Nevada State Opioid Response Grant

NCE Annual Performance Progress Report

CASAT
Center for the Application of Substance Abuse Technologies
UNIVERSITY OF NEVADA, RENO

NEVADA STATE
Opioid Response - An STR/SOR Project

Nevada Department of Health and Human Services
Helping People
It's who we are and what we do.

The Nevada Single State Authority, Division of Public and Behavioral Health, is currently in a No-Cost Extension (NCE) period for SOR I. Between September 30, 2020 and September 29, 2021, the Nevada State Opioid Response project funded 15 agencies. All agencies were a continuation of funding from Year 2 of SOR I.

Each goal and initiative for the Nevada State Opioid Response (SOR) project builds and expands upon the work completed under Nevada's State Targeted Response grant and is in alignment with the State's identified priority areas:

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

Number of clients who have received treatment services during the reporting period: 2,907 (860 new clients)

Number of Clients receiving medication-assisted treatment services during the reporting period: 2,761

a. 1,632 ***received methadone,***

b. 975 ***received buprenorphine***,

c. 154 ***received injectable naltrexone***,

Number of clients receiving recovery support services: 827 (614 new clients)

Number of naloxone kits distributed: 9,477 kits.
It is important to note that all naloxone was purchased through the SOR Supplemental.

Number of overdose reversals reported: 404 reversals.

Description of major activities/accomplishments (Include any outcomes you may have data on; please ensure that this section also discusses prevention activities geared toward education and training of the public.)

Priority Area 1: Prescriber Education & Guidelines

Goal 1. Enhance Provider Care

Training of medical and behavioral health professionals. SOR is enhancing the skills of professionals through in-person trainings, webinars, recorded online trainings, and Project ECHO sessions.

Project ECHO, with the University of Nevada, Reno School of Medicine, continues to offer a biweekly ECHO clinic on alternatives to pain management. Physicians can acquire CMEs for participating in the clinics. The trainings have addressed a variety of topics, including:

- Mental Health Implications of Pain
- Motivational Interviewing for Patients with Chronic Pain
- ER Discharge Scenarios
- CBT and Pain Management
- Strategies for Pain Patients
- How to Integrate Behavioral Health in the Primary Care Setting
- CDC Guidelines for Opiate Prescribing
- Informed Consent and Treatment Agreements

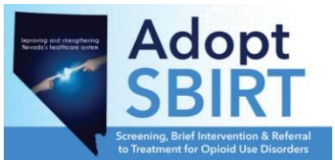
Twenty-four (24) Pain Management Clinics were held with 177 participants. Satisfaction was reported by 92% to 98% of respondents, with 84% reporting they will make changes to their practice based on participation. During the first half of the year, planning went into changing the format of the MAT Clinics. They changed from the traditional Project ECHO format to MAT Office Hours. The office hours take place monthly and provide a forum to discuss patient cases, address questions/concerns, and collaborate regarding MAT. The first five MAT Office Hours had 40 attendees. Satisfaction with the different aspects of the sessions ranged from 77% to 100%. As a result of participating in the activity, 70% reported they would make changes to their practice.

Additionally, a 6-part SBIRT for Women's Health Professionals ECHO Clinic Series was held November-December and July-August with six clinics participating in each from across the state. Through the clinics, 117 professionals were trained. 97-100% of respondents reported satisfaction with the training aspects, with 91% of responses indicating that the practitioner would make changes to their practice based on the training.

The *University of Nevada Reno Continuing Medical Education Department* has created and maintained enduring materials for O-STR and now SOR. From September 30, 2020 – September 29, 2021, two (2) new courses were added:

- Medications for Opioid Use Disorder in Pregnancy Part I
- Medications for Opioid Use Disorder in Pregnancy Part II

There are 18 courses developed in prior fiscal years that practitioners still attend. The 20 trainings received 2092 participants this year. Following completion of the CME online training, 95% to 96% of respondents reported they felt confident to be able to apply the objectives of the training and 55% indicated they intended to make changes to their practice based on the training.



Adopt SBIRT is an SOR 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 SOR website nvopioidresponse.org. From Sept 30, 2020 – September 29, 2021, 73 practitioners completed the online course. Ninety-eight percent (98%) of course evaluation respondents reported they the content will be useful to them professionally. The six-week interactive online learning series on implementing SBIRT in clinics was held two times this year. The two series had 40 attendees. Most (92%) respondents reported they were satisfied with the series and would use the content.

The *Nevada Primary Care Association* is working with FQHCs to facilitate SBIRT training and implementation for 3 FQHCs and MAT education and implementation for 2 FQHCs. Due to the competing priorities with COVID-19, multiple FQHCs said they were too busy to take on new processes right now. The remaining FQHCs completed a needs assessment and met with a consulting firm on training and process improvement to accompany SBIRT and MAT implementation beginning in April. Along with the process improvement TA sessions, several trainings were provided for the FQHCs.

Table 1. FQHC SBIRT Trainings

Training	Date(s)	Number of Attendees
Youth SBIRT Train-the-Trainer	May 2021	18
SBIRT Train-the-Trainer follow-up TA	June-Aug 2021	16
Advanced Motivational Interviewing	June 2021	15
Youth SBIRT/MAT Billing and Sustainability	July 2021	11
SUD/OUD/MAT Documentation, Coding, and Billing	July 2021	11

Resources developed and shared during the SOR project year to support implementation of SBIRT model screening and MAT service integration are available on the NVPCA Substance Use Disorder and Treatment website. NVPCA provided a summary of MAT resources.

During the NCE, Nevada's Recovery Community Organization (RCO), *Foundations for Recovery,* funding continued to work with faith-based communities to enhance their ability to address the opioid crisis. In February, an assessment survey was sent to over 1,300 faith leaders in Nevada to understand the most pressing issues and needs for training and support on the topics of substance use, opioids, mental health

and suicide prevention including attention to special populations such as veterans. FFR launched The Interfaith Advisory Council webpage in March 2021, as a resource of information on recovery supports, family supports, volunteering, advocacy, and partnering on the Interfaith Recovery Initiative and the Recovery Friendly Workplace Initiative. As part of the initiative, monthly community listening sessions were held and 16 FaithNet trainings were delivered to 83 individuals in collaboration with National Alliance on Mental Illness. A Nevada Community Faith Leaders Summit, in partnership with the Nevada Governor's and Mayor's Challenge to Prevent Suicide, SAMHSA, and the VA, was held in May 2021 with 89 attendees. The Summit was designed for faith leaders to learn about the impact of substance use and mental health on communities, to find resources, and create a larger network.

An IOTRC is providing community-level trainings on Harm Reduction, Naloxone, and MAT 101. During the NCE, 18 trainings have been completed with 675 attendees.

An IOTRC (hub) provides students in school to become pharmacists or physician with rotations of at least one day to gain exposure to the field. Even with COVID-19 restrictions, 19 pharmacy students and 80 physician assistant students completed a rotation during the NCE. The agency was approved as a site for a 4-week rotation site for medical students as well. CBH will have 1 Medical/Psychiatry student per 4-week rotation. The student will get to interact with the doctors, nurses, and counselors –as well as have MAT related reading assignments, will be in the clinic Mon/Wed/Thurs/Fri and reading assignments will be for Tuesdays. The first medical student completed their rotation in August 2021. The agency also had their first addiction medicine fellow in September 2021. CBH received approval from the Social Work board for rotations in March, but no rotations have begun yet. Below are a couple of comments from student evaluations of the rotation experience that highlight how valuable exposure to the population was.

> "I did not have the opportunity to work at an addiction center, where I can meet patients and talk to them directly before, and this was my first observational experience. When I was at the clinic, I realized that a huge part of our community are in need of help with this issue. I spent the whole day participating at the prescriber and patient conversation, asking patients' past medical history, types of illicit drugs they are using, ways to control their craving etc. He also made sure patients are on the right dose of medications based on their urine sample. I learned how a knowledgeable care giver can have a huge impact on the life of addicted people. Besides regular conversations and usual question and answers, there are some counselors involved in the process to help patients quit easier with lifestyle modifications."

> "I liked being able to interact with patients and to hear their stories. I learned more in 4 hours at the clinic, then 8 hours in the classroom. All my questions were fully answered."

The *2021 AATOD Conference* took place in Las Vegas, Nevada April 10-14, 2021. The pre-conference was pre-recorded and provided virtually on April 10, 2021. Several SOR I programs were highlighted during the pre-conference:

- Dignity Health – St. Rose Dominican Hospitals: EMPOWERED Program (8 attendees)
- Inspiring Hope Through Peer-to-Peer Storytelling in an Integrated Data-Driven Marketing Campaign (17 attendees)
- Patient and Provider Outreach Intervention Models: Mobile Outreach Teams (18 Attendees)

- Peer Specialist Role with IOTRC Review of Treatment System (18 Attendees)
- Court Based Interventions and Clinical Approaches to Address Substance Use and Mental health Within the Justice System (19 Attendees)

Priority Area 2: Treatment Options & Third-Party Payers

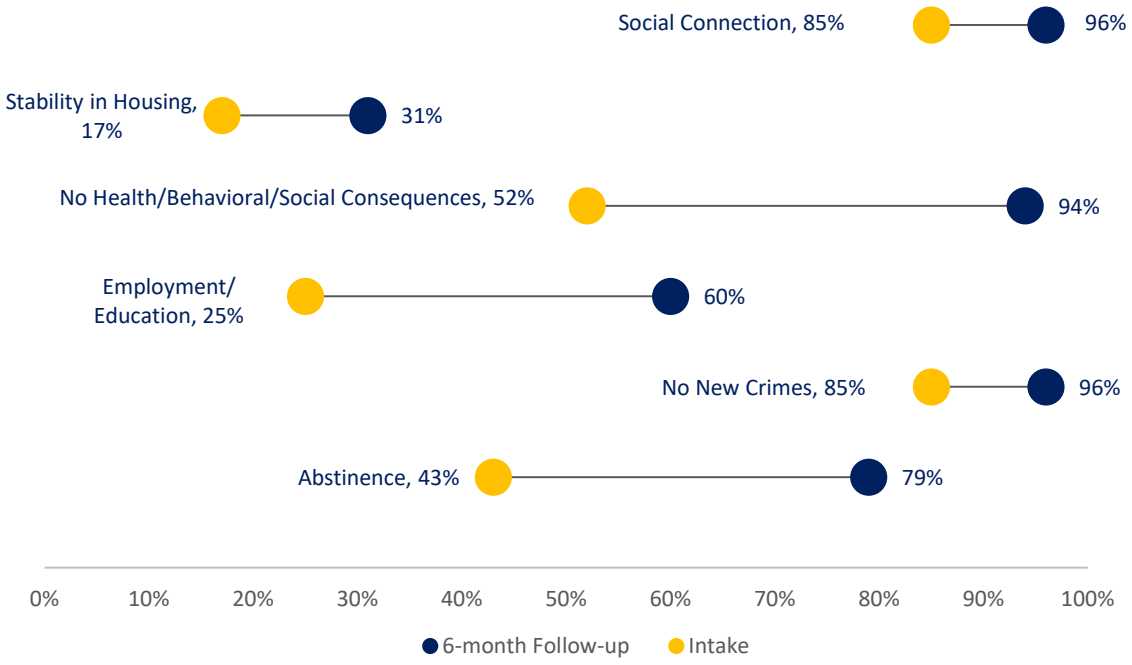
Goal 2. Increase Access to Opioid Use Disorder Treatment

Expanding access to opioid use disorder treatment. Eight agencies provided outpatient treatment. All agencies offered MAT options internally or had agreements with agencies who did.

