Nevada State Opioid Response Grant II
Carol
Year 1: September 20, 2020 – September 29, 2021
Annual Performance Progress Report

Grant Number: 1H79TI083310 01

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

NEVADA STATE
Opioid Response - An STR/SOR Project

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

The Nevada Single State Authority, Division of Public and Behavioral health received the Notice of Grant Award for the State Opioid Response Grant II funding in September 2020 [$7,542,400.36]. Before draw-down of funds and issuance of subawards/contracts, the Single State Authority was required to receive approval of the State of Nevada Interim Finance Committee (IFC). Approval to use grant funds was provided during the December 2020 IFC meeting.

The delay in approval for use funds caused a significant delay in the execution of subawards:

- The sub-awarding process from initiation to execution within the State is a lengthy process [6-12 weeks]. Efforts were made to try to expedite awarding of funds; however, the lateness in permission to use funds delayed execution of awards.
- In anticipation for receipt of SOR II funding, two competitive Notice of Funding Opportunities (NOFO) were developed and offered to community-based providers, and hospital systems throughout the state. Review and selection for funding of SOR 2 subrecipients. Awards with community-based organizations were finalized between January – April 2021.

Number of unduplicated clients who have received treatment services for OUD during the reporting period [September 30, 2020 – September 29, 2021]: 353 (182 OUD only, 171 co-occurring OUD and stimulant use disorder)

Number of Clients receiving medication-assisted treatment services during the reporting period: 210

i. ***received methadone:*** 17

ii. ***received buprenorphine***: 162

iii. ***received injectable naltrexone***: 31

Number of unduplicated clients who have received treatment services for stimulant use disorder: 422

Number of clients receiving recovery support services: 965

a. ***Of those unduplicated clients, how many received the following services:***

i. ***Recovery housing:*** 0 (Nevada is working towards establishing a level of certification), transitional housing: 125

ii. ***Recovery coaching or peer coaching:*** 926

iii. ***Employment support:*** 44

**i, ii, and iii add up to more than the unduplicated 962 because some of the 962 clients received more than one type of recovery support service.*

Number of naloxone kits distributed: All naloxone was purchased through SOR I and the Supplemental. The SOR OEND Coordinator is in discussions with SOR II-funded agencies to become distribution sites.

Three SOR II-funded agencies have become a distribution site to date. Their distribution has been counted under SOR I, as this was the funding source used to purchase the distributed naloxone.

Number of overdose reversals reported: 0

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.)

Each goal and initiative for the Nevada State Opioid Response II (SOR II) project builds and expands upon the work completed under both Nevada's State Targeted Response grant and SOR I. SOR II 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; and 4) Criminal Justice Interventions. The focus of SOR II is service delivery expansion via the following identified key priority service areas:

- **Target 1: Outpatient Clinical Treatment and Recovery Services.**
  - Enhance access to MAT services for persons with an opioid use disorder (OUD) seeking or receiving MAT within a Patient-Centered Opioid Addiction Treatment (P-COAT) Model.
- **Target 2: Medication Assisted Treatment and/or Behavioral Health Expansion for SAPTA-Certified Providers.**
  - Enhance access to behavioral health expansion or MAT services expansion for persons with an OUD seeking or receiving ASAM/Division Criteria Levels of Service. These services could include telehealth services. MAT Expansion for SAPTA-Certified Provider is designed to: Provide appropriate financial support to enable prescribers and other clinicians to provide successful MAT services for individuals with opioid use disorders within ASAM/Division Criteria Levels of Service; Encourage more of these settings to provide MAT; Encourage coordinated delivery of three types of services needed for effective care of patients with opioid addiction – medication therapy, psychological and counseling therapies, and social services support; Reduce or eliminate spending on services that are ineffective or unnecessarily expensive; Reduce use risk for patients who could be treated successfully through MAT; Improve access to evidence-based care for patients being discharged from more intensive levels of care; Reduce spending on potentially avoidable emergency department visits and hospitalizations related to opioid use; Increase the proportion of individuals with an opioid use who are successfully treated; and Reduce deaths caused by opioid overdose and complications of opioid use.
  - OTPs interested in expanding services to include co-occurring enhanced treatment services.
- **Target 3: Tribal Treatment and Recovery Services.**
  - Utilize culturally appropriate treatment services to address the needs of the tribal community including secondary or tertiary prevention, treatment, and recovery services. Services are focused on improving OUD or stimulant use disorder services

access, at a minimum: Increase MAT access utilizing FDA approved medication for OUD treatment; Toxicology screening; Wrap-around services including peer recovery supports; Behavioral Health Screening/Assessment; ASAM Level 1 Outpatient (substance use and mental health) counseling; Organization prescriber of record checks Prescription Drug Monitoring Program (PDMP) for new patient admission under prescriber care for MAT services; establish and implement a plan to mitigate the risk of diversion of methadone or buprenorphine and ensure the appropriate use/dose of medication by patients; culturally relevant prevention activities targeting OUD or stimulant use disorder and overdose including naloxone distribution; ensure all applicable practitioners working on the grant-funded project obtain a DATA waiver; use telehealth services, or other innovative interventions, to reach, engage and retain clients in treatment; Care Coordination with an IOTRC or CCBHC, when appropriate and available in the service area. Programs that are unable to provide one or more services may develop them through formal coordinated care agreements with organizations in the community.

- **Target 4: Peer Recovery Support Services.**
  - Organizations providing Recovery Support Services must provide services in accordance with principles that support stage of change, harm reduction, patient engagement, and the use of evidence-based practices. Recovery Support Services are intended to complement, supplement, and extend formal behavioral health services throughout the continuum of care.
- **Target 5: Enhanced supports for children and/or families**:
  - Focus on enhanced supports for children and/or families that are impacted by s/opioid use or stimulant use disorder utilizing EPB including, but not limited to: home visiting, and/or strategies to address trauma and adverse childhood experiences (ACEs). A growing body of literature suggests that child maltreatment and traumatic stressors have long-term consequences for adult health behavior and health outcomes. This service delivery category will provide opportunities for working with children and adolescents whose parents or families are affected by opioid or stimulant use. Growing evidence has shown that providing a family-focused approach will have beneficial effects on family members to support the recovery process and build resiliency and protective factors within the family structure. Eligible services/programs include substance use prevention and treatment, in-home parent skills-based programs, which includes parenting skills training, parent education, individual and family counseling, Kinship Navigator Programs, residential parent-child substance use treatment programs, and developmentally appropriate transition supports with older youth and adolescents.
- **Target 6: Hospital Based Recovery Teams.**
  - A growing body of evidence suggests that peer recovery support specialists housed in emergency departments can efficiently connect individuals who are admitted for substance use related complaints with a menu of treatment and recovery options, often to greater effect than primary care or clinical behavioral health staff, due to their own lived experience and supported by certification. In addition, when peers are integrated

