Nevada State Opioid Response Grant II
Year 2: September 30, 2021 – September 29, 2022
Annual Performance Progress Report

Grant Number: 1H79TI083310-02

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 August 2021 [$16,536,539; budget period 9/30/21-9/29/22].

Number of unduplicated clients who have received treatment services for OUD during the reporting period: 1,324 (806 OUD, 518 co-occurring OUD and stimulant use disorder); 729 new (413 OUD only, 316 co-occurring OUD and stimulant use disorder)

a. Number of Clients receiving medication-assisted treatment services during the reporting period: 833 total

i. received methadone: 452

ii. received buprenorphine: 331

iii. received injectable naltrexone: 50

Number of unduplicated clients who have received treatment services for stimulant use disorder: 736 (579 new)

Number of clients receiving recovery support services: 1,931

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: 176

ii. Recovery coaching or peer coaching: 1,871

iii. Employment support: 224

**i, ii, and iii add up to more than the unduplicated 1,931 because some of the 1,931 clients received more than one type of recovery support service.*

Number of naloxone kits distributed: 21,907

Number of overdose reversals reported: 427

Description of major activities/accomplishments

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 effectively treated (meaning they have secured stable housing, stable employment, healthy social connectedness, and un-involvement in the criminal justice system); and Reduce deaths caused by opioid overdose and complications of opioid use.
  - OTPs with interest 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 (EBPs) and promising 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 opioid use or stimulant use disorder utilizing EBP 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 stay, 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.

In Year 2, SOR II funded 22 agencies were funded on 26 subgrants. Seven of the agencies transitioned from the SOR I NCE to continue their quality service delivery.

Table 1. Agencies Funded

Agency	Target Area
Ackerman Center	*Target 5: Enhanced Supports for Children and/or Families*
Bristlecone Family Resources	*Target 2: MAT Expansion*

Carson Community Counseling	*Target 2: MAT Expansion*
Center for Behavioral Health*	*Target 2: MAT Expansion*
Desert Parkway	*Target 8: Intensive Inpatient*
Roseman University	*Target 5: Enhanced Support for Families*
Eighth Judicial District Court	*Target 9: Multi-Service Delivery*
Fearless Kind	*Target 2: MAT Expansion*
Foundations for Recovery	*Target 4: Peer Recovery Support Services*
The Empowerment Center	*Target 2: MAT Expansion*
High Risk Pregnancy Center	*Target 1: Outpatient Clinical Treatment and Recovery Services*
Las Vegas Justice Court	*Target 9: Multi-Service Delivery*
Nevada Center for Excellence in Disabilities (NCED)	*Target 5: Enhanced Supports for Children and/or Families*
Northern Nevada HOPES*	*Target 9: Innovative Project*
Project ECHO*	*Target 9: Innovative Project*
The Life Change Center*	*Target 2: MAT Expansion and Target 5: Enhanced Support for Families*
There is No Hero in Heroin*	*Target 1: Outpatient Clinical Treatment and Recovery Services and Target 4: Peer Recovery Support Services*
Trac-B Exchange*	*Target 1: Outpatient Clinical Treatment and Recovery Services* and *Target 6: Hospital Based Recovery Teams*
Unshakeable	*Target 9: Multi-Service Delivery*
Vegas Stronger	*Target 1: Outpatient Clinical Treatment and Recovery Services*
Washoe County Sheriff's Office*	*Target 2: MAT Expansion*
WestCare Nevada, Inc.	*Target 8: Intensive Inpatient*

*indicates agency that transitioned from SOR I NCE

Goal 1. Build upon the State of Nevada's existing needs assessment and comprehensive strategic plan derived from the National Governors Policy Academy and Nevada Drug Abuse Prevention Task Force.

Promote MAT prescribing throughout the state

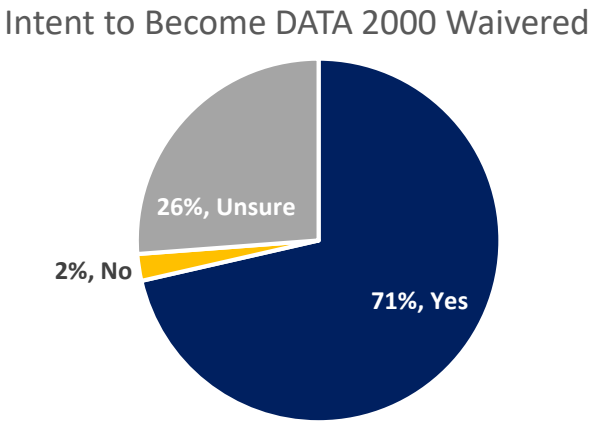
Exposing Pre-professionals. Pharmacy and physician assistant (PA) graduate students complete rotations of at least one day through an IOTRC (hub), *Center for Behavioral Health (CBH),* to expose students to medication assisted treatment (MAT). 22 pharmacy students and 72 PA students completed a rotation. The agency also serves as a site for a 4-week rotation site for medical students. The student interacts with the doctors, nurses, and counselors –as well as have MAT related reading assignments, being in the clinic Mon/Wed/Thurs/Fri and reading assignments Tuesdays. Six (6) med students

completed a rotation during this time frame as well. Below are a few of the comments from student evaluations of the rotation experience that highlight how valuable exposure to the population was.

> "Thank you so much for allowing students to participate and experience this type of medicine. I feel it is so important to have an understanding of addiction and its treatment since it can affect people from all walks of life and should be addressed with all providers, especially primary care."
>
> "Very glad I came. Eye opening experience. Will definitely treat my future patients with addiction with compassion."
>
> "I really enjoyed all aspects of the visit personally. This was the first time I've been exposed to addiction / recovery. The success stories of these patients were amazing to listen to. It was a great learning experience to hear the effects of the medication and various factors that could lead to relapse. On a different note, I enjoyed Dr. Kaisers humor. His positivity and motivational interviewing were extremely encouraging and a great future practice for myself."
>
> "This site visit was very educational and inspiring. After learning about MAT and addiction medicine during this rotation and shadowing Dr. Kaiser, I'm seriously considering working in this field after graduation (at least part time). This model for treatment of addictions seems to be most successful (i.e. incorporating MAT), and it was really moving (even humbling? not sure of the right word here) to hear the patients' stories and their current progress, and how motivated they are to kick their addictions and have better futures. Thank you for this opportunity."

Students were additionally asked if following this experience, they intended to become DATA 2000 Waivered upon graduation. Nearly three-quarters (71%) answered affirmatively, 2% negatively, and a quarter were unsure (26%).

Figure 1. Waiver Intent



Of the six PA students who agreed to follow-up after graduation, three are in the process of becoming Data 2000 waivered, and two obtained their waiver.