Table 2. Opioid Use Disorder Treatment

Agency	Number of Total Clients	Number of New Clients
Center for Behavioral Health	2,365	448
The Life Change Center – Evening Hours	144	87
The Life Change Center – Women's Services	36	36
The Life Change Center – COD	30	8
Washoe County Sheriff's Office	59	58
Well Care Services	65	55
Carson Community Counseling - Outpatient	54	43
Trac-B Exchange	76	73
There is No Hero in Heroin	8	8
8th Judicial Court	70	44
Total	**2,907**	**860**

Changes were reported in outcomes from the GPRA Intake interview to the GPRA 6-month Follow-up interview. With the additional Follow-up Interviews conducted during the NCE, the positive outcomes improved. Clients reported improvements on all six outcomes: social connection, housing, consequences, employment, crime, and abstinence.



Public Awareness Campaign

During the reporting period, there has been the development of two media campaigns that are expected to be released in late 2021/early 2022.

Recovery-Friendly Workplace Program Campaign

This campaign has been developed in partnership with the Nevada Department of Health and Human Services and Foundation for Recovery. Recovery-Friendly Workplace Program exists to reduce the stigma of substance use and encourage workplaces to support treatment and recovery. This program encourages business owners to educate their staff and supervisors on substance use and recovery and to develop policies and procedures to support recovery of an employee, or to support them in caring for a family member in recovery. The program is designed to give business owners free resources, including training, draft policies and technical assistance to become a recovery-friendly workplace. KPS3 has been hired to create videos that focus on the Nevada Recovery Friendly Workplace Initiative by highlighting why it is beneficial for companies around the state of Nevada to get involved by supporting those in recovery. These videos will be a resource shared across Foundation for Recovery's and the State's websites. The aim is to reach community members and let them know the benefits of being a Recovery Friendly Workplace and the advantages it can provide to their staff, businesses and how it can impact morale.

Goals

- Educate businesses about the Nevada Recovery Friendly Workplace Initiative and encourage them to get involved.
- Tell real stories about real people in recovery and businesses that support them.
- Get companies to become a Recovery Friendly Workplace.

Opioid Awareness Campaign- Phase 3

This is a continuation and evolution of the previous Opioid Awareness Campaign from Year 2 into a behavior change campaign. Video and radio media are in the process of being created. Blog posts are being posted periodically to keep the community engaged. See Appendix C.

Goals

- Create a campaign that encourages people that have an opioid use disorder or their loved one to seek treatment
- Shed light on the opioid epidemic in Nevada
- Share conversations to address stigma and celebrate recovery
- Encourage people to share their stories

Opioid Facebook Live Events

Three Facebook Live panels featuring individuals that participated in previous media campaigns and community champions were held in August of 2021. The panel addressed: How to take the first steps towards recovery; How to advocate for loved ones dealing with opioid abuse; and Opioid Use Disorder myths and facts.

Panel 1: How to Take the First Step Towards Recovery

This panel will kick off the series by covering how people can take the first steps towards recovery.

- Who can be affected by opioids?
- For people struggling with an opioid or substance use disorder, what should the first step towards recovery be?
- What types of resources are available for people seeking help with opioid addiction?
- Is treatment an option for people that live in rural Nevada?
- What's the best way to find a treatment resource that's tailored to the individual?
- What can people expect when they enter treatment?
- What can friends and family do to help a loved one entering treatment?
- What are the first few days in recovery like? What about the first few months?
- We know that opioid treatment works. What kind of success have you seen here in Nevada?
- Why do people often put off seeking help?
- When do people usually start feeling better and start to see their treatment work?
- Where can people find more resources? (Point to behavioralhealthnv.org/get-help)

Panel 2: How to Advocate for Loved Ones Dealing with Opioid Abuse

This panel targeted family, friends and other loved ones of people struggling with an opioid use problem. The panel was intended to help people understand opioid misuse and learn the best ways to help their loved ones receive the help they need and how to get support for themselves.

- How does opioid addiction affect families?
- What should loved ones do if they suspect someone may be struggling, but aren't sure?
- What can loved ones expect when they speak to someone who may be struggling about their addiction?
- What is the first step someone should take to help a loved one who may be struggling?
- What is the best way people can support their loved ones at the beginning of their recovery journey? • What can people expect to see when their loved ones enter treatment?
- How can people support their loved ones living in active recovery?
- What types of resources are available here in Nevada for family members that has a loved one that is addicted to opioids?
- Where can people find more resources? (Point to behavioralhealthnv.org/get-help)

Panel 3: Opioid Use Disorder Myths and Facts

The third panel completed the series by debunking some common myths and misinformation surrounding opioid addiction while providing accurate information about the problem.

- We often hear that people with addictions just don't have the willpower to stop, but we know this isn't the case. Can you elaborate on this?
- How do opioids affect the brain • How long does it take to form an addiction
- People sometimes think that opioids are safe to use because they are often prescribed by a doctor. Can you explain how opioid misuse can happen and some strategies for preventing it?
- Some people believe opioid abuse is an adult problem, but we know children are affected too. How can parents talk to their children about opioid misuse?
- It's commonly believed that opioid addiction is only a problem in larger cities. Is this true?
- People often think that opioid addiction could never happen to them or to their loved ones, but addiction is quite common. Can you tell us more?
- Explain the prevalence of addiction and how quickly addiction can take hold
- Sometimes, people believe that opioid addiction is not deadly. Is this true?
- Explain that opioid overdoses can be common
- Talk briefly about Narcan
- Where can people go for more information about opioid addiction and resources? (Point to behavioralhealthnv.org/get-help)

In addition to the campaigns, previous campaigns are being adjusted to reflect new resources available in the community including the launch of Nevada 988. They have also been adjusted to best target regions within the state.

- KPS3 - DHHS - Reno- Dani & Austin_60s
- KPS3 - DHHS - Vegas- George & Joe_60s
- KPS3 - DHHS - Rural- Kaisha & John_60s

All materials produced for the media campaigns are culturally and linguistically appropriate and have been focus group tested.

Mobile Opioid Recovery Outreach Teams

Continuing mobile opioid recovery outreach teams. Two agencies have developed and are staffing Mobile Recovery Outreach Teams to engage within emergency rooms and community agencies in Northern and Southern Nevada. Center for Behavioral Health is serving the Las Vegas area. Trac B is serving Clark, Nye and White Pine County. They are currently operating in University Medical Center Las Vegas.

Table 3. Mobile Opioid Recovery Outreach Teams

Agency	Number of ER Calls attended
Center for Behavioral Health	4
Trac-B Exchange (prior to stationing peers in ER in June)	8
Total	**12**

Peer led intervention in emergency departments. For the past three years the mobile opioid recovery teams have been dispatched to the hospital after receiving a call from the hospital. This method missed overdoses due to the hospital not calling, the patient no longer being there when the mobile team arrived, etc. One team is addressing these problems by shifting to having a peer stationed at the hospital. The certified peers offer in-person peer recovery support to individuals identified to have a primary, secondary, or tertiary opioid and/or stimulant use disorder, adverse drug reaction or overdose. Peers use motivational interviewing techniques to discuss recovery supports, treatment options, harm reduction strategies and provide warm referrals and transportation for requested services. The first hospital to onboard this is located in Reno, NV in mid-June 2021 with 1pm-10pm shifts on weekends. By then end of the first month of services, day shifts were added as well. During the last week of August, the team expanded operations in the hospital to 24/7. The team received 177 referrals/hand offs from the hospital, completed 133 assessments, referred 109 to treatment, 73 were transported to treatment, and 49 have been successfully follow-up with. The hospital has shown openness and acceptance of the team, with MDs, RNs, and Alert Team in the hospital have been requesting the PRSS opinion in developing treatment plans and discharge plans. A second hospital in Las Vegas will begin on November 1, 2021.

Goal 3. Improve Access to Recovery Support Services

Expanding the state's second recovery community organization. Seven agencies provide peer support services alongside other services.

Table 4. Peer Support Services

Agency	Number of total clients receiving peer support services	Number of new clients receiving peer support services
Center for Behavioral Health	419	255
The Life Change Center – Evening Hours	89	77
The Life Change Center – Women's Services	30	30
The Life Change Center - COD	8	8
Carson Community Counseling	54	43
Trac-B Exchange	108	106
There is No Hero in Heroin APG	37	19
8th Judicial Court	30	30
Dignity Health - EMPOWERED	18	8
Total	**827**	**614**

Maintaining peer warmlines. A peer warmline in southern Nevada operates to help connect individuals to care, support, information.

Table 5. Peer Warmlines

Agency	Number of calls received	Number of referrals provided to SUD tx and support services
Trac-B Exchange	34	35
Total	**34**	**35**

Increasing connectivity to care. Two agencies are funded to receive care coordination beyond on top of opioid use disorder treatment.

Table 6. Care Coordination

Agency	Number of total clients receiving care coordination	Number of new clients receiving care coordination
The Empowerment Center	52	49
8th Judicial Court	30	30
Total	**82**	**79**

Goal 4. Expand Harm Reduction and Reduce Preventable Deaths

Expanding naloxone distribution. During the NCE, two new agencies, the Reno Sparks Indian Colony, and the High Risk Pregnancy Center, become naloxone distribution sites. There was a total of 9,477 naloxone kits distributed to individuals and with 404 reported reversals.