into hospitals, research shows this results in shortened lengths of stays, decreased frequency of emergency care visits, better connection to care, and an overall decrease in hospital resources and staff. Embedding peer support programs in hospitals has the potential to be an effective strategy for providing support in the current opioid epidemic. Services funded under this announcement must provide services in accordance with principles that support stage of change, harm reduction, patient engagement, and the use of evidence-based practices. Recovery Support Services are intended to complement, supplement, and extend formal behavioral health services throughout the continuum of care. Peer Recovery Support Services will be stationed within Nevada's hospitals, and provide support for emergency departments, in patient care, maternity care, and other departments as needed. They will provide advocacy in hospitals, warm hand offs, connection to care, and take-home naloxone and naloxone training. Applicants may submit an application for a proposed hospital-based recovery team initiative that is community (field-based) and should include outreach, engagement, case management, family education, support and navigation of services for individuals with opioid use or stimulant use disorder. The program should include a multi-disciplinary nature of the engagement teams to presents a holistic approach to services. The program is non-clinical in orientation, in that the focus is on the needs and goals of the individual and working to assist the individual meet those goals and address obstacles to care. The program may include aspects of clinical services or direct services with cooperating or community-based licensed and certified organizations who can address Third-Party Liability (TPL). This target area works to provide the greatest flexibility for the development of a program that serves clients in the least intrusive, restrictive, and disruptive ways to promote client-resiliency and recovery. The recovery team is a resource with the primary function of taking a supportive role in the facilitation, linking, and building of the client's support network. The recovery team should target individuals who repeatedly access treatment points in the system that do not deliver effective care in meeting the needs of the individual, and should include those that are hospitalized, or seek care in emergency rooms that may not follow up with recommended outpatient care.

- **Target 7: Recovery Housing:**
    - Recovery housing is a "housing model" that provides substance use specific services, peer support, and physical design features to support individuals and families on a particular path to recovery from addiction. Under SOR II, this recovery housing program is specific to opioid or stimulant use disorders. Meeting the housing needs of individuals with an opioid or stimulant use disorder plays a vital role in recovery. Individuals experiencing homelessness or without consistent housing find it difficult to address opioid or stimulant use without a safe place to live. Recovery Housing is designed to fill that void with a safe place with compassionate care. Applicant must demonstrate and document number of beds available, programming, and ability to deliver appropriate peer support.

- **Target 8: High-Intensity and/or Intensive Inpatient Services (Adults or Adolescents) | Level 3.7: Medically Monitored High-Intensity Inpatient Services Adolescent and Level 3.7 Medically Monitored Intensive Inpatient Services Adult.**
    - Medically Monitored Intensive Inpatient Services specific for adults or adolescents with an opioid use or stimulant use disorder and designed to meet the needs of patients who have functional limitations in Dimensions 1, 2, and/or 3. Services must be offered by an interdisciplinary staff of appropriately credentialed staff with the primary treatment focus related to opioid use or stimulant use disorders. Services are appropriate for patients whose subacute biomedical and emotional problems are so severe that they require inpatient treatment, but who do not need the full resources of an acute care general hospital. Note: Services are for those who are underinsured, non-insured or for clients who are NOT on Medicaid Fee-For-Service (FFS).
- **Target 9: Innovative Project or Multi-Service Delivery.**
    - Entities devising innovative planning and programming or a multi-service delivery program to effect change on the OUD or stimulant use disorder crisis in Nevada.

The NOFO for first round of SOR II grant applications was released in conjunction the Substance Abuse and Prevention Treatment Agency (SAPTA) Block Grant NOFO on June 8th, 2020, with application review and interviews held in August 2020. The Block Grant and SOR teams wanted to work collaboratively to reduce duplication in the funding of organizations and ensure dollars were allocated in the most fiscally appropriate way. It was the intent of the NOFO to identify organizations most appropriate for funding under SOR should the State have a successful application. The NOFO was released early in an attempt to reduce funding delays. The decision was made to fund nine community-based organizations:

- Strong Minds
- Vegas Stronger
- Bristlecone Family Resources
- High Risk Pregnancy Center
- The Fearless Kind
- Las Vegas Justice Court:
- The Empowerment Center
- Carson Community Counseling

A second NOFO was released October 2020. Interviews took place in December and January. The decision was made to fund the following organizations:

- Trac-B
- WestCare Nevada, Inc.
- Desert Parkway
- Reno Behavioral Health
- Unshakeable
- Nevada Center for Excellence in Disabilities

Three agencies were transferred from SOR No Cost Extension to SOR II for service expansion for the treatment of simulant disorder because it was identified through utilization review that stimulant use disorder was a primary diagnosis. These agencies include: The Empowerment Center, Foundations for Recovery, and Dignity Health. Two agencies expanded their service delivery within SOR NCE in SOR II and are funded by both projects: Carson Community Counseling and Eighth Judicial Drug Court.

Due to significant delays in subaward execution, organizational awards funded under SOR II were not fully executed until February/June 2021.

Table 1. Agency Funding Dates

Agency	Date of Funding Execution
Strong Minds – *Target 1: Outpatient Clinical Treatment and Recovery Services*	2/23/21
Bristlecone Family Resources – *Target 2: MAT Expansion*	2/25/21
The Empowerment Center – *Target 2: MAT Expansion*	2/25/21
Las Vegas Justice Court – *Target 9: Multi-Service Delivery*	3/1/21
Foundations for Recovery – *Target 4: Peer Recovery Support Services*	3/1/21
WestCare Nevada, Inc. – *Target 8: Intensive Inpatient*	3/4/21
Carson Community Counseling – *Target 2: MAT Expansion*	3/17/21
Reno Behavioral Health – *Target 8: Intensive Inpatient*	3/23/21
Desert Parkway – *Target 8: Intensive Inpatient*	3/23/21
Dignity Health-St. Rose Hospital – *Target 5: Enhanced Support for Families*	3/25/21
Trac-B Exchange – *Target 6: Hospital Based Recovery Teams*	3/26/21
Unshakeable – *Target 9: Multi-Service Delivery*	4/6/21
8th Judicial Court – *Target 9: Multi-Service Delivery*	4/12/21
Vegas Stronger – *Target 1: Outpatient Clinical Treatment and Recovery Services*	4/13/21
Fearless Kind – *Target 2: MAT Expansion*	4/16/21
High Risk Pregnancy Center – *Target 1: Outpatient Clinical Treatment and Recovery Services*	5/19/21
Nevada Center for Excellence in Disabilities (NCED) – *Target 5: Enhanced Supports for Children and/or Families*	6/19/21

Priority Area 1: Prescriber Education & Guidelines

Priority area 1 is primarily being met through activities supported by the SOR NCE [University of Nevada, Reno's Project ECHO and Continuing Medical Education].

Under SOR II, the following training activity was coordinated through the Opioid Response Network (ORN): *Motivational Interviewing to Enhance GPRA Assessments*. Educational learning objectives included:

- Apply the spirit of motivational interviewing when conducting GPRA assessments;
- Recognize the four metaprocesses of MI;
- Identify and selectively reinforce talk suggesting readiness that is elicited during assessment situations;
- Pursue further practice and training opportunities in the skills of MI beyond this course.

Each of our identified SOR II subrecipient providers were present and the training was well received.

ORN coordinated two webinars upon T/A request from the Nevada SOR team in September 2021. The first, *Telemat*, was held on September 22nd and had 35 attendees. The training covered the following objectives:

- Review barriers to accessing treatment for OUD in rural areas
- Explore how telemedicine can remove barriers to OUD treatment
- Address legal concerns regarding drug testing
- Review home induction and remote drug testing
- Cite opportunities for behavioral health support
- Discover strategies to provide remote harm reduction services

Most (92-96%) participants agreed that they felt confident in being able to apply the course objectives.

