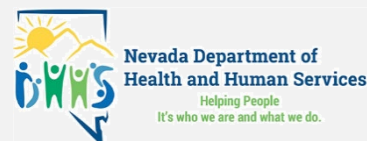


Nevada State Opioid Response Grant II

No Cost Extension: September, 2022 – September 29, 2023

Biannual Performance Progress Report

Grant Number: 1H79TI083310-02M004



The Nevada Single State Authority, Division of Public and Behavioral health received the Notice of Grant Award for the State Opioid Response Grant II No Cost Extension to extend the budget and project period end dates (award number: 6H79TI083310-02M004) on August 19, 2022 [\$16,536,539; budget period 9/29/2022 - 9/29/23].

Number of unduplicated clients who have received treatment services for OUD during the reporting period: 1,191 total (OUD/co-occurring OUD and stimulant use disorder); 368 new (OUD only/co-occurring OUD and stimulant use disorder)

a. Number of clients receiving medication-assisted treatment services during the reporting period:

- i. received methadone:** 467
- ii. received buprenorphine:** 398
- iii. received naltrexone:** 45

Number of unduplicated clients who have received treatment services for stimulant use disorder: 779 total (536 new)

Number of clients receiving recovery support services: 1,315

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

- i. Recovery housing:** 0 (Nevada is working towards establishing a rate of reimbursement), transitional housing: 212
- ii. Recovery coaching or peer coaching:** 1,248
- iii. Employment support:** 130

**i, ii, and iii add up to more than the unduplicated 1,315 because some of the 1,315 clients received more than one type of recovery support service.*

Number of naloxone kits distributed: 27,855**

***Additional FY23 Nevada naloxone distribution is reported on the SOR III Annual Report*

Number of overdose reversals reported: 455***

****Additional FY23 Nevada overdose reversals are reported on the SOR III Annual Report*

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 present 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 the 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.

During the SOR II NCE, 24 subgrants were issued to 22 agencies.

Table 1. Agencies Funded

Agency	County	Target Area
Ackerman Center	Clark	Target 5: Enhanced Supports for Children and/or Families
Bristlecone Family Resources	Washoe	Target 2: MAT Expansion
Carson Community Counseling	Carson	Target 2: MAT Expansion
Behavioral Health Group (formerly Center for Behavioral Health)	Clark	Target 2: MAT Expansion
Desert Parkway	Clark	Target 8: Intensive Inpatient
Roseman University	Clark	Target 5: Enhanced Support for Families
Eighth Judicial District Court	Clark	Target 9: Multi-Service Delivery
Fearless Kind	Clark	Target 2: MAT Expansion
Foundations for Recovery	Clark	Target 4: Peer Recovery Support Services
The Empowerment Center	Washoe	Target 2: MAT Expansion
Las Vegas Justice Court	Clark	Target 9: Multi-Service Delivery
Nevada Center for Excellence in Disabilities (NCED)	Washoe	Target 5: Enhanced Supports for Children and/or Families
Northern Nevada HOPES	Washoe	Target 9: Innovative Project
Project ECHO	Statewide	Target 9: Innovative Project
Southern Nevada Health District	Clark	Target 9: Innovative Project; Overdose Education and Naloxone Distribution through Clark County
The Life Change Center	Washoe	Target 2: MAT Expansion & Target 5: Enhanced Support for Families
There is No Hero in Heroin	Clark	Target 4: Peer Recovery Support Services
Trac-B Exchange	Statewide	Target 6: Hospital Based Recovery Teams & Target 9: Innovative Project (Vending Machines)
Unshakeable	Clark	Target 9: Multi-Service Delivery
Vegas Stronger	Clark	Target 1: Outpatient Clinical Treatment and Recovery Services
Washoe County Sheriff's Office	Washoe	Target 2: MAT Expansion
WestCare Nevada, Inc.	Clark	Target 8: Intensive Inpatient

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). 29 pharmacy students and 29 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. Ten (10) med students completed a rotation during this time frame as well.