Evaluate progress made in the State of Nevada's strategic plan towards efforts to address prevention, treatment, and recovery services for OUD

Through completing the needs assessment and strategic plan for O-STR in August 2017, gaps were identified. The identified gaps that were not addressed fully through O-STR were built into the goals for SOR. The goals were then rolled into the State of Nevada's SUPPORT Act Strategic Plan, the *2021-2025 Nevada Substance Use Disorder and Opioid Use Disorder Treatment and Recovery Services Provider Capacity Expansion Strategic Plan* in June 2021 after an infrastructure assessment was undertaken in 2020. See Appendix A.

Progress made on most aspects of the Strategic Plan are outlined throughout the report under individual goals and activities in the report.

To ensure that SOR II efforts align with other opioid funding streams, bi-Weekly Opioid Response Coordination meetings occur between SOR, SOR II, State of Nevada Overdose to Action (OD2A), Southern Nevada Health District OD2A, and Bureau of Justice Assistance (BJA) Overdose to Action Map Detecting Program (ODMAPs) Community Preparedness Planning grants. Larger quarterly meetings additionally include attendees from the State of Nevada Office of Suicide Prevention, Washoe County Health District, BJA Reno Police Department Comprehensive Opioid Abuse Program (COAP) Grant, State emergency medical services (EMS), SUPPORT Act Demonstration Grant, Mobile Team Emergency Room interventions (MERIT) research grant, the SAPTA Block Grant, and the SAMHSA Partnership for Success (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 timely 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.

Complete County Level Needs Analysis

County-level needs and gaps analyses under the State Opioid Response Grant have been postponed due to the passing of SB390, as a statewide and county level needs assessment is being completed. SB390 is a bill that was put into place to support the roll out of the opioid litigation funds the State of Nevada is scheduled to receive. Specifically, SB390 relates to behavioral health providing for the establishment of a suicide prevention and behavioral health crisis hotline; exempting a telecommunications provider from certain damages relating to the hotline; requiring the imposition of a surcharge on certain communications services to support the hotline; creating ***the Fund for a Resilient Nevada; requiring the Attorney General to deposit the proceeds of certain litigation proceeds into the Fund; authorizing the Department of Health and Human Services to use the money in the Fund for certain statewide projects and to award grants to various public and private entities to address the impact of opioid use disorder and other substance use disorders***; prescribing certain procedures relating to the awarding of those grants; and providing other matters properly relating thereto. Section 9 of SB390 requires the Department to: (1) conduct a statewide needs assessment to determine the priorities for allocating money from the Fund; and (2) based on that needs assessment, develop a statewide plan for allocating the money in the Fund. This process to recommend funding is being supported and by the Advisory Committee for a Resilient Nevada (ACRN). Sec. 9.5. further outlies the needs assessment:

1. A Statewide needs assessment conducted by the Department, in consultation with the Office,

pursuant to paragraph (a) of subsection 1 of section 9 of this act must: (a) Be evidence-based and use information from damages reports created by experts as part of the litigation described in subsection 1 of section 8 of this act. (b) Include an analysis of the impacts of opioid use and opioid use disorder on this State that uses quantitative and qualitative data concerning this State and the regions, counties, and Native American tribes in this State to determine the risk factors that contribute to opioid use, the use of substances and the rates of opioid use disorder, other substance use disorders and co-occurring disorders among residents of this State. (c) Focus on health equity and identifying disparities across all racial and ethnic populations, geographic regions, and special populations in this State. (d) Take into account the resources of state, regional, local and tribal agencies and nonprofit organizations, including, without limitation, any money recovered or anticipated to be recovered by county, local or tribal governmental agencies through judgments or settlements resulting from litigation concerning the manufacture, distribution, sale or marketing of opioids, and the programs currently existing in each geographic region of this State to address opioid use disorder and other substance use disorders. (e) Based on the information and analyses described in paragraphs (a) to (d), inclusive, establish priorities for the use of the funds described in subsection 1 of section 8 of this act. Such priorities must include, without limitation, priorities related to the prevention of overdoses, addressing disparities in access to health care and the prevention of substance use among youth. The needs assessment was completed in August 2022 (see Appendix B).

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. Some specific activities that the RBHCs participated in this year include regular attendance at county substance abuse task force meetings, hold positions on substance misuse prevention coalitions, work with Safe Baby Court and other drug courts, participated in Prescription Drug Take Back programs, and facilitated meetings around Medicaid policies and Crisis Response planning. For the 2023 82nd Legislative session, the RBHCs have been drafting bills on 1) establishing a Regional Behavioral Health Authority to increase community oversight for use of the federal block grants to deliver community-based services to individuals with serious mental illness and substance use disorders and 2) transportation needs for individuals with behavioral health issues. SOR II project staff host monthly coordination meetings with the RBHCs. RBHCs will be key in the county level analyses done by the ACRN.

Goal 2. Reduce opioid overdose related deaths through Overdose Education and Naloxone Distribution (OEND) and harm reduction

Purchase and distribute naloxone throughout Nevada

Expanding naloxone distribution. This FY, 15 new naloxone distribution agencies were added. All naloxone distribution provided by Southern Nevada Health District, previously funded under FR-CARA to distribute to Clark County, Nevada's most populous county, was moved to SOR II. Many schools in Nevada already carried naloxone in case of incident, but 12 new schools were provided overdose education and naloxone distribution to school nurses, counselors, principals, or teachers.

Table 2 outlines naloxone distribution sites by county.

Table 2. Distribution Sites by County

County	Number of Distribution Sites
Carson City	3
Churchill	2
Clark*	13
Douglas	4
Elko	2
Esmeralda	0
Eureka	0
Humboldt	1
Lander	1
Lincoln	1
Lyon	2
Mineral	3
Nye	3
Pershing	1
Storey	1
Washoe	23
White Pine	0

Trac-B Exchange and Northern Nevada HOPES have naloxone distribution programs that pre-date O-STR/SOR funding but are now supported by it. Trac-B Exchange additionally has vending machines that distribute naloxone to registered clients in Las Vegas and have been able to place one in the rural community of Hawthorne, NV. They will be placing six new vending machines in a variety of rural and urban locations. The selected sites for the vending machines are:

- Washoe County Sheriff's Office (Washoe County)
- CARES Campus – homeless shelter (Washoe County)
- The Life Change Center – OTP (Carson City)
- William Bee Ririe Hospital (White Pine County)
- Homeless camp or syringe exchange (Elko County)
- Caliente, NV (Lincoln County)

Due to the increasing popularity of the vending machines, the machines were backordered and will not be received until during the NCE.

Anonymous Support Boxes. One of the resources made available to workplaces that became a designated recovery friendly workplace is Anonymous Support Boxes. Boxes are filled with resources for employees and are placed in an inconspicuous location where materials can be picked by employees at any time. The workplace can order more materials by scanning the QR code on the box. Boxes include such items as a brochure to the local Recovery Community Organization and naloxone kits. Anonymous Support Boxes have been placed in 17 businesses so far. Through the information cards placed in the boxes, two individuals have been placed in treatment and three others provided support group information.

