

THE LIFE CHANGE CENTER

INTEGRATED OPIOID TREATMENT AND RECOVERY CENTER

Sparks Clinic:

| 1755 Sullivan Lane | Sparks, NV 89431 | Phone: (775) 355-7734 |
| Hours of Operation: Monday - Friday 6:00am - 12:45pm |
| Intake: Tuesday & Thursday 6:00am |

Fernley Medication Unit:

| 415 Highway 95A, Suite 501 | Fernley, NV 89408 | Phone: (775) 636-7016 |
| Hours of Operation: Monday - Saturday 6:00am - 8:30am |
| Intake: Conducted at Sparks Clinic |

Carson City Clinic:

| 1201 N. Stewart Street | Carson City, NV 89701 | Phone: (775) 350-7250 |
| Hours of Operation: Monday - Saturday 6:00am - 12:30pm |
| Intake: Wednesday 6:00am |

Reno Clinic:

| 130 Vine Street | Reno, NV 89501 |
| Coming Soon! |

| SERVICES PROVIDED |

| ALL LOCATIONS |

- PEER SUPPORT •
- CASE MANAGEMENT/CARE COORDINATION •
- TRANSPORTATION •
- MEDICATION ASSISTED TREATMENT •
(METHADONE, BUPRENORPHINE, AND NALTREXONE/VIVITROL)
- NALOXONE DISTRIBUTION •

| SPECIALTY CARE AVAILABLE |

- COMPREHENSIVE SERVICES FOR PREGNANT PATIENTS WITH OPIOID USE DISORDER •
- MENTAL HEALTH SCREENINGS AND TREATMENT •
- FAMILY SERVICES •
- PEER GROUPS •
- OVERDOSE EDUCATION & NALOXONE DISTRIBUTION •

| MOBILE RECOVERY OUTREACH TEAM AVAILABLE |

- (775) 636-7016 OR (775)997-8819 •

INSURANCE ACCEPTED: MEDICAID & ANTHEM BLUE CROSS
CASH PAYMENT OPTIONS: \$10.00/DAY WITH UN-INSURED DISCOUNT
SLIDING FEE SCALE AVAILABLE

CENTER FOR BEHAVIORAL HEALTH

INTEGRATED OPIOID TREATMENT AND RECOVERY CENTER

Las Vegas Location 1:

| 3050 E. Desert Inn Rd. Ste. 116 | Las Vegas, NV 89121 | Phone: (702) 796-0660 |
| Hours of Operation: Monday - Friday 5:00am-12:30pm | Saturday 6:00am-7:30am |
| Intake: Monday - Thursday: Hours Vary |

Las Vegas Location 2:

| 3470 W. Cheyenne Ave. Suite 400 | N. Las Vegas, NV 89032 | Phone: (702) 636-0085 |
| Hours of Operation: Monday - Friday 5:00am-12:30pm | Saturday 6:00am-7:30am |
| Intake: Monday - Thursday: Hours Vary |

Las Vegas Location 3:

| 2290 N. McDaniel St. Suite 1C | N. Las Vegas, NV 89030 | Phone: (702) 796-0660 |
| Hours of Operation: Monday - Friday 5:00am-12:30pm | Saturday 6:00am-7:30am |
| Intake: Monday - Thursday: Hours Vary |

Las Vegas Location 4:

| 1311 S. Casino Center Blvd. | Las Vegas, NV 89101 | Phone: (702) 382-6262 |
Hours of Operation:
| Methadone Dosing Only: Monday - Friday 6:00am - 10:00am | Saturday 6:00am-8:00am |
| Suboxone Prescription: Wednesday and Thursday: 8am-12pm |
| Suboxone Prescription Intakes: Wednesday and Thursday 8am - 12pm |
| Methadone Dosing for Desert Inn Location Patients |
| No Insurance Accepted at This Location |

Reno Location:

| 160 Hubbard Way Ste. A | Reno, NV 89502 | Phone: (775) 829-4472 |
| Hours of Operation: Monday - Friday 5:00am-12:30pm | Saturday 6:00am-7:30am |
| Intake: Monday & Thursday: Hours Vary |

| SPECIALTY CARE |

- MEDICATION ASSISTED TREATMENT •
- NON-PHARMACOLOGICAL OUTPATIENT COUNSELING •
- COURT/WELFARE ASSESSMENTS •
- EDUCATIONAL CLASSES •
- PEER RECOVERY •
- COMPREHENSIVE SERVICES FOR PREGNANT PATIENTS WITH OPIOID USE DISORDER •
- METHADONE (IN HOUSE) •
- NALOXONE DISTRIBUTION •
- SUBOXONE (IN HOUSE AND PRESCRIPTION) •
- VIVITROL (IN HOUSE) •

| MOBILE RECOVERY OUTREACH TEAM |

- LAS VEGAS: (702) 297-7063 •
- RENO: (775) 829-4472 •

INSURANCE ACCEPTED: MEDICAID FEE FOR SERVICE, SILVER SUMMIT, VA, HATS, ANTHEM BLUE CROSS/BLUE SHIELD, HEALTH PLAN OF NEVADA, AND BEHAVIORAL HEALTH OPTIONS
NO SLIDING SCALE

