NEVADA OPIOID STATE TARGETED RESPONSE FINAL PROGRESS REPORT

May 1, 2017 – April 30, 2020

Contents

Executive Summary

Nevada's accomplishments through the State Targeted Response to the Opioid Crisis Grants are outlined below through their alignment with the State's four priority tracks.

Opioid STR Grantees

UNR/CASAT
Center for Behavioral Health
Empowerment Center

Track 2: Treatment Options & Third-Party Payers

The Life Change Center
Trac-B Exchange
UNLV NICRP
UNRSOM CME
Vitality Unlimited
8th Judicial District Court

Integrated Opioid Treatment and Recovery Centers

Three Integrated Opioid Treatment and Recovery Centers (IOTRCs) were established throughout the state. IOTRCs are designed to increase access to medication assisted treatment and support systems through a hub and spoke system where the IOTRCs act as the hubs. Through services provided by the IOTRCS during the STR funding period:

- 4,830 clients received treatment for OUD
- 1,421 clients received recovery support services

82 medical providers attended a Data 2000 waiver training to increase the number medical providers able to provide office-based opioid treatment.

Peer Recovery Support Services

512 Individuals received peer recovery support services from spoke agencies.

Modules were added to Peer Recovery Support Specialist (PRSS) training curriculum, including an overview of MAT and information on harm reduction and overdose prevention.

Overdose Education and Naloxone Distribution

Overdose education and naloxone distribution took place through 35 community-based organizations or law enforcement/first responder agencies. From Feb 1, 2018-April 30, 2020:

- 7,241 naloxone kits were dispensed
- 278 reversals were reported using naloxone

Community Overdose Preparedness Plans

Communities developed county-specific preparedness plans in case a spike in opioid overdoses were ever to occur. Various stakeholder groups were brought together within the different counties across the state to assess capacity, identify and implement a real-time overdose mapping system, define a spike within their unique communities, facilitate training, and create an opioid spike action plan.

Track 3: Data Collection & Intelligence Sharing

Centralized Data Repository

A centralized place for all treatment data was developed. The data repository will streamline the process of reporting to federal agencies and will allow more data-informed decision making.

Track 4: Criminal Justice Interventions

MAT Re-Entry Court

A MAT Re-entry Court has been established in Clark County. The program provides access and referral to OUD treatment organizations, transitional housing services, assistance obtaining employment and other services needed in order to reduce barriers typically associated with recidivism.

Background

Nevada's proposed State Targeted Opioid Response project aimed to address the opioid crisis in Nevada by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder.[1] Nevada is implementing a multipronged approach that brings together prevention, early intervention, treatment, law enforcement, public policy, public health models, and recovery oriented systems of care. The intricacy of the issues continues to demonstrate the needs for many solutions to be leveraged towards the whole. The crisis has highlighted some of the opportunities within our current state and local infrastructures that needed to be brought together in a coordinated effort to further develop a comprehensive coordinated system of care.

In 2016, Nevada convened a key stakeholder meeting in which four priority areas for addressing opioid use/misuse were identified. In May 2017, the State of Nevada was awarded $5.6 million under the State Targeted Response to the Opioid Crisis Grants (STR) by the Substance Abuse and Mental Health Services Agency (SAMHSA). Each of the goals and initiatives for STR aligned with the State's four priority areas:

1) Prescriber Education & Guidelines
2) Treatment Options & Third-Party Payers
3) Data Collection & Intelligence Sharing
4) Criminal Justice Interventions

Sixteen agencies were funded through O-STR. Funding for seven agencies was provided through the STR no cost extension.

Goal 1. Build upon the State of Nevada's existing needs assessment and comprehensive strategic plan derived from the National Governors Policy Academy and Nevada Drug Abuse Prevention Task Force.

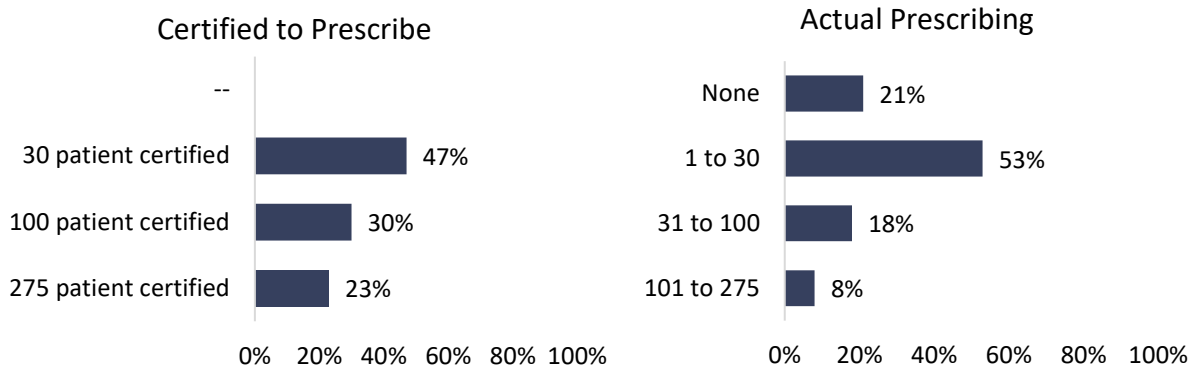
Assess the current capacity of MAT prescribers throughout the state

In order to assess the current capacity and training needs of health care providers, two surveys were conducted. The first took place in August of 2017. Data 2000 waivered providers were surveyed on their buprenorphine prescribing limit, current caseload of MAT patients, reasons for not prescribing at capacity, resources that could increase their MAT prescribing, counties prescribing in, use of opioid and naloxone co-prescribing, psychosocial interventions offered and interventions provided through contract arrangements. Thirty-nine percent (39%) of waivered providers responded to the survey. Of them, none were prescribing at their capacity.

Nearly all (97%) of respondents said their practice/agency was accepting new clients. The number of patients the providers were certified to prescribe to ranged, with 47% *30-patient certified*, 30% *100-patient certified*, and 23% *275-patient certified*. While less than half (47%) of providers were certified to prescribe to only 30 patients, 74% of respondents were prescribing in this range. Almost one-third (30%) were allowed to prescribe buprenorphine to up to 100 patients, but only 18% of respondents actually were. Finally, while nearly one-quarter (23%) had increased their prescribing limit to 275 patients, 8% were utilizing this ability (see Figure 1).

