

# Nevada State Opioid Response Grant III

## September 30, 2022 – September 29, 2023

### Biannual Performance Progress Report

Grant Number: 5H79TI085762-01



The Nevada Single State Authority, Division of Public and Behavioral Health received the Notice of Grant Award for the State Opioid Response Grant III funding, award number H79TI085762 on September 23, 2022 [\$16,723,421; budget period 9/30/22 - 9/29/24].

***Number of unduplicated clients who have received treatment services for OUD during the reporting period: 191***

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

- i. received methadone: 0***
- ii. received buprenorphine: 132***
- iii. received injectable naltrexone: 1***
- iv. received more than one MOUD: 0***

***Number of unduplicated clients who have received treatment services for stimulant use disorder: 231***

***Number of clients receiving recovery support services: 1,804***

***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: 71***
- ii. Recovery coaching or peer coaching: 341***
- iii. Employment support: 958***
- iv. Multiple recovery support services: 897***
- v. Other recovery support services (please specify):***
  - Assistance securing childcare: 1;
  - Education referral: 60;
  - Housing referral: 240;
  - Mental Health referral: 11;
  - Transportation: 698 – five-day bus passes;
  - Food bank vouchers: 14;
  - Medical referral for primary care services: 76.

### ***Description of major activities/accomplishments***

Nevada SOR III released a Notice of Funding Opportunity in April 2023. The NOFO closed in May 2023 followed by an evaluation period and awarding of subawards. Selected projects/programs began in July and August 2023.

Each goal and initiative for the Nevada State Opioid Response III (SOR III) project builds and expands upon the work completed under both Nevada's State Targeted Response grant, SOR I and SOR II. SOR III is in alignment with the areas identified in Nevada's Opioid Needs Assessment and Statewide Plan that was developed and published in 2022 ([Nevada Needs Assessment and Statewide Plan](#)). The focus of SOR III is service delivery expansion via the following identified key priority service areas:

### **Target 1: Medication for Opioid Use Disorders and/or Behavioral Health Treatment Service**

#### **Expansion:**

The purpose of this programming is to develop, expand or enhance access to behavioral health and MOUD services. Technical assistance and/or mentoring will be offered to awarded subrecipients to assist with the onboarding of MOUD services. **Provider organizations applying under this category must already have services in place for the appropriate level of care under SAPTA certification and be actively billing third party payers, including Medicaid, where applicable. Programs must also be at a minimum co-occurring capable.**

**MOUD Expansion.** Provide appropriate financial support to enable prescribers and other clinicians to provide successful MOUD services for individuals with opioid use disorders within ASAM/Division Criteria Levels of Service; Encourage more of these settings to provide MOUD; 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 MOUD; 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 disorder who are successfully treated; and Reduce deaths caused by opioid overdose and complications of opioid use.

**Opioid Treatment Providers (OTPs).** OTPs interested in expanding services to include co-occurring enhanced treatment services are encouraged to apply for funding for this type of care. Applicants are encouraged to review the Dual Diagnosis Capability in Addiction Treatment (DDCAT) Toolkit below and address level of readiness. Applicants must demonstrate current readiness to provide co-occurring treatment services and outline steps and funding needs to establish an enhanced treatment program. Resource: Dual Diagnosis Capability in Addiction Treatment Toolkit

**Partial Hospitalization Programs (PHP).** PHP services are direct services provided in a mental/behavioral health setting for at least three days per week and no more than five days per week; each day must include at least four hours of direct services as clinically indicated based on a patient-centered approach. If more/fewer hours and/or more/fewer days are indicated, the recipient should be reevaluated. Partial hospitalization programs may be offered by hospital outpatient departments and by community mental health centers.