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

Nevada completed an initial needs assessment through the O-STR project in 2017 which resulted in the identification of gaps in service and service delivery. The identified gaps that were not addressed fully through O-STR were built into the goals for SOR. The goals were then included in the State of Nevada’s SUPPORT Act Strategic planning and development of 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 towards meeting areas 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 Substance Abuse Prevention and Treatment Agency (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

The county-level needs and gaps analyses written into SOR II was instead completed by the Fund for Resilient Nevada in alignment with the passing of SB390 (2021). SB390 (2021) is a bill that was put into place to support the roll out of the opioid litigation funds the State of Nevada received. Specifically, SB390 (2021) 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 by the [Advisory Committee for a Resilient Nevada](#) (ACRN). Sec. 9.5. further outlines 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 statewide needs assessment was completed in August 2022 (see Appendix B) and the county-level needs assessments were completed in 2023.

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, 2) transportation needs for individuals with behavioral health issues, and 3) establishing a Behavioral Health Workforce Development Center of Nevada within higher education institutions in order to strengthen the workforce of behavioral health providers in the state. SOR II project staff host monthly coordination meetings with the RBHCs.

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. In FY22, SOR II distributed 22,907 naloxone kits. This year, SOR II distributed 27,885 and SOR III (in collaboration with OD2A funds) an additional 22,190 for Nevada distributing a total of 50,075 kits, an increase of 18,584 kits, or 119%. This FY, 38 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. While many schools in Nevada already carried naloxone in case of an incident, six new schools were provided overdose education and naloxone distribution to school nurses, counselors, principals, or teachers this year. Table 2 outlines naloxone distribution sites by county.

Table 2. Distribution Sites by County

County	Number of Distribution Sites
Carson City	4
Churchill	3
Clark*	20
Douglas	4
Elko	2
Esmeralda	0
Eureka	0
Humboldt	2
Lander	2
Lincoln	1
Lyon	3
Mineral	3
Nye	3
Pershing	1
Storey	2
Washoe	31
White Pine	0

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.



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. The new vending machines placed during the NCE completed 720 transactions products including: naloxone kits, fentanyl test strips, condoms, pregnancy tests, hygiene kits, syringe kits, snacks, reusable water bottles, washing machine soap, foil emergency blankets, rain ponchos, tape matches, and zip ties. The SOR II NCE only provided funding for the vending machines, naloxone, and fentanyl test strips. Other funding was used for all other products.

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. During the NCE, 167 law enforcement officers have completed the course.

2,889 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. 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.

Expanding harm reduction efforts and programming.

During the NCE, four medication drop boxes were provided to tribes in Nevada.

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.

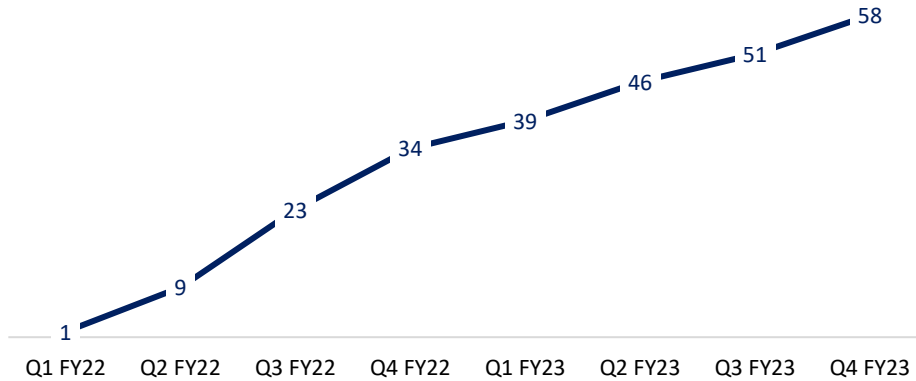
SOR funds were used to purchase Fentanyl Test Strips in October 2021 and full-scale distribution was implemented in March 2022.

