

Number of clients who have received treatment services: 2,445 through STR transitioning to SOR. The number of clients who have been serviced with SOR funds: **304**. SOR funds were used to continue the development of sustainable programs that began with the STR funding cycle. A number of clients began services with agencies under STR funding and continued receiving services as SOR funding began.

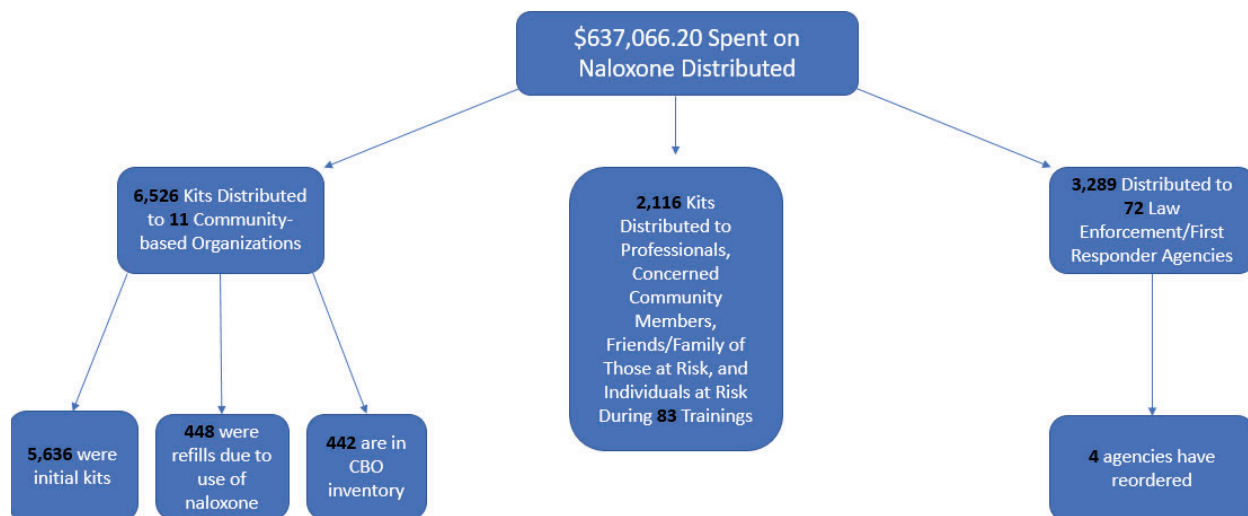
Of the 2,445 total number of clients receiving treatment services:

- a. **1,756 received methadone,**
- b. **427 received buprenorphine,**
- c. **40 received injectable naltrexone,**

Number of clients receiving recovery support services: 335. In addition to traditional treatment agencies, there were two peer lead programs that received SOR subawards to provide peer support services. These agencies both initiated Mobile Recovery Teams, Peer Support Services, and establishment of Peer Lead Warmlines. Peer Warmlines are designed to assist individuals who are not in acute crisis to connect with needed services.

Number of naloxone kits distributed: SOR subgrantee organizations, distributed **661 naloxone kits.** Note: Most Nevada overdose education and naloxone distribution are currently funded through the Opioid STR NCE, not SOR.

Figure 1 Opioid STR/SOR Naloxone Distribution Feb. 2018- Sept. 2019



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. 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 initiated programs to distribute naloxone to individuals being released from jail. Additionally, Washoe County has initiated a naloxone leave-behind program with their patrol officers, who have been provided educational training and ongoing support through STR and SOR funding.

A total of 83 community trainings occurred since February 2018. 64 occurred within the timeframe of the SOR award period.

- Urban Location (excluding Tribal): 14
- Rural Location (excluding Tribal): 32
- Carson City: 11
- Tribal Organizations (Urban & Tribal): 7

These trainings accounted for 1,835 naloxone kits distributed.

Number of overdose reversals: Individuals voluntarily provided information regarding naloxone refills. Through voluntary reporting at the CBOs, 448 reversals were self-reported, 155 were reported at SOR subgrantee locations.