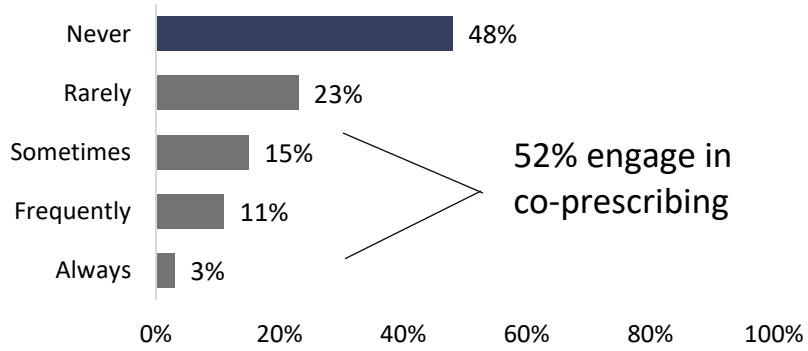
[1] including prescription opioids as well as illicit drugs such as heroin

Figure 1. Comparison of Provider Capacity and Actual Prescribing



Over half (52%) of survey respondents indicated that they co-prescribed naloxone with opioid painkillers for high-risk patients, with 11% of those citing doing so "*frequently*" and 3% "*always*."

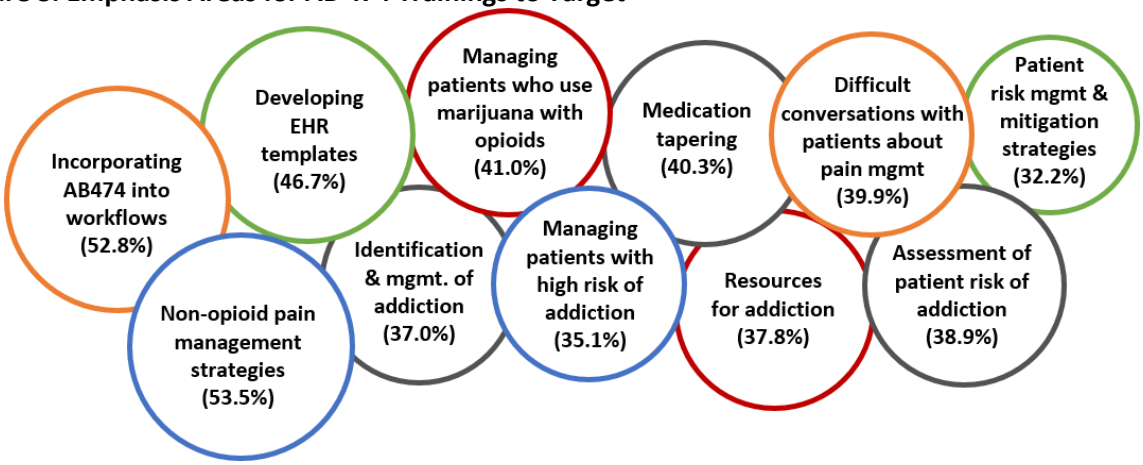
Figure 2. Frequency of Opioid Painkiller and Naloxone Co-prescribing



The second survey was distributed in February 2018. This survey was distributed through all of the licensing boards to all types of medical providers, receiving 1,074 responses. It was designed to guide focus and development of opioid-related trainings.

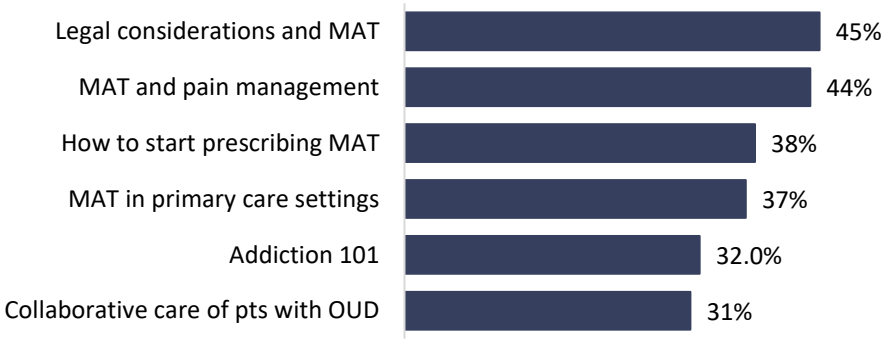
The first questions surrounded training on the newly enacted Controlled Substance Prevention Act. Roughly 80% of participants indicated they would attend a training on the law. Respondents *non-opioid pain management strategies* and i*ncorporating AB474 into workflows* (the Controlled Substance Prevention Act) were areas the most respondents wanted training to target.

Figure 3. Emphasis Areas for AB 474 Trainings to Target



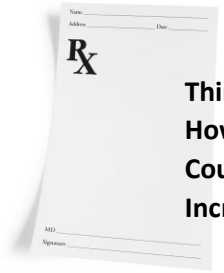
Participants were asked about their training needs related to medication-assisted treatment (MAT). *Legal considerations with MAT* and *MAT and pain management* were topics the most respondents rated needing trainings to address. Nearly three-quarters (72%) of survey respondents indicated they would attend or might consider attending a training on MAT.

Figure 4. Emphasis Areas for the AB 474 Training to Target



Finally, respondents were asked about their training needs related to naloxone co-prescribing. Interest was high for training on *considerations when prescribing naloxone*, *starting to prescribe naloxone*, and *counseling patients on using naloxone*. Sixty-four percent (64%) of respondents indicated they were very likely or might attend a training on co-prescribing naloxone.

Figure 5. Emphasis Areas for the AB 474 Training to Target



Things to consider when prescribing naloxone	**56%**
How to start prescribing naloxone	**50%**
Counseling patients on using naloxone for overdose	**49%**
Increasing access to naloxone	**38%**

Following assessment of training needs, O-STR partnered with the *University of Nevada School of Medicine Continuing Medical Education* Department to develop trainings to address the stated needs of providers in the survey. Most trainings developed were recorded trainings placed online for viewing at any time since that was ranked preferred by respondents. Nine (9) online courses were developed during the O-STR grant. These courses were attended by 714 participants through April 2019. Following completion of a CME online training, 88% of respondents reported they felt confident to be able to apply the objectives of the training and 60% indicated they intended to make changes to their practice based on the training.

