Nevada State Opioid Response Grant
Supplemental Progress Report

The Nevada State Opioid Response Grant Supplemental Funds have been aimed at addressing the opioid crisis in Nevada by increasing access to treatment, reducing unmet treatment needs, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder.

MILESTONES ANTICIPATED WITH SUPPLEMENTAL FUNDING

Milestone	Outcome
Increase number of FQHCs utilizing SBIRT and expanding MAT services	Services that are required of current FQHCs that are not reimbursable under State of Nevada Medicaid will continue to be reimbursed. Billing will convert to Fee for Service when funding becomes available.
Enhance FQHC OUD services including MAT	Increased waivered providers. Services that are required of current FQHCs that are not reimbursable under State of Nevada Medicaid will continue to be reimbursed. Billing will convert to Fee for Service when funding becomes available.
Neonatal Abstinence Syndrome Project	Promote availability of MAT services and programming for pregnant, post-partum and parenting women.
Naloxone Distribution	Naloxone distribution through an increased number of FQHCs and community-based organizations.

SUMMARY OF GOALS AND OBJECTIVES

Goal 1: Expand MAT and Screening, Brief Intervention, & Referral to Treatment (SBIRT) within FQHCs (see Appendix A for Training and TA outline and Appendix B for FQHC readiness survey tool)

- Objective 1.1: Ongoing/In Progress. Increase the delivery of treatment services for persons with OUD within the low income and rural areas of Nevada.

- Objective 1.2. Ongoing/In Progress. Increase the delivery of early intervention services for persons with OUD, as well as those at risk of developing an OUD, within the low income and rural areas of Nevada.

- Objective 1.3. In Progress. Promoting telehealth MAT services through FQHC networks to clients living in rural communities. This includes access to healthcare providers in the state who will render services to treat OUD individuals seeking treatment and recovery services.

Federally Qualified Health Centers (FQHC) are defined by the Health Resources and Services Administration (HRSA) as health centers providing comprehensive, culturally competent, quality primary health care services to medically underserved communities and vulnerable populations. The centers are primarily located within high-risk locations and are often the primary provider for underserved and

uninsured populations. SBIRT is a universal screening practice that can be utilized within primary care and other health care settings. It allows professionals to address a spectrum of behavioral health problems including alcohol and substance misuse problems in populations that would often be overlooked and provide early intervention or referral into more intensive services if needed. SBIRT has demonstrated effectiveness for risky alcohol use and is showing promising results for risky drug use. SBIRT is reimbursable under Nevada Medicaid and a sustainable practice.

The NV SOR project has collaborated with the Nevada Primary Care Association (NVPCA) to incorporate Screening, Brief Intervention, Referral to Treatment (SBIRT) screening into the daily workflow of addressing OUD and expanding the availability of MAT services within the facilities. The NVPCA will assist with upgrading EMR systems to implement the Protocol for Responding and Assessing Patient' Assets, Risks, and Experiences (PRAPARE) tool. NVPCA will also provide ongoing TA to assist with the clinical delivery of care, oversee community awareness of available services, and negotiate budgets for FQHCs as they onboard services.

The NVPCA has begun developing and collecting materials, with the assistance of the American Institutes for Research, to disseminate to FQHCs statewide to assist with the establishment of MAT programs in addition to providing targeted TA by the American Institutes for Research (Appendix A). These materials include general resources, planning documents, sample workflows, clinical tools, and sample policies and procedures.

A notice of funding opportunity was released by the NVPCA to identify the first round of FQHCs onboarding MAT and/or implement SBIRT. In the first round, three agencies were selected, operating 17 locations in total. A readiness assessment (Appendix B) conducted with the assistance of the American Institutes for Research, determined the first round of FQHCs level of need. The overall implementation has been delayed due to COVID and addressing the population's immediate medical needs and will resume as able.