The second training, *Federal Health Privacy Laws for Substance Use Disorder Treatment Records: What Nevada Providers Need to Know,* was held on September 28th and had 53 participants. The objectives of the webinar were:

- Describe the federal privacy laws that protect patient SUD treatment information under HIPAA and 42 CFR Part 2.
- Identify the differences between the requirements of HIPAA and Part 2 when obtaining or transmitting Protected Health Information (PHI).
- Clarify how and when PHI may be shared within the confines of HIPAA and Part 2.

All respondents reported that they would be able to use the material covered during the training.

Priority Area 2: Treatment Options & Third-Party Payers

Expanding access to the full range of treatment. SOR II expanded treatment availability by targeting the gaps that SOR I did not reach: withdrawal management, residential treatment, and transitional housing.

Table 1. Withdrawal Management

Agency	Number of Total Clients	Number of New Clients
WestCare Nevada, Inc. (started services January 2021)	134	134
Reno Behavioral Health (started services March 2021)	104	104
Desert Parkway (started services March 2021)	71	71
Total	**309**	**309**

*Clients are brought into treatment through withdrawal management and MAT induction. Agencies then continue services through residential or outpatient treatment.

Table. 2 Outpatient Treatment

Agency	Number of Total Clients	Number of New Clients
Vegas Stronger (started December services 2020)	65	65
Las Vegas Justice Court (started services October 2020)	11	11
Strong Minds (started services April 2021)	2	2
High Risk Pregnancy Center (started services October 2020)	9	2
Total	**87**	**80**

Table 3. Residential treatment

Agency	Number of Total Clients	Number of New Clients
Bristlecone Family Resources (started services October 2020)	141	141
Fearless Kind (started services October 2020)	29	29
Total	**170**	**170**

Table 4. Transitional Housing

Agency	Number of Total Clients	Number of New Clients
Carson Community Counseling (started services October 2020)	32	32
The Empowerment Center (started services February 2021)	82	70
Eighth Judicial Court (started services March 2021)	14	14
Total	**128**	**116**

Expanding access to peer support services. The only recovery community organization in the state, Foundations for Recovery, which has an office in Las Vegas and Reno, was the main provider of peer support services under SOR II. An additional five organizations that provide treatment utilize peer support services to enhance care.

Table 5. Peer Support Services

Agency	Number of total clients receiving peer support services	Number of new clients receiving peer support services
Foundations for Recovery (started services October 2020)	406	248
Carson Community Counseling (started services October 2020)	32	32
Fearless Kind (started services October 2020)	29	29
West Care (started services January 2021)	113	113
The Empowerment Center (started services February 2021)	82	70
Reno Behavioral Health (started services March 2021)	96	96
Eighth Judicial Court (started services March 2021)	20	20
Total	**778**	**608**

Increasing connectivity to care. Three agencies are funded to provide care coordination to support treatment.

Table 5. Care Coordination

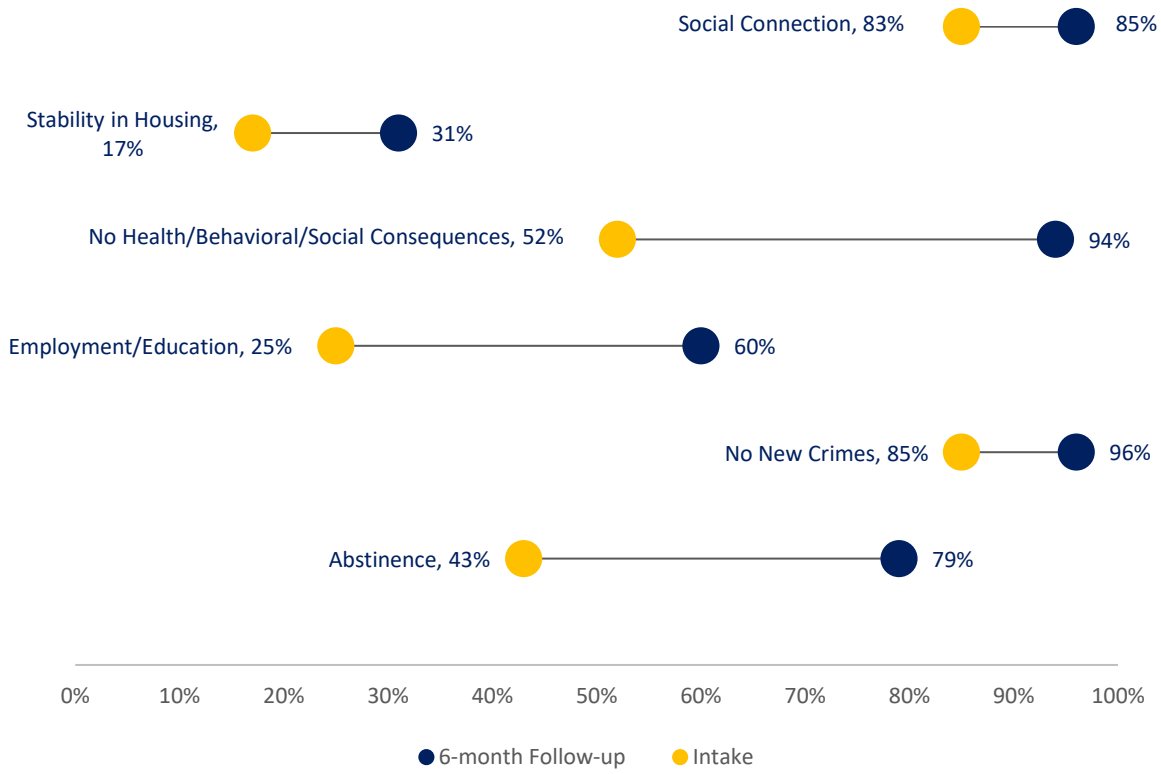
Agency	Number of total clients receiving care coordination	Number of new clients receiving care coordination
Las Vegas Justice Court (started services October 2020)	11	11
EMPOWERED Program (started services February 2021)	23	13
8th Judicial Court (started services March 2021)	22	22
Total	**56**	**46**

Providing support for the return to the workplace. Two agencies supported recovery by providing support for obtaining employment.

Table 6. Employment Support

Agency	Number of total clients receiving care coordination	Number of new clients receiving care coordination
Unshakeable (started services January 2021)	39	24
8th Judicial Court (started services March 2021)	5	5
Total	**44**	**29**

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



Other recovery support services. Currently, Nevada does not have a unified, state-wide system designed to meet the complex diagnostic and behavioral needs of youth effected by in-utero exposure to substances of abuse, specifically opioid and/or stimulant exposure which often requires specialized

diagnostic and treatment services to effectively manage the developmental and behavioral concerns that arise from exposure. The University of Nevada Las Vegas Ackerman Center has been providing diagnostic services and the UNR Nevada Center for Excellence in Disability (NCED) has developed a specialty in behavioral interventions, but the two institutions have never collaborated to develop a robust system of care prior to receiving SOR funding. The *Parenting as a Path to Recovery* program was designed to address this. A majority of parents enter treatment as a means through which to retain or regain custody of their children; however, the stresses of parenting often leave people vulnerable to relapse. Parenting children with developmental and behavioral challenges as a result of in-utero exposure to opioid/stimulants without support further exacerbates parental stress. A Positive Behavior Support 101 class was delivered by NCED four times to 31 clients in opioid or stimulant use disorder treatment. Following the 90-minute introductory classes held in July and August, eight families registered and three attended the 4-week Addressing Challenging Behaviors course. The first session of the Addressing Challenging Behaviors course was held virtually. This method did not suit this audience well so future sessions will be held in person at the treatment agencies. The Ackerman Center holds monthly interdisciplinary diagnostic sessions. Along with the sessions, a family-centered plan is created for each child that incorporates treatment, services, resources, and additional supports. From July to September, 20 youth and families were served.