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 in Fall 2021 and has expanded to 58 sites, with SOR II distributing 53,320 strips to the sites this fiscal year, with 41,520 strips paid for out of the NCE.

Figure 1. Number of Fentanyl Test Strip Distribution Sites



Promote the availability of services

Faces of Recovery. A campaign ran to increase awareness of the many different faces of recovery. The "Faces of Recovery" awareness campaign to the Northern Nevada American Advertising Federation's awards. The campaign won in three categories:

- **Public Service Campaign | Gold**
 - Public Service Campaign - public service advertising content that consists of 2–4 executions within a variety of mediums (TV, radio, online, etc.).
- **Public Service Campaign | Best of Show**
 - Work ranked above and beyond other entries within the local competition.
 - This is one of the top awards at the event.
- **Judge's Choice | Gold**
 - Work recognized by one of the judges of the competition.
 - This is one of the top awards at the event.

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

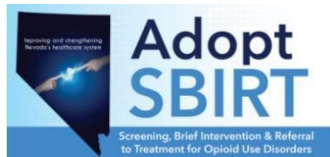


ECHO clinic on alternatives to pain management. Physicians can acquire CMEs for participating in the clinics. The trainings have addressed a variety of topics, including:

- 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 I and now SOR II. Twenty-four (24) Pain Management Clinics were held with 103 participants. Satisfaction ranged from 97% to 100% across areas, with 99% of respondents reporting increased knowledge, 98% a decreased sense of professional isolation, 94% an improved ability to provide appropriate care, and 86% that they will make changes to their practice based on participation.



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 face-to-face training, online courses, and an interactive virtual learning series.

Douglas County Social Services

An SBIRT training plan was developed and delivered for Douglas County which included:

- 1) SBIRT Brief Introductory Training** (2 hours) workshop for all staff to focus on providing an overview of the rationale, evidence base, and structure of SBIRT. Delivered in-person to 15 Douglas County staff members on July 13, 2023 in Gardnerville, NV. All (100%) respondents reported the training was relevant to them and that they would recommend it to others.
- 2) Pre-planning virtual discussion for Training of Trainers** (1 hour) – SBIRT Brief Introductory training participants *interested in additional SBIRT training opportunities attended a virtual meeting on July 20, 2023 to identify master trainers* representative of organizational staff and had a strong interest or relevant background related to behavioral health interventions in community health settings.
- 3) Training of Trainers (TOT):** Participants received a two-day TOT workshop (14 hours) focused on general pedagogical issues related to SBIRT implementation, training, supervision, and coaching. Participants learned the SBIRT model then developed and tailored adaptations to the flow and client characteristics of Douglas County Social Services departments/programs serving adult and adolescent populations. Emphasis was placed on the integration of motivational interviewing skills into the SBIRT protocol and included role-play practice opportunities. Delivered in-person to seven Douglas County staff members on Sept 19 & 20, 2023 in Gardnerville, NV. Every respondent (100%) reported the TOT was relevant to them and that they would recommend the training to others.

Boys & Girls Club of Southern Nevada has master plan in motion to maximize behavioral and mental health services offered to address the needs of members, including screening for substance use. Plans for in-person trainings are in place for December 2023 and January 2024.

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. Since September 30, 2022, 90 new learners registered for the online course, including physicians, nurses, nurse practitioners, social workers, addiction counselors, peer recovery support specialists, and prevention practitioners.

Continuing education hours are approved by the Nevada State Board of Nursing. Attendees include physicians, nurses, nurse practitioners, social workers, addiction counselors, peer recovery support specialists, and prevention practitioners. All (100%) evaluation respondents reported that the content will be useful to them professionally and 94% would recommend the course to others.