One exception to the asynchronous viewing model was a three-day course offered to those who were "problem prescribers" as identified by the PDMP to provide training on prescribing best practices. The course included content on:

- Personal characteristics influence on decisions
- Applying tools to screen patients for substance use disorders
- Applying motivational interviewing techniques
- Referral sources
- Identifying risky prescribing practices and replacing them with safe practices
- Recognizing high risk patients and using refusal skills
- Explaining Nevada's laws and requirements including AB474

The course was offered once in 2018 and once in 2019. Ninety-nine percent (99%) of course respondents reported feeling confident to perform course objectives and 100% of attendees reported intending to make changes to their practice based on the training.

Address Gaps Identified through Needs Assessment

Completing the needs assessment and strategic plan for O-STR in August 2017. Through this process, gaps were outlined and plans were made on how filled them.

Lack of Knowledge/Awareness within the Criminal Justice System. Opioid STR funding supported an educational course from National Judicial College through a partnership with the Justice Leaders Systems Change Initiative (JLSCI). This three-day team-based symposium on addiction science and systems change called "Enhancing Justice Efficacy through Emerging Addiction Science" was held on December 13-15, 2017 in Las Vegas, Nevada. Course curriculum focused on educating court teams on the neurobiology of addiction, evidence-based practices for treatment of OUD including Medication Assisted Treatment, and court practices to support treatment and recovery.

Lack of Real-time Overdose Data. In 2017, the process to implement ODMAP across Nevada began. This process has taken a long time, with recruiting agencies to utilize, developing agency-level policies and procedures for adoption, and implementation. Forty-six agencies did sign on to use the system and 13 began to enter overdose data. The focus transitioned in 2019 from onboarding more agencies to implementing an application program interface (API) from the state EMS database to ODMAP. Every EMS agency in the state is automatically auto-populating overdoses to the EMS database so by having the API-to-API from the state EMS database to ODMAP, the DPBH will have as near real-time as possible on overdoses throughout the state. An ODMAP grant is helping fund this new integration.

Lack of Plans to Respond to Overdose Spikes. In July 2018, an RFA was released to fund communities to develop overdose preparedness plans. The goal the community preparedness planning measure has been to reduce injury or death related to overdose by facilitating the development and implementation of coordinated response strategies using existing resources. Public Health/Emergency Awareness in response to the opiate crisis is designed to occur in communities to address local needs regarding substance use misuse and abuse trends, community access to resources, and facilitate interaction between programs including but not limited to Opioid Use Disorder (OUD) treatment centers, health care centers, community centers, social service programs, and law enforcement. Plans were developed on a county-level in more populated counties and in more rural areas multiple counties worked together lead primarily by the regional coalitions. Stakeholder groups came together, where they assessed capacity, identified a system for real-time overdose mapping, defined what a spike would be in their specific community, held trainings, and created an opioid spike action plan. Work with the overdose preparedness plans has continued through OD2A and ODMAP grant.

Need to Reduce Workplace Stigma. Former Governor Sandoval started a recovery-friendly workplace initiative to reduce stigma of substance use and encourage workplaces to support treatment and recovery. The website was completed in July 2018. Four trainings were developed to accompany the initiative and increase employer knowledge. The trainings ran as webinars from September – December 2018. All of the webinars were recorded to be viewed in perpetuity. The trainings have been attended by 1,110 individuals. Additionally, the program provides businesses with draft policies and technical assistance.

Need to Increase Information Dissemination Broadly. Two television and radio media campaigns were developed during O-STR. The first was an anti-stigma campaign and the second was a naloxone awareness campaign. Both campaigns began in Spring 2019 and transitioned to SOR, running through August 2020.

Need to Address Neonatal Abstinence Syndrome (NAS). O-STR saw a need to target programs towards expectant and new parents to address increasing prenatal substance misuse rates since 2013. This was addressed in three ways.

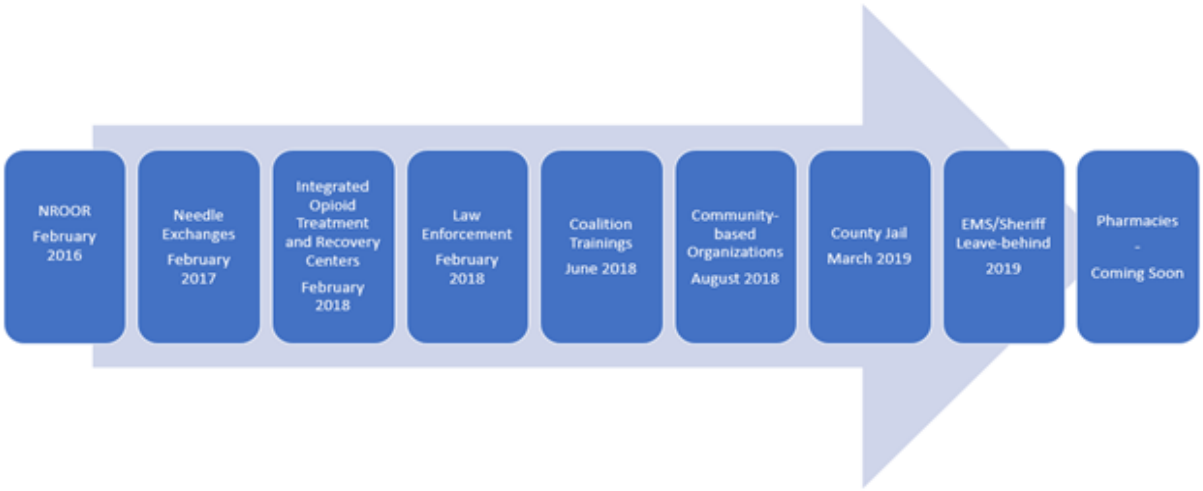
- A hospital in Las Vegas was funded in May 2018 to implement a NAS prevention program. The program provides care to pregnant and post-natal women through prenatal consults, a support group, referrals to OUD treatment, mental health treatment, medical treatment, housing, food, transportation, and developmental screening after birth.
- A hospital in Reno was funded to address NAS as well. First, they wanted to implement standardized universal screening. Their contract started in July 2019. By August, educational materials were developed and medical providers trained on SBIRT, with screening beginning in September 2019.
- A Perinatal Quality Collaborative was established which participated in the Association of State and Territorial Health Officials OUD, Maternal Outcome, Neonatal Abstinence Syndrome Initiative (ASTHO OMNI) learning collaborative where they created a State Action Plan. An Approach for Nevada's CARA Plan of Care implementation was created. The work during O-STR laid the foundations for SOR.

