal	feasible, already occuring but not to scale	Treatment	Reduce Neonatal Abstinence Syndrome														
	The ACRN recommends the opioid settlement funds be allocated to recruiting non-traditional community resources to serve as "spokes" in the IOTRC Hub and Spoke model.	NEW RECOMMENDATION FROM KARISSA		Treatment/Early Intervention/Recovery Support														
12	Standardize clinical guidelines for non-pharmacological treatments, such as physical therapy, cognitive-behavioral therapy, and chiropractic care. A workgroup should be established with representation from the medical and pharmacy State boards, as well as Medicaid leadership and managed care organization (MCO) leadership. The workgroup could focus on education on non-pharmacological treatment and work to improve formulary coverage and reimbursements for non-pharmacological treatments and multidisciplinary pain management treatment models. This must include physical and behavioral health services. The ACRN recommends the opioid settlement funds be allocated to establishing a workgroup with representation from the Board of Health, Board of Pharmacy, Nevada Medicaid, and the contracted Medicaid Managed Care Organizations. The workgroup will be tasked with standardizing clinical guidelines for non-pharmacological treatments, including but not limited to physical therapy, cognitive-behavioral therapy, and chiropractic care.		Primary Prevention	Treatment/Early Intervention/Recovery Support	3	3	3	3.0	3	3	3.0	4	3	4	3.7	3	12.7
13	populations that experience health disparities. Encourage non-traditional community resources such as churches or community centers to serve as spokes in the Medication Assisted Treatment (MAT) hub-and-spoke model. The State should also consider population-specific programs and resources to target the provision of services through existing efforts like women's health programs. - The ACRN recommends the opioid settlement funds be allocated to grants for non-traditional	#3 overall rating (tied); #3 for impact (tied); #3 for urgency (tied); #4 for feasibility (tied)	Treatment	Treatment/Early Intervention/Recovery Support	2	4	5	3.7	3	4	3.5	4	3	4	3.7	3	13.8
18	Offer MAT providers training and incentives for participation in the patient-centered opioid addiction treatment (PCOAT) model. Implement procedures and policies necessary to operate the model.		Primary Prevention	Treatment/Early Intervention/Recovery Support	2	3	3	2.7	2	3	2.5	5	4	3	4.0	0	9.2
21	Increase the number of providers trained to offer trauma-informed treatment. There is a connection between exposure to childhood trauma and risky behaviors such as substance abuse. Nevada should consider offering trauma-informed training to all provider types, from primary care physicians to OB/GYNs, as well as to school personnel. Mental Health First Aid could be used in the school setting, as well as in primary care settings, to educate individuals on the effects of childhood trauma and available resources. Education on recognizing the signs of trauma and appropriate treatment will allow for earlier intervention and prevention efforts. The ACRN recommends the opioid settlement funds be allocated to increasing the number of health care providers, at all levels, who are trained to recognize the signs of trauma and offer appropriate trauma-informed treatment as an early intervention.		Primary Prevention	Treatment/Early Intervention/Recovery Support	4	4	3	3.7	3	4	3.5	3	3	2	2.7	3	12.8
25	Provide analytics from the PDMP to providers to identify polysubstance use. The PDMP can be used to identify trends in stimulant prescriptions issued and dispensed. Replicating some of the work done with opioid reporting to address prescribing practices would assist in addressing issues of stimulant prescribing.		Primary Prevention	Treatment/Early Intervention/Recovery Support	2	4	3	3.0	2	4	3.0	4	2	4	3.3	0	9.3
28	Fully implement the Zero Suicide framework Statewide, including leading system-wide culture change, training the workforce, identification, client engagement, treatment, transition to lower levels of care, and quality monitoring and improvement. The ACRN recommends the opioid settlement funds be allocated to implementing the Zero Suicide framework statewide, including leading system-wide culture change, training the workforce, identification, client engagement, treatment, transition to lower levels of care, and quality monitoring and improvement.		System Needs	Treatment/Early Intervention/Recovery Support	5	5	3	4.3	4	4	4.0	3	3	2	2.7	0	11.0
29	Promote Screening, Breif Intervention, and Referral to Treatment (SBIRT) for primary care. Utilizing SBIRT screenings in primary care visits for all populations, including adolescents, pregnant women, and other populations, will allow for increased early identification of potential substance use problems and allow for a more preventative, early intervention model of treatment. Nevada may also wish to increase awareness of the availability of SBIRT Training, and coordinate with the MCOs, as well as other health care providers, to increase training opportunities.		Secondary Prevention	Treatment/Early Intervention/Recovery Support	4	2	3	3.0	3	3	3.0	3	3	3	3.0	0	9.0