Regional Behavioral Health Coordinators. Nevada Law (NRS 433.428, 433.429) created five behavioral health regions and a regional behavioral health policy board for each region. Each region employs a Regional Behavioral Health Coordinator (RBHC) to work with each health policy board. Funded partially through SOR II, each RBHC assists with the promotion and connection of SOR activities, programs and service provider organizations to stakeholders and partners throughout their respective communities. Each RBHC identifies and coordinates with other entities in the behavioral health region and throughout the State to review and identify issues relating to behavioral health and develops an annual report which includes the specific behavioral health needs of the behavioral health region. SOR II project staff host monthly coordination meetings with the RBHCs.

Pre-/Post-natal Supports. A hospital NAS prevention program in Las Vegas, the EMPOWERED Program, transitioned from the SOR NCE to SOR II in February 2021 to serve the needs of more clients. The program offers prenatal consults to pregnant women who use opioids or stimulants and provides a case manager and peer support specialist to provide support to these women pre- and post-natal. Women are provided referrals for substance use disorder treatment, co-occurring treatment, primary care, and other services (e.g., housing, food, transportation) and peer support services. EMPOWERED additionally offers an 8-week virtual parenting class, Circle of Security. The course ran three times over the course of the year. An ongoing goal of the program is to create new community partners to increase referrals in and out.

The High-Risk Pregnancy Center targets pregnant and post-partum women as well. They provide screening, assessments, MAT induction, counseling, and referrals. The program performed 93 screenings, 21 assessments, and two inductions. The program is hiring a peer support specialist to help increase retention of individuals after the first day of induction.

Priority Area 3: Data Collection & Intelligence Sharing

Bi-Weekly Opioid Respond Coordination meetings occur between SOR, SOR II, State of Nevada Overdose to Action (OD2A), Southern Nevada Health District OD2A, and BJA ODMAPs/Community Preparedness Planning grants. Larger quarterly meetings additionally include attendees from State of Nevada Office of Suicide Prevention, Washoe County Health District, BJA Reno Police Department Comprehensive Opioid Abuse Program (COAP) Grant, State EMS, SUPPORT Act Demonstration Grant, Mobile Team Emergency Room interventions (MERIT) research grant, SAPTA Block Grant, and SAMHSA PFS Grant.

SOR II collaborates with the CDC OD2A grant and the Nevada Division of Public and Behavioral Health (DPBH) Office of Analytics opioid analyst on data requests. The OD2A program supports the state in getting high quality, comprehensive and timelier data on opioid prescribing and mortality, and uses the data to inform the state's prevention and interventions efforts. The project also provides syndromic surveillance data monthly broken out by state region.

This year, the DPBH Office of Analytics developed a forward facing Methamphetamine and Stimulant Surveillance Dashboard, containing data points specific to prescriptions, emergency department visits, inpatient admissions, and deaths for 2011-2020 and is working to reconfigure the Opioid Surveillance Dashboard.

Priority Area: Criminal Justice Interventions

The Las Vegas based 8th Judicial MAT Re-Entry Court has expanded the population that they can serve with SOR II funds allowing them to enroll individuals with a stimulant use disorder into the program. The first client was admitted in March 2021.

In addition to 8th Judicial, Las Vegas Justice Court, Misdemeanor Treatment Court received SOR II funds to link individuals with an OUD and/or stimulant use disorders into appropriate treatment services, stable housing, and wraparound services to reduce recidivism and increase positive outcomes for participants.

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

- There continues to be a delay in the release of funding due to prioritization of COVID related funding. This has led to an extended delay in distributing the subawards.
- The delay in distributing the subawards prevented many of the selected agencies from initiating their programs until late into the grant period.
- Data collection for the tribal needs assessment was slow due to the turnaround delay of state level data.
- Nevada completed the 81st Legislative Session. New legislation passed changed some key activities. This includes AB205, which mandates school districts to have naloxone present on school grounds, and the removal of fentanyl testing strips from the categorization of drug paraphernalia in AB345.
- Nevada does not currently have recovery housing certification.
- Nevada continues to have a shortage of both behavioral health and medical providers statewide with the situation exacerbated in the rural and frontier communities.

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

- Discussions have started with both Oxford House and the National Alliance for Recovery Residences (NARR) to provide guidance in the development for recovery housing certification The team has begun working in conjunction with HUD and other state agencies to identify immediate needs and priorities.
- Nevada introduced legislation to require insurers and other third-party payers, such as Medicaid, to provide telehealth parity for behavioral health services. AB181 amends NRS 687B.404 to adhere to the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 ensures that any insurer or other organization providing health coverage through Medicaid provides benefits for mental health or substance use disorders at equitable coverage at that of medical and surgical. SB5 has instituted that data concerning telehealth is collected and analyzed to improve equity. This would incentivize more providers to continue or expand their telehealth services, benefiting the rural and frontier communities.
- Continued expansion of Mobile treatment into the rural/frontier communities will allow more MAT options for individuals unable to travel for services. The state is continuing to investigate the purchase of Mobile RVs to increase the presence of MAT opportunities in high need communities.
- SB44 aims to smooth the licensure process to boost the number of behavioral health providers in the state.

Administrative, Data Collection & Reporting costs.

Indirect/Administrative & Infrastructures Development - Please confirm the amount of grant award funds that have been spent on administrative and infrastructure development costs during the reporting period. Note: no more than 5 percent of the total grant award may be used for administrative and infrastructure development costs.

No grant funds have been spent on administrative and infrastructure development costs during this reporting period.

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

During this reporting period a total of $33,228.66 has been spent on data collection and reporting activities.

Appendix 1: Tribal Needs Assessment

Nevada State Opioid Response
2021 Tribal Needs Assessment

Introduction

Each goal and initiative for the Nevada State Opioid Response II (SOR II) project builds and expands upon the work completed under both Nevada's State Targeted Response (STR) grant and SOR I and aligns with the State's identified priority areas. One of the targeted areas is Tribal Treatment, Recovery Services, and the delivery of Culturally and Linguistically Appropriate Services (CLAS). The purpose of this needs assessment is to identify how the opioid crisis is affecting AI/AN communities in Nevada and identify how SOR II can address gaps and incorporate culture into the provision of services and supports that are identified.