Goal 2. Reduce opioid overdose related deaths through prevention academic detailing and Overdose Education and Naloxone Distribution (OEND)

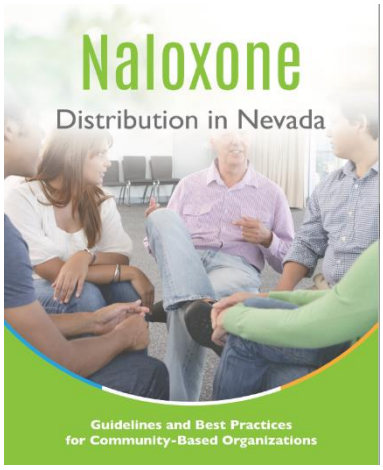
Purchase and Distribute Naloxone throughout Nevada

Nevada placed the first naloxone order for distribution on January 24, 2018. Prior to O-STR, very little OEND existed in Nevada. As shown in Figure 6, the two areas targeted for naloxone distribution first were the IOTRCs since they worked with individuals most likely to experience an overdose and law enforcement to carry on their persons in case they encounter an individual experiencing an overdose. By summer, an O-STR trainer began delivering trainings statewide arranged through the substance abuse prevention coalitions. After other community-based organizations expressed interest in distributing to their clientele, O-STR expanded distribution.

Figure 6. Nevada Naloxone Distribution Expansion

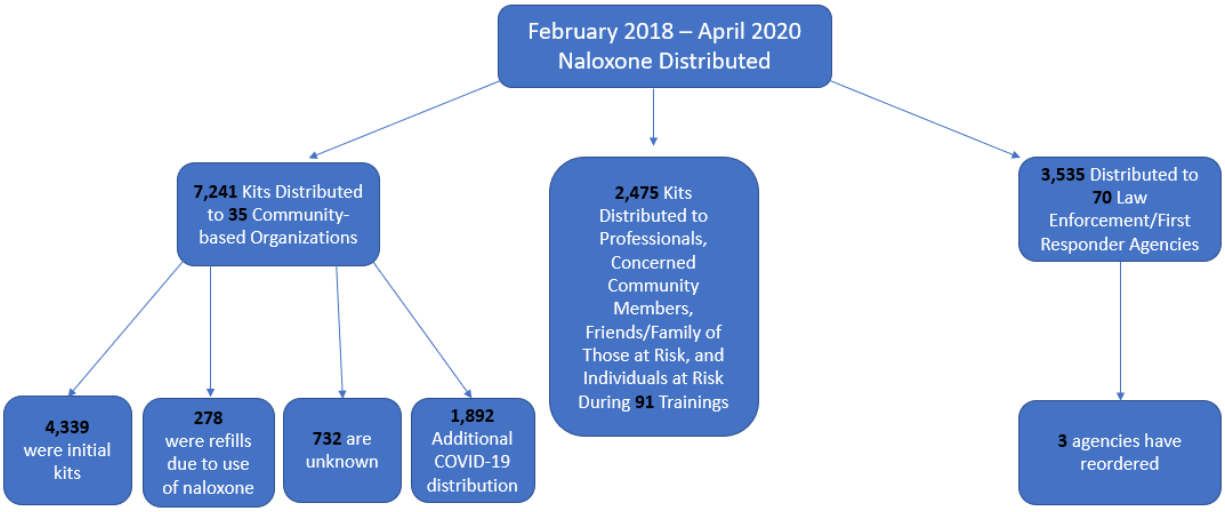


In order for community-based agencies to provide OEND, O-STR created a training and a manual for agencies. These materials provided agencies with information on Nevada legislation, as relevant to naloxone distribution and the Good Samaritan law, the steps to becoming a distribution site, how naloxone works and how to administer it, what to do in an overdose, how to educate others on naloxone, safe storage locations, and resources.



Naloxone distribution by from February 2018 through April 2020 in shown in Figure 7.

Figure 7 Opioid STR Naloxone Distribution February 2018- April 2020



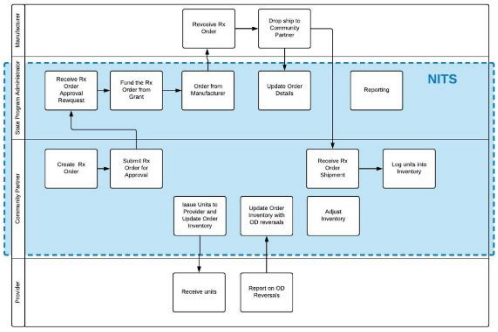
There are 35 STR-approved naloxone distribution sites, which began operating in May 2018. See below for breakdown by county-level.

Figure 8. Distribution Sites by County

County	Number of Distribution Sites
Carson City	2
Churchill	1
Clark*	8
Douglas	2
Elko	2
Esmeralda	0
Eureka	0
Humboldt	0
Lander	0
Lincoln	1
Lyon	1
Mineral	2
Nye	3
Pershing	1
Storey	0
Washoe	12
White Pine	0

*Clark County is also supported through the Southern Nevada Health District. Only agencies supplied through STR/SOR are included here

Nevada Virtual Dispensary

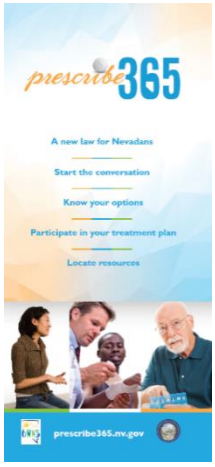


Nevada contracted with Sales Force to develop a web based central database for naloxone distribution for the state. The dispensary was designed to track naloxone inventory at both the state level and partner organizations. The program was formally launched in April 2019 and as of April 2020, 67 agencies had been enrolled to receive naloxone through the virtual dispensary.

