NEVADA STATE
Opioid Response - An STR/SOR Project

Nevada State Opioid Response Grant

Year 2 Performance Progress Report

The Nevada Single State Authority, Division of Public and Behavioral Health, received the Notice of Grant Award for the State Opioid Response grant in September 2019 [$7,219,593]. Before drawing down funds, the State of Nevada Interim Finance Committee (IFC) needed to approve use of funds. This approval was given during the IFC meeting held in October 2019. Between September 2019 and March 2020, the Nevada State Opioid Response project funded 13 agencies. Each SOR Grantee was selected through a competitive request for application developed and released with sub awardees selected in May 2019. Funding for selected applicants began on July 1, 2019. In May 2020, four agencies previously funded out of the STR-NCE were transferred over to SOR and three new grantees were brought on through RFA, and two currently funded agencies expanded their scopes of work. A total of 20 agencies were funded during this reporting period.

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: 3,895 (1,450 new clients)

Number of Clients receiving medication-assisted treatment services during the reporting period: 3,637

a. ***2,567 received methadone,***

b. ***958 received buprenorphine***,

c. ***112 received injectable naltrexone***,

Number of clients receiving recovery support services: 1,947 (1,654 new clients)

Number of naloxone kits distributed: 4,223 kits.
It is important to note that most Nevada overdose education and naloxone distribution were funded through the Opioid STR NCE, and the SOR Supplemental.

Number of overdose reversals reported: 498 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 biweekly ECHO clinics for MAT and 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**: Complications that mental health may have in pain management.
- **Strategies for Pain Patients**: Naloxone, the Good Samaritan Law, MAT, & PMP.
- **How to Integrate Behavioral Health in the Primary Care Setting:** Defining integrative care, identifying the appropriate model for your agency, and considerations for rural communities.
- **Behavioral Health and Available Resources:** Prevalence of co-occurring disorders, interaction between behavioral health and MAT, resources within Nevada.
- **CDC Guidelines for Opiate Prescribing:** Approved medications, matching the appropriate medication to the client, tapering.
- **Neuroscience of Addiction**: Introduction to the science of addiction.
- **Patient Retention and Responding to Behaviors:** How to increase patient retention by simplifying the intake process, completing a comprehensive assessment, implementing accountability checks, and leveraging psychosocial and environmental supports.
- **Polysubstance Use and Abuse:** Prevalence of use, underlying reasons for use, complications from drug interactions, considerations when prescribing MAT.
- **Trauma Informed Care:** Neuroscience of trauma, defining trauma, the relationship between trauma and substance use, and how to enhance client engagement using a trauma-informed approach.
- **Addressing Challenging Client Situations with Cultural Humility:** Defining cultural humility, introduction to strategies and treatment approaches consistent with cultural humility and client-centered approaches to care, addressing patient behaviors that conflict with providers' personal perspectives.
- **Principles of Harm Reduction**: Defining what harm reduction is and utilizing the stages of change within a Harm Reduction model.
- **Ethics for Addiction and Other Treatment**
- **Informed Consent and Treatment Agreements**

Twenty-two (22) MAT Clinics were held in which 242 professionals were trained during the specified period. Satisfaction scores ranged from 3.93 to 4.63 on a scale of 1 to 5. Twenty-three (23) Pain Management Clinics were held with 155 participants. Satisfaction scores ranged from 4.39-4.79.

The *University of Nevada Reno Continuing Medical Education Department* has created and maintained enduring materials for O-STR and now SOR. From September 30, 2019 – September 29, 2020, six (6) new courses were added:

- Medication Assisted Treatment Opioid Response (MATOR),
- Treatment of Opioid Use Disorder: Part I – Use of Naltrexone,
- Treatment of Opioid Use Disorder: Part II – Opioid Agonist Medications,
- Pain Management Alternatives,
- Health Care Professionals Guide to Treating Trauma: Part I – Understanding Trauma, and
- Health Professionals Guide to Treating Trauma: Part II – Understanding Trauma Treatment.