Screening and Brief Intervention for Alcohol and Opioid/Substance Use is a recently updated self-paced online module course that includes a comprehensive evidence-based approach for facilitating conversations between patients/clients and healthcare providers in medical and community health settings regarding alcohol and opioid/substance use. The module is available through MyCASAT Training and includes a didactic component on the topics of: Substance use among adults, adolescents, and pregnant persons; Substance use and mental health; Categories of substance use; SBI cost effectiveness, Screening tools; Brief Intervention; Core motivational interviewing skills; and Referral to treatment. In addition, demonstrations on how to use SBI with patients/clients for both alcohol and opioid/substance use are provided. The module takes approximately 30 minutes to view and will be utilized as a marketing and educational component to promote implementation of SBIRT in medical and community health settings in Nevada. There were 235 new learners registered during the NCE. Attendees consisted of physicians, nurses, nurse practitioners, social workers, addiction counselors, peer recovery support specialists, and prevention practitioners. Overall, course evaluation respondents were satisfied, with 92% indicating the content would be useful to them and 94% that they 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. During the NCE, two series were held: one from November 7 – December 19, 2022 with 21 attendees and the second April 11 – May 23, 2023 with 21 attendees as well. Most (91%) respondents reported the content was relevant and all (100%) 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. The series is running from March 20 – April 24, 2023. The series has 35 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) consisting 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. As a result of participating in the activity, 99% of respondents reported increased knowledge, 88% a decreased sense of professional isolation,

91% an improved ability to provide appropriate care, and 77% reported they would make changes to their practice.

Establish a practice of standardized care for neonatal abstinence syndrome

Adopt SBIRT staff collaborates with the Nevada Perinatal Health Initiative (NV-PHI) and other 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 support 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. Below are highlights of the ongoing work to support the use of the *Reference Guides* and other Adopt SBIRT Project activities to serve Nevada with expertise and key resources to assist organizations to promote, prepare, adopt, and implement SBIRT from Oct 1, 2022 – September 29, 2023.

- **NV-PHI partners, Social Entrepreneurs, Inc. (SEI), and CASAT Adopt SBIRT staff** worked collaboratively to continue outreach to inpatient and outpatient settings to target providers to utilize the Reference Guides and SBIRT training available through CASAT. Nevada Regional Behavioral Health Coordinators (RBHCs) were identified as potential key contacts as they are considered to have an "in" at the hospital(s) in their regions and a sense of community needs. The following meetings with RBHCs and potential new collaborators were conducted to explain more about the PHI/need for SBIRT implementation and support CASAT is able to provide with SBIRT training. Meetings were held with the different RBHCs the last week of October. Follow-up emails and meetings were scheduled with the facilities recommended by the RBHCs, including Nevada Medical Center Sierra Campus, Renown Health, Chamberlain University, UNLV Women's Health Center, UNLV Health Maternal Fetal Medicine Clinic, Roseman University.
- **Feb 14, 2023 NV PHI Core Team Meeting** – in addition to providing SBIRT Workgroup updates and identifying next steps at this quarterly meeting, representatives from NV MCOs (Anthem, HPN, Molina & Silver Summit) were invited to the meeting to hear about the work group's goals around advancing SBIRT in NV and answer MCO representative's questions and provide discussion.
- **Apr 27, 2023 – NV PHI SBIRT Workgroup meeting: Steve Shell (Renown) and Tori Viera (Northern Nevada Sierra Medical Center) Meeting Objectives:** 1) Understand current SBIRT implementation efforts, especially in L&D units, at Renown and Northern Nevada Sierra Medical Center. 2) Share free SBIRT resources and training from the PHI and CASAT; and share the benefit to hospitals for implementing SBIRT.
 - **Takeaways:** 1) Renown uses Epic system that has SBIRT tool which is now available to all providers in all clinics. They are struggling with trying to make sure providers remember the tool is there and what they should do with the information once they have screened. 2) Sierra is not doing specific screening like the 5 Ps, and is interested in learning more. 3) For a second meeting with additional people from Renown and Sierra, want to determine what they would be interested in implementing and what they anticipate are the significant obstacles toward implementation.
- **June 16, 2023 NV PHI- EMPOWERED/Community Partner Collab Convening & Focus Group Meeting Objectives:** 1) Talk with subject matter experts to gain insights on the landscape,