38	Increase access to evidence-based family therapy practices through training availability and increased funding/reimbursement.		Treatment	Treatment/Early Intervention/Recovery Support	3	3	3	3.0	3	3	3.0	4	2	2	2.7	0	8.7

39	Partner with a TeleMAT service provider. TeleMAT programs have been increasingly utilized during the public health emergency and have been shown to be as effective as in-person programs and have yielded increased retention rates among patients. Some payers, including Anthem, have partnered with TeleMAT service providers to expand access to MAT in rural populations. A TeleMAT program in conjunction with the extension of COVID-19 flexibilities could greatly expand access to and participation in MAT Statewide. The ACRN recommends the opioid settlement funds be allocated to a statewide contract with a TeleMAT service provider.		Treatment	Treatment/Early Intervention/Recovery Support	2	3	4	3.0	2	3	2.5	4	4	4	4.0	3	12.5
41	Increase evidence-based suicide interventions to help decrease intentional overdoses. - The ACRN recommends the opioid settlement funds be allocated to implementing more evidence-based suicide interventions statewide to help decrease intentional overdoses.		Treatment	Treatment/Early Intervention/Recovery Support	1	5	3	3.0	3	5	4.0	3	3	3	3.0	3	13.0
50	such as individual, group, and family therapy do not require prior authorization from in-network providers through Medicaid managed care. Nevada should consider removing these requirements from their Fee for Service System, which will decrease administrative burden for both providers and the State. evada currently requires prior authorization for Intensive Outpatient Programs (IOPs). While the State may not wish to remove prior authorization completely for this service, they may wish to	Policy consideration	Treatment	Treatment/Early Intervention/Recovery Support	3	3	3	3.0	2	3	2.5	4	4	3	3.7	0	9.2
51	Align utilization management policies between Medicaid managed care and Fee for Service, such as preferred drug lists and under- and over-utilization reports for consistency in review of the overall system.	Policy consideration	Treatment	Treatment/Early Intervention/Recovery Support	3	2	3	2.7	3	2	2.5	4	3	3	3.3	0	8.5
52	Promote team-based MAT with defined roles for nursing, behavioral health, and care coordination to support physicians with the clinical support staff and administrative resources necessary to treat patients with complex needs. Team-based MAT models are optimally cost-efficient, allowing prescribers to practice at the top of their license while nurses, behavioral health professionals, and care coordinators provide the care management, counseling, and coordination services vital to ensuring good outcomes that benefit Medicaid beneficiaries, as well as all patients seeking treatment for SUD. The MAT	This is PCOAT	Treatment	Treatment/Early Intervention/Recovery Support	2	3	3	2.7	3	3	3.0	3	3	3	3.0	0	8.7
53	Continue to support expansion of substance use services such as MAT in Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs), which could increase the availability of services in rural areas, as well as increase the coordination of behavioral and physical health for individuals in treatment. This effort would include an analysis of data and working with providers to determine how many individuals in their service area they may be able to accommodate. Key stakeholders and champions will be a necessary component for expansion of MAT, including change management in perception of MAT as addiction medicine being difficult and unappealing. Tracking outcomes to provide success stories of MAT services may also assist in this endeavor.		Treatment	Treatment/Early Intervention/Recovery Support	2	4	4	3.3	3	3	3.0	4	4	3	3.7	0	10.0
54	Implement plan for expansion of mobile MAT treatment for rural and frontier communities. Nevada has been exploring purchasing vans to enable mobile MAT treatment for more rural areas, which will assist in providing treatment in areas where it may not be financially feasible for a provider to open a brick-and-mortar facility. Implementation of the plan for mobile services will assist in increased access in these underserved communities. - The ACRN recommends the opioid settlement funds be allocated to expanding mobile medication-assisted treatment (MAT) for rural and frontier communities by purchasing vans which will assist in providing treatment in areas where it may not be financially feasible for a provider to open a brick-and-mortar facility.	High priority and feasible	Treatment	Treatment/Early Intervention/Recovery Support	2	3	5	3.3	4	4	4.0	3	3	3	3.0	3	13.3
55	Ensure funding for the array of OUD services for uninsured and underinsured Nevadans. The ACRN recommends the opioid settlement funds be allocated to funding an appropriate array of OUD services for uninsured and underinsured Nevadans.		Treatment	Treatment/Early Intervention/Recovery Support	2	3	4	3.0	3	4	3.5	4	2	2	2.7	3	12.2
56	time and the barrier of transportation for those in rural and frontier areas in accessing substance use services. Implementation of the model should also include establishing bundled payments, enhanced rates, or Medicaid health homes to sustainably fund the model and maintain existing gain, support building infrastructure for rural and frontier hubs, and		Treatment	Treatment/Early Intervention/Recovery Support	1	3	5	3.0	3	3	3.0	3	2	3	2.7	3	11.7