There are 12 courses developed in prior fiscal years that practitioners still attend. The 18 trainings received 605 participants this year. Following completion of a CME online training, 97% of respondents reported they felt confident to be able to apply the objectives of the training and 53% 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 31, 2019 – March 30, 2020, 110 practitioners completed the course. Ninety-seven percent (97%) of course evaluation respondents reported they were satisfied with the course. Face-to-face SBIRT courses, during this time period had 51 attendees (all face-to-face training was suspended in March due to COVID-19). Satisfaction with the training was reported by 93% of participants. The six-week interactive online learning series on implementing SBIRT in clinics was held twice in Year 2. The two sessions had 41 attendees. All respondents reported they were satisfied with the series.

Nevada Primary Care Association is working in conjunction with the Opioid Response Network (ORN) in Year 2 of the SOR grant. They are tasked with facilitating SBIRT training and implementation for 5 FQHCs and MAT education and implementation for 3 FQHCs within the State of Nevada. Due to COVID-19, three FQHCs said they were too busy to take on new processes right now. The two remaining FQHCs underwent an in-depth process where a consulting firm came in and did a needs assessment and identified areas for process improvement to accompany SBIRT and MAT implementation. Consultation and training occurred throughout spring and summer with implementation beginning in late summer.

In Year 2, Nevada's Recovery Community Organization (RCO) Foundations for Recovery was funded to work with faith-based communities to enhance their ability to address the opioid crisis. Though this initiative was hindered by COVID-19 bringing competing priorities for communities and reducing the ability to meet or train in person, the pastor still delivered four trainings across Nevada.

FFR delivered five trainings to 98 participants on becoming peer recovery support specialists. A two-day Recovery Leadership training was held with nine participants. They additionally provided nine trainings to 82 individuals on integration of peer support services into clinical care.

Nevada's Prevention and Recovery Community (NRAP), the University of Nevada, Reno's collegiate recovery community, created an OUD-specific module to be added to their current online peer support specialist training that includes opioid and MAT education, current trends, and local resources for individuals seeking recovery.

Students in school to become pharmacists or physician assistants began doing rotations through an IOTRC (hub) to gain exposure to the field. Despite a pause during the beginning of COVID-19, 47 pharmacy students, 13 physician assistants, and 26 medical residents completed a rotation this year. students During the NCE, the IOTRC plans to extend internships to social work students. Below are a couple of comments from student evaluations of the rotation experience.

> "I enjoyed learning about the different treatments for addiction medicine, I feel like this is not emphasized in our program but has benefited me in a lot of different rotations. I also enjoyed shadowing the patient visits, it helps put a lot of things into perspective, like how so many of these patients became addicted because of a prescription. Dr Kaiser does a really good job of explaining different meetings and treatments, I feel much more comfortable approaching treatment in the future."

> "I think this was a great experience that every student should have. I never fully understood what MAT was and this solidified it. It helped to see that patients benefit from this as well. I think as a provider, I will definitely discuss this as an option for my patients struggling with opioid addiction."

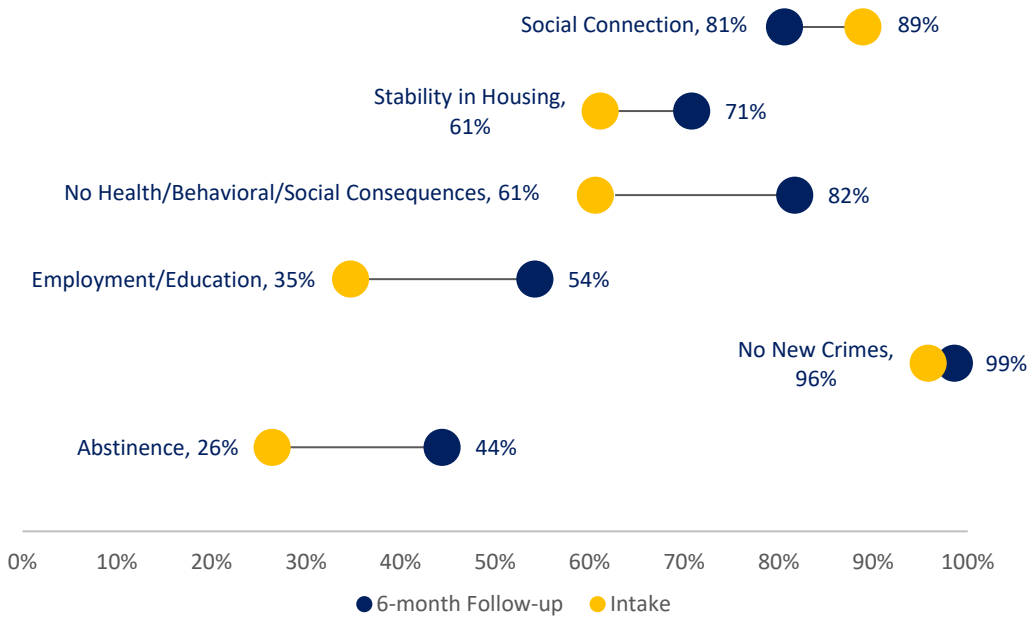
Goal 2. Increase Access to Opioid Use Disorder Treatment