Table 7. Naloxone Distribution

Naloxone Distributed	Q1			Q2			Q3			Q4		
	Oct	Nov	Dec	Jan	Feb	March	April	May	June	July	Aug	Sept
Northern Nevada HOPES (Needle Exchange)	29	37	25	25	30	40	20	44	48	39	53	61
Trac-B (Needle Exchange and Mobile Outreach)*	125	0	108	60	91	103	125	91	80	110	276	120
Quest Counseling	150	117	195	132	100	212	133	170	110	265	154	169
Foundation for Recovery (RCO)	20	9	65	152	39	54	61	45	60	10	10	83
Freedom House	12	0	0	0	0	0	0	0	0	0	0	0
Center for Behavioral Health (OTP)	91	90	37	111	19	26	254	260	142	473	211	96
The Life Change Center (OTP)	20	9	65	152	39	124	130	58	201	245	207	146
Reno Initiative for Shelter and Equality (RISE)	38	50	1	23	0	0	0	0	0	0	0	0
Living Free (Transitional Housing)	0	0	0	0	20	0	0	0	9	19	40	0
The Empowerment Center (Transitional Housing)	0	0	4	2	4	4	0	0	0	8	5	3
Ridge House	0	0	3	0	0	0	1	0	0	0	0	0
Reno Sparks Indian Colony	--	--	--	--	--	--	6	0	0	0	0	0
New Frontier	0	0	0	0	0	0	0	0	0	36	0	1
West Care (Residential)	0	0	12	0	0	4	5	2	0	0	0	0
Washoe County Jail	37	25	18	11	64	16	15	9	0	1	8	4
Desert Treatment Clinic	0	192	0	0	0	0	0	0	0	0	0	0
Community Coalitions	24	0	0	457	0	1	99	93	217	10	42	452
Total	**546**	**529**	**533**	**1,125**	**406**	**583**	**844**	**772**	**782**	**1,216**	**1,006**	**1,135**

Community based organizations have volunteered to serve as naloxone distribution centers. As of March 2021, there are 26 partnering agencies forming 42 naloxone distribution sites across the state.

Table 8. Distribution Sites by County

County	Number of Distribution Sites
Carson City	2
Churchill	1
Clark*	9
Douglas	3
Elko	2
Esmeralda	0
Eureka	1
Humboldt	1
Lander	1

Lincoln	1
Lyon	1
Mineral	2
Nye	3
Pershing	1
Storey	0
Washoe	13
White Pine	1

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

Trac-B Exchange and Northern Nevada HOPES have naloxone distribution programs that pre-date STR/SOR funding but are now supported by it. Trac-B Exchange additionally has vending machines that distribute naloxone to registered clients in Las Vegas with planned expansion sites in several rural locations including Hawthorne, NV.

Overdose Education & Naloxone Distribution for Law Enforcement and First Responders. *An online self-paced course was developed and is accessible through the University of Nevada, Reno's Center for the Application of Substance Abuse Technologies (CASAT) Training. Naloxone/Narcan Administration Training for Law Enforcement*: The one-hour online course covers how pain and opioids work in the body; how to recognize and respond to an opioid overdose; the role of naloxone in an opioid overdose and how it can prevent death; and how to use various forms of naloxone. The course has been completed by 331 Law Enforcement and First Responder during the NCE.

Naloxone has been distributed to 74 law enforcement and first responder agencies since February 2018.

Table 9. Naloxone Distribution by Law Enforcement/First Respondent Category

Agency Type	Total Naloxone Distributed
Law Enforcement	3853
Tribal Law Enforcement	123
Parole & Probation	352
Fire & EMS	332
Attorney General's Office	27
Courts & DA	96
Dept of Wildlife	40
Corrections	898

Funds were used to educate and provide naloxone to first responders outside of Clark County (Clark County received FR-CARA funds), community members, and individuals diagnosed with an OUD. Twenty (20) Law Enforcement and first responder agencies received naloxone for officer use totaling 1,673 units during this reporting period. The project has been partnering with criminal justice programs to provide naloxone and overdose education to those being released. Currently two counties (Washoe and Mineral) jail facilities have programs to distribute naloxone to individuals being released from jail. Carson City Sherriff's Office is currently developing a distribution plan. Additionally, Law Enforcement Patrol Leave Behind Programs have been initiated with patrol officers, who have been provided educational training and ongoing support through STR and SOR funding.

Jail Programs (SOR supported)- Naloxone upon release.

- Mineral County Jail
- Washoe County Sheriff's Office
- Carson City Sheriff's Department is working with Partnership Carson City and Carson Community Counseling to provide naloxone

Law Enforcement Patrol Leave Behind Programs

- Mineral County Sheriff's Office
- Washoe County Sheriff's Office
- REMSA EMS is currently developing Policies and Procedures

Sparks Police Department has decided to delay the initiation of a leave behind program as they continue to gain buy in from their departments. Additionally, Washoe County Sheriff Department is in discussions to place a harm reduction vending machine on site to provide naloxone, first aid kits, and hygiene kits.

Virtual Dispensary. The current enrollment within the virtual dispensary remains at 71 agencies throughout the state who have been enrolled to receive naloxone through the virtual dispensary. New updates and users will be added in the next year as Southern Nevada Health District begins serving as a second primary distribution site.

Pharmacy Pilot. Currently naloxone is available through pharmacies in Walgreens, CVS, Smith's Food & Drug Stores, and Walmart. Cost is dependent upon insurance copays. There have been concerns that those who utilize their insurance to access naloxone runs risk of being flagged when obtaining life insurance policies. The American Council of Life Insurance has issued a statement regarding how naloxone is considered for policies https://www.acli.com/Posting/NR18-046.

Discussions between the Nevada Board of Pharmacy and CVS to initiate as SOR supported naloxone pilot program in Las Vegas near the strip to dispense naloxone without accessing insurance at no cost have been unable to resume due to pandemic prioritization.

Implementing ZeroSuicide. Two positions within the Office of Suicide Prevention were established to coordinate with hospitals throughout Nevada to initiate the adoption of Zero Suicide (ZS) and begin to introduce Crisis Now to communities. These positions have worked individually with hospital systems throughout the state to commit to implementing Zero Suicide. The coordinators provide ongoing TA to 9 of the 12 hospital systems from the first learning series that occurred from April to August 2020. Community of Practice (COP) were occurring monthly to provide formalized TA for participating hospital systems in addition to personalized intensive TA.

Coordinators finished up the last COP meeting on August 3, 2021. COP meetings will resume in November 2021, as quarterly. These quarterly meetings will be all-team meetings with updates on where the teams and their organizations are with the implementation process. Four of the teams are moving to implement their policy and procedures.

Coordinators continue to provide evidence based (EB) best practice trainings on suicide prevention, as well as screeners, assessments, and safety planning. The coordinators have been working exclusively on the Zero Suicide Website/Tool Kit. It will go into beta testing end of the month, with a launch date of December 2021.

This major hospital implementing ZS finished implementing the data collection guidelines into the new EHR system (Epic). The coordinator worked with them on what data needed to be collected.

The Zero Suicide team is currently working with nine (9) new hospital systems and behavioral health organizations to participate in the second round of training series. Each organization is in various stages of the process of completing an organization wide readiness assessment that will be used to guide targeted training for staff, policy and procedure development, and individualized TA following the training series. These trainings may include safety planning training, SafeTalk, ASIST, counseling for access to lethal means, Columbia Assessment Tool, and CAMS training, as well as peer input from the first round.

Goal 5. Reduce the Impact of Neonatal Abstinence Syndrome

Enhancing care for mothers and babies affected by NAS. An opioid treatment program expanded their women's services during the NCE in the form of a pregnancy program at all three sites and offering the evidence-based Strengthening Families program. Strengthening Families is a 14-week designed to enhance family strengths, child development, and reduced the likelihood of abuse or neglect. Two cycles of the program were held with six families. An additional 30 women participated in the pregnancy program (included in Table 1).

A hospital NAS prevention program in Las Vegas, the EMPOWERED Program provides prenatal consults to pregnant women who use opioids and provides a case manager and peer support specialist to provide support to these women pre-natal and up to one year post-natal. One mother providing feedback on why she stayed engaged at the end of the year stated "because you guys actually care for my well-being and my kids; you guys have been here every step of the way" showing how valuable these services are to women at this stage of their life. Eighteen (18) women were supported and referrals provided for OUD treatment, co-occurring treatment, primary care, and other services (e.g., housing, food, transportation). This year, the program started offering an 8-week parenting class, Circle of Security, virtually. The first round ran from November 23rd 2020-January 12th, 2021 with three clients. The program transitioned to SOR II in February 2021 so it could serve those with stimulant use disorders as well.

ASTHO-OMNI Guides. ASTHO-OMNI Stakeholders developed a strategic approach that incorporates best-practice outreach, identification, engagement, management and care for Nevada's non-pregnant women of child-bearing age with substance use disorders and pregnant women and their infants with prenatal substance exposure so that physical and behavioral health, safety, and recovery outcomes for this vulnerable population improve. Two (2) reproductive health toolkits targeting professionals working in the reproductive health field have been developed and distributed. A training series around the reference guides is being developed in partnership with Project ECHO.

Reference Guide for Reproductive Health Complicated by Substance Use. Substance misuse, dependency, and substance use disorders (SUDs), including opioid use disorders (OUDs) are common among Nevada adult populations. These issues are also occurring during pregnancy at an alarming rate with far reaching effects on both mother and infant. To date, the single best strategy we have to identify and help those that want assistance is adding screening and referral to treatment, known as Screening, Brief Intervention and Referral to Treatment (SBIRT), into the clinical setting. Medical professionals are often the first line to aid in this effort. Note that this document uses the term "medical professional" to be inclusive of doctors and advanced practitioners. The intention for this guide is to provide basic directives for successfully implementing Screening, Brief Intervention and Referral to Treatment (SBIRT), into the clinical setting. SBIRT, specifically how to apply it to pregnant and non-pregnant women of reproductive age populations.

Reference Guide for Labor and Delivery Complicated by Substance Use

Substance misuse, dependency, and substance use disorders (SUDs), including opioid use disorder (OUD), are prevalent among Nevada adult populations, including among individuals of reproductive age. Subsequently, OUD also occurs during pregnancy at an alarming rate with far reaching effects on both the parent and infant. SUD is a primary chronic disease similar to diabetes and hypertension, not a moral failure or character weakness, and should be treated as such by the medical professionals who care for pregnant patients and their infants. Currently, pregnant patients with SUD who present to Labor & Delivery (L&D) units, may receive significant variation in services. These differences include identification and treatment of SUD, identification and treatment for the infant(s), reproductive planning, and care coordination. Practice variance without the use of common generally accepted expert guidelines may potentially lead to parental and/or neonatal complications before, during, and/or after delivery. This reference guide aims to address some of these variances and provide a resource with best practices, guidelines, and protocols for medical professionals involved in the care of pregnant patients with OUD who are admitted to L&D units for delivery and their infants up until discharge.

Additional resources to support implementation of SBIRT and the toolkit can be accessed on the NV SOR website: https://www.nvopioidresponse.org/reference-guide/

Under the SOR NCE, a training series was developed and administered around the Reference Guides developed by Nevada's ASTHO-OMNI workgroup. The series provided information surrounding reproductive health (pregnancy) and substance use. It aims to summarize best practices, guidelines, and protocols for medical professionals involved in the care of pregnant patients with Substance Use Disorder (SUD) or more specifically Opioid Use Disorder (OUD). The goal is to help improve identification and treatment of SUD, identification and treatment for the infant(s), reproductive planning, and care coordination to decrease parental and/or neonatal complications before, during, and/or after delivery.