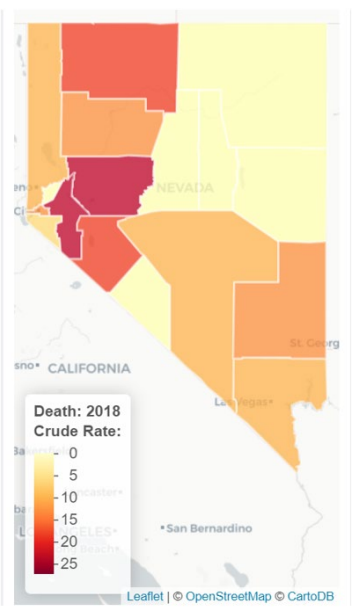
Discussions with Project Echo have been ongoing since late spring 2020 to develop a more targeted provider education series for FQHCs including set-aside office hour availability with one of the trainers. The finalized schedule will be developed around the outcome of the readiness assessments of the next round of FQHCs.

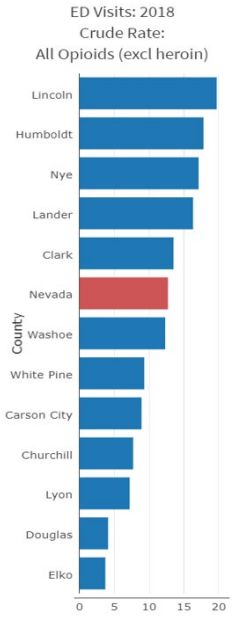
Goal 2: Reduce opioid related deaths through prevention, academic detailing and Overdose Education and Naloxone Distribution

- Objective 2.1. Ongoing/In progress. Purchase and distribution of naloxone and opioid reversal devices to increase availability to all communities and throughout Nevada.
- Objective 2.2. Ongoing/ In progress. Promote the availability of naloxone and expand distribution sites statewide.
- Objective 2.3. Ongoing. Academic detailing regarding Controlled Substances Prevention Act.

Death rates in Nevada based upon acute poisoning deaths involving both prescription opioid pain relievers such as hydrocodone, oxycodone and morphine as well as heroin, synthetic opioids such as

fentanyl that may be prescription or illicitly-manufactured by county in 2018 shows several high risk locations. Data was collected using the Division of Public and Behavioral Health, Electronic Death Registry System. These high-risk locations are reflected in Emergency Room visits by county.





The state continues to work with local agencies to serve as naloxone distribution sites for their communities. Many of the highest risk counties continue to lack naloxone availability and rely on neighboring counties for OUD resources. As of June 2020, 25 naloxone distribution sites have been formed. The state will continue to work to expand distribution sites and OEND into high risk locations. The state has recently developed relationships with Emergent BioSolutions to assist reaching out to the Nevada library system and fire departments to target potential distribution sites and increase awareness.

County	Number of Naloxone Distribution Sites
Carson City	2
Churchill	1
Clark*	4
Douglas	3
Elko	2
Esmeralda	0
Eureka	0
Humboldt	0
Lander	0
Lincoln	0
Lyon	1
Mineral	1
Nye	1
Pershing	1
Storey	0
Washoe	9
White Pine	0

Goal 3: Increase access to clinically appropriate treatment for OUD

- Objective 3.1. In Progress. Ensure Physicians have sufficient training and support to provide MAT services for OUD.
- Objective 3.2. In Progress. Reduce barriers related to cost of clinically appropriate treatment.
- Objective 3.3. Completed. Develop a Certification instrument for Office Based Opioid Treatment Providers.
- Objective 3.4. Cancelled. Nevada Medicaid Released an announcement to identify Managed Care Organizations that will enhance network services in Urban areas throughout Nevada
- Objective 3.5. In progress. Fee for Service.
- Objective 3.6. In progress. Reducing Neonatal Abstinence Syndrome. Completed work ont eh Outpatient toolkit, working on the inpatient toolkit.