Academic Detailing Regarding Opioid-related Overdose Prevention

To address the co-prescribing of naloxone, O-STR partnered with Nevada's health information exchange since they already had a record of going to medical offices and meeting with and providing information to providers. The organization provided the Nevada O-STR guide on chronic pain, accidental overdose, new informed consent and prescription medical agreement requirements, safe prescribing, risk assessment, naloxone education, co-prescribing laws, and opioid use disorders. A patient brochure was also created and distributed on how to prevent an overdose, how to identify an overdose, what to do in an overdose, how to use naloxone, and treatment resources. The materials were distributed to 1,586 physicians in 361 physician offices in 12 counties. Materials distributed in biweekly Health Care News Digest to 340 recipients on March 7, 2019. An email blast was sent to 500 Merit-Based Incentive Payment System (MIPS) eligible clinicians and provided them with links to the state's opioid materials. HealthInsight sent out the Reducing Opioids Misuse Provider Letter from CMS via fax blast to 635 physicians in Nevada. This letter from CMS explains the work with the U.S. Department of Health and Human Services (HHS) to encourage health care providers to co-prescribe naloxone to certain at-risk patients who use opioids. Follow-up trainings were provided to agencies/practices who expressed interest.

Academic detailing regarding Controlled Substances Prevention Act



To prepare for implementation of the Controlled Substances Prevention Act, a White Paper on the law was developed and distributed through the licensing boards. A pocket card was developed and distributed that broke down each of the components of the law into how it affected their practice.

In 2017, 639 providers were trained by the STR Project Director during meetings and conferences. Project ECHO, discussed in Goal 3, additionally provided guidance on the new law to attendees.

Posters were developed for medical provider offices to display to encourage patients to start conversations with their providers about their pain management. Pamphlets were also made that explained the new law to patients.

As another way to get opioid-related materials to providers and the public, four new websites were created. Prescribe365, run by the State of Nevada Division of Public and Behavioral Health is a hub of information for patients and providers. Healthcare provider information includes educational materials and example templates surrounding AB 474 and naloxone co-prescribing. Consumer materials for patients, friends and family contain information on how to use naloxone and links to treatment locators. Through April 2019, there were 1,127 website views, 838 of which were unique. Know your Pain Meds is operated by the Nevada State Board of Examiners, Nevada State Board of Pharmacy, and Nevada State Board of Nursing. The website contains information on the PMP, naloxone, alternatives to opioids for managing pain, and filing a concern about a medical provider. The Nevada STR website has information on funding opportunities, training opportunities, naloxone education and SBIRT materials, and STR publications. Through April 2019, the website received views from over 14,000 users, with the most interest showed to the *community and statewide resources* and the *IOTRC* pages. The fourth website is designed to make local data available to the public. The Nevada Opioid Overdose Surveillance Dashboard contains death rates, opioid-related emergency department visits and inpatient admissions, and opioid prescriptions at the county- and zip-code level. The dashboard received 3,811 visits.

To increase awareness of the problems caused by opioid misuse, presentations were given at several conferences and meetings of providers covering opioid trends, current efforts, and implications for their practice. These presentations were delivered to 655 medical providers. Presentations were also provided to criminal justice professional to increase their awareness to which 460 attended.

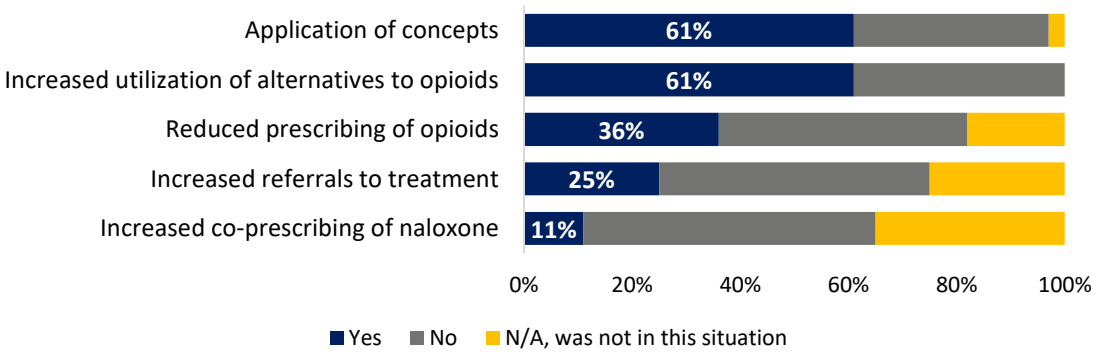
Goal 3. Increase Access to Clinically Appropriate Treatment for OUD

Ensure Physicians have sufficient training and support to provide MAT services for OUD

A variety of trainings were provided to address stated needs of medical providers. To address the shortage of Buprenorphine-waivered providers in the state, two Data 2000 Waiver training were held. One training was held in the south in Las Vegas and one in the North in Reno in Spring 2018, with a total of 82 participants.

The experts who successfully launched and have brought Alternatives to Opioids (ALTO) to emergency departments across the country, provided two face-to-face, 3-hour trainings held in Las Vegas and Reno in Fall 2018 with 114 healthcare providers attending. A follow-up survey was sent to consenting attendees three months and 12 months after the training. Positive behavior changes were reported at both time points. Figure 9 shows changes at the three-month follow-up.

Figure 9. ALTO Training Outcomes



The Health Information Exchange contracted to do the academic detailing provided a webinar to their network of providers in Spring 2019 on opioid tapering best practices. All respondents to the evaluation indicated they would recommend the training, found it relevant, and plan to implement the ideas in the next three months.

Adopt SBIRT began in 2018 as an STR initiative that provides key resources to assist organizations to promote, prepare, adopt, and implement SBIRT. Training is provided through an online course, face-to-face training, and an interactive virtual learning series. The four-hour self-paced online course on SBIRT is housed on the STR/SOR website. Through April 2019, 26 individuals had completed the online course. The virtual learning series was held once during O-STR from February – April 2019. A total of twenty individuals completed the *Implementation of SBIRT into Practice* online learning series. 94% of attendee responses indicated the course was successful in addressing objectives.