Expanding access to MAT. In addition to the four treatment agencies funded since the beginning of Year 1, one agency started funding in December and three in May.

Table 1. Opioid Use Disorder Treatment

Agency	Number of Total Clients	Number of New Clients
Center for Behavioral Health	3,572	1,162
Bridge Counseling	93	72
Quest Counseling	52	47
First Med Health (funding ended in February)	35	26
The Life Change Center (funding started December)	107	107
Washoe County Sheriff's Office	26	26
Well Care (funding started May)	22	22
Carson Community Counseling (funding started May)	12	12
Trac-B Exchange (funding started May)	2	2
Total	**3,895**	**1,450**

Changes were reported in outcomes from the GPRA Intake interview to the GPRA 6-month Follow-up interview. Clients reported improvements on five of six outcomes: housing, consequences, employment, crime, and abstinence. Those reporting being socially connected decreased. This could be due to removing old friends in early recovery or to the impact of COVID-19 social distancing. A further analysis of the results will be conducted to see if the cause can be determined and aid can be provided to treatment agencies to address this.



Public Awareness Campaign

A new public awareness campaign began in August 2020 to encourage individuals in need to get help. The campaign tells the story of seven different individuals. In the first three months of the campaign, a video was started over 4 million with half of viewers completing the video. Individuals interacted with the campaign, where posts were shared 257 times, saved 76 times and received 87 comments. Once clicked through to the website, a list of providers was downloaded 24 times. Videos can be viewed here

Mobile Opioid Recovery Outreach Teams

Expanding mobile opioid recovery outreach teams. Three 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. Foundations for Recovery is serving Reno/Sparks and surrounding region. They are currently operating with Renown Medical Center and Carson Tahoe Hospital.

Table 2. Mobile Opioid Recovery Outreach Teams

Agency	Number of ER Calls attended	Number of Outreach events	Number of individuals reached
Center for Behavioral Health	14	1	500
Trac-B Exchange	6	106	1,005
Foundations for Recovery	53	123	4,273
Total	**73**	**230**	**5,778**

Goal 3. Improve Access to Recovery Support Services

Expanding the state's second recovery community organization. In addition to traditional treatment agencies, there were two adult peer led programs that received SOR subawards to provide peer support services. These agencies both initiated Mobile Recovery Teams, Peer Support Services, and establishment of Peer Led Warmlines. Peer Warmlines are designed to assist individuals who are not in acute crisis to connect with needed services. An alternative peer group for youth in recovery transitioned from the STR-NCE to SOR in May 2020.

Table 3. Peer Support Services

Agency	Number of total clients receiving peer support services	Number of new clients receiving peer support services
Center for Behavioral Health	977	146
Bridge Counseling	16	10
Quest Counseling	51	44
First Med Health and Wellness	5	5
The Life Change Center	49	31
Well Care	8	8
Carson Community Counseling	2	2
Trac-B Exchange	104	95
Foundations for Recovery	665	607
There is No Hero in Heroin	70	6
Total	**1,947**	**1,654**

Developing peer warmlines. A Northern Nevada and a Southern Nevada peer warmline have been developed to help connect individuals to care, support, information.