Description of major activities/accomplishments

In 2016, Nevada identified four priority areas for addressing opioid misuse:

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

STR funding was utilized to initiate the development of an opioid response infrastructure within the State of Nevada to better meet treatment needs. The goals and initiatives of SOR funding is to continue to build upon and further expanded the work completed under STR, continuing to align with the State's four priority areas.

The eight goals within the priority areas include:

1. Enhance Provider Care
2. Increase Access to Opioid Use Disorder Treatment
3. Improve Access to Peer Support Services
4. Prevent Opioid Overdose Deaths
5. Reduce the Impact of Neonatal Abstinence Syndrome
6. Create a Centralized Platform for Treatment Data
7. Develop Real-Time Opioid Overdose Reporting
8. Provide Support for Justice-Involved Populations

Track 1: Prescriber Education & Guidelines

Goal 1. Enhance Provider Care

- 1) 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. The trainings have addressed a variety of topics, including
- a. Pain Management
 - b. CDC Guidelines for Opiate Prescribing
 - c. Neuroscience of Addiction
 - d. Mobile Recovery Teams
 - e. Basics of MAT
 - f. MAT and Pregnancy
 - g. SBIRT
 - h. Essentials of Suicide Assessment

1,864 professionals were trained in year 1.

Goal 2. Increase Access to Opioid Use Disorder Treatment

- 2) Expanding access to MAT.** In addition to the substance use disorder treatment agencies receiving funding through STR NCE, three new agencies have been funded for MAT expansion through SOR: one in Northern Nevada and two in Southern Nevada.

Northern and Southern Nevada agencies that received continued funding, increased the number of individuals seeking MAT that they can serve.

Bridge Counseling (Service area: Clark County) has expanded their MAT services and onboarded a new behavioral health provider to follow clients from detox into treatment at both their outpatient and transitional living facilities. This will enhance retention and continuity of care for clients as they transition into various treatment programs. The expansion is expected to serve an unduplicated 60-90 clients by September 2020. Since July 2019:

- New OUD Clients: 21
- New Clients Initiating MAT: 5

First Med and Wellness (Service area: Clark County) has expanded their existing MAT program for adult and adolescent populations by onboarding 2 new LADC counselors. They are expecting to increase their MAT capacity by 50 clients and provide services to 100 new clients with OUD by September 2020. Since July 2019:

- New OUD Clients: 14
- New Clients Initiating MAT: 14
- Individuals who have received Case Management Services: 3

Quest Counseling and Consulting (Service area: Washoe County) has expanded their MAT program to include 25 new members in the community by September 2020. Quest's MAT program has traditionally been limited to those enrolled within a specialty court. Since July 2019:

- New OUD Clients: 3
- New Clients Initiating MAT: 3

- 3) Expansion of mobile opioid recovery outreach teams.** Two new mobile opioid recovery outreach teams were funded to engage with emergency rooms and community agencies, one will serve Reno/Sparks and the surrounding region and the other is in Las Vegas and rural surrounding areas. The vision of the mobile outreach teams is to connect and provide direct outreach concerning every opioid-related incident or overdose patient in Nevada's emergency departments and provide a linkage to ongoing care, utilizing an innovative hub and spoke model as designed by the Nevada State Targeted Response to the opioid epidemic.

The mobile recovery team will provide all interested emergency departments within their service area educational materials, contact information, and naloxone kits. Further, teams will coordinate support linkages with other agencies to assist with housing, life skills, employment, and legal issues for the goal of sustained recovery, as well as links to social and recreational activities to encourage a sober, healthy lifestyle. Additionally, the mobile recovery team will provide linkages to support the many pathways to recovery, including SMART Recovery, Life RING, twelve-step support groups, etc.