All programs must use ASAM criteria/Division criteria and NAC 458 to design and develop their programming under this announcement to include the required staffing, support systems, therapies, assessment and treatment plan review, documentation, and follow ASAM admission, continued service, transfer, and discharge criteria. More information regarding ASAM criteria/Division criteria and NAC 458 can be found at:

- [ASAM Criteria](#)
- [Division Criteria for the Certification of Programs Through SAPTA](#)
- [NAC Chapter 458](#)

**Target 2: Tribal Treatment and Recovery Services:**

Applicants proposing to serve tribal populations must utilize culturally appropriate treatment services to address the needs of the tribal community including secondary or tertiary prevention, treatment, and recovery services. Services should be focused on improving OUD or stimulant use disorder services access. Applicants should ensure the following services are addressed, at a minimum: Increase MOUD 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 MOUD 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 follow appropriate state and federal guidelines for prescribing medication for opioid use disorders; 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. All programs must use ASAM criteria/Division criteria to design and develop their programming under this announcement to include the required staffing, support systems, evidence-based therapies, assessment and treatment plan review, documentation, and follow ASAM admission, continued service, transfer, and discharge criteria. See previous category for links to additional information.

**Target 3: Recovery Support Services:**

Recovery Support 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. When working in conjunction with other behavioral and primary health services, peer support has been found to promote sustained behavior change for people at risk. Recovery Support Service programs are not intended to replace the role of formal treatment.

Eligible recovery support services, include but are not limited to:

- Peer supports,
- Vocational training,
- Employment support,
- Childcare,
- Legal assistance,
- Recovery Community Organizations (RCOs),

- Housing supports (i.e., application fees, deposits, rental assistance, utility deposits, and utility assistance), and
- Dental kits to promote oral health for individuals with OUD enrolled in treatment with buprenorphine (i.e., dental kits are limited to items such as toothpaste, toothbrush, dental floss, non-alcohol containing mouthwash, and educational information related to accessing dental care).

**Note: Organizations that are Medicaid eligible (e.g. qualify for provider type 14, 17, 82) providing peer recovery support services under this award must be capable of providing services as outlined within Medicaid Chapter 400. Priority will be given to those organizations with the ability to bill Medicaid.**

**Target 4: Enhanced supports for children and/or families:**

Applicants should focus on enhanced support(s) 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, neglect 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 resilience and protective factors within the family structure. Eligible services/programs include substance use prevention and treatment, in-home parenting 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.

More information on Adverse Childhood Experiences and the Family First Prevention Services Act can be found at:

- [CDC- Preventing Adverse Childhood Experiences \(ACEs\): Leveraging the Best Available Evidence](#)
- [Title IV-E Prevention Services \(Family First\) Clearinghouse](#)

**Target 5: Hospital-Based MOUD Induction**

Emergency Departments and hospitals provide 24/7 access to healthcare and offer a unique opportunity to make treatment for opioid use disorder universally accessible. Applicant organizations are expected to adopt the Bridge Model within emergency departments throughout the State to fully implement induction of buprenorphine for a patient in the ED experiencing opioid withdrawal and seeking support services. **Applicants will be expected** to participate in ongoing technical assistance with Bridge consultants for implementation to fidelity. Funding will be available to support the internal onboarding of a Peer Support Specialist/Community Health Worker and an identified hospital champion to support the adoption and implementation of the program within your organization.

**Target 6: 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. This recovery housing program is not inclusive of all SUD, but specific to those overcoming 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 stimulant use without a safe place to live. Recovery Housing is designed to fill that void with a safe place with compassionate care. Recovery Housing is defined by SAMHSA as a shared living environment free from alcohol and illicit drug use and centered upon peer support and connection to services that promote sustained recovery from substance use disorders. For this application, the substance use is specific to opioid or stimulant use. Applicants **must demonstrate** and document the number of beds available, programming, and ability to deliver appropriate peer support. Reimbursement for services provided in this category must follow reimbursement amounts as established by SAPTA.

**Note:** Recovery Housing is one component of the substance use disorders treatment and recovery continuum of care. While recovery residences vary widely in structure, all are centered on peer support and a connection to services that promote long-term recovery. Individuals in recovery should have a meaningful role in developing the service array used in their recovery plan. Recovery houses are safe, healthy, family-like substance-free living environments that support individuals in recovery from addiction. Substance-free does not prohibit prescribed medications taken as directed by a licensed practitioner, such as pharmacotherapies specifically approved by the Food and Drug Administration (FDA) for treatment of opioid use disorder as well as other medications with FDA-approved indications for the treatment of co-occurring health conditions. Recipients must describe the mechanism(s) in place in their jurisdiction to assure that a recovery housing facility to receive these funds supports and provides clients access to evidence-based treatment, including all forms of MOUD, in a safe and appropriate setting. Recipients must also describe how recovery housing supported under this grant is in an appropriate and legitimate facility (e.g., state or other credentialing or certification or an established or recognized model).