Table 4. Peer Warmlines

Agency	Number of calls received	Number of referrals provided to SUD tx and support services
Trac-B Exchange	33	37
Foundations for Recovery	275	115
Total	**308**	**152**

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

Table 5. Care Coordination

Agency	Number of new clients receiving care coordination
Empowerment Center	38
8th Judicial Court	45
Total	**62**

Goal 4. Expand Harm Reduction and Reduce Preventable Deaths

Expanding naloxone distribution. In Year 2, three new agencies become naloxone distribution sites. In total for Year 2, 4,223 naloxone kits were distributed and with 498 reversals reported. All naloxone was purchased by the STR NCE and **30% of Nevada's naloxone distribution through March 30, 2020 was counted under the STR NCE**.

Table 6. Naloxone Distribution

Naloxone Distributed	Q1 Oct	Nov	Dec	Q2 Jan	Feb	March	Q3 April	May	June	Q4 July	Aug	Sept
Northern Nevada HOPES (Needle Exchange)	102	70	70	201	151	42	29	50	39	26	48	29
Trac-B (Needle Exchange and Mobile Outreach)	18	66	192	99	132	79	65	37	129	152	169	117
Quest Counseling	N/A	61	0	9	55	42	0	0	8	5	121	72
Foundations for Recovery (RCO)	137	60	40	82	36	5	25	37	19	5	47	17
Freedom House	18	0	0	50	0	0	50	0	0	0	0	50

Center for Behavioral Health (OTP)	--	--	--	--	--	--	--	30	51	50	167	81
The Life Change Center (OTP)	--	--	--	--	--	--	--	30	55	53	35	60
Northern Nevada Outreach Team	--	--	--	--	--	--	--	0	0	0	0	0
RISE	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	14	64	36
Living Free (Transitional Living)	--	--	--	--	--	--	--	11	0	0	0	0
Vitality Unlimited Counseling (Residential/ Outpatient)	--	--	--	--	--	--	--	0	0	0	0	0
Community Trainings	--	--	--	--	--	--	--	0	0	0	396	3
Total	**275**	**257**	**302**	**441**	**374**	**168**	**169**	**184**	**262**	**279**	**1,047**	**465**

*N/A means the agency had not become distribution site yet. The dash symbol signifies the months the agency's naloxone distribution was counted for the STR NCE.

Distribution Sites by County

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

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

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

An additional 10 agencies received naloxone to distribute to clients once COVID-19 stay-at-home measures were announced in March 2020. Six (6) agencies have reported they are not distributing due to COVID-19.

Trac-B Exchange and Northern Nevada HOPES have naloxone distribution programs that pre-date STR 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.

Virtual Dispensary

As of September 2020, 71 agencies throughout the state have been enrolled to receive naloxone through the virtual dispensary.

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.

There are discussions between 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.

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

Since March 2018:

- 1282 Law Enforcement and First Responder individuals registered for the course
- 1147 completed the course

Naloxone has been distributed to 72 law enforcement and first responder agencies since February 2018.

Agency Type	Total Naloxone Distributed
Law Enforcement	3352
Tribal Law Enforcement	123
Parole & Probation	334
Fire & EMS	320

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. [*Within this time 131 kits have been distributed upon release from detention].

- Mineral County Jail
- Washoe County Sheriff's Office
- Carson City Sheriff's Office- Currently developing plan

. *Law Enforcement Patrol Leave Behind Programs*

- Mineral County Sheriff's Office
- Washoe County Sheriff's Office
- Sparks Police Department- currently completing P&P

The University of Nevada Reno's Recovery and Prevention Community (NRAP) developed a Recovery Ally Training for university students to become allies for individuals seeking and sustaining recovery. They trainings were planned for the University, local community college, and school district. NRAP also developed overdose education and naloxone distribution materials. Due to ongoing COVID-19 restrictions, none of the outreach or trainings were able to be held.

Expansion of Harm Reduction Programs

Expanding harm reduction programs. In addition to the expansion of overdose education and naloxone distribution, programs have provided HIV/Hep C education sessions and tests. In Year 2, 552 individuals have attended educational sessions and 275 individuals were provided testing. Funded treatment agencies are required to partner with Ryan White programs to provide HIV & Hep C education and testing.