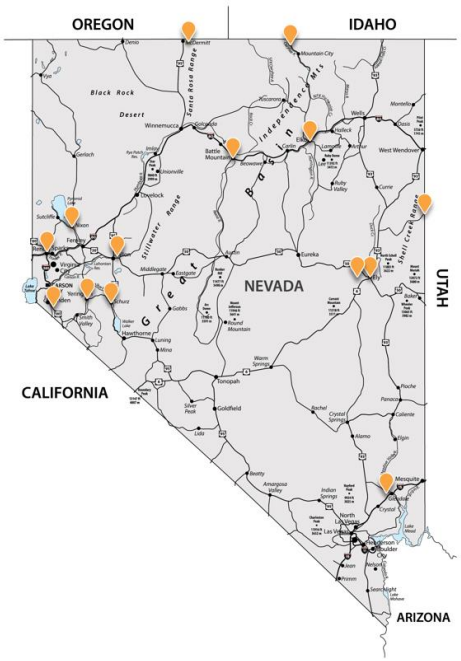
Background

Nevada has 27 federally recognized tribes, with 32 reservations or colonies. Most (97%) of Nevada's Tribal Nations are rural. American Indian/Alaska Natives (AI/AN) make up 1.2% of Nevada's population (Hardcastle, 2020).

AI/AN experience a variety of risk factors for substance use disorders. AI/AN in Nevada have higher unemployment, lower 4-year high school graduate rates, and lower annual household income. When looking at only those who reside on tribal land, the trends are similar. According to United States Census Bureau aggregate data (2015-2019), the median income among those living on tribal lands is lower and unemployment rates and poverty rates are higher compared to Nevada overall (Nevada State Health Needs Assessment, 2019).

There are 14 tribal Indian Health Service clinics and health centers. Only four of the tribal clinics have a provider who is Data 2000 waivered, leaving residents of many of these areas needing to drive long distances to receive substance use disorder treatment. Two of the tribal clinics that have MAT providers are SAMHSA TOR grantees.

Figure 1. Nevada Tribal Health Clinics and Centers



The State of Nevada Department of Health and Human Services partners with the tribes through a Tribal Consultation Process Agreement. Tribal Liaisons within the Division of Public and Behavioral Health, Division of Welfare and Supportive Services, Division of Health Care Financing & Policy, Division of Child & Family Services, Aging & Disability Services, and the Director's Office meet with tribal representatives quarterly.

SOR I/II assessed and addressed tribal needs in the last two years in the following ways.

Assessment Timeline

- December 2019 – the Division of Public and Behavioral Health Tribal Liaison made a statewide tour meeting with the health directors of twelve tribes about needs. Overdose education and naloxone distribution and medication assisted treatment trainings were offered by SOR in response to requests from tribal health directors.
- April 2020 – asked the Tribal Liaisons from Division of Public and Behavioral Health, Division of Health Care Financing & Policy, and the Office of Analytics if any needs assessment of tribal organizations existed
- April/May 2020 – conducted a review of the literature on tribal substance use needs assessment for indicators and methods selected
- May 2020 – met with the Project ECHO director who were also doing a tribal needs assessment to discuss potential for partnering
- September 2020 – met with Dr. Julie Lucero, a faculty member with experience conducting culturally appropriate research in tribal communities for guidance. Due to her short tenure in Nevada, she does not have connections with local tribes to be of assistance.
- October 2020 – met with the Council of State and Tribal Epidemiologists to discuss past assessments, methodologies, approach, and connections. Due to the ongoing COVID-19 pandemic, they did not foresee this being good timing for an assessment using primary data collection
- December 2020 – made a data request for Medicaid substance abuse claims in tribal clinics in the state
- March 2021 – inquired if Nevada's CDC Overdose Data to Action grant had completed analysis of tribal data or had any future plans to do so. This is not inside their scope of work.
- April 2021 – made request to State of Nevada Office of Analytics for trend data on opioid prescribing opioid overdose deaths, hospitalizations, opioid use disorder and MAT treatment, opioid use while pregnant, and cases of NAS among tribal populations. Received results in August 2021.

Methods

The literature review conducted in Spring 2020 identified:

- Two opioid-specific tribal needs assessments (Arizona and California)
- Five substance use-related tribal needs assessments (Washington, North Dakota, Denver, East Band of Cherokee Indians, Blackfeet Community Health Assessment)
- Three other tribal need assessments (Suquamish Tribe, Tribal Drug Court Needs Assessment, Needs Assessment of American Indian/Alaska Native Child Welfare Program)

Based on the review of the other tribal need assessments identified in the literature review, Nevada SOR chose to review trend data on:

- Opioid prescribing rates
- Youth substance use (YRBS)
- Substance Use (NSDUH)
- Treatment admissions (TEDS)
- Opioid-related hospital encounters (Hospital Inpatient and Emergency Department Billing Data)
- Overdose death rates
- Neonatal abstinence syndrome (NAS) rates
- Availability of buprenorphine waivered providers

Upon request of the data, it was determined that Nevada's Prescription Monitoring Program does not collect data on race/ethnicity so prescribing rates will not be included in the data summary below.

Secondary Data Summary

Youth Substance Use

Since youth risk behaviors can lead to greater problems, this needs assessment includes adolescent self-reported substance use behaviors. Questions on opioid and stimulant use were compiled from the Nevada Youth Risk Behavior Survey (YRBS), which includes youth in the 9th-12th grades. As shown in Figures 2-6, the percentage of AI/AN youth who had ever used pain medications without a doctor's prescription, heroin, methamphetamines, cocaine, and had tried injection drug use is higher than those of other race/ethnicity groups surveyed, though not statistically so. The sample of AI/AN youth is small so this finding should be interpreted with caution.

Figure 2. Percentage of those that have ever taken prescription pain medication without a Doctor's Prescription