### **Target 7: Rural and Frontier Mobile Recovery Units**

Organizations that have relationships with rural and frontier communities are eligible to receive funding towards the purchase of a Mobile Recovery Unit, staffing the unit, and must identify underserved locations to be visited each weekday on a set schedule. Services will include access to a physician that can prescribe medication for an opioid use disorder (can be telemedicine), peer support, naloxone distribution, and referral to wraparound services. Staff will include a nurse, a certified or licensed counselor, and a peer recovery specialist. The organizations will work towards a goal of serving at least 5 individuals per day each week, totaling 25 individuals per week per mobile unit. Organizations are responsible for building relationships with providers in each targeted region and assisting with linkage to services and care coordination.

Selected providers will be awarded funding for the purchase and/or implementation of mobile medication units that provide appropriate privacy and adequate space to screen and administer medications for OUD treatment in accordance with [federal regulations](#). The following services may be provided in mobile medication units, assuming compliance with all applicable federal, state, and local law:

- Administering medications for opioid use disorder treatment;

- Collecting samples for drug testing or analysis;
- Conducting intake/initial psychosocial and appropriate medical assessments, with a full physical examination to be completed or provided within 14-days of admission, in units that provide appropriate privacy and adequate space;
- Administering an FDA approved MOUD after an appropriate medical assessment has been performed; and
- Counseling and other services, in units that provide appropriate privacy and have adequate space, may be provided directly or when permissible through use of telehealth services.

#### Standards & Requirements

- The selected organizations will be responsible for purchasing, maintaining and operating the mobile unit
- In order to maintain the control of the unit, the organization must provide MOUD services for the duration of the useful life of the unit
- Upon the end of the useful life of the unit, the organization may maintain or dispose of the mobile unit
- In the event that the unit is no longer used to provide MOUD services, the unit will be returned to the State of Nevada and the State shall take possession of the unit within 30 days.
- Following the termination of the grant, the mobile units shall be maintained and operated by the organization with the requirement that the units continue the contracted services under the grant agreement.
- The organization will be responsible for vehicle insurance coverage for the duration of the operation of the mobile units.

Table 1. Agencies Funded

Agency	County	Target Area	Funding Period
Carson Community Counseling	Carson	Target 1: MOUD or Behavioral Health Treatment Expansion and Target 6: Recovery Housing	August-September
Eighth Judicial District Court	Clark	Target 1: MOUD or Behavioral Health Treatment Expansion	July-September
PACT Coalition	Statewide	Target 4: Enhanced supports for children and/or families:	July-September
Project ECHO	Statewide	Target 1: MOUD or Behavioral Health Treatment Expansion	July-September
The Empowerment Center	Washoe	Target 1: MOUD or Behavioral Health Treatment Expansion	July-September
Thrive	Clark	Target 3: Recovery Support Services	May-September
Vegas Stronger	Clark	Target 1: MOUD or Behavioral Health Treatment Expansion	May-September
WestCare Nevada, Inc.	Clark	Target 1: MOUD or Behavioral Health Treatment Expansion	July-September

## Prevention

**Goal 1. Decrease youth substance use by implementing evidence-based programs within school districts that address risk factors that may lead to the initiation**

The state has chosen the Multi-tiered System of Supports (MTSS) for school-based intervention programming. MTSS is a framework for integrating student support into the school system. MTSS should function as the single system to organize all practices, programs, and initiatives around substance misuse prevention. The program allows for the matching of interventions to identified student needs and monitor progress outcomes. MTSS has the following core features:

- High quality instruction
- Teaming and shared decision making
- Problem solving models for data-based decision making
- Systemic implementation with progress monitoring
- Tiered continuum of supports
- Regular screening
- Evidence-based interventions

The SOR team has been meeting with the MTSS team and local substance use disorder prevention coalitions over the course of the year to develop a training and implementation plan for placing prevention support specialists within school districts that have already implemented MTSS or in the process of implementation. These specialists will be contracted through the substance use disorder prevention coalitions located statewide. The role of the prevention support specialists will be flexible to meet each school district's needs and support instructors and administrators as needed. A learning series was developed for the end of the summer with an expectation for final placement beginning in the fall for the new school year.