This series is directed towards anyone that interfaces with pregnant and non-pregnant patients of reproductive age. Specifically, medical professionals who are licensed in the state of Nevada, which includes physicians, nurse practitioners, physician assistants, registered nurses, licensed midwives, lactation consultants, licensed clinical social workers, and case managers. However, this does not preclude others such as government agencies, specialty offices and first responders from using this as a resource or in various clinical situations where contact with a pregnant patient is made. The training series was provided July thru August 2021. Data is still being collected and will be provided in the annual report.

Introduction to SBIRT. Learning objectives are included:

- Substance use disorders, including opioid use disorder, are prevalent among the pregnant population with associated morbidity and mortality for patients and their infants
- Patients receive significant variation in services which can lead to patient and/or neonatal complications
- Universal Screening, Brief Intervention, and Referral to Treatment (SBIRT) using an accepted questionnaire based tool for every patient is the best strategy we have to identify and offer treatment for those with substance use disorders

Medication for OUD and Intrapartum Pain Control. Learning objectives are included:

- Addiction is a chronic disease and our approach to treatment should be as such
- Effective treatment for opioid use disorder exists, which includes the use of medications as part of the standard of care
- Use pain control protocols for patients with opioid dependence as all patients should receive adequate pain control before, during, and after delivery

NAS (Neonatal Abstinence Syndrome): A comprehensive review of updated evaluation and treatment strategies. Learning objectives are included:

- Identify Evidence Based evaluation methods for NAS (Neonatal Abstinence Syndrome)
- Identify appropriate treatment methods for NAS (Neonatal Abstinence Syndrome)
- Discuss the role of Breast feeding in SUD (Substance Abuse Disorder)

Comprehensive Addiction and Recovery Act and Pathways to Care. Learning objectives are included:

- Discuss the Openbeds platform and how it will impact the Behavioral Health Community in Nevada
- Identify why the State of Nevada transition from the paper format of the CARA- plan of care to an electronic version
- Describe how Openbeds will help enhance data collect in Nevada

Reference guides for perinatal health and SBIRT developed to complement the training series can be found in Appendix E.

Priority Area 3: Data Collection & Intelligence Sharing

Goal 6. Create a Statewide Platform for Substance Abuse Treatment

Opioid STR invested in WITS for Opioid Prevention, Treatment and Recovery, and Data Reporting including:

- Collect, aggregate and analyze data
- SAPTA Block Grant reporting
- Monitor trends in opioid rates, service and treatment outcomes (TEDS)
- Dashboard reports for program oversight

SOR has continued to expand the number of agencies utilizing WITS for reporting.

The NV SOR team reviewed two programs for batch uploading of GPRA data to SPARS—WITS and Lanitek. Both systems will allow agencies to enter GPRA survey data as the interview is conducted and then nightly will send batches of the days' entries to SPARS for automatic upload. Reports will be provided on any errors to which the user can make updates so the survey can be sent to SPARS. WITS provides these services for a number of states for their SOR and other SAMHSA-funded projects. Lanitek provides these services for SAMHSA "Best Practice" grantees. Lanitek was chosen due to their low cost and quick time to completion. The first agencies started piloting the system this year and all agencies moved to using the system for the new fiscal year in SOR II.

Central Registry. Discussions regarding the Central Registry (CR) have been delayed as priorities shifted. Nevada's certified OTPs have narrowed their desired selection for a central registry between the current WITS system and Lighthouse and are looking for more progress towards implementation in the next year. The Central Registry will be housed through State of Nevada Division of Public and Behavioral Health. The system selection is up to the Opioid Treatment providers and will be based on sustainability of maintaining the system.

Goal 7. Develop Real-time Opioid Overdose Reporting

Onboarding more agencies. SOR funded a position to act as a liaison between the AG's Office and local law enforcement agencies. One of that position's priorities has been the adoption of ODMAPS throughout the state. 45 law enforcement and first responder agencies throughout the state have agreed to utilize ODMAPS to track community first response to overdoses. Agencies are working on transitioning from manual entry into ODMAP to automatic entry from the state EMS database. Most counties have completed or almost finished with their community opioid response plans. The liaison has presented at three conferences about ODMAP and the State's opioid efforts.

Priority Area 3: Criminal Justice Interventions

Goal 8. Provide Support for Justice-Involved Populations

Continuing re-entry support. SOR supports a MAT Re-entry Court established under Opioid-STR. The program provides transitional housing, residential treatment as needed or outpatient treatment, case

coordination, and job development. During the NCE, 70 individuals have been supported, with 44 of them being new enrollments. In this reporting period, 10 individuals have successfully graduated the program.

Increase connection to treatment. A treatment agency is conducting screenings in two prisons and connecting the individuals to treatment upon release. In the current reporting period of funding, 297 inmates were screened, with 10 entering treatment at that agency upon release from prison. The same agency conducted 413 assessments at parole and probation and provided referrals for treatment and other necessities (i.e., vocational, WIC/TANF/Medicaid, legal, food, etc.). At the county jail in Las Vegas, the same agency provided screenings, referrals to social services, counseling, MAT dosing, and intake setup at treatment upon release. Screenings were giving to 172 inmates, with 384 referrals given.

Washoe County Sheriff's Office is implementing a MAT program within the jail to assess and induct individuals onto MAT and assist with coordinating ongoing treatment once released in the community. Within the current reporting period, 316 inmates have been screened for OUD risk and naloxone distribution. Fifty-eight (58) individuals have received MAT services and 50 had a discharge plan completed for transitioning out of jail.

Description of barriers and how you have addressed them. Any barriers still left to address.

Gaps in services that have been encountered as SOR has moved forward continue to include:

- **COVID-19.** All agencies have continued to adjust their protocols to the pandemic as conditions evolve. Many are continuing to implement telehealth for the first time which has required new policies and procedures to be written. See attachment A for a copy of the COVID-19 Emergency Response Plan issued by the State of Nevada.
- **Veterans.** Addressing veterans' needs for services across the state. Serving Veterans is an area that we will continue to focus efforts towards.
- **Engaging tribal communities.** COVID has reduced the number of allowable engagement activities as tribes have closed their borders to non-tribal members. Statewide Tribal Consultation meetings have been delayed due to the pandemic and infrastructure limitations that have made virtual meetings challenging. This has made promoting relationships difficult. Several of the tribes that have been collaborating have seen high turnover within their behavioral health programs.
- **Rurality.** Rural health development continues to be limited by staffing shortfalls and limited resources as MAT expansion is being attempted. Nevada continues to lack behavioral health and medical providers, especially in the rural and frontier areas.
- **Stigma** continues to be a barrier for individuals seeking out treatment as well as communities adopting harm reduction measures. A social media campaign rolled out in fall 2020 to address community wide stigma and treatment awareness. A new campaign targeting stigma will be released in late 2021 and early 2022.
- **Low jail and corrections engagement.** A continued area of need has been educating county jails and corrections about harm reduction strategies, substance use disorders, and the benefits of

treatment and case management to reduce recidivism. Two jails are now distributing naloxone and one completed the requirements to be certified as an OTP. One OTP has developed partnerships to provide services within corrections. This has remained virtual engagement due to the pandemic. A second provider has developed relationships in rural corrections to improve wraparound services upon release.

- **High suicide rates in Nevada.** In 2019, the National Institute on Drug Abuse (NIDA) and the National Institute of Mental Health (NIMH) collaborated to highlight the relationship between suicide deaths and the opioid crisis. Nevada has consistently ranked high for suicide overdose deaths. Both the NIDA and NIMH call for collaborative care models to treat people for both opioid use disorder and co-occurring mental illness.

Measures that are currently being taken to address the gaps and/or barriers.

1) **Ability to access MAT a timely manner.** The Nevada Department of Health and Human Services has drafted new MAT Policy Criteria in SOR Year one, which removes the prior authorization requirement for buprenorphine from all managed care organization and fee for service. SOR Year two includes holding listening sessions of the policy for providers and making updates as needed. The Division of Health Care Financing and Policy (DHCFP) is proposing a new Medicaid Services Manual (MSM) Chapter 3800 – Medication Assisted Treatment (MAT) to outline MAT for individuals that have been diagnosed with an Opioid Use Disorder (OUD). The MAT policy includes the process of treatment to outline expectations, the use of the buprenorphine medication, and qualifications of providers. This policy was approved during this reporting period.
2) **Expanding veterans' services.** ZeroSuicide and the Crisis Now initiative have been working with veteran's organizations to reduce access to lethal means for veterans and those who have served or are family members for service men and women.
3) **Rural workforce shortage.** SB44 was passed in the most recent legislature. The legislation aims to smooth the licensure process to boost the number of behavioral health providers in the state. Additionally, Project ECHO is providing consultation to rural areas via virtual methods.
4) **Expanding availability of naloxone.** The state is continuing to partner with Community Coalitions to provide Mental First Aid with the Naloxone/Opioid Overdose Awareness module. The coalitions have a valuable relationship within the rural and frontier communities and are being tasked to provide training for the stakeholders of each community.
5) **Reducing stigma through faith-based initiative.** The state has collaborated with an agency to develop a faith-based initiative to address stigma, expand prevention and wrap around services offered in faith-based communities.
6) **Increasing awareness of resources.** A social media campaign to promote access to treatment and recovery support services ran over the summer of 2020 and continued into early 2021. A new campaign will be launched late 2021/early 2022.
7) In addition to the guidance on adopting telehealth practices by The Division of Public and Behavioral Health, Nevada passed several legislature bills to improve access to care. AB181

amends NRS 687B.404 to adhere to the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 ensures that any insurer or other organization providing health coverage through Medicaid provides benefits for mental health or substance use disorders at equitable coverage at that of medical and surgical. SB5 has instituted that data concerning telehealth is collected and analyzed to improve equity. This would incentivize more providers to continue or expand their telehealth services, benefiting the rural and frontier communities.

8) **Providing Zero Suicide Training/TA.** Zero Suicide is designed for health care systems to improve early identification and intervention for individuals at rick of suicidality. SOR will continue the conversation with hospitals and is currently organizing a second Zero Suicide Academy.

Barriers still left to address.

1) **Transportation.** Access to reliable transportation continues to be challenging and something that the SOR project and subawardees continue to work through. We want to ensure that clients accessing SOR related services have access to appropriate transportation. We have provided agencies with MTM information and contacts.

Administrative, Data Collection & Reporting costs.

$9,850.00 in grant funds have been spent on administrative and infrastructure development costs during this reporting period for a batch upload GPRA system for the State of Nevada SOR grant.

> ***Data Collection & Reporting - Please confirm the amount of grant award funds spent on data collection and reporting during the reporting period. Note: Up to two percent of the total grant award may be used for data collection and reporting. (This is in addition to the 5% administrative cost which may also include data collection).***

During this reporting period a total of **$78,917.50** has been spent on data collection and reporting activities. This includes the $9,850.00 for the development of a batch upload GPRA system.