Center for Behavioral Health (Service area: Clark and Washoe County) received STR funding to become an Integrated Opioid Treatment and Recovery Center located primarily within Las Vegas and a satellite site in the Reno area. They are continuing to develop services and growth with SOR funding to expand their Mobile Recovery Teams and work within the criminal justice system to improve coordination of care for those being released. Since May 2019:

- Working with 2 hospitals in Las Vegas
- 1 referral into treatment from mobile team

Trac-B Exchange (Service area: Clark, Nye and White Pine County) has onboarded staff for a 24 hour/ 7 day a week Mobile Recovery Team to serve in Las Vegas and the surrounding rural areas. Trac-B is an established and innovative needle exchange program and has had a strong relationship with the highest-risk populations in Las Vegas. Since July 2019:

- Are working on credentialing with several hospitals in Las Vegas and 1 in Ely, NV
- Have conducted 10 outreach events in the community and amongst the homeless.

Foundations for Recovery (Service area: Clark County, Washoe County, and surrounding area) has been funded to develop and deploy a mobile recovery team in Northern Nevada that will partner with local rural area hospitals, Washoe County Detention, and provide community outreach to at risk and homeless populations. Since July 2019:

- Have been credentialed with Renown and Carson Tahoe Hospitals
- Received 5 mobile recovery team calls in September 2019
- Have conducted 3 outreach events
- Are actively holding weekly meetings within Washoe County Corrections targeting women interested in recovery

Goal 3. Improve Access to Recovery Support Services

- 4) Expanding the state's second recovery community organization.** The RCO had just began operation in the last few months of Opioid STR. Under SOR they have been able to expand the services provided. Sixty-four (64) individuals are now receiving coaching through the RCO.

Trac-B Exchange (Service area: Clark, Nye and White Pine County) Trac-B has onboarded an LADC and peer supportive recovery specialist to provide recovery services to their communities. The LADC is tasked with supervision of the peers, as well as, completing assessments to initiate treatment services. The peers are available to provide resources and transportation assistance into treatment programs. Since July 2019:

- 8 participants have received Peer Recovery Support Services
- 5 completed SUD assessments
- 4 referrals into treatment services

Foundations for Recovery (Service area: Clark County, Washoe County, and surrounding area) was funded to expand their services into Northern Nevada. They are a peer lead organization with a long history of providing peer services in Southern Nevada. Since July 2019:

- Staff has been hired and trained
- Are working with 18 PRSS interns
- 64 individuals are receiving PRSS support

- 5) Developing peer warmlines.** A Northern Nevada and a Southern Nevada peer warmlines have been developed to help connect individuals to care, support, information. The Northern Nevada peer warmlines has received 15 calls.

Both Trac-B and Foundations for Recovery have developed and are operating a peer lead warm lines

- 6) Increasing connectivity to care.** Four agencies are receiving funding to improve coordination across levels of care.

The Empowerment Center initiated care coordination services under STR funding. They have onboarded a Client Care Coordinator to assist linking women struggling with an OUD to care to improve coordination of treatment across levels of care. Since July 2019:

- 38 new participants have been diagnosed with an OUD
- 3 participants have initiated MAT
- 38 participants have received employment assistance

Goal 4. Expand Harm Reduction and Reduce Preventable Deaths

- 7) Expanding naloxone distribution.** Three new agencies are now serving as naloxone distribution sites. The newly funded programs under SOR are developing policies and procedures to become distribution sites.
- 8) Expanding harm reduction programs.** From May-September, 525 individuals attended HIV/Hep C education sessions and 128 HIV and Hep C tests were provided. Funded treatment agencies are required to partner with Ryan White programs to provide HIV & Hep education and testing. In addition, SOR has funded a position within the Office of Suicide Prevention to coordinate with hospitals throughout Nevada to initiate the adoption of Zero Suicide and begin to introduce Crisis Now to communities.

Goal 5. Reduce the Impact of Neonatal Abstinence Syndrome

Enhancing care for mothers and babies affected by NAS. Quest Counseling and Consulting (Service area: Washoe County) has implemented a Neonatal Abstinence Syndrome system partnering with Renown and Human Services Agency to train home visit workers and develop a curriculum addressing long acting contraceptives and family planning. Additionally, they have expanded MAT services (independent of the MAT expansion) to provide services for 24 pre-natal or post-partum women struggling with OUD.

- Finalizing the training curriculum as of September 2019
- 3 individuals have received OUD services

Renown Regional Medical Center (Service area: Washoe County and surrounding areas) was awarded funding to develop and market a NAS program and Cuddler Program within the hospital system that serves urban and rural communities in Northern Nevada. To date they have not initiated a Request for Reimbursement due to ongoing funding through STR.