PROGRESS ON EXPANDED COLLABORATION WITH OTHER QUALIFIED PROFESSIONALS AND SYSTEMS

The Nevada Department of Public and Behavioral Health (DPBH) collaborates with 14 rural and frontier counties and all four major health authorities that exist throughout the State of Nevada which includes five Regional Behavioral Health Coordinators. Through this network resource and referral coordination is promoted to increase access to prevention, treatment, and recovery support services.

Appendix A: TA Program for Nevada FQHCs

Medications for Addiction Treatment: A Training and Technical Assistance Program for Nevada Federally Qualified Health Centers

Welcome to Nevada MAT Training and Technical Assistance!

The Nevada Primary Care Association (NVPCA) has partnered with the American Institutes for Research, Center for Addiction Research and Effective Solutions, to provide you with a 3-month introduction to implementing medications for addiction treatment (MAT) at your health center.

Who Is Participating?

Three federally qualified health centers (FQHCs) are participating in this project: Nevada Health Centers, First Person Care Clinic, and Northern Nevada HOPES.

What Will My Health Center Receive?

Training and technical assistance will be provided from June–August 2020 to support clinic administrators. Topics will focus on developing infrastructure, staff training, clinical workflows, and quality assurance processes to ensure the delivery of high-quality, evidence-based treatment of opioid use disorder.

Training and technical assistance will include the following:

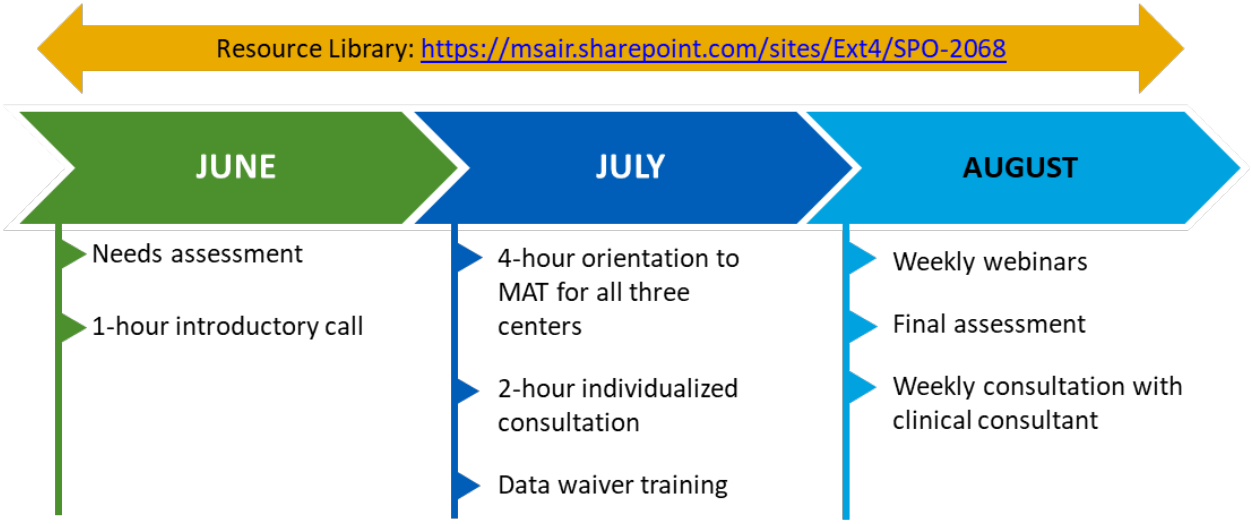
- **Individualized Needs Assessment.** A baseline needs assessment will be filled out by each center to help determine what, if any, MAT infrastructure is already in place and which types of technical assistance will be most beneficial. This will enable AIR to identify targeted tools and resources for each health center. The needs assessment will include a written assessment and a 1-hour call with clinical consultants.