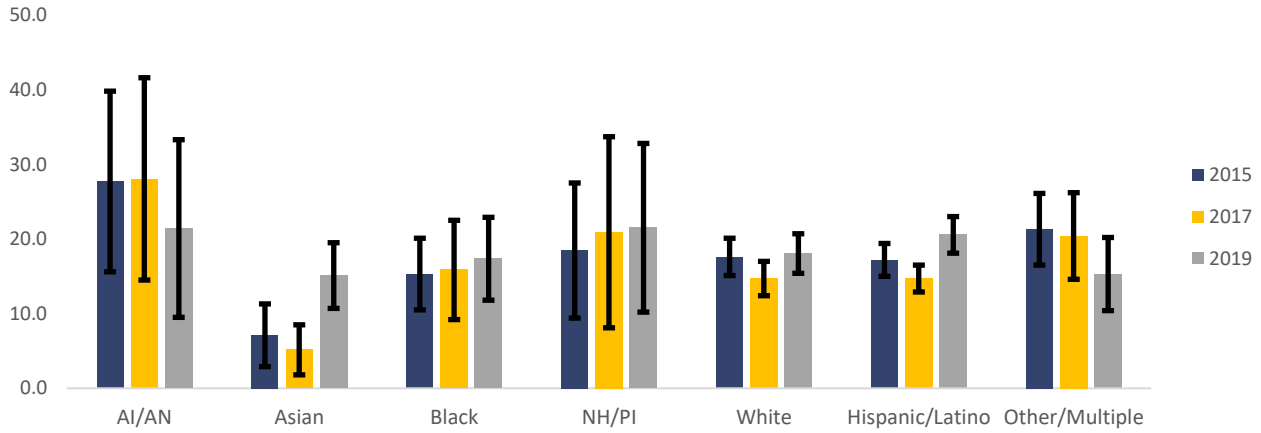


Figure 3. Percentage who have ever used Heroin

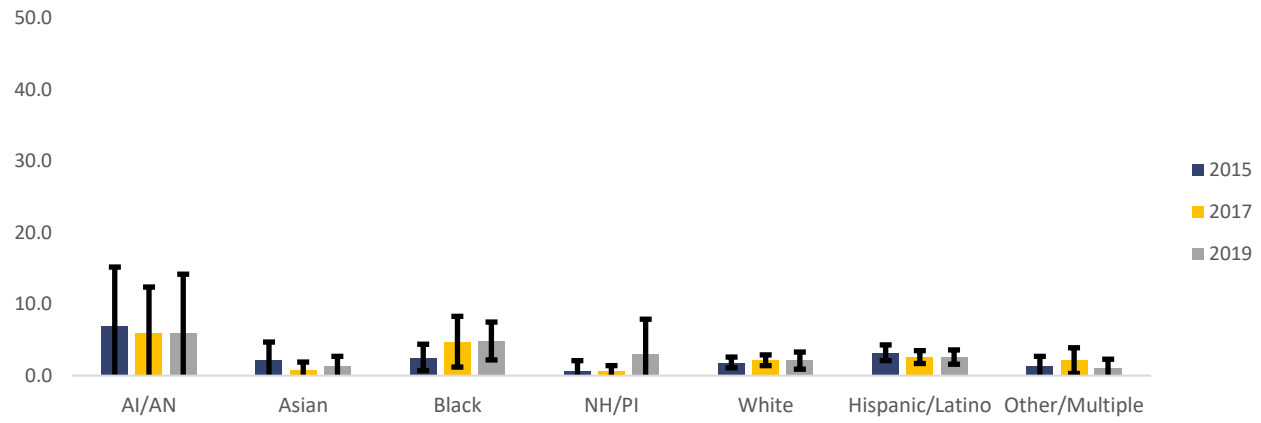


Figure 4. Percentage who have ever injected any Illegal Drug

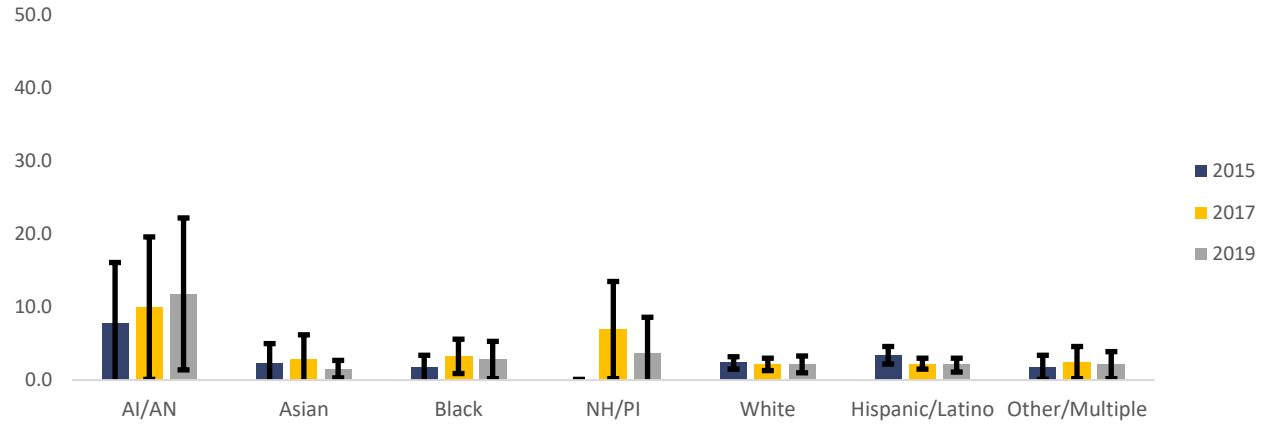


Figure 5. Percentage who have ever used Methamphetamines

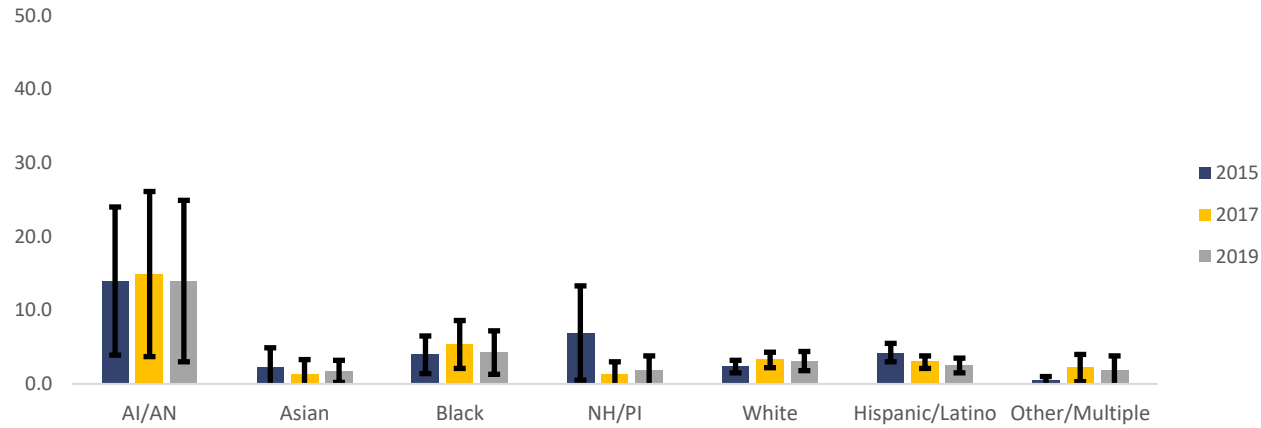
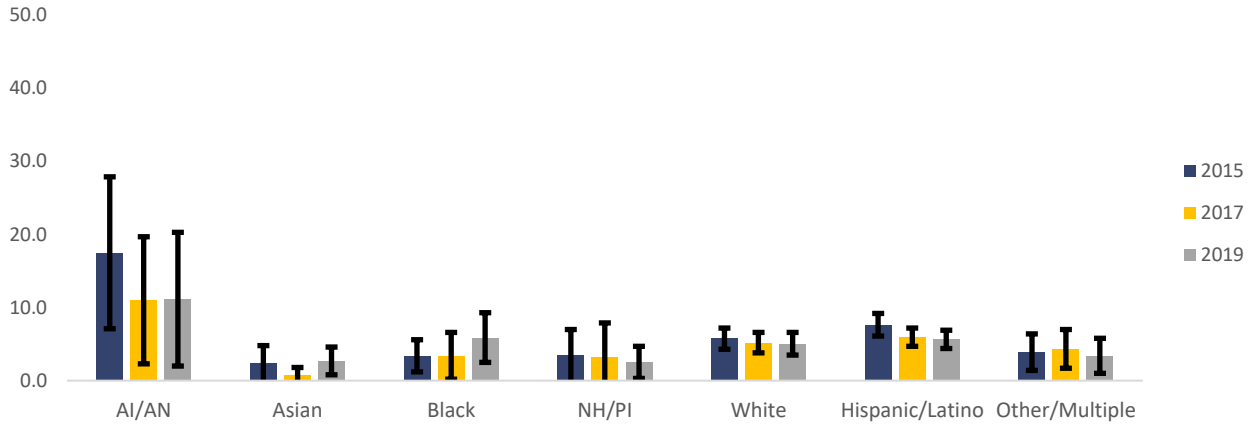