SOR Supplemental

The SOR Supplemental funds were expended for the purchase of naloxone. There is an excess of naloxone in stock at the end of the fiscal year to cover the period of time before the State can utilize the next year of SOR II funding to purchase more naloxone.

Appendix A: COVID-19 Emergency Response Plan

Dear OTP Colleagues:

With the concerns regarding COVID-19 (the coronavirus), we ask that each OTP review, implement and update their emergency response plans. Though many of our OTPs have detailed plans to address health emergencies we have provided some strategies and guidance for your consideration.

EMERGENCY PREPAREDNESS
OTPs should direct specific questions about operations under the circumstances related to COVID-19 or other such pathogens to the state SOTA representatives located below:

Amir Bringard: Email: abringard@health.nv.gov
Jamee Millsap, Email: jmillsap@casat.org
Kim Riggs: Email: k.riggs@health.nv.gov

Please make sure to copy Dr. Woodard on all correspondence. Email: swoodard@health.nv.gov

SAMHSA provides general guidance regarding OTP regulation and operation, but specific questions must be addressed by the SOTA in the specific jurisdiction in which the program is located. SAMHSA will not answer specific questions about program disaster plans or operation of programs.

In circumstances in which a patient(s) have symptoms of infection (fever, chills, cough, shortness of breath) or in which they may have been in contact with someone who has such symptoms or has been diagnosed as having COVID-19 infection; it is important that the individual(s) not attend the OTP, but as importantly, that they continue to receive their medication to treat their OUD.

Be prepared to implement emergency procedures for a minimum of two- week intervals. Consider medication stock, labels, take home bottles and the staff resources to implement the plan. Include in your emergency plan the ability to store medication in the dosing area in a locked cabinet if there is not room in the safe. Please review the DEA's response to the Coronavirus pandemic at www.dea.gov/ provided is the information concerning National Drug Supply, Electronic Prescribing of Controlled Substances and Telemedicine HHS Public Health Emergency Declaration.

Please review the guidance and direction below:

- Each OTP should have an emergency plan that outlines overall provider policies in three areas: risk reduction, preparedness, and the response/recovery phases.
- Education and Awareness: Talk about your plan with patients and staff beforehand. Potential emergencies are stressful for our patient population when they feel their medication access may become restricted. Provide patients written materials that describe the procedures they are required to follow should they become symptomatic and contact information for your program should they have questions or concerns.
- Include an ongoing communication plan for your patients through private numbers, website information, social media or recorded message.
- Capacity Assessment: Evaluate the effectiveness of your emergency response plan. Make sure key personnel and resources identified to ensure the ability to respond to the emergency and continue operations.
- Ensure all staff are aware of their role on each phase of your emergency plan. Ensure multiple staff have access to SSA emergency cell number 209-747-2486.

- OTPs should include in their respective emergency plans, details for continuity of patient care in the event of clinic closure. Examples may involve alternate dosing sites, memorandums of understanding between local OTPs agreeing to guest dose displaced patients, and availability of staff to verify dosing. OTPs are required to contact the SOTA prior to any changes in hours or closures. Protocol should be in place to identify a trustworthy, patient designated, uninfected 3rd party, i.e. family member, neighbor, to deliver the medications using the OTP's established chain of custody protocol for take home medication.
- Telehealth is an essential tool for maintaining continuity of care for patients, while minimizing risk for exposure for both staff and your clients. Develop a plan for how your agency will use telehealth to provide services for clients using HIPAA-compliant technology and/or telephonic services. Ensure you have a telehealth policy in place for your agency and that your workforce has the necessary competencies in providing telehealth services. Staff can access free on-line trainings on how to deliver behavioral health services safely and effectively through SAMHSA here: https://www.integration.samhsa.gov/operations-administration/telebehavioral-health

FOR ALL STATES WITH DECLARED STATES OF EMERGENCY – APPLIES TO NEVADA

An approved Blanket Exception has been granted by SAMHSA for Nevada OTPs so that all stable patients in an OTP may receive 28 days of Take-Home doses of the patient's medication for opioid use disorder. Also, up to 14 days of Take-Home medication for those patients who are less stable, but who the OTP believes can safely handle this level of Take-Home medication.

Exception has been approved for Nevada OTP providers to use telemedicine to conduct assessments. Face to face initial screenings for clients receiving Methadone must still be conducted, however initials with clients starting on Buprenorphine may be assessed and order prescriptions by telemedicine.

SAMSHA Guidance: https://www.samhsa.gov/sites/default/files/otp-guidance-20200316.pdf

Please send emergency plans, for blanket take-homes to Amir Bringard, abringard@health.nv.gov. The SOTA will send the information to SAMHSA for approval. Please be patient with this process. SAMHSA has asked that do to the influx of requests, OTPs do not send individual or blanket requests directly to SAMHSA.

Our federal partners have indicated that the SOTA should be aware of and supportive of the exception requests being made and may want additional information to approve exceptions.

DOSING
Consider take homes for the patient population that meet the eligibility and that can safely manage their medications to reduce foot traffic and congestion in the clinic.

Identify immunosuppressed, pregnant and other patients with compromised health and consider take homes for their protection.

Other patient populations to consider are health care and emergency personnel that may be needed in the field.

Should your clinic experience an identified exposure to COVID-19, consider how you will continue to dose patients that are at risk and cannot safely managing their medications. Referring patients to the hospital to be dosed is not an acceptable backup plan.

When providing take homes ensure patients understand the need to maintain all take home bottles. These bottles will help another clinic assist your patient if needed.

OTP Guidance for Patients Quarantined at Home with the Coronavirus

- Document that the patient is medically ordered to be under isolation or quarantine. When possible confirm source of information- e.g.: doctor's order, medical record. Ensure the documentation is maintained in the patient's OTP record.
- Identify a trustworthy, patient designated, uninfected 3rd party, i.e. family member, neighbor, to deliver the medications using the OTP's established chain of custody protocol for take home medication. This protocol should already be in place and in compliance with respective state and DEA regulations. OTPs should obtain documentation now for each patient as to who is designated permission to pick up medication for them and maintain this process of determining a designee for any new patient. Any medication taken out of the OTP must be in an approved lock box. The designee needs to review policies with staff regarding keeping the medication in a locked box, away from children, and that the patient is to only have 1 dose daily. Provide designee with Narcan and overdose prevention education.
- If a trustworthy 3rd party is not available or unable to come to the OTP, then the OTP should prepare a "doorstep" delivery of take-home medications.
- Any medication taken out of the OTP must be in an approved lock box. Develop a plan for medication delivery by OTP personnel

TELEHEALTH

Telehealth options for continued counseling in times of emergency or disaster should be utilized to the extent possible, maintaining standards for patient confidentiality.
NEW: https://www.samhsa.gov/sites/default/files/medicare-telemedicine-health-care-fact-sheet.pdf (includes billing codes information)
South West Telehealth Resource Center (TRC):
COVID-19 Resources: https://southwesttrc.org/resources/covid19
SAMHSA has provided guidance on 42CFR part 2 and telemedicine here: https://www.samhsa.gov/sites/default/files/covid-19-42-cfr-part-2-guidance-03192020.pdf.
DEA guidance on the use of telemedicine in MAT: https://www.samhsa.gov/sites/default/files/programs_campaigns/medication_assisted/telemedicine-dea-guidance.pdf

PREVENTION AND EDUCATION

Review and implement basic hand washing hygiene strategies with staff and patients. Provide postings in your clinics. Routinely wipe down your work areas, dispensing area and equipment.

For guidance on COVID-19, please reference: https://nvhealthresponse.nv.gov/; https://www.cdc.gov/coronavirus/2019-ncov/index.html.

Healthcare workers, including behavioral health providers, need to consider how to keep themselves safe during this time. CDC guidance for healthcare providers is here: https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html

In addition, Healthcare Facilities information is here: https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/index.html.

The White House released additional information regarding ways to slow the spread of the virus: https://www.whitehouse.gov/wp-content/uploads/2020/03/03.16.20_coronavirus-guidance_8.5x11_315PM.pdf.

Social distancing and other mitigation strategies have been shown to slow and prevent the spread of COVID-19: https://www.cdc.gov/coronavirus/2019-ncov/downloads/workplace-school-and-home-guidance.pdf

CDC guidelines for Health Care Facilities Tips for Social Distancing, Quarantine, and Isolation During an Infectious Disease Outbreak:https://www.samhsa.gov/sites/default/files/tips-social-distancing-quarantine-isolation-031620.pdf

Additional resources for community members in need of additional resources and support:
Substance Abuse and Mental Health Services Administration's (SAMHSA's) Disaster Distress Hotline: 1-800-985-5990 or text TalkWithUs to 66746. The Disaster Distress Helpline is a 24/7, 365-day-a-year, national hotline dedicated to providing immediate crisis counseling for people who are experiencing emotional distress related to any natural or human-caused disaster. People with deafness or hearing loss can use their preferred relay service to call 1-800-985-5990.
The NAMI Warmline call or text: 775-241-4212 The NAMI Warmline is a stigma-free, non-crisis, phone service you can call or text to speak one-on-one with a NAMI WNV CARES operator. The Warmline is staffed by trained peers in recovery, who provide support to peers by telephone. The Warmline provides confidential support when we want to talk to someone. The Warmline gives you a peer's perspective on how to find support in the community by phone, text, or video. Knowing someone cares can motivate us to carry on in recovery when there is anxiety.

CDC Helping Adults Cope During an Emergency ASL Video
https://www.youtube.com/watch?v=xo1nz2Dc5fk&feature=youtu.be

Crisis Text Line: Text HOME to 741741 from anywhere **in the US**, anytime, about any type of crisis.

Crisis Support Services of Nevada 1-800-273-8255; text CARE to 839863 for 24/7 crisis services;
Substance Use Disorder Hotline 1-800-450-9530; text IMREADY to 839863

Foundation for Recovery Warmline: 1-800-509-7762. Our peer support specialists will continue to see peers at our recovery community centers. We encourage anyone who has access to a phone or computer to consider seeing peer specialists through tele-recovery supports (over the phone or video session). A full directory of our peer support specialists with emails and phone numbers may be found here: https://forrecovery.org/meet-our-team/

Nevada 2-1-1 Program: 211 can assist in connecting individuals, families, and providers to essential health and human services information and resources. https://www.nevada211.org/

OTHER CONSIDERATIONS

Ensure you have up-to-date emergency contacts for your employees and your patients. You are recommended to update the cell phone and carrier of your patients weekly because this population's cell phone numbers change frequently. Just make it a standard part of the dosing process and medication pickup process, and patients will come to expect it.

Develop procedures for OTP staff to take patients who present at the OTP with respiratory illness symptoms such as fever and coughing to a location other than the general dispensary and/or lobby, to dose patients in closed rooms as needed.