- **Tools and Resources.** Clinical tools and resources that centers can use immediately will be available on a SharePoint site: https://msair.sharepoint.com/sites/Ext4/SPO-2068. This resource library will be updated throughout the project. We encourage health centers to share their own tools and workflows on this site if they feel comfortable doing so.
- **Orientation to MAT.** A 4-hour orientation for administrators and clinical champions from all three health systems will be given in July. Health centers will be able to share their respective plans for MAT services and attend presentations led by clinical consultants. Topics selected for the orientation include background information on the evidence base of MAT, models of MAT delivery in primary care settings, program philosophies, and examples of best practices from other FQHCs around the country.
- **Individualized Consultation.** In July, AIR clinical consultants will provide individualized 2-hour consultations with each health center to discuss proposed implementation strategies, offer individualized guidance, and provide the health centers with the most useful tools based on their current implementation plans. The centers will have access to ongoing consultation in 30-minute weekly meetings throughout August.
- **Data Waiver Training for Prescribers.** NVPCA will host a Drug Addiction Treatment Act waiver training in July. Medical providers are strongly encouraged to attend.
- **Webinars.** Throughout August, weekly webinars will focus on clinic infrastructure development and quality improvement (depending on stage of implementation). Sample topics include clinical workflows, scheduling models, diversion control measures, and overdose prevention and harm reduction programming.

Which Staff Should Participate?

We ask that you identify which administrators, managers, and clinical champions will participate in this training and technical assistance opportunity. We recommend that both a medical director and a director of behavioral health services (if your organization has one) attend. If you plan to have a medical lead for these services (physician, nurse practitioner, or physician assistant) who will be the key point person for medical services, we also encourage this person to attend. In addition, anyone who manages ancillary staff (medical assistants, nursing staff, lab staff, and front desk staff) could be included because we recommend training these staff in MAT, and clinical workflows will involve these team members.

What Is the Timeline?



Whom Should I Contact if I Have Questions?

Jennifer Trujillo, MHA, CCHW, CH-CBS, Substance Use Disorder and Special Populations, Nevada Primary Care Association at: NevadaMAT@nvpca.org or (775) 887-0417 ext. 728.

Clinical Consultants

Elizabeth Salisbury-Afshar, MD, MPH is director of the Center for Addiction Research and Effective Solutions at AIR. With experience working on opioid-related epidemiology, policy, and public health intervention/evaluation, and serving directly as a treatment provider, she leads the center's work in research, policy, and practice. Dr. Salisbury-Afshar is board certified in family medicine, preventive medicine/public health, and addiction medicine, and her expertise lies at the intersection of these fields.

Dr. Salisbury-Afshar has more than 10 years of clinical experience working in FQHCs, providing direct patient care in both primary care and addiction medicine. She previously served as the Medical Director of Heartland Alliance Health, a healthcare for the homeless provider in Chicago. She continues to work in this clinic on a part-time basis, providing primary care and addiction treatment services. She has extensive experience in training and technical assistance and has led a variety of learning collaboratives and fellowship programs for safety net health care systems and providers.

Nicole Gastala, MD is a graduate of Loyola University Stritch School of Medicine in Chicago; she completed her residency at the University of Iowa in family medicine. Dr. Gastala is board certified in family medicine and addiction medicine. She is currently the Director of Behavioral Health and Addiction at Miles Square Health Center, an FQHC affiliated with the University of Illinois Hospital and Health Sciences System in Chicago, Illinois. Her interests include treating whole families, with a special focus on preventive health care, group visits, and medications for opioid use disorder.

Amanda Brooks, LCSW, CADC has more than 8 years of experience developing and executing sustainable integrated behavioral health and care management programs in FQHCs. She has served as both a clinical provider and administrator in FQHC settings. Ms. Brooks previously served as the Chief Population Health Officer at PCC Community Wellness center and spearheaded the implementation of the Chemical Dependency Program, a fully integrated, interdisciplinary care model for the treatment of opioid use disorders including an outpatient prenatal and substance use treatment program for women with opioid use disorder. She was a collaborative and content contributor to the Chicago Department of Public Health Medication Assisted Treatment (MAT) Learning Collaborative, supporting both administrators and clinicians in developing evidence-based MAT treatment models within their organizations.