Figure 6. Percentage who have ever used Cocaine



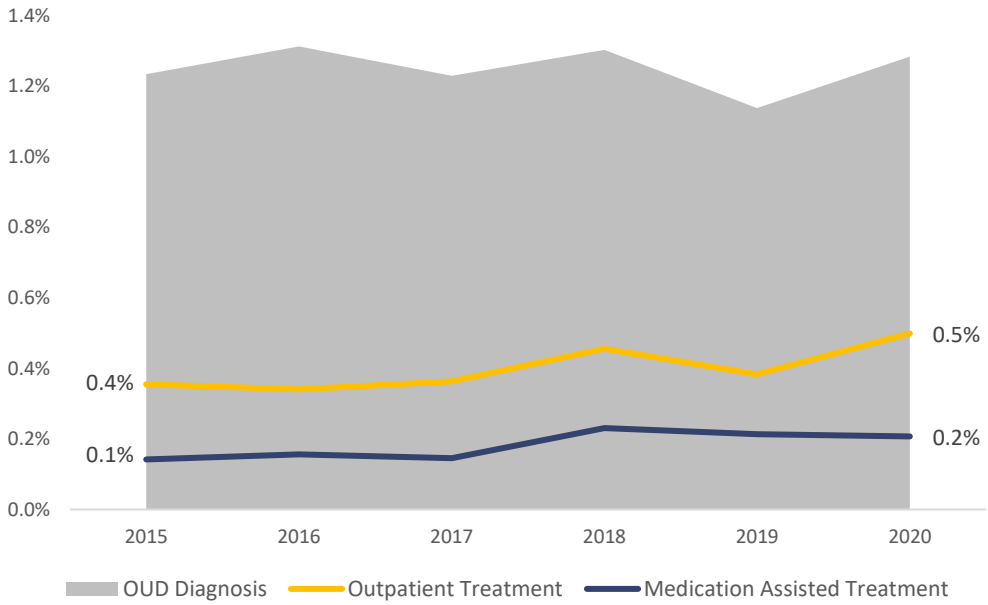
Adult Substance Use

Nevada SOR is still locating state-level data by race.

Substance Use Disorder Treatment

From 2015 to 2020, the number of individuals diagnosed with an opioid use disorder (OUD) increased from 7,050 to 16,433 across all races, with the percentage of those diagnosed with an OUD who received outpatient treatment increasing from 37% (n=2,608) to 47% (n=7,685). AI/AN account for 1.1 to 1.3% of OUD diagnoses, 0.3 to 0.5% of those in outpatient treatment (including medication assisted treatment), and 0.1 to 00.2% of those on MAT.

Figure 7. Number of AI/AN diagnosed with and treated for an Opioid Use Disorder



*Opioid Use Disorder was defined by ICD-10 Diagnosis Codes that start with 'F11' beginning in October 2015. OUD was defined by ICD-9 Diagnosis Code '3055' prior to that. Due to the change in diagnosis codes from ICD-9 to ICD-10, take caution when comparing 2015 patient counts to future calendar year patient counts.

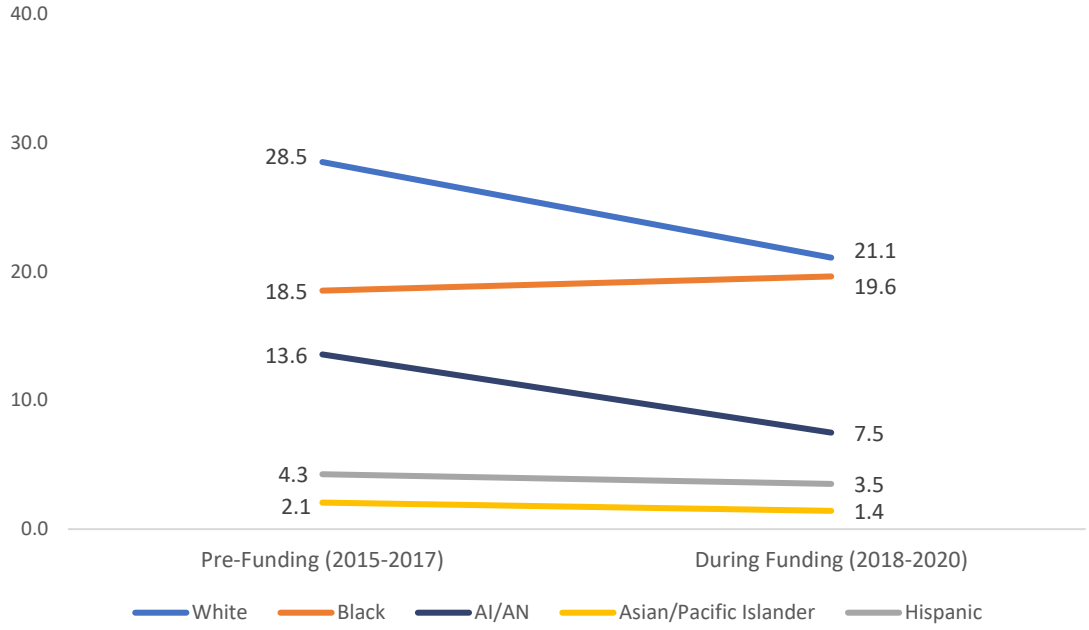
A search was done for the availability of mutual support meetings that either take place in tribal locations or AI/AN-specific. According to the Las Vegas area and Northern Nevada AA websites, there are currently no AI/AN meetings. Only a few of the less urban communities near tribal areas have meetings: Elko, Garnerville, and Owyhee. Due to COVID-19, many venues have closed and have moved meeting online, potentially expanding access to individuals across the state. However, many inhabitants of rural areas do not have reliable access to internet to utilize these meetings.

Opioid Poisonings

When analyzing the following by race, the number of AI/AN is so small that the percentage or rate is not reliable. The rates then fluctuate dramatically from year to year based on a difference of only one or two people. Therefore, data have been aggregated across years into two categories, prior to STR/SOR funding (2015-2017) and during STR/SOR funding (2018-2020).