Overdose Education & Naloxone Distribution for Law Enforcement and First Responders. An online self-paced course was developed and is accessible through the University of Nevada, Reno's Center for the Application of Substance Abuse Technologies (CASAT) Training, *Naloxone/Narcan Administration Training for Law Enforcement*. The one-hour online course covers how pain and opioids work in the body; how to recognize and respond to an opioid overdose; the role of naloxone in an opioid overdose and how it can prevent death; and how to use various forms of naloxone. The course was taken by 112 law enforcement officers in Year 2.

1,945 naloxone kits were distributed to law enforcement/first responders this reporting period.

The project has been partnering with criminal justice programs to provide naloxone and overdose education to those being released. Currently two counties (Washoe and Mineral) jail facilities have programs to distribute naloxone to individuals being released from jail. Carson City Sherriff's Office is currently developing a distribution plan. Additionally, Law Enforcement Patrol Leave Behind Programs have been initiated with patrol officers, who have been provided educational training and ongoing support through STR and SOR funding.

Jail Programs (SOR supported)- Naloxone upon release

- Mineral County Jail
- Washoe County Sheriff's Office
- Carson City Sheriff's Department is working with Partnership Carson City and Carson Community Counseling to provide naloxone
- Clark County Detention Center (through partnership with SNHD)

First Responder Leave Behind Programs

- Mineral County Sheriff's Office
- Washoe County Sheriff's Office
- REMSA EMS

Washoe County Sheriff Department has reached an agreement with Trac-B, one of the harm reduction organizations funded under SOR, to place a harm reduction vending machine on site to provide naloxone, first aid kits, fentanyl test strips, and hygiene kits.

Conversations were held with distribution sites on how to improve data collection on naloxone distribution and reporting of reversals. Engaging stakeholders increased buy-in for data collection and aided in creating an equal understanding of data requests. The updated forms have been used since April 2022.

Expanding harm reduction efforts and programing.

Year 2 of SOR II introduced fentanyl test strip (FTS) distribution. FTS were made legal in Nevada through AB 345: *Revises provisions relating to drug paraphernalia*, May 2021, which focused on changing language previously considered to classify fentanyl test strips as drug paraphernalia. The AB 345 legislation:

- Reframes testing products as independent from drug paraphernalia
    - An individual is able to provide, administer or use a testing product to assist a person in determining what is present in a controlled substance
    - An individual acting in good faith and with reasonable care in providing, administering or using a testing product for the purpose of determining what is present in a controlled substance is exempted from professional discipline and/or civil liability
    - Removes testing products from the definition of "drug paraphernalia"
- (a) "Fentanyl test strip" means a strip used to rapidly test for the presence of fentanyl or other synthetic opiates.
- (b) "Testing product" means a product, including, without limitation, a fentanyl test strip, that analyzes a controlled substance for the presence of adulterants.

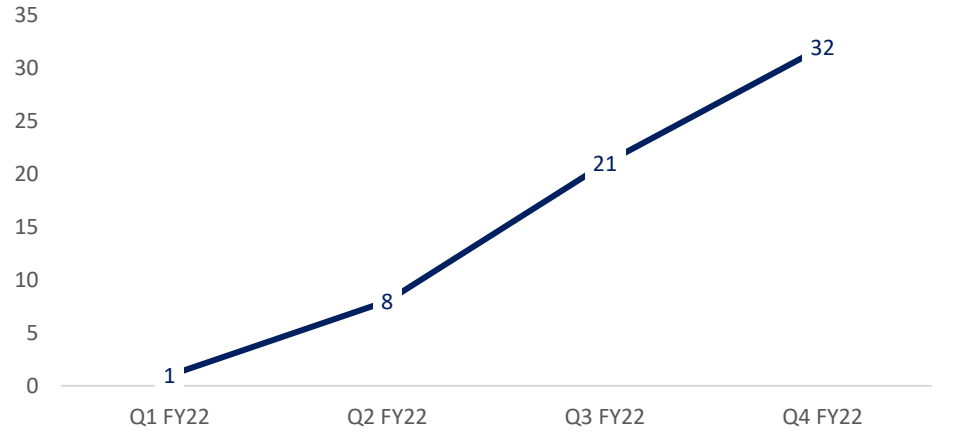
SOR funds were used to purchased Fentanyl Test Strips in October 2021 and full-scale distribution was implemented in March 2022.

Education and Distribution was developed targeting highest need populations. Priority was given to:

- Harm reduction organizations, Needle Exchange Programs
- Organizations that engage in street outreach and work directly with high- risk populations
- Law Enforcement/First Responders, Leave Behind Programs
- Existing Naloxone Distribution Sites and Prevention Coalitions

The program began with one pilot site last fall and has expanded to 32 sites, with SOR distributing 21,900 strips to the sites.

Figure 2. Number of Fentanyl Test Strip Distribution Sites



An IOTRC, *CBH*, is providing community-level trainings on Harm Reduction, Naloxone, and MAT 101. During this reporting period, seven trainings were delivered to 335 attendees.

Implementing Zero Suicide. As strong correlations between opioid use, overdose, and suicide exist, a priority has been placed on early identification of suicidal ideation. During SOR I, a position in partnership with the Office of Suicide Prevention was established to coordinate with hospitals throughout Nevada to initiate the adoption of Zero Suicide (ZS), one of the components of the larger Nevada Crisis Now Model. Crisis Now, is not funded directly through SOR. The Crisis Now model of care, which consists of four core elements and ensures that crisis care is available for anyone, anytime, anywhere, is being adopted by several states. The four core elements are: Regional or Statewide Crisis Call Centers, Centrally Deployed Mobile Crisis on a 24/7 Basis, Residential Crisis Stabilization Programs, and Essential Crisis Care Principles and Practices. These principles include recovery orientation, trauma-informed care, significant use of peer staff, a commitment to Zero Suicide/Suicide Safer Care, strong commitments to safety for consumers and staff, and collaboration with law enforcement.

As Zero-Suicide efforts expanded throughout the state, a second position was added in Las Vegas. These positions have worked individually with hospital systems throughout the state to commit to implementing Zero Suicide. The Zero Suicide framework is a system-wide, organizational commitment to safer suicide care in health and behavioral health care systems. The framework is based on the realization that suicidal individuals often fall through the cracks in a sometimes fragmented and distracted health care system. A systematic approach to quality improvement in these settings is both available and necessary.