57	Expand the Integrated Opioid Treatment and Recovery Centers (IOTRC) hub classification beyond Certified Community Behavioral Health Clinic (CCBHC), FQHC, and OTP. This will allow a broader category for hub designation to better accommodate underserved communities. Additionally, encourage the inclusion of non-traditional community resources to serve as spokes and consider population-specific programs and resources to target the provision of services through existing efforts like women's health programs. The ACRN recommends the opioid settlement funds be allocated to expanding the Integrated Opioid Treatment and Recovery Centers (IOTRC) hub classification beyond Certified Community Behavioral Health Clinics (CCBHC), FQHCs, and OTPs to better accommodate underserved communities.		Treatment	Treatment/Early Intervention/Recovery Support	2	3	5	3.3	3	3	3.0	3	3	4	3.3	3	12.7
59	Increase adolescent beds certified to treat young adolescent and transition-age youth, as well as capable of treating co-occurring disorders. Ensure facilities are accessible to populations most in need.		Treatment	Treatment/Early Intervention/Recovery Support	1	4	4	3.0	3	4	3.5	2	4	2	2.7	0	9.2
60	Increase the availability of evidence-based treatment for co-occurring disorders for adults and children through promotion of training, enhanced reimbursement for use of specific evidence-based models, and State-sponsored training. Ensure training opportunities are marketed and available to providers in rural and frontier areas. The ACRN recommends the opioid settlement funds be allocated to implementing trainings for providers about evidence-based treatment for co-occurring disorders for adults and children and enhanced reimbursement for use of specific evidence-based models; training opportunities must be marketed and made easily available to providers in rural and frontier areas.		Treatment	Treatment/Early Intervention/Recovery Support	2	3	4	3.0	3	3	3.0	3	3	3	3.0	3	12.0
61	Incentivize providers to initiate buprenorphine in the emergency department (ED), as well as during inpatient hospital stays. All EDs and hospitals should have providers that will provide buprenorphine induction as well as involve case managers to assist with setting up outpatient resources for continued care and management.		Treatment	Treatment/Early Intervention/Recovery Support	1	4	3	2.7	4	4	4.0	4	2	4	3.3	0	10.0
62	Nevada has submitted an 1115 Demonstration SUD Waiver that will allow for payment of SUD services in Institutions for Mental Disease. Room and board is not covered under this waiver and consideration for reimbursement will need to be given outside of Medicaid funding.		Treatment	Treatment/Early Intervention/Recovery Support	1	2	3	2.0	2	2	2.0	5	4	3	4.0	0	8.0
63	Support care coordination. The State of Nevada may consider financial incentives for care coordination across health care professional types, including behavioral health counselors and other non-physicians. These could be in the form of billing codes and supporting reimbursement for care coordination for particular OUD populations using established evidence-based practices.	This is PCOAT	Treatment	Treatment/Early Intervention/Recovery Support	3	2	3	2.7	2	3	2.5	5	5	3	4.3	0	9.5
64	Provide continuity of care (CoC) between levels of care. Nevada's CCBHCs currently provide care coordination across various providers to ensure whole person treatment is available for both physical and behavioral health. These programs may need to be expanded to meet the needs of the State's OUD population for those not served by CCBHCs.		Treatment	Treatment/Early Intervention/Recovery Support	2	3	3	2.7	2	3	2.5	4	3	4	3.7	0	8.8
65	Engage OB/GYNs in an ECHO project to encourage and improve OUD screening, referral, and treatment for pregnant women.		Treatment	Treatment/Early Intervention/Recovery Support	1	3	4	2.7	3	4	3.5	3	3	3	3.0	0	9.2
66	Increase withdrawal management services in the context of comprehensive treatment programs.		Treatment	Treatment/Early Intervention/Recovery Support	2	4	3	3.0	4	4	4.0	3	3	3	3.0	0	10.0
67	Increase short-term rehabilitation program capacity.		Treatment	Treatment/Early Intervention/Recovery Support	1	3	3	2.3	3	3	3.0	3	3	2	2.7	0	8.0
70	Increase longer-term rehabilitation program capacity.		Treatment	Treatment/Early Intervention/Recovery Support	1	4	3	2.7	4	4	4.0	4	3	2	3.0	0	9.7
71	Incorporate screening for standard SDOH needs as a routine intake procedure for all services.		Recovery Supports/SDOH	Treatment/Early Intervention/Recovery Support	5	3	3	3.7	4	3	3.5	3	2	3	2.7	0	9.8

73	Expand use of referral mechanisms. Receive periodic updates from University of Nevada – Reno (UNR), State owner of OpenBeds. Update the referral process to include use of the eligibility checklist to enable referring providers to confirm Medicaid eligibility and initiate enrollment. Develop a user-friendly standardized form that providers can complete and send with referrals to improve coordination of care. Planning and implementation of this recommendation should ensure process is as streamlined as possible and results in decreased burden to providers. Provider stakeholdering may assist in ensuring further improvements.		Treatment	Treatment/Early Intervention/Recovery Support	2	3	3	2.7	4	3	3.5	4	4	4	4.0	0	10.2