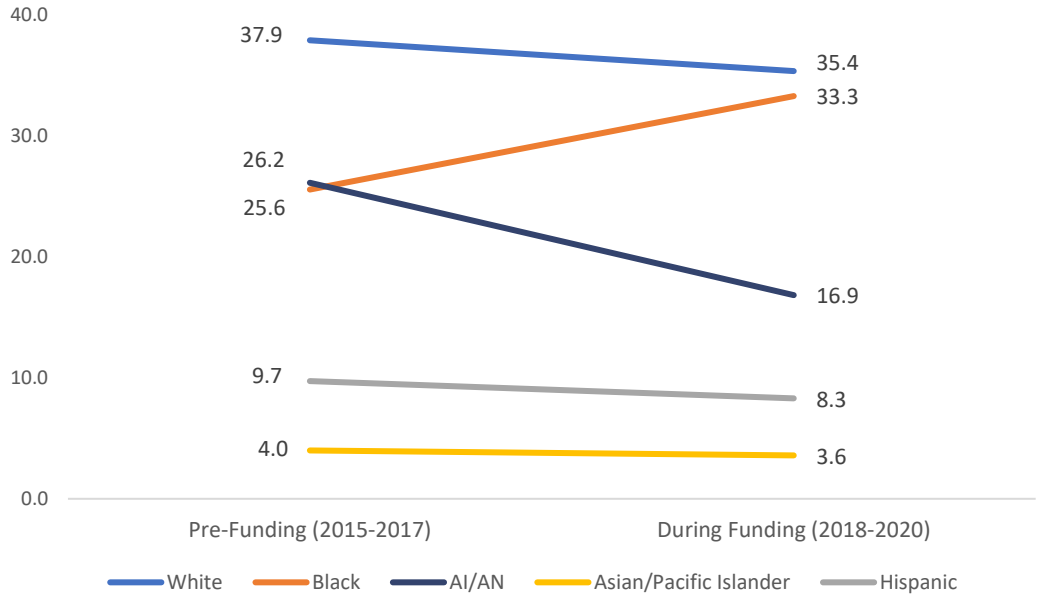
Inpatient (Figure 8) and emergency department admission rates (Figure 9) for opioid poisonings decreased for AI/AN from prior to the STR/SOR funding to after funding.

Figure 8. Opioid Poisoning Inpatient Admissions



*Opioid Poisoning is defined by ICD-9-CM; 965.0, and ICD-10-CM T40.0-T40.4, T40.6. Due to the change in diagnosis codes from ICD-9 to ICD-10 in October 2015, take caution when comparing 2015 patient counts to future calendar year patient counts.
**Hospitalizations where the race was Other/Unknown are not included in the figure as no rate can be calculated.

Figure 9. Opioid Poisoning Emergency Department Encounters

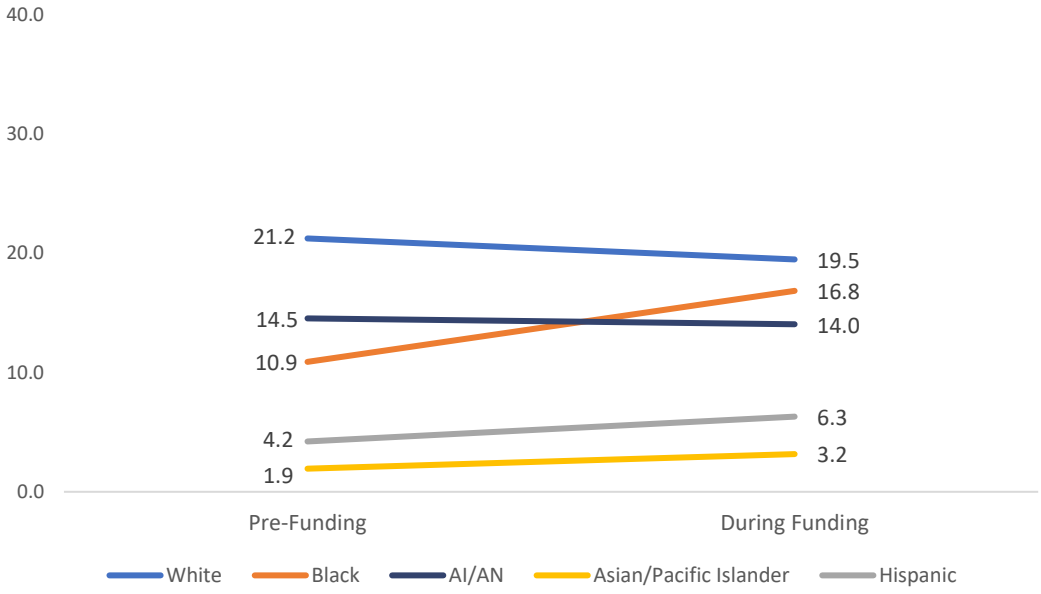


*Opioid Poisoning is defined by ICD-9-CM; 965.0, and ICD-10-CM T40.0-T40.4, T40.6. Due to the change in diagnosis codes from ICD-9 to ICD-10 in October 2015, take caution when comparing 2015 patient counts to future calendar year patient counts.
**Hospitalizations where the race was Other/Unknown are not included in the figure as no rate can be calculated.

Opioid related overdose deaths

The following chart displays opioid overdose death rates by race. There was little change in the death rate for AI/AN over time.

Figure 10. Overdose Death Rates by Race



*All opioids are defined using ICD-10 codes; T400-T404, T406. Due to the change in diagnosis codes from ICD-9 to ICD-10 in October 2015, take caution when comparing 2015 patient counts to future calendar year patient counts.
**Rates are per 100,000

Neonatal Abstinence Syndrome (NAS)

There have only been seven AI/AN infants who received NAS treatment in the past from 2015-2020 so reliable rates cannot be calculated.

Data Summary

AI/AN face increased risk factors for substance use disorders and barriers to treatment. A review of the data that was available from 2015-2020, shows higher rates of substance use, health consequences, and death among AI/AN. While rates were higher, they decreased slightly over the years. The percentage of AI/AN accessing outpatient or medication assisted treatment increased minimally from 2015 to 2020 but remains minimal.

Strategies Implemented to Address Needs

The State released two requests for applications for SOR II. Within the request, the state solicited applications from tribal organizations:

> Applicants proposing to serve tribal populations must utilize culturally appropriate treatment services to address the needs of the tribal community including secondary or tertiary prevention, treatment, and recovery services. Services should be focused on improving OUD or stimulant use disorder services access. Applicants should ensure the following services are addressed, at a minimum: Increase MAT access utilizing FDA approved medication for OUD treatment; Toxicology screening; Wrap-around services including peer recovery supports; Behavioral Health Screening/Assessment; ASAM Level 1 Outpatient (substance use and mental health) counseling; Organization prescriber of record checks PMP for new patient admission under prescriber care for MAT services; establish and implement a plan to mitigate the risk of diversion of methadone or buprenorphine and ensure the appropriate use/dose of medication by patients; culturally relevant prevention activities targeting OUD or stimulant use disorder and overdose including naloxone distribution; ensure all applicable practitioners working on the grant-funded project obtain a DATA waiver; use telehealth services, or other innovative interventions, to reach, engage and retain clients in treatment; Care Coordination with an integrated opioid treatment and recovery center (IOTRC) or certified community behavioral health center (CCBHC), when appropriate and available in the service area. Programs that are unable to provide one or more services may develop them through formal coordinated care agreements with organizations in the community. All programs must use American Society of Addiction Medicine (ASAM) criteria/Division criteria to design and develop their programming under this announcement to include the required staffing, support systems, evidence-based therapies, assessment and treatment plan review, documentation, and follow ASAM admission, continued service, transfer, and discharge criteria.

Two of the larger tribal clinics would not be interested in the application because they are already recipients of SAMHSA's TOR grants. There were no responses from Tribal organizations to the RFA, but the SOR team continues to have ongoing conversations with interested tribal clinics about increasing the accessibility of MAT services and various training opportunities and support for implementation. The SOR team participates in the Nevada Tribal Counsel on request and maintains relationships with organizations that are currently distributing naloxone to their communities.

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