The Zero-Suicide coordinators provide ongoing TA to 9 of the 12 hospital systems from the first learning series that occurred in 2020. Community of Practice (CoP) sessions now occur quarterly to provide formalized TA for participating hospital systems in addition to personalized intensive TA. Quarterly CoP meetings resumed in November 2021. These quarterly meetings will be all-team meetings with updates on where the teams and their organizations are with the implementation process. Four of the teams are moving to implement their policy and procedures.

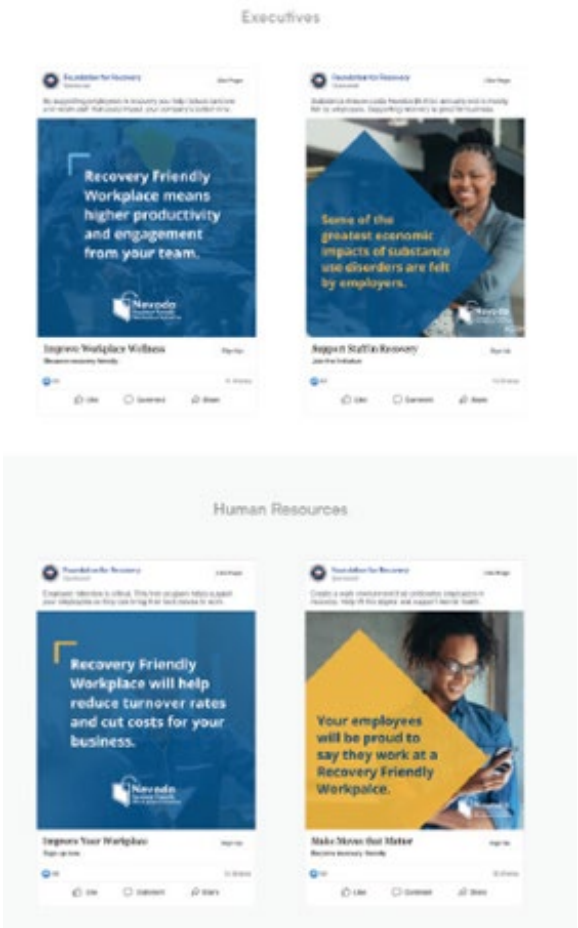
Coordinators continue to provide evidence based (EB) best practice trainings on suicide prevention, as well as screeners, assessments, and safety planning. A Zero Suicide Website/Tool Kit was developed and launched in December 2021.

The Zero Suicide team completed their second learning series with nine (9) new hospital systems and behavioral health organizations statewide in early Spring 2022. Each organization is in various stages of the process of completing an organization wide readiness assessment that will be used to guide targeted training for staff, policy and procedure development, and individualized TA following the training series. The learning series was presented virtually over the course of 7 weeks. Each training has been uploaded to the Zero Suicide website so organizations can revisit it as they onboard new staff or have staff change over. TA for each organization continue throughout the year to assist with ongoing implementation and policy development. The model has evolved with the implementation of Crisis Now and moved to the Office of Suicide Prevention to better coordinate State efforts beginning October 1, 2022.

Promote the availability of services

Opioid Awareness. The Opioid Awareness social media campaign did not run in FY22. Instead, a campaign delivered via television and radio ads from February – August 2022. This campaign revamped the anti-stigma campaign delivered in 2020. The social media campaign from last year, "I Never Thought," was submitted to the American Advertising Federation's Best of the West competition and won the "Government Media Outlet of the Year" award. See Appendix C for the press release.

Recovery Friendly Workplace Initiative. The Recovery Friendly Workplace Initiative, which first started under STR, with the development of on demand training and supplemental materials to help employers create recovery friendly workplace policies has expanded under SOR II. In 2021, videos were created that focus on the Nevada Recovery Friendly Workplace Initiative by highlighting why it is beneficial for companies around the state of Nevada to get involved by supporting those in recovery. Videos produced included:



- 30-second TV spot
- Long-form video that explains the Nevada Recovery Friendly Workplace Initiative Program
- 60-second vignettes for social media ads aired through on Facebook, Linked In, StackAdapt (ads appear on various websites including Forbes, Fast Company, and Inc.), and TV streaming and were targeted to different audiences such as small businesses, executives, and human resources.
- The campaign kicked off in November 2021 with digital ads, TV commercials, public relations, and organic social media. Use of

organic social media assists with the promotion of campaigns. Organic social media content is any free content shared across social media profiles/pages including posts, videos, stories. The approach was rooted in strategy. The campaign honed in on audiences and developed key messaging that would speak to both the heart and the mind.

Two press releases were issued and picked up by local press.

The Governor aided in promoting the initiative by tweeting about it and sharing the long-form video.

The campaign earned 3,685,424 impressions and had nearly 4,000 people within our target audience visit the website–spending an average of three minutes on the site–where they were learning more about what it means to become a Nevada Recovery Friendly Workplace. These website visitors are informed about the program and could, at any point, make the decision to become a Nevada Recovery Friendly Workplace.

More information for the initiative can be found on its website.

Goal 3. Increase Access to Clinically Appropriate Treatment for OUD

Ensure Physicians have sufficient training and support to provide Medication for Opioid Use Disorder.

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

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

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

The Project ECHO clinics were originally funded through STR, with funding continuing through SOR and now SOR II. They transitioned to SOR II for Year 2 of funding. Twenty-four (24) Pain Management Clinics were held with 187 participants. Satisfaction ranged from 97% to 100% across areas, with 100% of respondents reporting increased knowledge, 97% a decreased sense of professional isolation, 89% an improved ability to provide appropriate care, and 80% that they will make changes to their practice based on participation.

Project ECHO additionally operates MAT Office Hours. The office hours take place monthly and provide a forum to discuss patient cases, address questions/concerns, and collaborate regarding MAT. From September 30, 2021-March 30, 2022, 12 MAT Office Hours were held with 60 attendees. All respondents reported they were satisfied with the different aspects of the sessions. As a result of participating in the activity, all (100%) reported increased knowledge, 93% a decreased sense of professional isolation, 93% an improved ability to provide appropriate care, and 79% reported they would make changes to their practice.

Screening, Brief Intervention and Referral to Treatment (SBIRT) for Opioid Use Disorders. The Adopt SBIRT program is a 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 self-paced online course on SBIRT is housed on the SOR website nvopioidresponse.org. The four online training modules provide epidemiological trends and data regarding percentage of the US population participating in risky alcohol and other drug use, and medical conditions associated with risky drinking and drug use. Standardized SBIRT protocol will be demonstrated, with an emphasis on the three core brief intervention strategies that are consistent with a motivational interviewing approach: avoiding roadblocks, reflective listening, and evoking change talk. Continuing education hours are approved provided by the Nevada State Board of Nursing. Since September 30, 2021, 51 new learners registered for the online course, including nurses, nurse practitioners, social workers, addiction counselors, peer recovery support specialists, and prevention practitioners. Ninety-six percent (96%) of course evaluation respondents reported they the content will be useful to them professionally and 96% would recommend the course to others.