ZeroSuicide. A position within the Office of Suicide Prevention was established to coordinate with hospitals throughout Nevada to initiate the adoption of Zero Suicide and begin to introduce Crisis Now to communities. This position has worked individually with hospital systems throughout the state to commit to implementing Zero Suicide. Fourteen hospital systems committed to the first round of implementation. A virtual academy was facilitated weekly for the participating hospitals April to July 2020, with an additional 5 technical assistance sessions assisting with the development of policies and procedures in August. Potential partnering hospital systems throughout the state have completed a ZeroSuicide Workforce survey with plans for re-administration to those hospitals that have completed the first academy. A second academy with new partners is being scheduled for Spring 2021. In addition, a CAMS has been scheduled to for licensed providers working within the partnering organizations. This training has been scheduled to occur in late 2020.

Goal 5. Reduce the Impact of Neonatal Abstinence Syndrome

Enhancing care for mothers and babies affected by NAS. A treatment program began providing MAT and behavioral health services specifically targeting women during pregnancy and up to one-year post-partum. Twenty-two women were provided treatment and recovery support services through this program (included in Table 1).

A large urban hospital that serves urban and rural communities developed programming to reduce the incidence and impact of NAS. The hospital developed a program, *Parenting in Bloom*, to offer supports to pregnant and newly parenting people. Programming included group education classes on risky behaviors during pregnancy; group and individual treatment for substance use and mental health concerns; and help linking patients to housing resources, job skill training, residential substance use treatment, and navigating day-to-day life. With COVID-19, *Parenting in Bloom* struggled to gain referrals and participants. The program was advertised to OB-GYN offices, pediatric offices, Planned Parenthood, family transitional living, and the family shelter. Additionally, the hospital trained staff on SBIRT protocols, added an SBIRT screening tool to their EHR, increased use of referring all women in their first trimester for a urinalysis, and referring any positives to speak to the in-house counselor.

A hospital NAS prevention program in Las Vegas, the EMPOWERED Program, transitioned from the STR-NCE to SOR. The 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- and post-natal. Nineteen (19) women were supported and referrals provided for OUD treatment, co-occurring treatment, primary care, and other services (e.g., housing, food, transportation). The program took a special interest in providing extra supports once COVID-19 hit. Program staff took the time to call all current and past clients to assess and address needs.

Quest Counseling and Consulting (Service area: Washoe County) has implemented a Neonatal Abstinence Syndrome system home care partnering with Renown and Human Services Agency to train home visit workers and develop a curriculum addressing long acting

contraceptives and family planning. From October 2019 – March 2020, 328 individuals were provided training.

Reference Guide for Reproductive Health Complicated by Substance Use. 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. Since November of 2018, Nevada has been participating in the Association of State and Territorial Health Officials (ASTHO) Opioid Use Disorder, Maternal Outcomes, and Neonatal Abstinence Syndrome Initiative (OMNI). As part of the initiative, the Nevada Perinatal Health Network developed an Action Plan to guide statewide efforts. The Action Plan includes prioritizing the development of practice guides for outpatient and inpatient settings to implement best practices consistently across the state. Substance use disorders, and more specifically opioid use disorders (OUD), are prevalent among Nevada's pregnant population. Currently, women with OUD who present to Labor & Delivery (L&D) units experience a wide range of care while being treated on an inpatient basis for delivery of their newborn(s). These differences in care extend to identification and treatment of their OUD, identification and treatment for their newborn(s), reproductive planning, and care coordination, among others. This results in varying practices occurring across the state without any generally accepted guidelines and can result in maternal and neonatal complications before, during, and after delivery. The Reference Guide for Labor and Delivery complicated by Substance Use aims to address some of these variances and provide a resource that medical professionals can use to help guide care for this patient population.

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

Goal 6. Create a Statewide Platform for Substance Abuse Treatment

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
- Dashboard reports for program oversight

WITS Update: COVID-19 Emergency Grant and SOR

Continuing to implement COVID-19 Emergency Grant grantees

- Certification testing with SPARs completed
- Ready for Production
- Currently working with 14 SOR provider grantees on implementation

The NV SOR team is looking at a batch upload system for GPRA. We are looking into compatibility through the WITS system. We have learned that the WITS team has developed a fully compatible module for the collection and reporting of GPRA assessment records and reporting them to SPARS

automatically. WITS utilizes processors that pull new assessment data or updates to existing data in batches. These batches are sent to SPARS daily. WITS also provides tools that providers can use to monitor and track their reporting compliancy. Some of these tools include, but are not limited to