Goal 7. Develop Real-time Opioid Overdose Reporting

- 9) Onboarding more agencies.** Opioid-STR, and now 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. Forty-six law enforcement and first responder agencies throughout the state have agreed to utilize ODMAPS to track overdoses, with 13 agencies reporting 767 entries to date.

Goal 8. Provide Support for Justice-Involved Populations

- 10) 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. Ten (10) new individuals have enrolled in the program in the two months that the program was funded by SOR and one client graduated from the program.

11) Increase connection to treatment. A treatment agency is conducting screenings in two prisons and connecting the individuals to treatment upon release. In the two months of SOR funding, 37 inmates were screened, and 3 individuals released from prisons were admitted to treatment. The same agency conducted assessments at parole and probation (77) and referrals provided for treatment and other necessities (i.e., vocational, WIC/TANF/Medicaid, legal, food, etc.).

Description of barriers and how Nevada has addressed.

There have been several barriers or gaps in services that have been encountered as SOR has moved forward. These gaps/barriers include:

- Addressing veterans' needs for services across the state. Serving Veterans is a focus area for SOR that has not been adequately targeted.
- Early intervention programming for youth and young adults.
- Tribal communities/organizations were hesitant to trust and work with the state on the opioid crisis. A large amount of time and energy was spent to establish new relationships. Some communities have now allowed training to occur on overdose education and naloxone distribution and on medication-assisted treatment.
- 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. To address this, Project ECHO is providing consultation to rural areas via virtual methods. Additionally, the state is making improvements to the ease of transferring licenses from other states to increase our workforce.
- **Stigma** continues to be a barrier for individuals seeking out treatment as well as communities adopting harm reduction measures.
- **GPRA requirement.** Due to the expectation of the federal requirements concerning GPRA the State received minimum applications from organizations in response to a request for application released under SOR, which contributed to the difficulties of spending the SOR funds.
- **Nevada's legislative session.** Nevada's legislative session took time, attention, and resources of the small administration and workforce away from implementing SOR. The legislative session was used to update a controlled substance prescribing law to reduce health care provider confusion.
- **Agencies operating in a silo.** Agencies have historically operated in silos. First Opioid-STR, and now SOR, has worked to connect agencies and increase the number of warm-handoffs for individuals needing them. A condition of funding is the requirement to increase the number of MOUs while promoting the hub and spokes referral design model in the effort to expand addiction treatment options.
- **Low law enforcement engagement.** A continuing theme has had to be educating law enforcement about harm reduction strategies, substance use disorders, and the benefits of treatment and case management to reducing recidivism. Many counties have increased buy-in in both words and actions. Two county Sheriff's departments now operate naloxone leave-behind programs. A jail is distributing naloxone and is in the process of becoming an OTP.

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

- Efforts are being made to partner with Veterans' Affairs to expand services that are currently lacking for veterans, with a focus within the rural and frontier communities.
- The state has partnered with Indian Health Services and Community Coalitions to identify culturally specific trainings and needs.
- The state is partnering 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 trainings for the stakeholders of each community.
- The state has provided scholarship support for Community Health Worker and Peer Recovery and Support Specialist courses that work towards certification.
- Public service announcements have been implemented statewide on television and radio services to open discussions on chronic pain, opioid use disorder, neonatal abstinence syndrome, and stigma. A new social media campaign supporting treatment will run in 2020.
- Working with Prevention Technology Transfer Centers to provide an overview of evidenced based practice interventions available regarding early intervention.
- Engaging Opioid Response Network (ORN) Maternal Opioid Use Disorder update on research and best practices for treatment and recovery support.

Barriers still left to address.

- 1) Ability to access MAT a timely manner.** The Nevada Department of Health and Human Services has drafted new MAT Policy Criteria in year 1 which will remove 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.
- 2) 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 is 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. SOR is addressing this through sponsoring a Zero Suicide training. SOR year 2 will continue the conversation with a Zero Suicide Academy.