Preparing your Health Center for SBIRT is an extended online learning series that uses blended activities, self-study and performance feedback related to the utilization and implementation of SBIRT and exposes participants to standardized SBIRT protocols. Through virtual-interactive learning, participants receive real-time performance feedback related SBIRT implementation strategies with an emphasis on integrating brief interventions into current services and workflow**.** This training series is intended for Community Health Workers, Medical Assistants, Nurses and Behavioral Health Providers located in Nevada that are currently using SBIRT or in the process of implementing SBIRT in a healthcare setting. Two series were held in Year 2: one from January 25 – March 8, 2022 and had 18 attendees complete it. All (100%) respondents reported they would use the content and 90% would recommend the learning series to others.

Adopt SBIRT staff, in collaboration with an expert specialist team representing UNR/CASAT and interdisciplinary clinicians and other health professionals in local Nevada communities, conducted a third round of *SBIRT for Health Professionals Project ECHO* series for interdisciplinary professionals

working within reproductive health settings across the State of Nevada from April 7 – May 12, 2022. The series had 25 unique participants from six different clinics and included four case reviews. The series was designed to facilitate the implementation of practices outlined in the Reference Guides. Adopt SBIRT staff hired, managed and coordinated topical area subject matter experts for the HUB team which includes two lead facilitators, a nurse practitioner case reviewer, and three guest speakers for the sessions on Referral to Specialty Care, Medication-Assisted Treatment, and Implementation Planning. Adopt SBIRT staff worked in collaboration with Nevada Project ECHO staff to market the series which includes six weekly tele- ECHO clinicals (plus an orientation session) comprised of a didactic presentation, combined with patient case presentations and mentoring. CMEs are provided by UNR School of Medicine, CEs – Nevada State Board of Nursing.

Establish a practice of standardized care for neonatal abstinence syndrome

Adopt SBIRT staff attends monthly Nevada Perinatal Health Initiative (NV-PHI) and other meetings with partners (members of the Nevada Opioid Use Disorder, Maternal Outcome, Neonatal Abstinence Syndrome Initiative {OMNI} supported by the Association of State and Territorial Health Officials {ASTHO} Core Team and Provider Education and Practice Standards Workgroup and CASAT Nevada SOR Staff representatives) to provide updates regarding SBIRT training/technical assistance, outreach and implementation associated with Reference Guides developed by the NV-PHI. The reference guides for *Reproductive Health Complicated by Substance Use* (2020) and for *Labor and Delivery Complicated by Substance Use* (2021) provide basic directives for successfully implementing SBIRT, specifically how to apply it to pregnant and non-pregnant persons of reproductive age populations. During the reporting period, three presentations were given:

- Jan 22, 2022: NV Hospital Association Meeting –SBIRT Training/TA and Resources
- March 10, 2022: Reproductive Health Network- Identifying SBIRT Physician Champions
- April 29, 2022: Nevada Hospital Association Maternal Child Services: Learn About Implementing SBIRT In Labor & Delivery

Additionally, marketing materials were created/updated on Adopt SBIRT.

1. Created a one-page flyer identifying Adopt SBIRT training/resources materials and updated marketing email introductions for these services with highlights for both Reference Guides and links to the Perinatal Health webpage to view an SBIRT Training and Technical Assistance Virtual Guide with a prompt to complete and submit the Online Training Readiness Form. Distributed to partners and email listservs.
2. Re-designed advertisement copy promoting the Adopt SBIRT Project services and highlighting the Reference Guides. Adopt SBIRT staff manages the placement of both ads including negotiating ad rates for placement in two Nevada nursing professional publications: *Nevada RNformation* -the official publication for the Nevada Nurses Association (December 2021) and *Nevada State Board of Nursing* (March 2022).
3. Updated the **Media Toolkit** (#PerinatalHealthSBIRT) with new images and inclusive language (i.e., persons instead of women) that includes a series of 4 marketing pieces with general messaging around Nevada SUD/OUD prevalence rates and impact on persons of reproductive age, pregnancy and labor/delivery; and includes promotion of the Reference Guides.
4. Adopt SBIRT staff managed the placement of advertisement copy promoting the Adopt SBIRT Project services and highlighting the *Reference Guides* by negotiating a half-page ad rate for placement in the summer 2022 issue of the *Nevada Family Physician* Magazine. This publication is the Nevada Academy of Family Physicians "official communications vehicle." The Nevada

Academy of Family Physicians is the largest specialty physician association in the state; dedicated to assisting Family Physicians and their practices as they work to ensure high-quality, cost-effective healthcare for patients of all ages. The magazine publication is a highly regarded resource for these physicians providing them with information regarding CME's, symposiums, legislative news, best practices, and peer news. It is a full color, 32-page medical magazine, direct mailed to the homes of the family physicians throughout the state and published in both print and digital formats.

5. Ongoing website updates provided for the Adopt SBIRT and Perinatal Health webpages on the Nevada SOR/STR website as needed to post new training and resource information.

Increase services for special populations, include but not limited to veterans, service members (and families), youth and families, and the aging population with intellectual and developmental disabilities

Recovery Friendly Workplace Initiative. The Recovery Friendly Workplace Initiative (RFWI) originally began under O-STR as a series of webinars and guidance documents posted for businesses. This year, the program was able to expand to virtual and in-person training, consultation, and ongoing support for businesses. This year the following businesses have been orientated/trained:

1. Clean Energy Project
2. Empire Construction
3. Social Entrepreneurs, Inc. (SEI)
4. The Venetian Hotel and Casino
5. Cabo Wabo Cantina
6. The City of Las Vegas
7. City of Las Vegas District Attorney's Office
8. NV Energy
9. Silver Summit
10. Bristlecone Family Resources
11. Sparrow and Wolf/Half Bird Restaurants
12. Lead Point
13. The Academy
14. Sober Testing Solutions
15. Leach Logistics
16. CTC Henderson
17. Silver State Transportation
18. Keolis Transit
19. Catholic Charities of Northern Nevada
20. Hilton Grand Vacations
21. CrossRoads of Southern Nevada

The RFWI was approached by a rural Colorado hospital to provide general project development and technical assistance to grantees of the HRSA Rural Communities Opioid Response Program (RCORP) for the initiation of a local recovery friendly workplace initiative or similar program which aims to address barriers to employment for people recovering from substance use and co-occurring disorders and have provided this TA throughout the past several months.

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 six times to 354clients in opioid or stimulant use disorder treatment. Following the 90-minute introductory classes held, 21 families registered and then completed the 4-week Addressing Challenging Behaviors course. Sessions held in Year 2, included working with three new treatment agency partners.

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 supportive services. During this reporting period, 45 youth and families were seen by Ackerman Center. NCED began holding their own interdisciplinary diagnostic clinics in February 2022 that evaluates two youth per month. The Ackerman Center has started holding 8-week psychoeducation sessions for parents, caregivers, and providers, providing services to 40 individuals.