- SPARS Batch – Allows the user to view the various statuses of SPARS batch uploads (i.e., Accepted, Rejected, etc.)
- SPARS Batch Errors – Allows the user to view GPRA records that were rejected and any associated error messages
- GPRA Follow Up Due Summary – Allows the user to view a quick summary of clients that require a GPRA follow up record
- GPRA Follow Up Due Detail – Provides a detailed view of clients that require a GPRA follow up record

Central Registry. The Central Registry (CR) update. The CR request has been moved forward to determine which central registry would be best for Nevada's certified OTP's. Currently under review is the current WITS system be able to provide both, the GPRA module and a central registry web-based technology, which will be housed through the State system. The system selection 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.

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. In Year 2, 45 new individuals have enrolled in the program in within the current reporting period and 15 individuals have successfully graduated the program.

The Judicial Court in Las Vegas is providing a case manager to partner with Las Vegas Metro Police Department to support a law enforcement mobile case management team and assist coordinating care for individuals who are deemed more appropriate for substance abuse treatment than incarceration. The case manager was hired in January 2020. Through September 29, 2020, 115 individuals have been referred to the team. Services referred to include: behavioral health services, transitional living, vocational assistance, housing assistance, and WIC/TANF/Medicaid.

Increase connection to treatment. A treatment agency is conducting screenings in two prisons and connecting the individuals to treatment upon release. Within the current reporting period of SOR funding, 259 inmates were screened. The same agency conducted assessments at parole and probation (205) and referrals provided for treatment and other necessities (i.e., vocational, WIC/TANF/Medicaid, legal, food, etc.).

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, 197 inmates have been screened for OUD risk and naloxone distribution. 26 individuals have received MAT services and 75 had a discharge plan completed for transitioning out of jail.

New Funding Opportunity

A new competitive request for funding application for SOR was released in conjunction with the Substance Abuse and Prevention Treatment Agency (SAPTA) June 8th, 2020 with interviews held in August 2020. Ten (10) new treatment agencies were selected to be funded through this application, with an expected funding start date of February 2021.

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

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

- **Veterans.** Addressing veterans' needs for services across the state. Serving Veterans is an area that we will continue to focus efforts towards.
- **Early intervention.** Early intervention programing for youth and young adults.
- **Engaging tribal communities.** COVID has reduced the number of engagement activities to further relationships. 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 is being developed to address community wide stigma and treatment awareness.
- **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.
- **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 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 reducing recidivism. Two jails are now distributing naloxone and one is in the process of becoming an OTP. One OTP has developed partnerships to provide services within to corrections. This has become virtual due to the pandemic.

- **COVID-19.** All agencies had to adjust their protocols to the pandemic. Many were implementing telehealth for the first time which 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.

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 1 which will 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.

- 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. Additional efforts are being made around ZeroSuicide and reducing access to lethal means for veterans and those who have served or are family members for service men and women.
- A Tribal Needs Assessment is being developed. Once completed it will assist with guiding program support for tribal communities.
- To address a workforce shortage in rural areas, 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.
- 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 trainings for the stakeholders of each community.
- The state is collaborating with an agency to develop a faith-based initiative to expand prevention and wrap around services offered in faith-based communities.
- Two media campaigns have been running since April 2019. One is targeting stigma reduction and one target naloxone/Good Samaritan Act. The commercials have aired on TV/radio 27,120 times for a return on investment of 11 to 1. A social media campaign supporting treatment began running over the summer of 2020 and is expected to continue into 2021.
- 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 for specialized populations.
- The Division of Public and Behavioral Health released guidance on adopting telehealth practices, billing for telehealth, adjusting take-home procedures, providing more naloxone to clients, and held calls to discuss the guidance with agencies.

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.
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 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. SOR is addressing this through sponsoring a Zero Suicide training. SOR will continue the conversation with hospitals and organize a Zero Suicide Academy. Zero Suicide is designed for health care systems to improve early identification and intervention for individuals at rick of suicidality.

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
T: (702) 668-3202 |F: (702) 486-6520|E: abringard@health.nv.gov

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: Reference Guide for Reproductive Health Complicated by Substance Use

Double click to open the document

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