Project ECHO, with the University of Nevada, Reno School of Medicine, began to offer biweekly ECHO clinics for MAT and alternatives to pain management through O-STR. Physicians can acquire CMEs for participating in the clinics. The trainings have addressed a variety of topics, including:

- **Mental Health Implications of Pain**: Complications that mental health may have in pain management.
- **Strategies for Pain Patients**: Naloxone, the Good Samaritan Law, MAT, & PMP.
- **How to Integrate Behavioral Health in the Primary Care Setting:** Defining integrative care, identifying the appropriate model for your agency, and considerations for rural communities.
- **Behavioral Health and Available Resources:** Prevalence of co-occurring disorders, interaction between behavioral health and MAT, resources within Nevada.
- **CDC Guidelines for Opiate Prescribing:** Approved medications, matching the appropriate medication to the client, tapering.
- **Neuroscience of Addiction**: Introduction to the science of addiction.
- **Patient Retention and Responding to Behaviors:** How to increase patient retention by simplifying the intake process, completing a comprehensive assessment, implementing accountability checks, and leveraging psychosocial and environmental supports.
- **Polysubstance Use and Abuse:** Prevalence of use, underlying reasons for use, complications from drug interactions, considerations when prescribing MAT.
- **Trauma Informed Care:** Neuroscience of trauma, defining trauma, the relationship between trauma and substance use, and how to enhance client engagement using a trauma-informed approach.
- **Addressing Challenging Client Situations with Cultural Humility:** Defining cultural humility, introduction to strategies and treatment approaches consistent with cultural humility and client-centered approaches to care, addressing patient behaviors that conflict with providers' personal perspectives.
- **Principles of Harm Reduction**: Defining what harm reduction is and utilizing the stages of change within a Harm Reduction model.
- **Ethics for Addiction and Other Treatment**

- **Informed Consent and Treatment Agreements**

Bi-weekly MAT Clinics began September 24, 2017. Through the end of April 2019, the clinic had 336 attendees. The bi-weekly Pain Management Clinics began August 2, 2017. Attendance included 461 providers. A four-part OUD in Pregnant Women Project ECHO clinic was held with 65 attendees.

Each managed care organization (MCO) additionally provided training and materials to the providers in their network around medication assisted treatment and alternatives to pain management. All MCOs reported on this during the Governor's Accountability Taskforce meetings which ran through the end of his term which ended in 2018.

To ensure the most appropriate peer support services, enhancements were made to the peer recovery support specialist (PRSS) curriculum through developing new curriculum models. These updates were complete in February 2019. There were 145 attendees of the new modules through April 2020. Additionally, continuing education was provided to current peer recovery support specialist. This included leadership, first aid, harm reduction 101, stigma reduction and 92 peers attended these trainings.

Develop a Certification Instrument for Office Based Opioid Treatment Providers and Release a Funding Announcement to Identify 'Hub' Locations

The Integrated Opioid Treatment and Recovery Centers (IOTRCs) are a new certification type developed as part of the expansion of services planned under O-STR. The IOTRCs are the 'hubs' of the hub and spoke model, as implemented in Nevada. The Division Criteria written for IOTRCs was approved by the Commission on Behavioral Health November 2017. In anticipation of approval, a request for application was released September 2017, followed by agency interviews in October 2017. Three agencies were funded January 2018. One agency focused in Southern Nevada, one in Northern Nevada, and one in rural Eastern Nevada.

IOTRCs were designed to serve as the regional consultants and subject matter experts on opioid use disorder treatment, provide Medication Assisted Treatment (MAT) and Recovery services for adult and adolescent populations, and develop formal networks of care through the following means:

- Applicants must either have the capacity to dispense methadone or partner with an organization through a formalized coordinated care agreement for methadone services. Integrated Opioid Treatment and Recovery Center's in Rural Areas without access to methadone must be willing to partner in pursuing alternative methods of accessing methadone as the State develops these options.
- Provide clinically appropriate evidence-based practices for opioid use disorder treatment, including the use of medication assisted treatment with Food and Drug Administration (FDA)-approved medications in combination with psychosocial interventions. Comprehensive Services provided by Integrated Opioid Treatment and Recovery Centers, either in-house or through formalized care coordination agreements, must include:
    - FDA approved Medication to treat Opioid Use Disorders (OUD)
    - Medical Evaluation
    - Toxicology Screening

- HIV/Hepatitis C Testing
- Behavioral Health Screening and Assessment
- A minimum of American Society of Addiction Medicine, 3rd Edition (ASAM) Level 1 Ambulatory Withdrawal Management
- Behavioral Health Treatment:
  - A minimum of ASAM Level 1 Outpatient
  - ASAM Level 3.2 and Level 3.7 Withdrawal Management
  - ASAM Level 3.1 and Level 3.5 Residential Services
  - Transitional Housing per SAPTA Division Criteria
- Referral and Coordination with Psychiatric Services
- Obstetricians/Perinatologists
- Office-Based Opioid prescribers
- Co-Occurring Disorder (COD) and other Community-based service providers
- Peer & Recovery Support Services
- Wellness Promotion
- Overdose education and naloxone distribution
- Mobile Recovery
- Supported employment
- Care Coordination
- Partnerships with eligible organizations as listed in this RFA (CCBHC, FQHC, OTP)
- Enrollment into Medicaid, TANF, SNAP, WIC
- Engagement with criminal justice entities (e.g. police, judicial, correction)

Expansion of 'Spoke' Locations

Five 'spoke' locations were funded to partner with the 'hub' IOTRCs of Nevada's hub and spoke model.

1. One transitional living facility was funded to increase care coordination, alongside treatment to aid clients in obtaining jobs, receiving medical care, and connecting with other needed services through which 84 clients were served.
2. A treatment agency was funded to enhanced services provided with treatment, by providing Basic Skills Training and peer support recovery services to 152 clients. They became credentialed with two of the three MCOs in Nevada so the programming is now sustainable beyond the O-STR funding.
3. An Alternative Peer Group (APG) for adolescents was funded. The APG provides skills training sessions, tutoring, fitness classes, book club, equine therapy, yoga, Strengthening Families, and volunteer opportunities. Forty youth were served by the programming.
4. A MAT diversion court was created in Clark County through O-STR. The program included residential and outpatient treatment, housing, case coordination, and job development. Eighteen participants were enrolled, with one graduating the program before the court was transitioned to SOR funding.
5. To improve access to peer recovery support services, O-STR funded the expansion of the only recovery community organization in Nevada to Northern Nevada through adding an office in Reno. This new office provided peer support services to 310 new peers from February 2019 –

April 2020. Besides providing general All recovery meetings, this site provided numerous specialized meetings such as, veterans, Seeking Safety, parenting, trans recovery, Beating the Odds, Stress of Caregiving, Crystal Meth, and Celebrate recovery.