Pre-/Post-natal Supports. In Year 2, a hospital NAS prevention program in Las Vegas, the EMPOWERED Program, transitioned to a university setting at Roseman University to expand the types of services that can be provided to 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. With the move in agencies, the program has begun providing individual and group counseling in January 2022 and home visits to clients in April 2022. EMPOWERED additionally offers an 8-week virtual parenting class, Circle of Security. The course ran February – April 2022 and June to August 2022 with three graduates each. Forty-two (42) clients have been served in the first six months of the program at the new site.

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 102 screenings, 25 assessments, and 10 inductions. The program is hiring a peer support specialist to help increase retention of individuals after the first day of induction.

An opioid treatment program expanded their women's services during the SOR I NCE in the form of a pregnancy program at all three sites and offering the evidence-based Strengthening Families program. Strengthening Families is a 14-week designed to enhance family strengths, child development, and reduced the likelihood of abuse or neglect. One cycle of the program was held this FY with four families. An additional 65 women participated in the pregnancy program.

SOR II has provided training and resources to State of Nevada Health and Human Services Aging and Disability Division on identification and referrals.

Enhance support for justice-involved populations. 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.

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 who have a history of being chronically incarcerated for misdemeanor crimes to appropriate treatment services, stable housing, and wraparound services to reduce recidivism and increase positive outcomes for participants.

Recovery Housing. Recovery Housing has never been a level of certification in Nevada. In Year 1, discussions were held with both Oxford House and the National Alliance for Recovery Residences (NARR) to provide guidance in the development for recovery housing certification. In October 2021, Nevada established criteria for the certification of Recovery Housing Services (see Appendix D). The standards for certification in Nevada were drafted and submitted to the Substance Abuse Prevention and Treatment Agency (SAPTA) Advisory Board and were approved at the April 2022 meeting. The standards for certification have been Included as Appendix E. SAPTA will be undertaking a rate study to determine the rate of reimbursement for recovery housing in January 2023.

Goal 4. Develop Statewide Mobile Outreach Recovery Teams

Development of statewide mobile outreach recovery teams

During O-STR and most of SOR I, the mobile opioid recovery teams have been dispatched to the hospital after receiving a call from the hospital. This method missed overdoses due to the hospital not calling, the patient no longer being there when the mobile team arrived, etc. There were only 79 calls that the three mobile teams attended in the two and half years. One team, *Trac-B*, has addressed these problems by shifting to having a certified peer recovery support specialist (PRSS) or peer recovery support specialist intern stationed at the hospital with its first hospital in June 2021. The certified peers offer in-person peer recovery support to individuals identified as having e a primary, secondary, or tertiary opioid and/or stimulant use disorder, adverse drug reaction or overdose. Peers use motivational interviewing techniques to discuss recovery supports, treatment options, and harm reduction strategies and provide warm referrals and transportation for requested services. In FY22, the team:

- received 1,039 referrals/hand offs from the hospital,
- completed 1,039 screenings,
- transported 419 to withdrawal management,
- referred 75 to housing or long-term care and
- referred to 584 MAT or other care
- provided 355 a warm handoff/transportation
- attempted follow-up with 5,303 individuals*, and
- successfully followed-up with 622 individuals*.

*Individuals are duplicate because follow-up was attempted in multiple months

Only 27 of the individuals seen by the team have been readmitted to the emergency department. This number includes individuals that were seen by the team in the SOR I NCE.

The hospital has shown openness and acceptance of the team, with MDs, RNs, and Alert Team staff in the hospital have been requesting the opinions of PRSS when in developing treatment plans and discharge plans. A hospital in Las Vegas began in November 2021. Due to increasing COVID-19 cases and the extensive onboarding process of this hospital, peers were only able to respond to calls and were not placed in the hospital until April 2022.

Emergency Room Buprenorphine Induction. The work of the outreach teams in emergency rooms has underscored the importance of making engaging in treatment a seamless task for individuals admitted to the hospital for their opioid/stimulant use. The first hospital the peers have been stationed in since 2021 has been working through the logistical aspects of emergency room induction, such as hours that Data 2000 waivered providers are on duty and hours the outpatient pharmacy is operating. The Nevada Hospital Association would like to support expanding this to other hospitals in Nevada. Meetings to discuss implementing induction in emergency room settings and adopting principles of the CA Bridge model began in October 2021. As of the end of March 2022, the Nevada Hospital Association and the Nevada SOR team spearheaded the formulation of a stakeholder group to gauge support for implementing Buprenorphine induction within and emergency department setting. The stakeholder group continues to meet monthly to promote emergency department induction efforts. To date, two hospitals have expressed a strong interest in implementing this system. Both hospitals are located in Las Vegas. The stakeholder group continues to reach out to interested parties.

Goal 5. Data Collection and Program Evaluation

Enhance current data system to integrate billing, data collection and reporting

WITS. SOR has continued to expand the number of agencies utilizing WITS for reporting. O-STR invested in WITS for Opioid Prevention, Treatment and Recovery, and Data Reporting including:

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

Dashboard Reporting. SOR continues to support a forward facing Methamphetamine and Stimulant Surveillance Dashboard through the DPBH Office of Analytics, containing data points specific to prescriptions, emergency department visits, inpatient admissions, and deaths for 2011-2020 at the state and county level and an Opioid Surveillance Dashboard with data from 2014-2022 on prescriptions, emergency department visits, inpatient admissions, and deaths.

GPRA Batch Uploading. All agencies collecting GPRA data under SOR II now use Lanitek for batch uploading GPRA interviews to SPARS. The use of Lanitek has saved time in data entry and review and improved data quality by reducing the errors that interviewers can make during the GPRA interviews.

ODMAP. 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.

