Rec. #	Recommendation	Gap	Legislative	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	**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	**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	**11.5**
147	Implement Mobile Crisis Teams with harm reduction training and naloxone leave behind	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	**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	**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	**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	**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 opioiod 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.	Data	Data	**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	**7.8**
10	Increase data sharing using the HIE. Promote the use of HealtHIE 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	**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	**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	**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	System Needs	Data	
154	Establish a "bad batch" communications program to alert communities to prevent mass causulty events	System Needs	Data	
156	Support the API connection for EMS/Image Trend for data collection and reporting through ODMAP	System Needs	Data	
158	Increase reporting of Treatment Episode Data Set for all certified providers	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	**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	**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	**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	**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	**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.	Primary Prevention	Develop Workforce	**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	**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	**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	**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	**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	**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	**9.3**
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.	System Needs	Develop Workforce	

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.	Primary Prevention	Education/Awareness Campaign	**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	**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.	Secondary Prevention	Education/Awareness Campaign	**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	**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	**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.	Secondary Prevention	Education/Awareness Campaign	**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.	Secondary Prevention	Education/Awareness Campaign	**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.	Primary Prevention	Education/Awareness Campaign	**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.	Secondary Prevention	Education/Awareness Campaign	**13.2**
143	Public messaging campaign on the prevention and impact of ACE's	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.	System Needs	Evaluate Programs	**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	**10.3**

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]	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.	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	**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	**9.0**
133	Housing and recovery supports for homeless youth with OUD	Treatment	Housing	
169	Establish policies and funding to support evidence based recovery housing using NARR criteria	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.	Recovery Supports/SDOH	Justice Programs	**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	**12.7**
139	Implement Safe Baby Courts for families impated by substance use	Treatment	Justice Programs	
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]	Other	Other	
126	Implement Trauma Informed and Responsive Schools	Secondary Prevention	Prevent ACEs	
140	Implement zero to three programming to support families impacted by substance use	Treatment	Prevent ACEs	
142	Implement Child Welfare best practices for supporting families impacted by substance use	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	System Needs	Prevent ACEs	
145	Train providers and organizations on EBP's for mitigating harm from exposure to ACE's/resiliency training	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	**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.	Tertiary Prevention/Harm Reduction	Reduce Harm	**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 health services. In areas that are currently not receptive to initiating needle exchange programs, increased education needs to be provided to help the community recognize and accept the importance of these programs and the long-term impacts for not only the communities but those with OUD. The ACRN recommends the opioid settlement funds be allocated to increasing the number of needle exchange programs across the State and expanding their service array to include distribution of naloxone and education about recovery and treatment options.	Tertiary Prevention/Harm Reduction	Reduce Harm	**11.7**
104	Family Support groups bridging to care- Family navigation and support to care/continued care	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	

108	~~Prioritize naloxone distribution to people at highest risk for overdose death. R~~equire 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	
111	Establish a dedicated funding source to resource the establishment of supervised drug consumption sites.	System Needs	Reduce Harm	
155	Establish a disease investigation model for non-fatal overdoses to identify and mitigate risk	Tertiary Prevention/Harm Reduction	Reduce Harm	
167	Expand access to harm reduction products through the purchase and distrbution of vending machines statewide	Tertiary Prevention/Harm Reduction	Reduce Harm	
150	Develop no barrier access to overdose prevention/harm reduction service including naloxone and fentanyl testing	Primary Prevention	Reduce Harm	
89	Evaluate the outcomes from the Association of State and Territorial Health Officials Opioid Use, Maternal Outcomes, and 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 Abstinence Syndrome Initiative and State Opioid Response projects for pregnant and postpartum women and their infants and apply successful strategies in future initiatives addressing SUD in additional identified special populations.	Health Equity	Reduce Neonatal Abstinence Syndrome	**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]	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	Secondary Prevention	Reduce Neonatal Abstinence Syndrome	
135	Establish CHW/Peer Navigator program for pregnant and parenting persons with OUD	Treatment	Reduce Neonatal Abstinence Syndrome	
136	Promote NAS prevention programs through homevisting and parenting programs for pregant and pareneting persons with OUD	Treatment	Reduce Neonatal Abstinence Syndrome	
137	Promote Eat, Sleep Console for mother/baby dyads for treating withdrawal	Treatment	Reduce Neonatal Abstinence Syndrome	
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	**12.7**
13	Engage non-traditional community resources to expand treatment access in rural or underserved areas and targeting 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 community organizations (e.g., churches, community centers, Family Resource Centers, etc.) to expand treatment access in rural or underserved areas with emphasis on funding organizations whose work targets populations experiencing health disparities. The Committee recommends issuing grants to encourage non-traditional community organizations to serve as spokes in the Medication Assisted Treatment (MAT) hub-and-spoke model.	Treatment	Treatment/Early Intervention/Recovery Support	**13.8**