A statewide two-day summit on MTSS was held September 6-7, 2023. Coalition staff from Clark County, Nye County, and Lyon County coalitions attended to become more familiar with the model.

Each coalition selected evidence-based substance misuse prevention programs for their communities. Selected programs include:

- Too Good for Drugs
- Project No Drug Abuse
- Catch My Breath



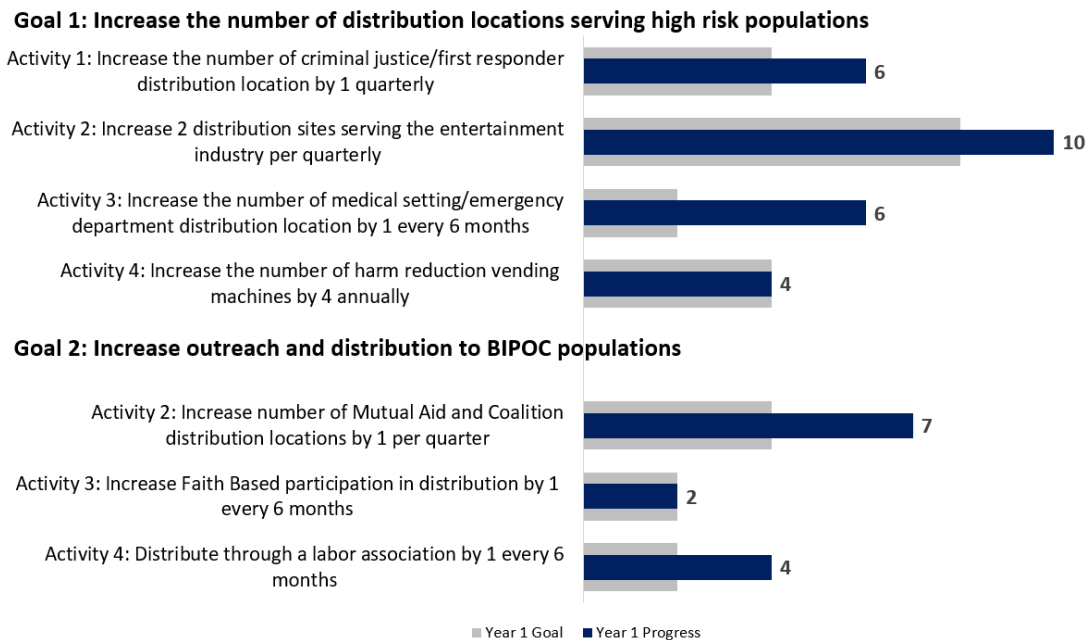
## Harm Reduction

Goal 2. Expand Overdose Prevention Activities to prevention opioid and stimulant overdose deaths.

### Increase product accessibility through the naloxone saturation plan

Nevada met or exceeded number of new distribution sites for each activity area in Year 1 (see Figure 1).

Figure 1. Year 1 Saturation Plan Progress



Additionally, there were seven new distribution sites that did not fit into the activities of the saturation plan in the areas of mental health and youth drop-in center/shelters.

### Expand the number of counties distributing fentanyl test strips

FTS distribution was reported under the SOR II NCE through July 2023. In August and September, 10,800 were shipped to agencies to distribute. Seven new distribution sites were added in quarter four.

Several agencies were interested in only providing FTS distribution, without naloxone distribution: including faith-based, targeting unhoused individuals, college students, and entertainment industry.

### Expand the number of counties with vending machine distribution

Vending machines were purchased by the SOR II NCE and were reported in the NCE report.

### Develop a module to include additional questions specific to overdose witnessed/naloxone use in the Behavioral Risk Factor Surveillance System (BRFSS)



The SOR team is in working with the BRFSS research faculty to implement SOR-specific questions for the 2024 survey.