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

Evaluate overall program impact

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

Table 3. Withdrawal Management

Desert Parkway	Yr 1 Rollover: 1, Yr 2: 44
West Care Nevada, Inc.	Yr 1 Rollover: 7; Yr 2: 556
Total	**608 (Yr 1 Rollover: 8; Yr 2: 600)**

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

Table 4. Outpatient Treatment

Carson Community Counseling - OP	SOR I Transitions: 38; Yr 2: 76
Center for Behavioral Health	SOR I Transitions: 217: Yr 2: 73
Eighth Judicial District Court	SOR I Transitions/Yr 1 Rollover: 55; Yr 2: 55
EMPOWERED – Roseman University	Yr 2: 22
High Risk Pregnancy Center	Yr 1 Rollover: 2; Yr 2: 6
Las Vegas Justice Court	Yr 1 Rollover: 8; Yr 2: 36
The Life Change Center – Evening Hours	SOR I Transitions: 81; Yr 2: 96
The Life Change Center – Women's Services	SOR I Transitions: 25; Yr 2: 52
The Life Change Center – COD Expansion	SOR I Transitions: 27; Yr 2: 12
There is No Hero in Heroin - IOP	SOR I Transitions: 1; Yr 2: 13
Trac-B Exchange	SOR I Transitions: 49; Yr 2: 60
Vegas Stronger	Yr 1 Rollover: 25, Yr 2: 170
Washoe County Sheriff's Office	Yr 2: 66
Total	**1,265 (SOR I Transitions/Yr 1 Rollover: 528;**

	Yr 2: 737)

Table 5. Residential Treatment

	Clients (Total in Yr)
Bristlecone Family Resources	Yr 1 Rollover: 16, Yr 2: 177
Fearless Kind	Yr 1 Rollover: 3, Yr 2: 22
Total	**218 (Yr 1 Rollover: 19, Yr 2: 199)**

Table 6. Transitional Housing

	Clients (Total in Yr)
Bristlecone Family Resources*	Yr 1 Rollover: 3, Yr 2: 34
Carson Community Counseling	Yr 1 Rollover: 18; Yr 2: 34
The Empowerment Center	Yr 1 Rollover: 27; Yr 2: 108
Total	**224 (Yr 1 Rollover: 48; Yr 2: 176)**

*Clients transitioned down from residential treatment so numbers are duplicative

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

Table 7. Peer Support Services

Agency	Number of New Clients (Total in Yr)
Bristlecone Family Resources	Yr 1 Rollover: 4; Yr 2: 177
Carson Community Counseling – TL	Yr 1 Rollover: 18; Yr 2: 34
Carson Community Counseling – OP	SOR I Transitions: 38; Yr 2: 74
Center for Behavioral Health	SOR I Transitions: 4; Yr 2: 30
Desert Parkway	Yr 1 Rollover: 1, Yr 2: 44
Eighth Judicial District Court	Yr 1 Rollover: 8; Yr 2: 55
EMPOWERED – Roseman University	Yr 2: 31
Fearless Kind	Yr 1 Rollover: 3, Yr 2: 22
Foundation for Recovery	Yr 1 Rollover: 168; Yr 2: 91
The Empowerment Center	Yr 1 Rollover: 28; Yr 2: 108
The Life Change Center – Evening Hours	SOR I Transitions: 23; Yr 2: 83

The Life Change Center – Women's Services	SOR I Transitions: 25; Yr 2: 27
The Life Change Center – COD Expansion	SOR I Transitions: 27; Yr 2: 12
There is No Hero in Heroin – APG	SOR I Transitions: 5; Yr 2: 9
Trac-B Exchange	SOR I Transitions: 85; Yr 2: 68
Vegas Stronger	Yr 2: 11
West Care	Yr 1 Rollover: 2; Yr 2: 556
Total	**1,871 (SOR I Transitions/Yr 1 Rollover: 439; Yr 2: 1,432)**

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

Table 8. Care Coordination

Agency	Number of New Clients (Total in Yr)
EMPOWERED – Roseman University	SOR I Transition: 1; Yr 2: 37
Las Vegas Justice Court	Yr 1 Rollover: 8; Yr 2: 34
The Empowerment Center	Yr 1 Rollover: 27; Yr 2: 107
Eighth Judicial District Court	SOR I Transitions: 34, Yr 1 Rollover: 19, Yr 2: 55
Total	**322 (SOR I Transitions: 34, Yr 1 Rollover: 55, Yr 2: 233)**

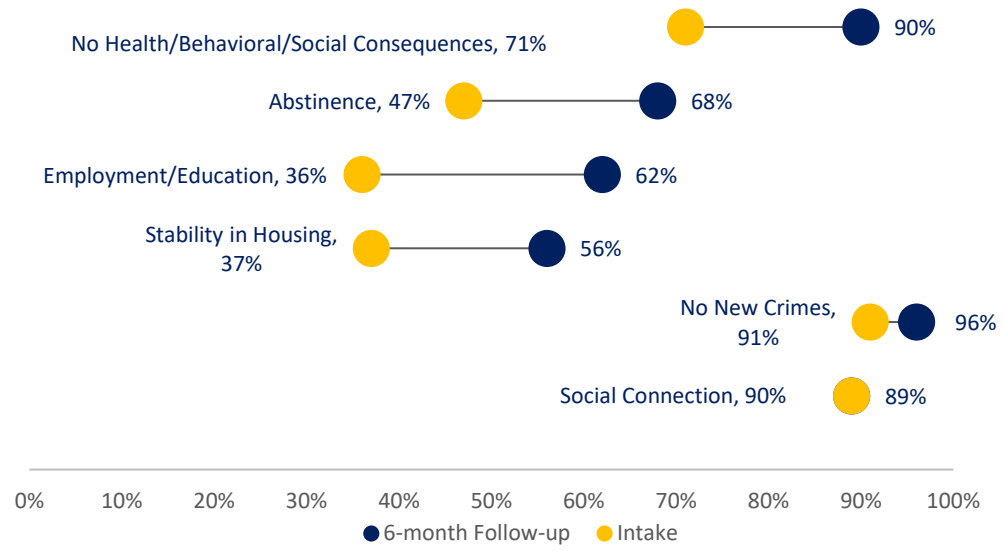
Providing support for the return to the workplace. Four agencies supported recovery by providing support for obtaining employment.

Table 9. Employment Support

Agency	Number of New Clients (Total in Yr)
Eighth Judicial District Court	Yr 2: 29
The Empowerment Center	Yr 2: 67
The Fearless Kind	Yr 2: 22
Unshakeable	Yr 2: 68
Total	**Yr 2: 186**