Goal 4. Develop a Statewide Mobile Outreach Recovery Team

Development of a statewide mobile outreach recovery team

The first IOTRC mobile team became operational in a hospital in August 2018 in Carson City, Nevada. By November 2018 one hospital in the Las Vegas area was on board and in February 2019 three more hospitals in Southern Nevada were in the works. While, each of these hospitals showed intent to call the mobile teams, actualizing the process proved to be difficult. Only two hospitals actively made referrals during O-STR.

Goal 5. Data Collection and Program Evaluation

Enhance current data System to integrate billing, data collection and reporting

The State of Nevada is onboarding the WITS program. Discussion with WITS on enhancements to the States data system began in Summer 2017. Functional testing with the first agency began in January 2019.

Evaluate overall program impact

Integrated Opioid Treatment and Recovery Centers

As a requirement of being an IOTRC, each of the agencies had to provide access to all three forms of MAT. The number of clients receiving Buprenorphine increased 150% over time.

Figure 10. IOTRC MAT by Medication Type

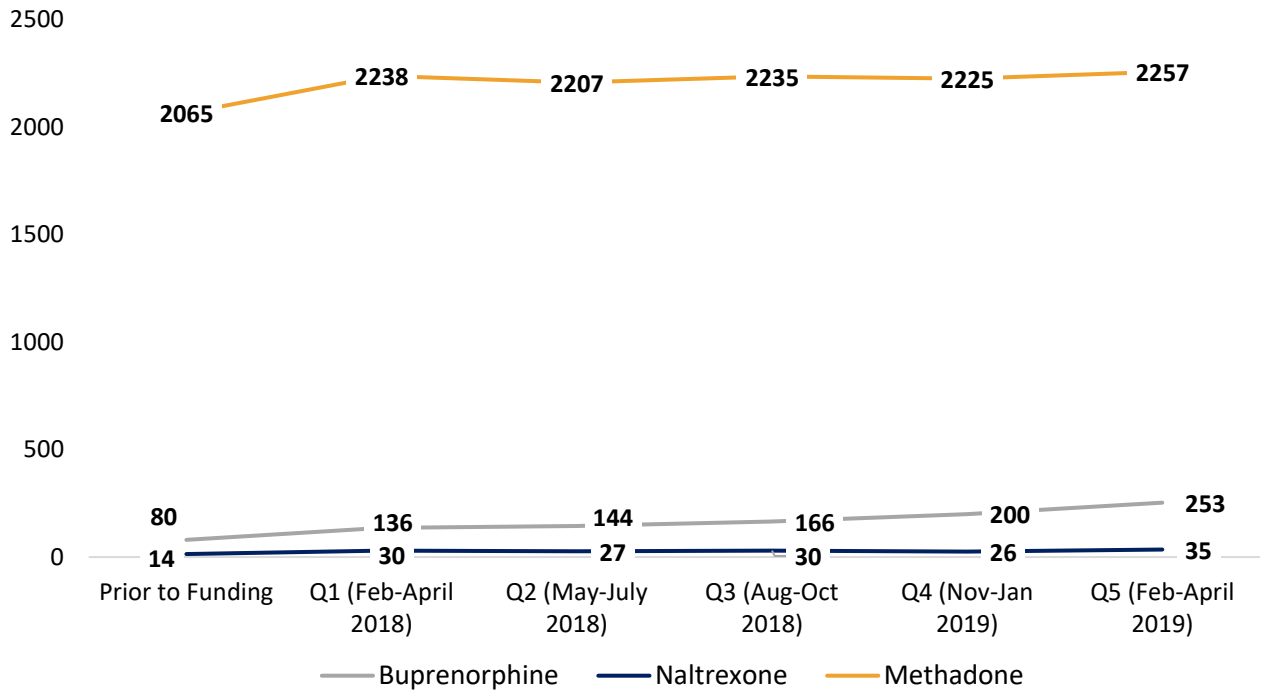
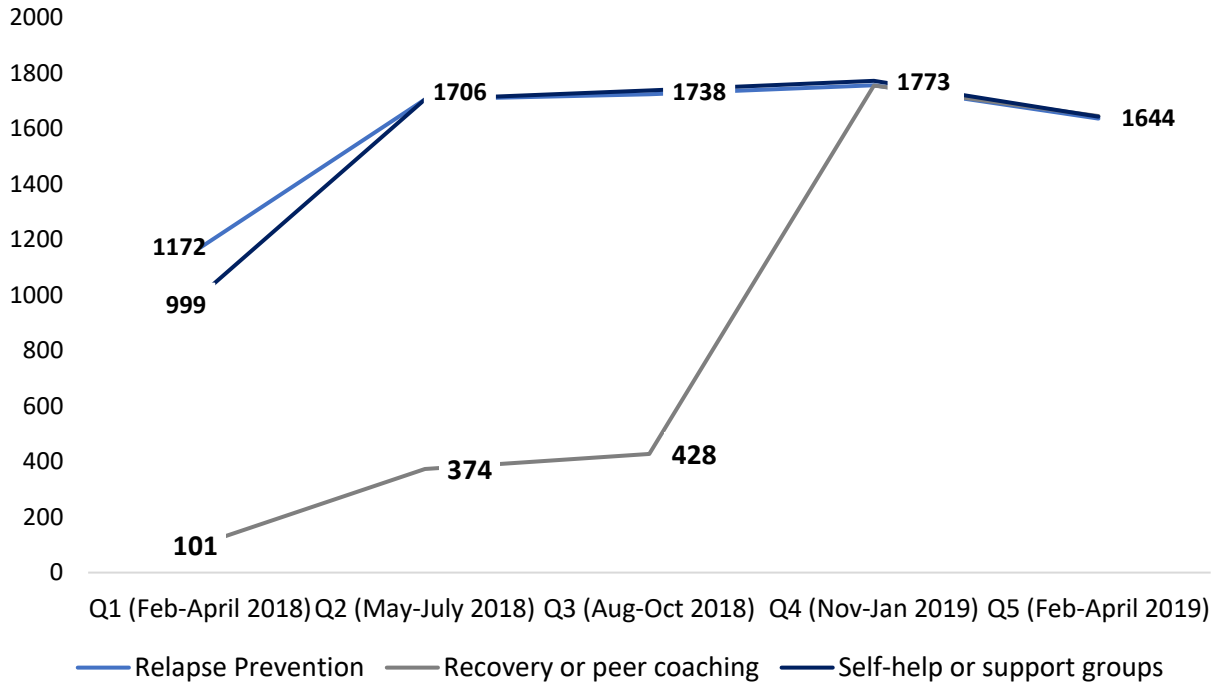