Appendix B: FQHC Readiness Assessment

Medications for Addiction Treatment (MAT)

Needs Assessment

Section 1. About Your Federally Qualified Health Center (FQHC)

Number of unique clinics:	
Locations of unique clinics:	
How many clinics and which location(s) will be offering MAT services?	
Does your FQHC currently offer hepatitis C treatment services?	Yes ○ No ○
Does your FQHC currently offer HIV treatment services?	Yes ○ No ○
Does your FQHC currently offer any other specialty services (e.g., prenatal care and obstetric services, LGBTQ services, etc.)?	

Section 2. Staffing

Please indicate how many of each of the following providers are in the clinic(s) that will be providing MAT services:

Total medical providers (MD, DO, NP, PA):	
Currently waivered prescribers (MD, DO, NP, PA):	
Medical providers (MD, DO, NP, PA) who are planning to get a waiver in the next 3 months:	
Psychiatrists or psychiatric NPs:	
LCSWs/LCPCs:	
Certified alcohol and drug counselors (CADC):	
Recovery coaches/peer coaches:	
Registered nurses:	
Case managers:	
List other clinic staff who will be working specifically with the MAT team:	

Section 3. Existing MAT Services

Are any of these medications being prescribed for Opioid Use Disorder (OUD) currently in your clinics:

Buprenorphine (Suboxone, Sublocade, or other formulation):	Yes ○ No ○
If yes, how many patients are actively being treated?	

Injectable Naltrexone (Vivitrol):	Yes ○ No ○
If yes, how many patients are actively being treated?	

Section 4. Existing Behavioral Health Services

Does your clinic currently offer behavioral health services?	Yes ○ No ○
Does your organization offer on-site individual therapy?	Yes ○ No ○
Does your organization offer on-site behavioral health group counselling?	Yes ○ No ○
Is your organization licensed as a community mental health or substance use disorder treatment provider?	Yes ○ No ○

Section 5. Wrap-Around and Support Services

Are there any other wrap-around supports or case management services that will be available to clients engaging in MAT?	Yes ○ No ○
Do you have any existing grants specifically to support MAT services?	Yes ○ No ○

Section 6. Documentation and Billing

What electronic health record (EHR) system do you currently use?	
Do you have EHR support and tools available to support OUD treatment (e.g., quick texts, internal referral system for MAT, custom forms, order sets, "favorites")?	Yes ○ No ○
Describe which visits are reimbursable (e.g., visits with medical provider; visits with registered nurse; visits for individual or group therapy, etc.):	
Are you able to bill for behavioral health and medical visits on the same date of service?	Yes ○ No ○
Please include any additional information that will be relevant to reimbursement for these services.	

Section 7. Core Implementation and Quality Assurance Team

Please identify medical champion(s) (individuals who can prescribe medication) for MAT implementation and quality assurance efforts:
If relevant, identify behavioral health champion(s) for MAT implementation and quality assurance efforts:
If relevant, identify additional team members who will serve as central points of contact for the MAT program (e.g., someone who helps with workflow, external relationships, and processes):

Section 8. Preparing to Treat Patients with MAT

As part of your preparation to treat patients with OUD, has your system created or put in place any of the following:

Written clinical workflows for OUD treatment (e.g., a workflow for intake process, toxicology testing, medication initiation, etc.)?	Yes ○ No ○ Working on it ○
Written consent forms (also called patient agreements) for OUD treatment?	Yes ○ No ○ Working on it ○

Patient education materials (e.g., initiation instructions, medication handouts, community counseling resources, etc.)?	Yes ○ No ○ Working on it ○
A systematic process for overdose prevention education and naloxone distribution?	Yes ○ No ○ Working on it ○
After-hours call manual for questions about buprenorphine?	Yes ○ No ○ Working on it ○
Written guidance for emergency prescriptions when a provider is out unexpectedly or a patient has missed a visit?	Yes ○ No ○ Working on it ○
Written toxicology guidance policies that indicate how to order or when to use drug screens?	Yes ○ No ○ Working on it ○
Written policy for diversion reduction?	Yes ○ No ○ Working on it ○
Written process for monitoring Nevada PDMP AWARE?	Yes ○ No ○ Working on it ○
Written guidance around program discharge?	Yes ○ No ○ Working on it ○