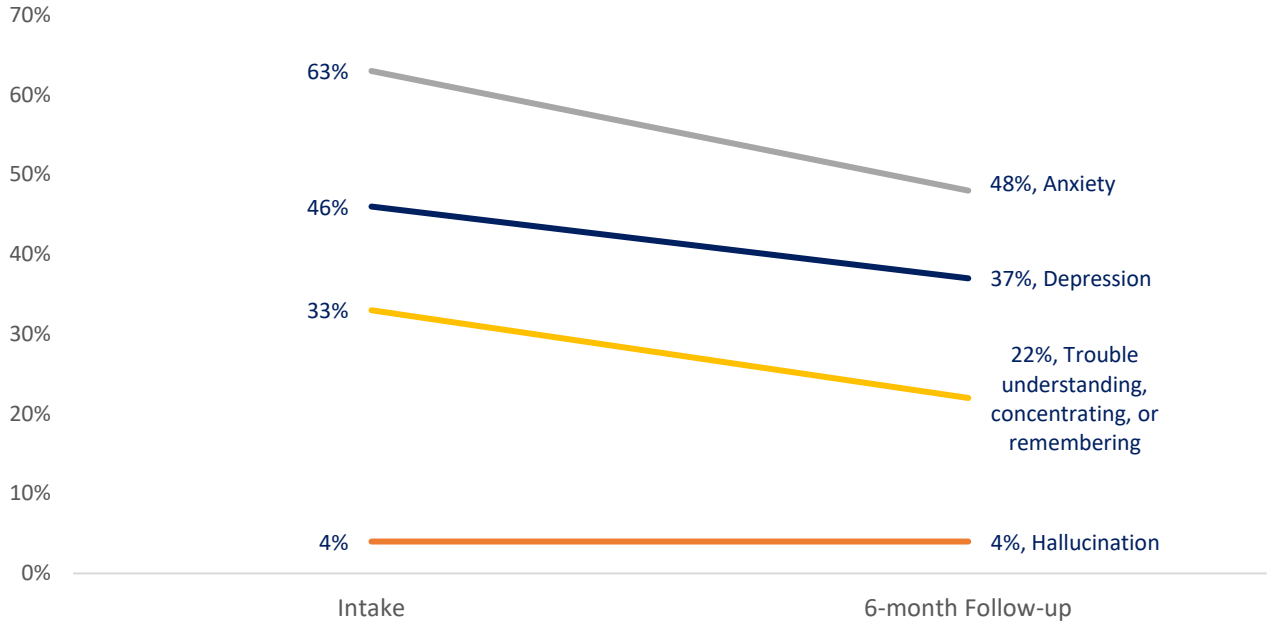
The GPRA assessed changes from intake to six months post intake. Clients reported improvements on all five of six outcomes: housing, consequences, employment, crime, and abstinence. Social connection stayed the same.

Figure 3. Changes in National Outcomes Measures



There was a decrease across all self-reported mental and physical health problems.

Figure 4. Changes in Mental Health Outcomes



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

- **COVID-19.** All agencies have continued to adjust their protocols to the pandemic as conditions evolve. Many are continuing to implement telehealth for the first time which has required new policies and procedures to be written.
- **Lack of Recovery Housing Reimbursement.** Nevada does not currently offer reimbursement for recovery housing services.
- **Veterans.** Addressing veterans' needs for services across the state. Serving Veterans is an area that we will continue to focus efforts towards.
- **Engaging tribal communities.** COVID has reduced the number of allowable engagement activities as tribes have closed their borders to non-tribal members. Statewide Tribal Consultation meetings have been delayed due to the pandemic and infrastructure limitations that have made virtual meetings challenging. This has made promoting relationships difficult. Several of the tribes that we have been collaborating with have seen high turnover within their behavioral health programs leading to some taking steps back on the implementation of MAT programming.
- **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.** Stigma continues to be a barrier for individuals seeking out treatment as well as communities adopting harm reduction measures.
- **Low jail and corrections engagement.** A continued area of need has been educating county jails and corrections about harm reduction strategies, substance use disorders, and the benefits of treatment and case management to reduce recidivism. Two jails are now distributing naloxone and one completed the requirements to be certified as an OTP. One OTP has developed partnerships to provide services within corrections. This has remained virtual engagement due to the pandemic. A second provider has developed relationships in rural corrections to assist with transition services upon release.
- **High suicide rates in Nevada.** In 2019, the National Institute on Drug Abuse (NIDA) and the National Institute of Mental Health (NIMH) collaborated to highlight the relationship between suicide deaths and the opioid crisis. Nevada has consistently ranked high for suicide overdose deaths. Both the NIDA and NIMH call for collaborative care models to treat people for both opioid use disorder and co-occurring mental illness.

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

- **Recovery Housing.** Certification criteria to certify recovery residences was approved by the SAPTA Advisory Board in April 2022. A rates study will be underway in 2023 to identify and establish a rate of reimbursement for recovery residences.
- **COVID-19.** 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 which ensures that any insurer or other organization providing health coverage through Medicaid provides benefits for mental health or substance use disorders at equitable coverage as that of medical and surgical coverage. SB5 has instituted the

requirement 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.

- **Expanding veterans' services.** ZeroSuicide and the Crisis Now initiative have been working with veteran's organizations to reduce access to lethal means for veterans and those who have served or are family members of service men and women.
- **Rural workforce shortage.** SB44 was passed in the most recent legislature. The legislation aims to smooth the licensure process to boost the number of behavioral health providers in the state. Additionally, Project ECHO is providing consultation to rural areas via virtual methods.
- **Reducing stigma.** A social media campaign rolled out in fall 2020 to address community wide stigma and treatment awareness. A campaign targeting stigma was released in 2022.
- **Expanding availability of naloxone.** The state is continuing to partner with Community Coalitions to provide Mental Health First Aid with the Naloxone/Opioid Overdose Awareness module. The coalitions have a valuable relationship within the rural and frontier communities and are being tasked to provide training for the stakeholders of each community. Coalitions are reporting that acceptance of naloxone distribution is increasing in rural communities.
- **Increasing awareness of resources.** A social media campaign to promote access to treatment and recovery support services ran over the summer of 2020 and continued into early 2021. We have collaborated with all federally-funded projects to combat opioid misuse/use in an effort to cross-promote resources in FY2022.
- **Adopting legislation to reduce treatment barriers.** In addition to the guidance on adopting telehealth practices by The Division of Public and Behavioral Health, Nevada passed several legislature bills to improve access to care. AB181 amends NRS 687B.404 to adhere to the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 which 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.
- **Providing Zero Suicide Training/TA.** Zero Suicide is designed for health care systems to improve early identification and intervention for individuals at rick of suicidality. SOR will continue the conversation with hospitals and is currently organizing a second Zero Suicide Academy.

Barriers still left to address.

- **Transportation.** Access to reliable transportation continues to be challenging and something that the SOR project and sub awardees continue to work through. The SOR team is working to ensure that clients accessing SOR related services have access to appropriate transportation. Agencies collaborate with Nevada Non-Emergency Medical Transportation (MTM) information and contacts. MTM is designed to provide transportation services to Nevada Medicaid members. MTM helps to coordinate bus passes and car transportation for non-medical transportation.

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.

Approximately $119,693 of grant funds have been spent on administrative and infrastructure development costs during the SOR 2 Year 2 annual 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 the annual reporting period covering SOR 2 Year 2, approximately $153,612.30 has been spent on data collection and reporting activities.

Appendices

Appendix A: Nevada SUPPORT Act Strategic Plan

SUPPORT Act Strategic Plan

Appendix B: Nevada Resiliency Fund: Opioid Needs Assessment

FRN - Opioid Needs Assessment

Appendix C: Media Award Press Release

Media Award Press Release

Appendix D: Nevada Recovery Housing Review

Nevada Recovery Housing Review

Appendix E: Recovery Housing Division Criteria

Recovery Housing Division Criteria