system, and providers related to opioid and/or stimulant use disorders for pregnant and postpartum adults. 2) Engage providers throughout Douglas, Carson, Storey & Churchill counties to map resources related to addressing opioid and/or stimulant use disorders for pregnant and postpartum adults and who would partner with or support the EMPOWERED Program. 3) Explore locations for service provision.

Takeaways: Focus Group discussed 1) What is in place/what assets exist in the community (what is working, are there unused assets); 2) What is needed to facilitate entry into recovery for pregnant and postpartum adults using stimulants; 3) What has been tried that hasn't worked and why; 4) Major Challenges; and 5) Top priority needs. Dr. Andria Peterson and Rachel Mack of EMPOWERED presented their program as a potential collaboration with Douglas, Carson, Storey & Churchill Counties.

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

1. 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 March 2023 edition of *Nevada RNformation* -the official publication for the Nevada Nurses Association.
2. 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 **July 2023 edition of Nevada Academy of Family Physicians**—a publication mailed and emailed to 98% of all the Family Physicians/Internist, Fellows, students, and educators in Nevada. The journal contains the information the physicians want to know and trust; upcoming assemblies and symposiums, CME opportunities, peer reviewed articles, peer news and the latest legislative news important to the Physicians.
3. 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.
4. Marketing for the training activities listed below include email announcements and CASAT Social Media account (Instagram and Facebook) postings to promote the events.

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

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 affected 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 90-minute Positive Behavior Support 101 class is delivered to recruit individuals in treatment to the 4-week Addressing

Challenging Behaviors course. Following the 90-minute introductory classes held, 19 families started, with 12 families completing the 4-week Addressing Challenging Behaviors course.

The Ackerman Center holds monthly interdisciplinary diagnostic sessions, typically seeing four youth per month. Along with the sessions, a family-centered plan is created for each child that incorporates treatment, services, resources, and additional supportive services. NCED began holding their own interdisciplinary diagnostic clinics in February 2022 that evaluates two youth per month. The Ackerman Center was holding 8-week psychoeducation sessions for parents, caregivers, and providers. During the NCE, Ackerman Center decreased the session numbers to three weeks and two weeks and received much higher attendance at 159 attendees, compared to 43 in Year 2.

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.

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 program designed to enhance family strengths, child development, and reduce the likelihood of abuse or neglect. Eleven (11) families participated in the program. A pregnancy program was attended by 23 women.

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. The program served 146 individuals with re-entry during the NCE.

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. The program evaluated 337 individuals for appropriateness and served 44.

Carson Community Counseling did 259 substance use assessments in jail to assist in getting individuals into treatment upon release.

Center for Behavioral Health performed 144 screenings in three prisons in southern Nevada to facilitate individuals transitioning to treatment upon release.

Washoe County Sheriff's Office screened 824 inmates, induced 14 clients on MOUD, and provided maintenance MOUD to 189 inmates.

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 C). 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 D. SAPTA has completed a rate study to determine the rate of reimbursement for recovery housing and is now in the approval process for implementation in the upcoming fiscal year.

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 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. During the NCE, the team:

- received 903 referrals/hand offs from the hospital,
- completed 896 screenings,
- transported 468 to withdrawal management,
- referred 31 to housing or long-term care and
- referred to 574 MAT or other care
- provided 311 a warm handoff/transportation
- attempted follow-up with 4,941 individuals*, and
- successfully followed-up with 725 individuals*.