Section 9. Quality Assurance and Improvement

Has your team identified quality metrics for medical MAT outcomes?	Yes ○ No ○ Working on it ○
Has your team identified quality metrics for behavioral health MAT outcomes?	Yes ○ No ○ Working on it ○
Has your team developed a medical peer review process for MAT services?	Yes ○ No ○ Working on it ○

Has your team developed a behavioral health peer review process for MAT services?	Yes ○ No ○ Working on it ○

Section 10. Lab Testing and Services

Do you have a lab on-site?	Yes ○ No ○
Are your providers currently able to order send-out toxicology testing through the EHR?	Yes ○ No ○
Do you currently have rapid (in-house) toxicology tests available in relevant clinics?	Yes ○ No ○
Do you have a CLIA waiver?	Yes ○ No ○

Section 11. Pharmacy

Do you have any other mechanisms (e.g., MAT HRSA grant, vouchers, patient assistance programs, etc.) to cover the cost of medications?	Yes ○ No ○

Section 12. External Collaboration

Do you have an on-site pharmacy?	Yes ○ No ○
Do you have a 340B Program that will allow purchase of mediation at lower costs for uninsured patients?	Yes ○ No ○

Do you have a memorandum of understating (MOU) or other formal agreement with an addiction treatment provider who can provide higher levels of care (e.g., residential and outpatient OUD treatment and/or methadone treatment)?	Yes ○ No ○
Do you have an established process for referrals to local mental health providers if internal mental health counseling services are not available? (If you have services internally, please choose N/A.)	Yes ○ No ○ N/A ○
Do you have an established process for referrals to psychiatry consultation if internal psychiatry services are not available? (If you have services internally, please choose N/A.)	Yes ○ No ○ N/A ○

Section 13. Staff Training

Have you developed or provided any staff training on OUD and OUD treatment (e.g., waiver trainings for providers or broader trainings for front desk staff, medical assistants, case managers, etc.)?	Yes ○ No ○

Section 14. MAT Service Model

Will patients seeking MAT services be required to select your clinic as their primary care provider?	Yes ○ No ○ Unsure ○
Will MAT visits be scheduled during "regular" primary care schedules, or will separate MATonly schedules be created?	
Dedicated times ○ Any available time ○ Unsure ○	
Will the MAT prescriber serve as both the primary care provider (PCP) and the MAT provider?	
MAT prescriber will be PCP ○ MAT prescriber does not have to be PCP ○ Unsure ○	
Will patients be required to receive counseling services at your organization?	Yes ○ No ○ Unsure ○

Section 15. Areas of Assistance for MAT Implementation

Please select **up to four topic(s)** that you are most interested in receiving assistance with as you develop or expand your MAT program:

- ☐ Identifying or engaging with medical providers to become buprenorphine prescribers
- ☐ Identifying or hiring behavioral health staff for MAT programs
- ☐ Training staff around new workflows and processes
- ☐ Training staff on OUD as a chronic condition, and why treatment fits into primary care settings (i.e., why your clinic is taking this on)
- ☐ Training all staff on stigma reduction and working with patients who use drugs
- ☐ Supporting interdisciplinary team work

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☐ Developing clinical workflows	
☐ Developing policies and protocols specific to MAT services	
☐ Identifying and developing patient education materials	
☐ Identifying and developing EHR tools (e.g., quick texts, prompts, etc.) that can be integrated into your EHR	
☐ Scheduling models for MAT visits (integrated vs. specialty clinic model)	
☐ Developing partnerships with addiction treatment facilities	
☐ Developing partnerships with pharmacies	
☐ Developing quality assurance and improvement tools specific to MAT services	
☐ Using telemedicine in response to the COVID epidemic	
☐ Other:	