77	Address transportation needs as a SDOH. Nevada's new, Medicaid-funded non-emergency Secure Behavioral Health Transport service is equipped and staffed by an accredited individual to transport individuals in mental health crisis, including those on a legal hold. Resources may be needed to help providers with start-up costs as well as to fund transportation for people not covered by Medicaid. Additional transportation solutions need to be considered for the non-Medicaid population, especially in rural areas. The ACRN recommends the opioid settlement funds be allocated to researching, designing, and implementing transportation solutions for both the Medicaid-enrolled and non-Medicaid populations with a particular emphasis on solutions for rural/frontier communities.		Recovery Supports/SDOH	Treatment/Early Intervention/Recovery Support	2	3	4	3.0	3	3	3.0	3	3	3	3.0	3	12.0
78	Identify opportunities for faith-based organizations to provide recovery supports in local communities. Local communities should develop coalitions to work together to ensure recovery supports are available, including the development of local recovery centers.		Recovery Supports/SDOH	Treatment/Early Intervention/Recovery Support	2	2	3	2.3	4	2	3.0	3	2	3	2.7	0	8.0
80	Develop employment supports for those in treatment and in recovery.		Recovery Supports/SDOH	Treatment/Early Intervention/Recovery Support	3	3	3	3.0	4	2	3.0	3	2	3	2.7	0	8.7
82	Expand 2-1-1 to identify and match individuals to resources for SDOH. As part of expanding resources, current partnerships should be reviewed to see if there is an opportunity for expansion or additional collaboration.		Recovery Supports/SDOH	Treatment/Early Intervention/Recovery Support	4	2	3	3.0	2	1	1.5	4	4	3	3.7	0	8.2
83	Implement a workforce of community health workers throughout recovery supports, behavioral health, and social service agencies. This will potentially require planning, a new Medicaid service definition and associated budget expansion, and funds for the uninsured and underinsured to access these services.		System Needs	Treatment/Early Intervention/Recovery Support	3	2	3	2.7	3	2	2.5	2	2	2	2.0	0	7.2
86	Use braided or blended funding, which merges multiple sources of funding for treatment that may not be fully covered by one individual funding source. Braided funding combines State, federal, and private funding streams for a united goal, ensuring individual funding sources are separately tracked and reported. Blended funding is the same principle, with the exception that all blended funding sources are combined and not tracked and reported on individually.		System Needs	Treatment/Early Intervention/Recovery Support	3	3	3	3.0	4	3	3.5	3	3	3	3.0	0	9.5
87	Implement a reimbursement model that reduces the administrative burden of administering grant funds for organizations not accustomed to handling grant payments. One way to do this would be to run the reimbursement payments through the edits built into the Medicaid Managed Information System (MMIS); when the reimbursement is not a Medicaid expense it would filter down to the Division of Public and Behavioral Health (DPBH) code and be paid from State or federal grant money.		System Needs	Treatment/Early Intervention/Recovery Support	2	3	3	2.7	3	2	2.5	3	3	3	3.0	0	8.2
88	Continue efforts to work with tribal communities to meet their needs for prevention, harm reduction, and treatment. Continue to build relationships with the tribal populations by collaborating with their representatives and pursuing outreach to tribal communities through channels such as survey and focus groups. The ACRN recommends the opioid settlement funds be allocated to designing and launching collaborative outreach programs with Tribal communities to meet their needs for prevention, harm reduction, and treatment.		Health Equity	Treatment/Early Intervention/Recovery Support	2	3	5	3.3	3	3	3.0	3	3	4	3.3	3	12.7
96	fund an office/positions that can increase education, adoption, support for SBIRT in all health care settings (ie. Inpatient, outpatient, etc.) similar to Zero Suicides program.		System Needs	Treatment/Early Intervention/Recovery Support													
115	Work in concert with the Nevada public and private school districts for the development of mandatory prevention education and		Primary	Treatment/Early													
118	Implement Multi-tiered Systems of Support (Tier 1 and 2) and Social-Emotional Learning in all K-12 Schools	Already being implemented in some schools, feasible	Primary Prevention	Treatment/Early Intervention/Recovery Support													
119	Implement Multi-tiered Systems of Support (Tier 3) in all K-12 schools	Already being implemented in some schools, feasible	Secondary Prevention	Treatment/Early Intervention/Recovery Support													
120	Increase access to Afterschool, Summer Recreation, and Intermural Programs in K-12	Already being implemented in some schools, feasible	Primary Prevention	Treatment/Early Intervention/Recovery Support													