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

Only 50 of the individuals seen by the team since starting during SOR I NCE have been readmitted to the emergency department, with 34 since October 2022.

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 developing treatment plans and discharge plans. There has been a decrease in referrals to detox since the Reno CTC closed at the end of January which was the primary detox facility in Reno for those without insurance. The Reno team is evaluating the availability of non-conventional alternative detox sites.

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 [dashboard](#) through the DPBH Office of Analytics. The dashboard was recently restructured to combine the separate opioid dashboard and stimulant dashboard into one for ease of use. The new dashboard also increased consistency of data by standardizing the time frames covered and indicators. All data includes the years 2010-2021 and the data points of emergency department visits and inpatient admissions for poisonings or dependence and deaths by age, sex, and race/ethnicity. Data can be broken down by Nevada’s five behavioral health regions.

GPRA Batch Uploading. All agencies collecting GPRA data under SOR II 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. All GPRAs are reviewed as agencies submit them. The transition to the new tool has still not been smooth in many ways. For instance, Lanitek is still facing issues with SPARS accepting some interviews for upload. When contacting the SPARS help desk they have stated that updates will not be made in time for report and to manually enter forms.

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 community opioid response plans.

OTP Central Registry. Nevada’s certified OTPs have expressed a desire for a central registry. Several programs were reviewed. A different funding stream was identified and the initiative continues to be worked on.

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. Number of Clients Treated by Type

Treatment Type	Number of Clients Served During NCE
Withdrawal Management	524
Residential Treatment	1,045
Outpatient	225
Transitional Housing*	212

*Transitional housing 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, was the main provider of peer support

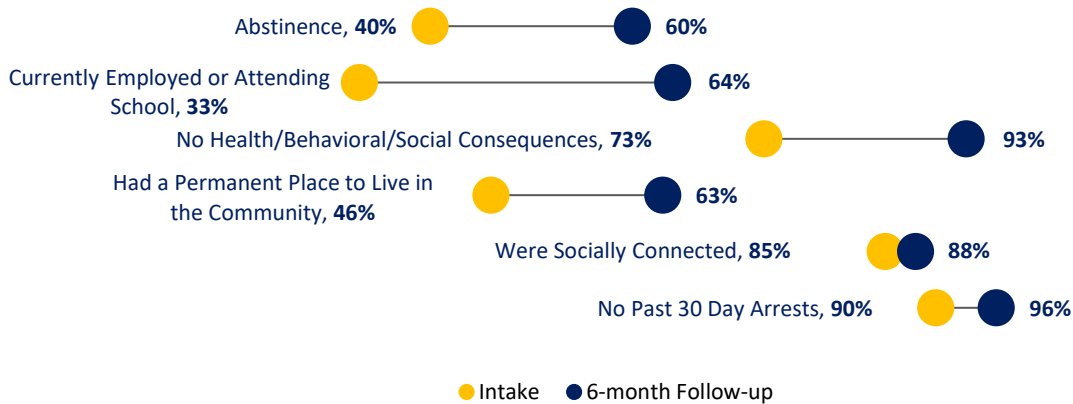
services under SOR II. An additional 11 organizations that provide treatment utilize peer support services to enhance care. A total of 1,248 clients received peer support services during this NCE.

Increasing connectivity to care. Four agencies are funded to provide care coordination to support treatment. In FY23, 239 individuals received care coordination.

Providing support for the return to the workplace. Two agencies supported recovery by providing support for obtaining employment. Last year, 130 individuals received employment support.

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 decreased.