## Treatment

Goal 3. Increase access to clinically appropriate treatment for OUD and stimulant use disorder

### **Increase continuing education opportunities for primary care, behavioral health, and peer support providers to increase proficiency with health equity and inclusion**

In partnership with the Opioid Response Network (ORN), Nevada provided an introductory training for the Community Reinforcement Approach (CRA) to prevention and treatment agencies March 3, 2023. A two-day in-person training was then held in Las Vegas June 1-2, 2023 and Reno June 6-7, 2023, with six follow-up coaching calls held 06/15/23, 06/29/23, 07/13/23, 07/27/23, 08/10/23, and 08/24/23.

**Training of medical and behavioral health professionals.** SOR is enhancing the skills of professionals through Project ECHO sessions.



*Project ECHO*, with the University of Nevada, Reno School of Medicine, began offering a stimulant use disorder clinic starting July 2023 for a period of 6 sessions. The clinic will be cohort based and offer a variety of topics depending on the audience. Topics will include:

- Neurobiology of Stimulant Use Disorder
- Medications used in Stimulant disorders
- Resources and connectivity to care
- Special populations
- Burnout/compassion fatigue
- Challenges with treating this population and expectation setting

Twenty-nine (29) individuals attended the sessions. Satisfaction ranged from 97% to 100% across areas, with 94% of respondents reporting increased knowledge, 92% a decreased sense of professional isolation, 92% an improved ability to provide appropriate care, and 83% that they will make changes to their practice based on participation.

Discussions have started with Renown Medical Center to develop a pilot project focusing on the special needs individuals exhibiting chronic psychosis due to stimulant misuse.

### **Increase continuing education opportunities for primary care, behavioral health, and peer support providers to increase proficiency with providing trauma-informed care**

SOR III staff developed a new module in collaboration with Nevada Certification Board on trauma-informed care. The new module is 25 hours in length. The 8-week Trauma Informed Crisis Response for Paraprofessionals course began September 27, 2023 with 23 participants enrolled. Each week homework assignments will be given out to be completed before the next session. The objectives include:

- Understand the key principles of a trauma-informed approach to crisis care

- Understand the appropriate supports and interventions, for individuals and communities to overcome traumatic experiences
- Increase awareness of personal and professional attitudes about death, loss and separation which may influence the effectiveness of peer support practice, and personal self-care.
- Increase one's knowledge and understanding of suicide; recognize warning signs, identify risk and protective factors, increase willingness and ability to intervene with a person at risk for suicide.
- Describe and Define Standards of Care & Ethics
- Identify Ethical Issues
- Understand and apply Mission, and Ethics Statements for Behavioral Health Care Centers

**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**

SOR III staff have continued collaborating with State of Nevada Aging and Disability Services and Adult Protective Services. This has included providing staff with Deterra bags for distribution to clients and working with the agency to provide live and recorded opioid-related learning events for staff. The SOR team will work collaboratively with the ADSD team to assist with the planning of three trainings and one conference to take place next year.

**Increase number of waived providers prescribing MOUD**

The FDA has removed the waiver requirements so this is no longer an objective. Educating providers is still a priority so enduring materials are still available through our Project ECHO website and bi-monthly sessions, funded by the SOR II NCE.

**Increase the number of physicians attending continuing education opportunities to support and provide MOUD services**

Currently supported under SOR NCE in partnership with Project ECHO.

**Increase the number of providers utilizing SBIRT**

SBIRT efforts are currently funded through the SOR II NCE.

**Increase treatment utilization by pregnant and post-partum individuals with OUD/StimUD**

Outreach to pregnant and post-partum efforts are currently funded through the SOR NCE.

**Increase the number of individuals served within justice involved populations**

Most criminal justice efforts are currently funded through the SOR NCE.

A statewide [SHIELD Training for Law Enforcement and First Responders](#) was provided in Las Vegas August 10<sup>th</sup>, 2023 for 25 individuals. The training included the following three modules:

- Module 1: Officer Resilience. *This session will focus on the mental strain placed on law enforcement officers and effective tools to reduce burnout and improve wellness during the opioid overdose crisis.*
- Module 2: Officer Safety. *This portion will emphasize key components of physical risks and incorporate strategies to improve occupational safety when encountering individuals experiencing opioid/stimulant overdose.*

- **Module 3: Public Safety.** *This session will cover operational strategies that enhance field impact and improve community relations, while also reducing stressors and risks.*

### **Increase the number of mobile MOUD units throughout rural communities**

A solicitation is out for bid for the three mobile units. The purchase of the mobile units is being supported through Nevada litigation funding.