121	Provide Prevention Specialists for schools to support implementation of EBP in K-12	Already being implemented in some schools, feasible- ACRN #115	Primary Prevention	Treatment/Early Intervention/Recovery Support													
122	Develop and implement parent education opportunities, resources and supports for SUD prevention	Already being implemented in some schools, feasible	Primary Prevention	Treatment/Early Intervention/Recovery Support													
123	Provide parent education on ACE's, prevention and intervention		Primary Prevention	Treatment/Early Intervention/Recovery Support													
124	Invest in Families First Prevention Act activities to reduce risk for child welfare involvement	FFPA Plan written but needs funding	Secondary Prevention	Treatment/Early Intervention/Recovery Support													
125	Implement Universal Screening for ACE's and SBIRT in pediatric care setttings (reimburse in Mediacid under EPSDT)	Will take some work but is feasible	Secondary Prevention	Treatment/Early Intervention/Recovery Support													
127	Promote Youth Substance Misuse Interventions	Feasible	Tertiary Prevention/Harm Reduction	Treatment/Early Intervention/Recovery Support													
128	Expand adolescent treatment options across all ASAM levels of care for OUD with COD integration	Feasible- see #100 from ACRN-this is expansion #100 is evaluation	Treatment	Treatment/Early Intervention/Recovery Support													
129	Train providers on EBP's for family focused SUD treatment interventions	Feasible- See #17,19,30-Keep as it's more specific to family focused treatment modailities	Treatment	Treatment/Early Intervention/Recovery Support													
130	Provide speciality care for adolescents in the child welfare and juvenille justice systems	feasible	Treatment	Treatment/Early Intervention/Recovery Support													
131	Expand options for transitional age youth for treatment	feasible	Treatment	Treatment/Early Intervention/Recovery Support													
132	Provide support for commerically sexually exploited children receiving centers and on-going treatment	feasible	Treatment	Treatment/Early Intervention/Recovery Support													
138	Increase parent/baby/child treatment options including recovery housing and residential treatment that allow the family to remain together	feasible	Treatment	Treatment/Early Intervention/Recovery Support													

141	Implement CARA Plans of Care with resource navigation and peer support	feasible see ACRN #98-keep this is programming	Treatment	Treatment/Early Intervention/Recovery Support															
146	Expand access to MOUD treatment options for youth with OUD in primary and behavioral health settings	feasible	Treatment	Treatment/Early Intervention/Recovery Support															
148	Expand access to child care options for families seeking treatment/recovery supports	already occurring but not to scale	Recovery Supports/SDOH	Treatment/Early Intervention/Recovery Support															
149	Incentivize treatment recruitment and retention for individuals with OUD through the PCOAT Model in Medicaid	feasible- see #18-Can be combined with #18	Treatment	Treatment/Early Intervention/Recovery Support															
151	Create street outreach teams to provide street medicine programs, harm reduction, psychiatry, and care management	Feasible	Treatment	Treatment/Early Intervention/Recovery Support															
159	Fully implement Nevada's Hub and Spoke System regardless of payer		System Needs	Treatment/Early Intervention/Recovery Support															
160	Support the implemention of low threshold prescribing for buprenorphine treatment	feasible	Treatment	Treatment/Early Intervention/Recovery Support															
161	Utilize FRN funding for states share for 1115 SUD Waiver, room and board, and uncompensated care	Can be combined with #62	Treatment	Treatment/Early Intervention/Recovery Support															
162	Establish ITORC's in DHCFP policy with funding	Feasible-necessary to implement hub and spoke	Treatment	Treatment/Early Intervention/Recovery Support															
164	Expand acccess to long acting buprenorphne medications	feasible	Treatment	Treatment/Early Intervention/Recovery Support															
165	Establish home visiting programs for families at-risk for or impacted by OUD	feasible	Treatment	Treatment/Early Intervention/Recovery Support															
166	Provide grief counseling and support for those impacted by the loss of a fatal overdose by familiy or friend	feasible	Treatment	Treatment/Early Intervention/Recovery Support															
168	Directly fund people either at tribes or through the Nevada Indian Commission. And, to the extent that a tribe, the Inter-Tribal Council of Nevada, Nevada Urban Indians, or the Las Vegas Indian Center want direct funding, for us to just direct fund them.		Treatment	Treatment/Early Intervention/Recovery Support															
102	Victim/affected by compensation. The experts can weigh in here on best practices in regards to implementation, who, what, when, where, etc. Possible example to follow could be October 1. [VICTIM COMPENSATION]	Does not meet the intention of the settlement per the AG and should not be included in allocations.																	