Figure 9 shows the changes to recovery services provided by the IOTRCs over the course of the grant. *Recovery or peer coaching* saw the greatest change with over 1500% increase in clients accessing those services.

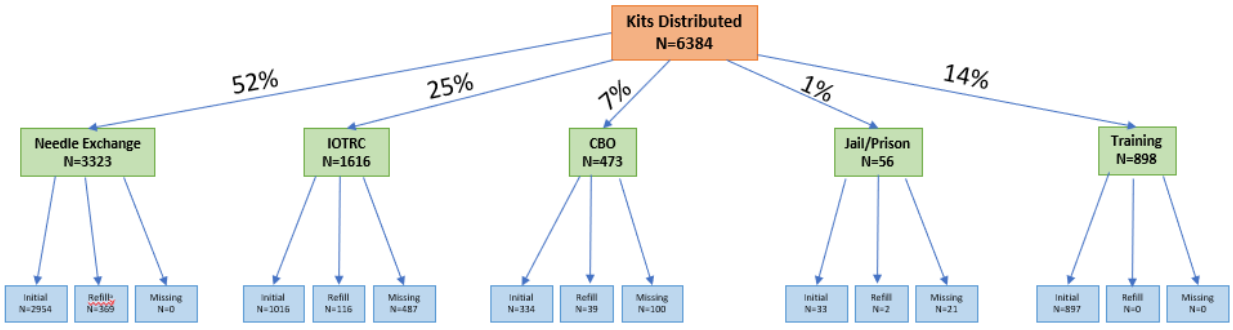
Figure 11. IOTRC Recovery Services Provided



Naloxone Distribution Efforts

Figure 12 shows naloxone distribution by type of site. Over half (52%) of the naloxone distributed was done so through needle exchange programs, followed by one-quarter (25%) through the IOTRCs.

Figure 12. Naloxone Distribution by Site Type



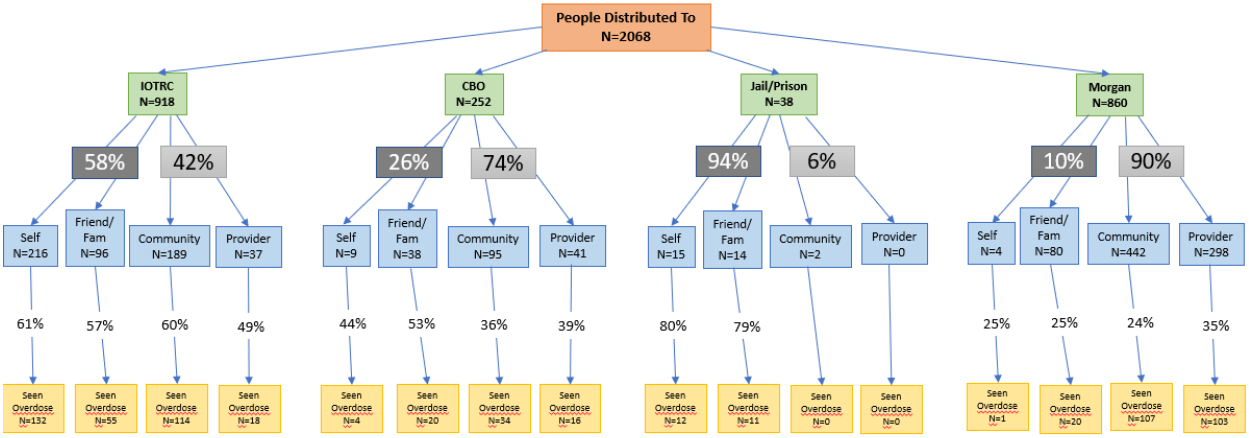
*The distribution numbers in this chart will not match Figure 7 because this analysis was undertaken with data collected through August 2019

A naloxone distribution survey was designed using a combination of questions that other states were collecting and through discussion among key professionals working to advance research related to opioid use. The survey tool used during this period was comprised of thirty questions. Upon analysis of

the data, we found that 19% of respondents refused to complete the survey and 17% of surveys were incomplete. Additionally, among the IOTRCs and CBOs it was a concern that administering the survey could be a burden to the agency and the personal questions may be a barrier to the respondent. To minimize the amount of missing data, the survey questions were evaluated to see if they addressed the primary question, "Are distribution efforts getting naloxone into the hands of those likely to experience or witness an overdose?"

It became apparent that the trainings targeted two populations: people at risk or with close proximity to someone at risk versus concerned community members or providers (see Figure 13). More than 42% of trainings were provided by the state-contracted STR management organization, and the audiences were comprised of laypersons and providers. With this recognition, the naloxone education training was tailored to the audience, and consequentially two naloxone surveys were developed. Trainings provided by IOTRCs, CBOs, and correctional facilities focused on identifying and responding to an overdose; while the trainings provided by the STR management organization covered person first language, harm reduction practices, and opioid legislation in addition to naloxone education. Both surveys were reduced to a single page with eleven or fewer questions. Refocusing the surveys to illustrate whether we are equipping those who are most likely to encounter or witness an overdose; while effectively using the training sessions with community members and providers to advance their knowledge, breakdown stigma, and open lines of communication. Evolving the distribution data collection efforts will empower those close to the epicenter of the opioid crisis with tools to save lives and will provide the opportunity to increase openness of communities to harm reduction strategies. New forms were implemented in January 2020.

Figure 13. Naloxone Distribution by Level of Proximity



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