### **Increase the number of emergency departments implementing MOUD induction**

The Nevada SOR team has been meeting biweekly with the Nevada Primary Care Association and stakeholders to promote buy-in among hospital networks. In addition, the team has partnered with the Bridge program. Bridge completed a technical assistance learning series for 3 hospitals in March independent of SOR assistance or external funding support. The upcoming NOFO does make funding available to support the onboarding of a peer recovery support specialist/community health worker and identified champion within the selected hospital to drive implementation. SOR III selected the City of Las Vegas to develop a community paramedicine program that includes buprenorphine induction during transport as appropriate and follow-up care. Additionally, they will serve as a liaison to local hospital systems to advocate for buprenorphine induction in the emergency room.

### **Increase utilization of telehealth services for MOUD among SOR providers**

This is a priority area for funding of the Nevada Litigation dollars.

### **Infuse two addiction medicine fellows**

The identified hospital and addiction medicine hub have refused grant funds. No other sites exist in Nevada. The SOR team is in discussions with a Northern Nevada Hospital network about becoming a registered ASAM site.

## **Recovery Support Services**

### **Goal 4. Enhance access to recovery support services throughout State of Nevada**

#### **Increase recovery housing facilities**

Nevada completed a rate study to support recovery housing efforts through SOR as well as other funding mechanisms. The study is currently going through the approval process for implementation. A pilot site has been identified for funding this fiscal year.

#### **Increase utilization of peer support services to assist with high-risk transitions of care (e.g., criminal justice settings)**

The state received the CODA grant that will enhance diversion and deflection efforts within criminal justice.

From July-September, peer support services were received by 341 individuals. The high-risk population most commonly reached in Year 1 was individuals participating in withdrawal management, accounting for 221 of the individuals served.

### **Increase supported employment and work readiness efforts**

*The Recovery Friendly Workplace Initiative (RFW)*, established in 2018 within the Nevada Department of Health and Human Services, empowers individuals with opioid and stimulant use disorders (OUD/StimUD) to achieve long-term career success by bridging the gap between recovery and employment. Under this funding opportunity, the Recovery Friendly Workplace Initiative (RFW) was funded to expand services offered to individuals in the communities who need supportive coordination of care (CoC) and direct navigation to needed services while in recovery due to OUD/StimUD. Beyond individual support, RFW offers comprehensive services to special population impacted by OUD/StimUD to include veterans, unhoused veterans, judicially challenged youth and adults, disconnected and unsheltered youth.

Through collaboration with city, state, and federal partners, as well as community-based organizations, RFW identifies recovery-friendly employment opportunities and builds a strong foundation for sustained recovery and career success, utilizing workforce as a recovery tool. The Division of Welfare and Supportive Services RFW has created a team of specialists, who navigate individuals to immediate care coordination. In Year 1, RFW assisted 1,414 clients with 21 partnering agencies in Clark County, Nye County, and Washoe County.

*Thrive Solutions* was funded the start-up costs for a bistro that will train and employ youth and young adults aged 16-26 in recovery. Their mission and values include “that awareness, education and evidenced based practices, along with a good job, can and will enhance a person’s emotional, mental, physical, and financial wellbeing. Providing workforce training, supports, resources and EBP will help prevent relapse and re-entry, while increasing chances of sustainable employment.” The bistro has an anticipated grant opening January 2024. The project is a partnership of:

- The State of Nevada
- The City of Las Vegas
- U.S. Department of Labor
- Department of Health and Human Services
- Aging and Disability Services Division/No Wrong Door Program
- Division of Welfare and Supportive Services
- (DWSS)-Recovery Friendly Workplace
- DWSS Targeted Outreach Program (TOP)
- Division of Child and Family Services
- Clark County Social Services Child Welfare
- Washoe County Social Services Child Welfare
- Center for the Application of Substance Abuse Technologies (CASAT)
- University of Nevada, Reno
- EmployNv Youth Hub
- Restaurant Hospitality Institute (RHI)
- Thrive Solutions IOP
- DOE Foster Care Program
- DOE McKinney-Vento Program
- Mission High School (Nevada’s only recovery high school) & All DOE Designated Title 1
- We Care We Share Foundation