Develop a communications strategy and protocol to notify patients who are diagnosed with or exposed to COVID-19, and/or patients who are experiencing respiratory illness symptoms such as fever and coughing, that whenever possible the patient should call ahead to notify OTP staff of their condition. This way OTP staff can have a chance prepare to meet them upon their arrival at an OTP with pre-prepared medications to be dispensed in a location away from the general lobby and/or dispensing areas.

Develop a plan for possible alternative staffing/dosing scheduling in case you experience staffing shortages due to staff illness. Develop a plan for criteria for staff members who may need to stay home when ill and/or return to the workforce when well.
Expanding Access to Quality Opioid Use Disorder Treatment Services (AATOD): AATOD guidance to OTP's in Response to the Coronavirus (CORVID-19) http://www.aatod.org/advocacy/policy-statements/covid-19-aatods-guidance-for-otps/?utm_source=COVID-19&utm_campaign=medicaid+webinar+6&utm_medium=email

Delivery for patients on isolation or quarantine please review the following released by SAMSHA Division of Pharmacologic Therapies Guidance Released 3-13/20. https://www.samhsa.gov/medication-assisted-treatment

Consider limiting critical staff access to patients when possible. For example, some staff may meet with a patient through a glass window or through tele-communications devices within that same facility.

SAMSHA OTP extranet website Consider starting new patients on medications other than methadone. Patients on buprenorphine: Based on the more favorable safety profile of buprenorphine outpatient dosing requirements.

Contact the SOTA immediately if you have a patient that tests positive for COVID-19: 702-668-3202.

Please contact me if I may be assistance.

Amir Bringard, MBA
Health Facilities Inspections Manager
Nevada Department of Health and Human Services
Division of Public and Behavioral Health | Bureau of Health Care Quality and Compliance
4220 S. Maryland Parkway, Bldg. D, Suite 810 |Las Vegas, NV 89119
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Appendix B: Nevada Medicaid Medication-Assisted Treatment

Billing Instructions

Medication-Assisted Treatment (MAT) Services for Opioid Dependence

Overview

Medication-Assisted Treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders.

Buprenorphine is an opioid partial agonist/antagonist that is Food and Drug Administration (FDA) approved for the treatment of opioid dependence by physicians in an office-based setting. Medication of choice is buprenorphine/naloxone for nonpregnant recipients and buprenorphine single ingredient for pregnant recipients. Reference Medicaid Services Manual (MSM) Chapter 1200, Prescribed Drugs, for coverage and limitations.

Policy

Nevada Medicaid's policies can be found on the Division of Health Care Financing and Policy (DHCFP) website, http://dhcfp.nv.gov, under Medicaid Services Manual (MSM).

MSM Chapter 3800, Medication Assisted Treatment, should be referred to for any policy questions.

Providers eligible to prescribe MAT services must follow the guidelines listed in MSM Chapter 600, Physician Services, for their individual provider type.

Prior Authorization (PA)

No prior authorization is required for the initiation and maintenance MAT services as listed in MSM Chapter 3800. An individual must meet the medical necessity criteria of MAT services as documented in the recipient's file.

No prior authorization is required for biopsychosocial assessment.

When referring a recipient for behavioral health services, the individual providing these services must follow the guidelines listed in MSM Chapter 400, Mental Health and Alcohol and Substance Abuse Services, for policies, prior authorization requirements, and service limitations.

Rates

Rates information is on the DHCFP website at http://dhcfp.nv.gov (select "Rates" from the "Resources" menu). Rates are available on the Provider Web Portal at https://www.medicaid.nv.gov through the Search Fee Schedule function, which can be accessed on the Electronic Verification System (EVS) Provider Login webpage under Resources (you do not need to login). Any provider-specific rates will not be shown in the Search Fee Schedule function.

Non-covered Services

When requested for MAT, buprenorphine prescription for any other reason than Opioid Use Disorder (OUD) is not covered.

Covered Services

Eligible providers with a current waiver to prescribe buprenorphine under the Drug Addiction Treatment Act of 2000 (DATA 2000) and who meet all of the provider requirements listed in MSM Chapter 3800 would be able to provide and bill for MAT services.

Billing Instructions

Medication-Assisted Treatment (MAT) Services for Opioid Dependence

Billing Requirements and Instructions

Screening, Brief Intervention and Referral to Treatment (SBIRT):

SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment. Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change. Referral to treatment provides those identified as needing more extensive treatment with access to specialty care.

- Codes are listed in the order of the SBIRT process.
  - Screening: H0049
  - Screening with Brief Intervention (15-30 minutes): 99408
  - Screening with Brief Intervention (30+ minutes): 99409

Pre-Induction Visit:

- Visit type: Adult Wellness visit or acute visit for Opioid Use Disorder/Dependence.
- Comprehensive evaluation of new patient or established patient for suitableness for buprenorphine treatment.
  - New Patient: 99205
  - Established Patient: 99215

Induction Visit:

- Visit type: MAT medication induction.
- Any of the new patient evaluation and management (E/M) codes can be used for induction visits.
- Codes are listed in order of increasing length of time with patient and/or severity of the problems.
  - Established Patient E/M: 99212-99215
  - Patient Consult: 99241-99245
- Prolonged visits codes (99354, 99355) may also be added onto E/M codes for services that extend beyond the typical service time. Time spent does not need to be continuous.
  - 30-74 minutes: 99354
  - 75-104 minutes: 99355
  - 105+ minutes: 99354+99355x2

Maintenance Visits:

- Visit type: MAT medication. Acute visit for OUD/opioid dependence.
- Any of the established patient E/M codes can be used for maintenance visits.
- Counseling codes are commonly used to bill for maintenance visits, since counseling and coordination of service with addiction specialists comprise the majority of the follow-up visits.
  - Established Patient: 99212-99215

Use modifier U5 and the appropriate OUD diagnosis code with each claim to indicate MAT services.

Billing for Medications Used for MAT

J0571 Buprenorphine, oral, 1 mg

J0572 Buprenorphine/naloxone, oral, less than or equal to 3 mg

Medication-Assisted Treatment (MAT) Services for Opioid Dependence	Billing Instructions
J0573 Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg	
J0574 Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg	
J0575 Buprenorphine/naloxone, oral, greater than 10 mg	
Providers are still required to list the National Drug Codes (NDCs) for the specific drug administered on the claim.	
One of the diagnosis codes for J0571 – J0575 must be F11.20, F11.21, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288 and F11.29.	

Appendix C: Social Media Campaign Blogs

June 2021

Opioids: What are they and how do they affect us?

At Behavioral Health NV, we talk a lot about opioids and seeking treatment for substance abuse and opioid addiction. But what exactly are opioids? Let's break down exactly what opioids are, what types of drugs are classed as opioids, how they affect the brain, and how opioid withdrawal affects the body.

What are opioids and what types of drugs qualify as opioids?

Opioids are a class of drug that include both legally available prescription drugs and illegal street drugs. The most common illegal opioid is heroin. Legal forms of opioids include drugs that doctors sometimes prescribe to help with pain relief, like hydrocodone, codeine, morphine, fentanyl and many others. Naturally occurring opioids -- including heroin and morphine -- are derived from the opium poppy plant. But synthetic opioids -- like fentanyl -- exist too. Legally prescribed forms of opioids are generally safe when taken for a short period of time and as directed by a doctor.

How do opioids affect our brains?

Opioids work by targeting the brain's reward system and giving the user a rush of dopamine -- a neurotransmitter that plays a large role in how we feel pleasure. Since opioids target the brain's pleasure receptors, they cause a euphoric feeling in many people. Opioids are incredibly addictive, and when misused, a psychological addiction can occur within a few days. A physical dependency can develop within a matter of weeks. Opioid addiction is a disease that is caused by the brain's dependency on the drug. Approximately 2 million people in the United States abuse opioids.

Our brains actually manufacture their own opioids in smaller doses, which are responsible for decreasing physical pain and preventing depression and anxiety. When people use opioids frequently, their brains adjust to the intake of excess opioids and their stimulation of the dopamine receptors. Eventually, the brain stops being able to function and produce its own opioids normally without the presence of the added opioids. This adjusted brain function and dependency on the additional intake of opioids is what causes opioid addiction.

Physical symptoms of opioid addiction include:

- Drowsiness
- Small -- or "pinpoint" pupils
- Slowed or shallow breathing
- Constipation
- Itching and scratching
- Decreased physically coordination
- Nausea and vomiting
- Scars from intravenous use, or "track marks"

People addicted to opioids take the drugs in a manner not prescribed by a doctor, or they take heroin. Common means of administration include swallowing, injecting or snorting the drugs.

How opioid withdrawal affects the body

When someone takes opioids for a prolonged period of time, their body and brain become used to the presence of the added opioids. Eventually, the brain will become desensitized to the opioids and require more to function properly. Because extended use of opioids affects the way our brains work, stopping use can cause physical and mental symptoms.

There are several factors that determine how severe someone's withdrawal from opioids might be, including how long the person has taken opioids, what dosage they take, and more. Because of this, everyone experiences withdrawal from opioids differently and on a different schedule. But there are a few things that can be expected of opioid withdrawal.

In the first 24 hours:

- Muscle aches or pains
- Restlessness and inability to sleep
- Anxiety
- Runny nose and teary eyes
- Sweating
- Frequent yawning

After the first day:

- Diarrhea and abdominal pain and cramping
- Nausea and vomiting
- Goosebumps on the skin
- Dilated pupils and blurred vision
- Increased heart rate and blood pressure

Opioid addiction is incredibly unpleasant, but symptoms usually begin to subside and improve after 72 hours. Within a week, most people notice a significant decrease in their symptoms. Methadone is a synthetic opioid agonist that is commonly given to people suffering from opioid withdrawal. It can help lessen the severity of the symptoms and make managing treatment much easier.

If you or someone you know is struggling with an opioid addiction, help is available. Browse for addiction resources and find a treatment center close to you at behavioralhealthnv.org/get-help.