150	Develop no barrier access to overdose prevention/harm reduction service including naloxone and fentanyl testing	already occurring but not to scale																	

	ACRN Recommendations and Corresponding Recommendations from the List Above	
ACRN1	Expanding access to evidence-based prevention of substance use disorders, early intervention for persons at risk of an SUD, treatment for SUDs, and support for persons in recovery from SUDs. Expanding access to evidence-based prevention of substance use disorders, early intervention for persons at risk of an SUD, treatment for SUDs, and support for persons in recovery from SUDs.	This is a restatement of the Legislative category
ACRN2	Sustainable investment in substance use prevention education and educator training in the geographic and sociodemographic areas identified in the needs assessment. (Prevention policy and funding)	See Education and Awareness Campaigns
ACRN3	Open more beds for crisis and withdrawal management should be readily available, despite an individual's ability to pay and/or type of insurance, for both adults and youth. (Treatment/Workforce/Infrastructure funding and policy)	See recommendations about opening adult and adolescent beds and adding withdrawal management
ACRN4	Sustainably invest in increasing utilization of secondary prevention interventions and strategies focusing on targeting underserved populations as noted in the needs assessment. (Prevention)	See secondary prevention category
ACRN5	Invest in behavioral health infrastructure towards the creation of more inpatient rehabilitation facilities and detoxification facilities linked to the needs assessment. (Treatment)	See recommendations about opening adult and adolescent beds and adding withdrawal management
ACRN6	Sustainably invest in peer support programs, along with community health workers implanted in the recovery support programs and across behavioral health and social services throughout the State, including review of reimbursement rates and supplementing wages. (Policy and funding)	See separate recommendations for peer support and for community health workers
ACRN7	Create interventions at a family level to fortify youth and transition-age youth and young adult individuals' sense of security and prevention of substance use.	Included
ACRN8	Expand of payment coverage for family treatments. (Policy)	Included
ACRN9	Sustainably and continually invest in and train administration of family-based treatment.	Included (as above)
ACRN10	Services to reduce the harm caused by substance use.	See Harm Reduction
ACRN11	Sustainably invest in harm reduction services in both urban and rural underserved areas, including but not limited to funding for syringe exchange, fentanyl test strips, and naloxone distribution.	See Harm Reduction
ACRN12	Campaigns to educate and increase awareness of the public concerning substance use and SUDs.	See Education and Awareness Campaigns
ACRN13	Assess efficacy of current related media campaigns. (Prevention and funding)	See Education and Awareness Campaigns; all recommendations should include a method
ACRN14	Ensure all media campaigns are evidenced based, culturally competent, multilingual, and on a diverse set of media platforms. (Prevention and funding)	See Education and Awareness Campaigns; all recommendations should be evidence-based, culturally competent, and multilingual; many mention a diverse set of media
ACRN15	Development of the workforce of providers of services relating to substance use and SUDs.	See Workforce
ACRN16	Create a scholarship fund dedicated to an individual directly affected by the epidemic for workforce development to build infrastructure. (Workforce/Infrastructure funding)	Included
ACRN17	Capital projects relating to substance use and SUDs, including, without limitation, construction, purchasing, and remodeling.	See Capital Projects
ACRN18	Creating infrastructure to enhance workforce, facilities, beds, linkage to care referrals, and payment methodologies.	Included in many recommendations