## Activities that include Prevention, Harm Reduction, Treatment and Recovery Support

Goal 5. Increase production and distribution of culturally appropriate translated materials and direct outreach, including training given in multiple languages

### **Develop culturally appropriate translated materials for all SOR harm reduction referrals products**

The SOR team has translated all harm reduction materials into Spanish. Spanish is the second most common language utilized in the State.

### **Develop and implement harm reduction trainings in alternative languages**

SOR has identified bilingual recovery ambassadors to provide harm reduction trainings in Spanish, upon request.

### **Develop and deploy social media and traditional media campaigns focusing on connectivity to care and stigma reduction**

In 2023, Nevada OD2A conducted an evaluation of Nevada opioid media campaigns that were released in 2020 and 2021. The evaluation included focus groups of different audiences, including the general population, LGBTQ+ Young Adults, Young Adults, Latinx Adults, and Religious Latinx Adults. Additionally, an online survey was conducted of two of the radio, TV, and internet ads to measure perceptions of quality of the ads and solicited recommendations for how to improve. The report summarized strengths and limitations of the campaigns, and recommendations for future campaigns. One recommendation was to continue to tell real stories of those with lived experience to increase audience connection with the messages. One subgrantee will be funded to this in Year 2, targeting pregnant and post-partum women.

### **Provide education to patients, consumers and healthcare providers on alternatives for pain management and support services**

This is currently funded under SOR II NCE in partnership with Project ECHO.

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

- The state experienced an extended delay in receiving IFC approval for authority over the funding. This has led to further delays in releasing of funding opportunities.
- Due to new opioid focused funding streams, the project has been highly cognizant of ensuring that organizations are not supplanting funding. This has slowed the process of releasing SOR III funding.
- State priority has been to expend SOR II NCE funding prior to SOR III.
- Funding enough naloxone to meet saturation plan goals will be difficult while not reducing services in other areas such as treatment.

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

- Legislation was passed last spring removing the need for IFC approval for federal grants allowing funds to be available for subaward processing in a timelier manner. This has already led to a swifter process for SOR III Year 2.
- Members of the SOR team are working closely with those who are overseeing the other funding streams to ensure that funding is properly allocated to fill identified gaps and/or barriers.
- SOR II NCE awards have been processed and available funding has been allocated.
- Future naloxone purchases do not have to be made solely from SOR III funds. AB156 (2023) established a fund through the Division of Public and Behavioral Health for the purpose of enabling multiple funding sources to deposit funds into one account for the bulk purchase of opioid antagonists.

***Progress achieved in addressing the needs of diverse populations (e.g., racial/ethnic minorities, LGBTQ+, older adults) and implementation of targeted interventions to promote behavioral health equity.***

Harm reduction materials were translated into Spanish in Year 1.

In collaboration with ORN, the webinar “Care Considerations for Addressing Substance Use and the Opioid Epidemic Among Older Adult Populations” was delivered October 21, 2022. The webinar was then converted into a recorded training that is available asynchronously. In December 2022, the webinar “Advancing Health Equity and Improving Cultural and Linguistic Competency in our Practices” was additionally posted for asynchronous viewing.

One of the areas that the SOR III NOFO targets is Tribal Treatment and Recovery Services to support more culturally appropriate prevention, treatment, and recovery services. Additionally, applications must answer how their proposed services meet the requirements of being culturally inclusive and what activities they will do to reach underserved priority populations.

SOR staff attended a Safe Zone Training workshop to learn how to become better allies to LGBTQ+ communities. The training will improve the SOR team’s ability to make sure that program outreach, grantee selection, progress reporting, data collection, evaluation, and reporting are done appropriately.

***Barriers still left to address.***

- None at this time.

***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 award funds have been spent on administrative and infrastructure development costs during the SOR III biannual progress report 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 III, approximately \$6,788.08 has been spent on data collection and reporting activities.