Additional Resources and Further Reading:

- Rethink Opioid Addiction | Opioid Use Disorder (OUD)
- The Facts about Buprenorphine for Treatment of Opioid Addiction
    - By Stephanie Pyle On August 1, 2019
    - Created OnAugust 1, 2019byStephanie Pyle< BackThe Facts about Buprenorphine for Treatment of Opioid Addiction is available from Substance Abuse and Mental Health Services Administration [...]
- Opioid Overdose Prevention Toolkit
    - By Stephanie Pyle
    - Created OnAugust 1, 2019byStephanie Pyle< BackThis toolkit is available from Substance Abuse and Mental Health Services Administration (SAMHSA) and offers strategies to health care providers, [...]
- Adult Drug Courts and Medication-Assisted Treatment for Opioid Dependence – In Brief
    - By Stephanie Pyle
- A Beginner's Guide to Gambling and Opioid Use Disorder for Behavioral Health Providers
- Stimulants and Opioids: An Emerging Drug Threat in the Midst of the Opioid Epidemic
- Pharmacologic Guidelines for Treating Individuals with Post-Traumatic Stress Disorder and Co-Occurring Opioid Use Disorders

- Pregnancy Planning for Women Treated for Opioid Use Disorder
- Advances in the Field and Treatment Implications for Opioid Use Disorders in Sexual and Gender Minority Populations

July 2021

Seeking An Outcome For A Different Tomorrow: Pregnant Or Breastfeeding Moms Shouldn't Wait To Get Help, Recovery Is Possible

Women who are pregnant or breastfeeding and misusing opioids are encouraged to get help today. A mother's misuse has a number of consequences, not only for her, but also for her baby. Opioid use disorder has been linked to maternal death and, for babies, it has been linked to poor fetal growth, premature birth, stillbirth, birth defects and neonatal abstinence syndrome.

At Behavioral Health NV we are committed to sharing the numerous resources available across the state for those ready to take the important first step in getting help. It is important to note that pregnant and postpartum women seeking treatment receive priority admission at any state-funded substance use treatment center. Call 211 or talk to your medical provider to get the right help for you.

"I never thought I would be the kind of person that would be doing drugs while they were pregnant," Kaisha Martinez, recovering opioid addict, said. "Everything changed and it took a while. I never thought I would be as powerful as I am today. You can do anything you can put your mind to. Nothing can stand in your way."

Resources available:

Sober Moms, Healthy Babies

Nevada's Maternal & Child Health program and Substance Abuse Prevention & Treatment Agency (SAPTA) are here to help pregnant women struggling with alcohol and drug use. Sober Moms, Healthy Babies is Nevada's online resource for mom's dealing with substance use and looking for low cost and free programs.

Nevada 2-1-1

Nevada 2-1-1 is committed to helping Nevadans connect with local resources and services you may need such as housing, mental health, addiction, transportation and family support services.

Maternal, Child and Adolescent Health has a page on the site listing a number of Nevada maternity and child services.

The MOTHER Project

Maternal Opioid Treatment, Health Education and Recovery

The High Risk Pregnancy Center in both Las Vegas and Reno, Nevada offers evidence-based medication-assisted treatment (MAT) options combined with specialized maternal-fetal medicine (MFM). Medication, alone, however, is not the answer.

The High Risk Pregnancy Center offers what they refer to as "wrap-around services," providing a behavioral health program to facilitate and coordinate the medication-assisted treatment, high-risk pregnancy care,

behavioral health services, treatment for co-occurring disorders, aftercare planning, patient education, help from outside resources and other individualized services.

Comprehensive Addiction and Recovery Act (CARA)

The CARA Plan of Care is a voluntary referral to services designed to support the health and safety of you and your baby, both now and in the months ahead. The hospital care team will offer mothers a CARA Plan of Care if your baby was affected by drugs or alcohol in the womb. You and your care team will develop the CARA Plan of care together before you leave the hospital. Its purpose is to make sure you and your baby remain healthy, support you in caring for your baby at home and to connect you and your baby with needed services.

Quest-NAS Program

Offering mental health counseling and substance use prevention/treatment to pregnant and postpartum individuals in Northern Nevada for up to one year postpartum, Quest's goal is to provide effective, non-judgmental care to clients, including Targeted Case Management, Peer Support Recovery Specialist care, psychiatry and MAT services.

Nevada Home Visiting

The Nevada Home Visiting Program supports agencies and organizations which administer home visiting services to pregnant women, mothers, fathers, and caregivers in the education of their young children to improve maternal and newborn health, improve school readiness, and to reduce child injuries, neglect, and abuse.

Women, Infants, & Children (WIC)

WIC provides nutritious foods, nutrition education, breastfeeding support, and referrals to health and other social services to participants at no charge.

August 2021

5 Tips For Talking To Your Kids About Opioid Misuse

Approximately 2 million people in the United States misuse opioids. The opioid epidemic affects people from nearly every background, income status and age group, including kids and teens. Armed with knowledge and awareness, kids and teens will be better prepared for knowing how to protect themselves and others from misuse and addiction.

"I never thought that opioids would steal my daughter," Dani Tillman, Brittany's mom and Executive Director at Ridge House. "I never thought that she'd call me asking for help."

Watch her story here.

As a parent, you're a powerful force in guiding your child. Although opioid misuse may be a scary topic, it's essential to talk with your child in an open, honest and supportive way. Here are a few tips on how to start this potentially life-saving conversation.

1. First, educate yourself on opioid misuse.
   What are opioids? How are they misused? How do they affect us? Making sure you're in the know before talking with your child can help you feel more confident and comfortable. This Behavioral Health NV blog "Opioids: What Are They And How Do They Affect Us?" is a great

resource for more information.

2. Start talking to your child as early as possible. (And, remember, it's also never too late.)
   Children quickly absorb information and learn from what they see and hear. Start talking with your child at an early age, whenever they can understand medications and what they should be used for. Having the conversation earlier makes it easier to continue the conversation as they age.

   And, if you haven't talked to your child or teen yet, please know that it's never too late to start, no matter their age.

3. Talk about the risks of opioid misuse.
   Talking with your child about such an important topic is difficult and it can be easy for the discussion to start to feel like a lecture. However, using factual information on the risks of misuse is a good way to keep the conversation open and honest.
   1. It doesn't take long or very much to become addicted.
      Opioids are incredibly addictive, and when misused, a psychological addiction can occur within a few days. A physical dependence can develop within a matter of weeks.
   2. Opioid misuse can cause harmful health effects and even death.
      When opioids are misused, they can have harmful health effects such as, slowed breathing, confusion, constipation and nausea. Slowed breathing decreases the amount of oxygen delivered to the brain and vital organs, which can cause death.
   3. The risk of overdose and death increases if you combine opioids with alcohol or other medications.
   4. The side effects of opioid withdrawal can be severe.
      People addicted to opioids who stop using them can experience side effects such as cold flashes, severe cravings, muscle and bone pain, sleep issues, sweating, blurred vision, vomiting and diarrhea, and others.

Read more about the risks on drugabuse.gov.

4. Got the conversation started? Great. Now, keep it going.
   If you've talked with your child about opioid misuse and the risks, congratulations! You're on the right track. Now, keep the conversation going by talking regularly and reinforcing what's safe and what's not. Plus, having regular talks allows your child opportunities to ask questions and feel heard.

   Life gets busy and it's not easy having multiple conversations, but it's important to keep talking with your child as they grow. They're facing new challenges all the time, so your guidance is important.

5. Create an exit plan together.

Helping your child or teen know how to deal with peer pressure and effectively steer clear of challenging situations is a key strategy. If your child or teen is offered prescription drugs by a friend, suggest they text a code word to you or a family member as a good way to signify they need help.

Helping them come up with an "exit plan" will help them be prepared and safe.

Further Reading and Resources:

- Seeking treatment for yourself or a loved one in Nevada? Search our database of providers online here.
- If you're looking for treatment outside of Nevada, please use the SAMHSA Treatment Locator.
- The National Institute on Drug Abuse – Teen Resources for Opioids
- The National Institute on Drug Abuse – Starting the Conversation
- U.S. Department of Health and Human Services – Opioid Prevention Programs and Tools
- Drug Enforcement Administration Resources for Parents – Medications in Your Home
- Are you in crisis? Contact Crisis Support Services of Nevada by calling 1-800-273-8255 or texting CARE to 839863.

Appendix D: Reference Guide for Reproductive Health Complicated by Substance Use

Double click to open the document

revised-reference-guide-for-reproducti

Appendix E: Reference Guides for Perinatal Heath

Reference_Guides_for_Perinatal_Health.

Appendix F. SBIRT and MI Training and TA Plan

Screening Brief Intervention and Referral to Treatment (SBIRT) and Motivational Interviewing in Health Promotion & Outreach

Consultant Capacities

Adopt SBIRT is supported by the Nevada Division of Public and Behavioral Health Bureau of Behavioral Health, Prevention, and Wellness through funding provided by the Nevada State Targeted Response to the Opioid Crisis Grant awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA). Adopt SBIRT is overseen by the Center for the Application of Substance Abuse Technologies (CASAT), a grant-funded center within the University of Nevada, Reno's School of Community Health Sciences. Since 1993, CASAT has provided culturally appropriate, state-of-the-art, research-based technology transfer and training/Technical Assistance (TA) activities that address the needs of families/individuals with SUDs and co-occurring disorders. CASAT's primary mission is to improve Substance Use Disorder (SUD) prevention, treatment, and recovery services by helping states, jurisdictions, tribes, communities, organizations, college students, and the workforce effectively implement/sustain research-based practices. Adopt SBIRT aims to serve Nevada's healthcare system with expertise and resources to provide training and technical assistance, implementation, workflow, educational materials, screening tools, video demonstrations, online courses and other resources to promote SBIRT for Opioid Use Disorders (OUDs) and other SUDs. Adopt SBIRT / CASAT's goal is to develop tailored training curricula and implementation coaching to increase staff knowledge, attitudes, skillfulness, and behaviors and possibly patient outcome.

Adopt SBIRT / CASAT partners with a national cohort of content experts to achieve its training aims. For the current project, we will partner with Jennifer Hettema, PhD. Dr. Hettema is an Associate Professor in the Department of Family and Community Medicine at the University of New Mexico. She is a clinical psychologist with extensive experience developing, evaluating, and disseminating brief behavioral health interventions in medical settings. She is a member of the Motivational Interviewing Network of Trainers and the Principal Investigator of several large federally funded grants exploring screening and brief intervention implementation in primary care. Dr. Hettema develops curricula for medical students, residents, faculty, and other health professions students and conducts implementation planning and support healthcare providers in practice, including large healthcare systems.

Approach

The proposed approach is based on consultation with the ASTHO OMNI Provider Education and Practice Standards workgroup, the Nevada State Opioid Response team, as well as research available regarding training in effective communication, preventive interventions, adult learning theory, extensive experience on similar projects, and preliminary consultation with your organization. We hope that we can work together to continue to adapt the approach as needed. Flexibility and responsivity to successes and obstacles will maximize the impact of the project.

Site Outreach: ASTHO OMNI will provide Adopt SBIRT / CASAT with a list of outpatient obstetrics and gynecology sites in Nevada. These sites will be contacted via email by Adopt SBIRT / CASAT. The email message will include: 1) a brief textual overview of the project, 2) a pdf copy of the provider toolkit, 3) a

link to a brief 1-2 minute video developed by Adopt SBIRT / CASAT that describes implementation / training options, 4) a link to the SOR website, which will serve as a repository for materials and an overview of the project, and 5) and link to an online survey that assesses site interest in implementation and training technical assistance.