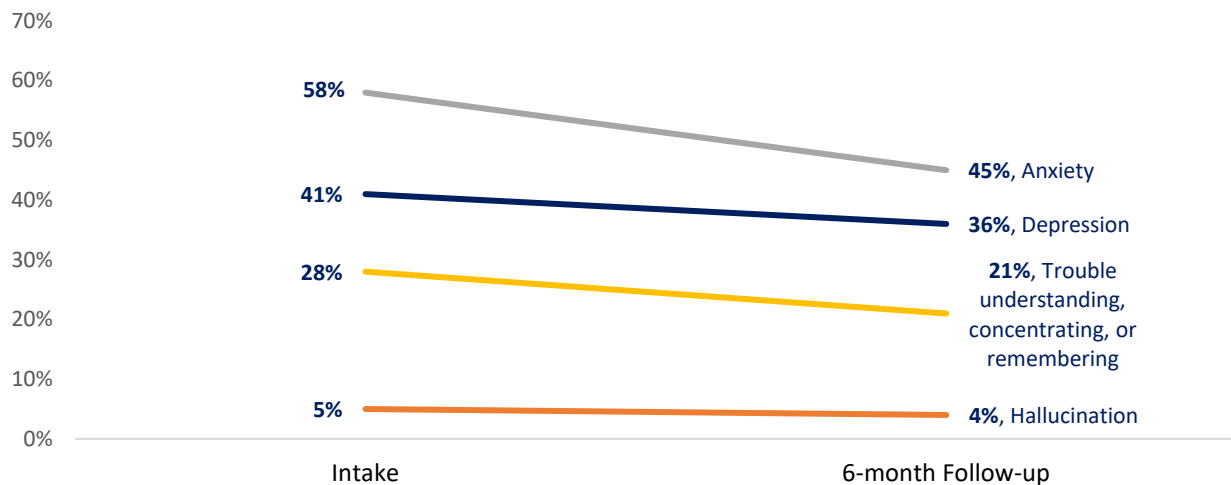
Figure 2. Changes in National Outcomes Measures



*The social connectedness measure and the alcohol or drug related health, behavioral, or social consequences measure use data from the expired tool only

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

Figure 3. Changes in Mental Health Outcomes



*There was a change in wording of the mental health questions from the old tool to the new tool, removing “not due to your use of alcohol or drugs”

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

- **Lack of Recovery Housing Reimbursement.** Nevada does not currently offer reimbursement for recovery housing services.
- **Engaging tribal communities.** COVID had 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. Some tribes continue to do overdose education and naloxone distribution.
- **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. 4A second provider has developed relationships in rural corrections to assist with transition services upon release.

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 rate study was recently completed and is the process of receiving approval for implementation with SOR III.
- **Tribal access.** The [Tribal Broadband Connectivity Program](#) funded the Duckwater Shoshone Tribe, Ely Shoshone Tribe, Fallon Paiute-Shoshone Tribe, Inter-Tribal Council of Nevada, Walker River Paiute Tribe, Shoshone-Paiute Tribes of the Duck Valley Indian Reservation, and the Te-Moak Tribe of Western Shoshone to connect unserved Native American households and Tribal community anchor institutions (ie., library, healthcare clinic) and businesses with internet. This will increase these community’s ability to adopt telehealth.
- **Rural workforce shortage.** Legislation passed during the 2021 legislative period aimed to smooth the licensure process to boost the number of behavioral health providers in the state. Additionally, Project ECHO provides consultation activities 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.
- **Expansion of corrections-based medication.** AB156 (2023) was passed that requires each county, city, or town that maintains a jail or detention facility to conduct a study during 2023-2024 on issues related to the provision of medication for opioid use disorder to incarcerated persons. SOR staff have been working with the individual contracted with the State to identify barriers in community resources for correctional settings to access.

- **Increasing awareness of resources.** We have collaborated with all federally-funded projects to combat opioid misuse/use in an effort to cross-promote resources in FY23.
- **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.

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.

No funds have been spent towards administrative/infrastructure development costs during the SOR II NCE 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 for the SOR II NCE, approximately \$100,605.72 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: Nevada Recovery Housing Review



Nevada Recovery
Housing Review

Appendix D: Recovery Housing Division Criteria



Recovery Housing
Division Criteria