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	**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	**9.3**
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	**9.0**
38	Increase access to evidence-based family therapy practices through training availability and increased funding/reimbursement.	Treatment	Treatment/Early Intervention/Recovery Support	**8.7**
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	**13.0**

50	Modify or remove prior authorization requirement for select outpatient behavioral health services. Several therapy services 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 consider modifying the prior authorization requirements. The benefit of requiring prior authorization after an initial time period supports the State in ensuring IOP level of care is appropriate for a beneficiary and encourages providers to revisit how and whether a patient should be advanced on the care continuum based on a real-time assessment.	Treatment	Treatment/Early Intervention/Recovery Support	**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.	Treatment	Treatment/Early Intervention/Recovery Support	**8.5**
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	**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.	Treatment	Treatment/Early Intervention/Recovery Support	**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	**12.2**

56	Establish a Medicaid benefit that supports the hub-and-spoke model. Use of the hub-and-spoke model will decrease travel 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 specifically target providers who can be designated as hubs. The ACRN recommends the opioid settlement funds be allocated to establish a Medicaid benefit (e.g., bundled payments, enhanced rates, or Medicaid health homes) that supports the hub-and-spoke model which decreases travel time and can remove the barrier of transportation for those in rural and frontier areas, so they can effectively access substance use services.	Treatment	Treatment/Early Intervention/Recovery Support	**11.7**
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	**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	**12.0**
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	**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.	Treatment	Treatment/Early Intervention/Recovery Support	**9.5**
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	**9.2**
66	Increase withdrawal management services in the context of comprehensive treatment programs.	Treatment	Treatment/Early Intervention/Recovery Support	**10.0**

67	Increase short-term rehabilitation program capacity.	Treatment	Treatment/Early Intervention/Recovery Support	**8.0**
70	Increase longer-term rehabilitation program capacity.	Treatment	Treatment/Early Intervention/Recovery Support	**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	**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	**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	**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	**8.0**
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	**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	**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	**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	**12.7**
115	Work in concert with the Nevada public and private school districts for the development of mandatory prevention education and educator training for K-12th grade to provide age-appropriate training (specific to the SAMHSA strategic prevention framework; good behavior model, evidence-based curriculum).	Primary Prevention	Treatment/Early Intervention/Recovery Support	
118	Implement Multi-tiered Systems of Support (Tier 1 and 2) and Social-Emotional Learning in all K-12 Schools	Primary Prevention	Treatment/Early Intervention/Recovery Support	
119	Implement Multi-tiered Systems of Support (Tier 3) in all K-12 schools	Secondary Prevention	Treatment/Early Intervention/Recovery Support	
122	Develop and implement parent education opportunities, resources and supports for SUD prevention	Primary Prevention	Treatment/Early Intervention/Recovery Support	
125	Implement Universal Screening for ACE's and SBIRT in pediatric care setttings (reimburse in Mediacid under EPSDT)	Secondary Prevention	Treatment/Early Intervention/Recovery Support	
129	Train providers on EBP's for family focused SUD treatment interventions	Treatment	Treatment/Early Intervention/Recovery Support	

130	Provide speciality care for adolescents in the child welfare and juvenille justice systems	Treatment	Treatment/Early Intervention/Recovery Support	
132	Provide support for commerically sexually exploited children receiving centers and on-going treatment	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	Treatment	Treatment/Early Intervention/Recovery Support	
141	Implement CARA Plans of Care with resource navigation and peer support	Treatment	Treatment/Early Intervention/Recovery Support	
148	Expand access to child care options for families seeking treatment/recovery supports	Recovery Supports/SDOH	Treatment/Early Intervention/Recovery Support	
151	Create street outreach teams to provide street medicine programs, harm reduction, psychiatry, and care management	Treatment	Treatment/Early Intervention/Recovery Support	
165	Establish and/or expand home visiting programs for families at-risk for or impacted by OUD	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	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	