Tailored Training for Early Adopters:

ASTHO OMNI has identified two sites that will be recruited to participate in early technical assistance to facilitate implementation coaching and training and to pilot the menu of options described in the Models of Delivery section below. Early adopter sites are women's health sites that include a large number of practices, serve high need populations, or demonstrate high readiness to adopt. Adopt SBIRT / CASAT consultants will work with Dr. Bartholomew and other workgroup leaders to identify 2-3 early adoption sites, to include Women's Health Associates of Southern Nevada, Southwest Medical Associates, and Renown. Adopt SBIRT / CASAT will work directly with representatives of these sites to develop tailored training and implementation and training plans to be completed prior to the end of calendar year 2020.

ECHO Training for Interested Providers / Practices

In order to increase training capacity, Adopt SBIRT / CASAT will develop an ECHO develop and deliver a 6-session ECHO (Extension for Community Health Outcomes) modeled program for interdisciplinary professionals working within reproductive health settings across the State of Nevada. This training will be designed to facilitate the implementation of practices outlined in the OBGYN Opioid Toolkit: Provider Reference Guide for Reproductive Health Complicated by Substance Use.

ECHO is an evidence-based training modality that focuses on case-based learning to help healthcare professionals develop familiarity with and confidence in specialty clinical topics. This ECHO will be designed to provide community health professionals with the training and support they need to manage substance use issues within reproductive health settings. The ECHO program will include an expert specialist team representing Adopt SBIRT / CASAT and interdisciplinary clinicians and other health professionals in local Nevada communities. The series will include 6 weekly teleECHO clinicals that include a didactic presentation, combined with patient case presentations and mentoring. *CMEs provided by UNR School of Medicine, CEs – Nevada State Board of Nursing.*

Additional Models of Delivery

Early adopters and other clinicians or programs indicating an interest in receiving technical assistance in the emailed survey assessment will be contacted by Adopt SBIRT / CASAT to discuss the menu of options for models of delivery. These implementation planning sessions will be held via telephone or zoom and will yield tailored implementation plans. Adopt SBIRT / CASAT will provide training resources to support these plans as capacity permits and will be in regular communication with the ASTHMO OMNI Provider Education and Practice Standards workgroup regarding assessment responses, technical assistance and implementation planning requests, and consultant capacity to meet the needs of potential adopters.

The following options will be explored with potential adopters:

<u>FOUNDATIONS OF SBIRT / MOTIVATIONAL INTERVIEWING</u>

In order to lay the foundation for SBIRT or Motivational Interviewing training and implementation, it is important to provide all staff with an introductory overview of the approach. Foundational trainings provide staff with an opportunity to understand what the approach is, the rationale for the approach, the evidence-base for the approach, and the way in which the approach may be implemented in their setting. Foundational trainings are not likely to result in practice change or skill improvements, but are necessary to lay the foundation for future work. Foundational trainings can occur using several different modalities, describe below:

A) Self-Study: One common method by which individuals can explore SBIRT or Motivational Interviewing is to study print materials. Although this can provide some understanding of the basic approach, self-study is not generally effective in improving clinical skillfulness in MI.

B) Pre-developed Online Courses: Several free, pre-developed SBIRT and MI training programs are available that can be completed asynchronously by designated provider staff. These courses are well developed resources, may provide a solid foundation to maximize skills-based trainings, and offer flexibility in terms of scheduling, since they are completed at participants' own pace. Such programs have not been shown to increase skillfulness alone however. Another drawback is that they are not tailored to the designated provider and may focus on specific professions (e.g. nurses) or different protocols or workflow procedures than those that are implemented by the designated provider.

I. TEACH SBIRT - This is a free self-paced online course. The four online training modules provide participants the opportunity to gain awareness around epidemiological trends and data regarding the percentage of the US population participating in risky alcohol and other drug use, and medical conditions associated with risky drinking and drug use. **Continuing Education:** 4 Credits *Nevada Board of Examiners for Alcohol, Drug & Gambling Counselors; Nevada State Board of Nursing; Board of Examiners for Marriage and Family Therapists and Clinical Professional Counselors; State of Nevada Board of Examiners for Social Workers. NATIONAL – NAADAC, IC&RC and NBCC*

II. UCLA's 4-Hour SBIRT Training: This free, 4-hour training is relevant for both primary care and behavioral health providers. The training provides a brief overview of the prevalence of substance use, criteria for risky use, and the effects of substance use on health and mental health functioning. The training reviews two validated screening tools (AUDIT and AUDIT-C), and teaches providers how to conduct a three-step Brief Intervention utilizing motivational interviewing techniques focused on motivating people toward positive behavioral change. For individuals identified to be at high risk for an alcohol use disorder, we teach providers how to motivate patients to accept a referral to specialty substance abuse treatment services. **Continuing Education:** *Includes CMEs, please click on course link for a full statement regarding Continuing Education Credits.*

III. UMKC SBIRT for Health and Behavioral Health Professionals: How to Talk to Patients about Substance Use: This is a free, 3.5-hour, self-paced online course. Learners take part in an interactive orientation on SBIRT (screening, brief intervention, and referral to treatment for substance use), applying their learning through interactive games, case scenarios, and quizzes to

develop their knowledge, skills, and abilities in using SBIRT with patients. **Continuing Education:** *NAADAC, NASW, NBCC, CDE, CME, CNE, CHES*

IV. A Tour Of Motivational Interviewing: An Inter-professional Road Map For Behavior Change: This course takes the learner on a tour of the essential skills used to strengthen an individual's motivation for behavior change. Descriptions, demonstrations, and learning activities provide an introduction to MI. This course is not meant to prepare the learner to deliver this evidence-based practice with fidelity. Learning MI is a developmental process that requires a longer-term investment of time and effort. This includes repeated opportunities to practice learned skills, to receive feedback on performance from experienced MI practitioners, and to integrate this feedback into practice. **Continuing Education:** *This course may be taken for a Certificate of Completion, and for a small fee, offers four hours' CE credit for NAADAC, Certified Health Education Specialists or Continuing Nursing Education. This program is also approved by the National Association of Social Workers*

C) Tailored Foundational Courses: Adopt SBIRT / CASAT staff can also work with designated provider to develop a foundational course that is tailored to the SBIRT protocol and work flow decided on by the designated provider. Tailored courses can take several forms:

I. SBIRT for Designated Provider Webinar: Adopt SBIRT / CASAT can develop and host an Introduction to SBIRT webinar that can be delivered to groups of up to 20 participants at a time. The webinar can provide an overview of the rationale and evidence-base for SBIRT and introduce tailored protocol and work-flow information. Webinar format will allow for discussion and interaction between participants and trainers. The webinar can run for 2 hours.

II. SBIRT for Designated Provider In-Person Training. Adopt SBIRT / CASAT can develop and host an Introduction to SBIRT in person training that can be delivered to groups of up to 20 participants at a time. The in-person training can provide an overview of the rationale and evidence-base for SBIRT and introduce tailored protocol and work-flow information. In person format will allow for discussion and interaction between participants and trainers, as well as preliminary skills practice activities. The introduction can run for 2-4 hours. This introduction could be combined with an in-person skills-based training to occur across a 1-day period.

SBIRT / MOTIVATIONAL INTERVIEWING SKILLS-BASED TRAININGS

In order to teach the skill set of SBIRT or Motivational Interviewing, workshop style skills-based training options provide participants with limited didactics and an emphasis on demonstration and practice. There are extensive opportunities to receive feedback. This training will be tailored to the specific protocol and workflow of the designated provider. Ideally the training will occur in blocks of 1-4 hours across several weeks with total training time ranging from 4-16 hours. Training spacing can facilitate the applicability and retention of by allowing for personal practice in between. Increased training time can allow for the incorporation of additional motivational interviewing communication skills and exploration of the application of skills to other health behavior changes. Skills-based training can be delivered in two modalities:

A) Skills-Based Webinar: Workshop style training delivered on a webinar platform such as Zoom.

B) In-Person Training: Adopt SBIRT / CASAT can develop and host and deliver the skills based training in person at the designated provider's site.

C) Post-Training Practice and Feedback: While skills-based workshops have been shown to create short term increase skillfulness, gains have been shown to decrease after several months if no additional feedback and coaching is offered.

MASTER TRAINER MODEL

Master Trainer Training: Selecting a cohort of SBIRT or motivational interviewing Master Trainers can create a more sustainable approach to SBIRT or motivational interviewing implementation. Following training, Master Trainers, with support from Adopt SBIRT / CASAT, can develop their own tailored Foundational Courses and Skills-Based Trainings and are available to provide feedback and coaching to staff. This option involves several stages:

A. Master Trainer Selection: We suggest that the designated provider will select a Master Trainer cohort with relevant background, interests, or skills. Depending on agency size and variability in clinic services, there should be approximately 8-12 Master Trainers. Having a group of Master Trainers that are representative of the larger staff's level of training and program of focus will result in trainings that are more applicable and relevant and help to improve learner buy-in.

B. Foundational and Skills-Based Trainings: Following selection, Master Trainers will participate in Foundational and Skills Based Training (see above).

C. Proficiency Assessment: Ideally, all Master Trainers will be proficient in the SBIRT protocol prior to transitioning to a Training for Trainers. Following training, potential Master Trainers will be asked to submit a practice sample / or participate via telephone with a standardized patient, in order to demonstrate their SBIRT skillfulness. Participants who demonstrate proficiency in the SBIRT protocol will be invited to participate in the Master Trainer Training for Trainers. Participants who do not meet proficiency standards will be provided with individualized feedback, telephone coaching, and recommendations for supplementary training or practice work, and invited to submit another practice sample. Up to three practice samples will be coded for each potential Master Trainer.

D. Training for Trainers: This training will teach participants how to help others learn SBIRT and Motivational Interviewing in a way that is tailored to their setting and learners. Participants will learn a broad and flexible set of training exercises and approaches that can be used to meet the specific needs and levels of various training groups. The TNT will provide participants with the opportunity to develop and practice training as well as feedback and coaching skills.
E. Master Trainer Staff Training: Master trainers will implement training for staff with scaffolded involvement and support from Adopt SBIRT / CASAT. Initial trainings may involve co-training

with our staff, followed-up by Master Trainer led trainings with consultant observation and feedback, followed by independent Master Training with consultants available for debrief or to discuss emergent issues. Active participation will leave Master Trainers well seated to create ongoing trainings for staff in a sustainable model. Developed training duration may range from 1 to 16 hours based on the degree to which the trained group is responsible for promoting behavior change. Similarly, Master Trainers will be available to provide ongoing support, supervision, and quality assurance to staff. The consultants will initially co-facilitate these activities, scaffolding to Master Trainer independence.

EVALUATION

The Adopt SBIRT / CASAT team is also available to work with the program leaders or oversight committee to develop feasible and practical strategies for evaluating the impact of the SBIRT / motivational interviewing training activities on staff knowledge, attitudes, skillfulness, and behaviors and possibly patient outcome.