LAS VEGAS LOCATION 1, 2, & 3: METHADONE \$55 WEEKLY, \$12 DAILY - SUBOXONE/VIVITROL: VARIES
LAS VEGAS LOCATION 4: INITIAL VISIT \$325, ONE WEEK FOLLOW UP \$125, MONTHLY VISIT \$150
RENO LOCATION: METHADONE \$63 WEEKLY, \$10 DAILY - SUBOXONE/VIVITROL: VARIES

VITALITY UNLIMITED

INTEGRATED OPIOID TREATMENT AND RECOVERY CENTER

Corporate Office:

| 1250 Lamoille Hwy, Unit 208 P.O. Box 2580 | Elko, Nevada 89803 | Phone: (775) 738-8004 or (775) 738-4158 |

Actions of Elko & Vitality Center Residential Treatment Center - Elko:

| 3740 Idaho St. | Elko, NV 89801 | Phone: (775) 738-0166 |

| Hours of Operation: 24 Hours a Day 7 Days a Week | Intake: Mon - Fri 8:00am - 5:00pm |

Vitality Center Residential Treatment Center - Carson City:

| 900 East Long St. | Carson City, NV 89706 | Phone: (775) 461-0999 |

| Hours of Operation: 24 Hours a Day 7 Days a Week | Intake: Mon - Fri 8:00am - 5:00pm |

Vitality Integrated Program Complete Behavioral Health - Elko:

| 215 Bluff Ave. Ste. 200 | Elko, NV 89801 | Phone: (775) 738-0166 |

| Hours of Operation: Mon - Fri 8:00am - 6:00pm Sat 9:00am - 2:00pm | Intake: Mon - Fri 8:00am - 5:00pm |

Footprints Counseling Center - Reno:

| 1135 Terminal Way Ste. 112 | Reno, NV 89502 | Phone: (775) 322-3667 |

| Hours of Operation: Mon - Fri 8:00am - 6:00pm | Intake: Mon - Fri 8:00am - 5:00pm |

Silver Sage Counseling Services - Winnemucca:

| 530 Melarkey St. Ste. 206 | Winnemucca, NV 89445 | Phone: (775) 623-3626 |

| Hours of Operation: Mon - Fri 8:00am - 6:00pm | Intake: By Appointment |

Restorations Counseling Services - Las Vegas:

| 6685 W. Charleston Ave. Ste. B | Las Vegas, NV 89117 | Phone: (702) 629-7799 |

| Hours of Operation: Mon - Fri 8:00am - 6:00pm | Intake: Mon - Fri 8:00am - 6:00pm |

Ruby View Counseling Services - Elko:

| 1250 Lamoille Hwy. Ste. 208 | Elko, NV 89801 | Phone: (775) 738-0166 |

| Hours of Operation: Mon - Fri 8:00am - 6:00pm | Intake: Mon - Fri 8:00am - 5:00pm |

I SPECIALTY CARE I

- ADULT & ADOLESCENT RESIDENTIAL CARE •
- ADULT OUTPATIENT COUNSELING •
- NALOXONE DISTRIBUTION (ELKO LOCATIONS) •
- SUBOXONE •

I MOBILE RECOVERY OUTREACH TEAM I

- ELKO: (775) 777-8477 •

INSURANCE ACCEPTED: MEDICAID, PRIVATE INSURANCE, PRIVATE PAY
SLIDING SCALE AVAILABLE

Mobile Outreach Intervention for Opioid Overdose in Emergency Departments



HELP US ACCOMPLISH STEP ONE: ESTABLISH A COMMUNITY PARTNERSHIP, AND INCORPORATE A SERVICE THAT HAS THE POTENTIAL TO REDUCE READMISSIONS AND PROVIDE CRITICAL SERVICES TO HIGH-NEED PATIENTS

The Life Change Center
(775) 455-4260

Center for Behavioral Health
Las Vegas: (702) 297-7063 or Reno: (775) 829-4472

University of Nevada, Reno
(775) 470-8000

Mobile Outreach Intervention for Opioid Overdose in Emergency Departments

FROM 2010 TO 2015, THE NUMBER OF EMERGENCY DEPARTMENT VISITS RELATED TO OPIOIDS IN 34 NEVADA HOSPITALS INCREASED SIGNIFICANTLY – FROM 3,095 IN 2010 TO 7,035 IN 2015.

BY PROVIDING SUPPORT AND OUTREACH EFFORTS IN THE EMERGENCY ROOM:

- THIS NUMBER CAN BE LOWERED
- EMERGENCY DEPARTMENTS CAN ALLOCATE RESOURCES TO OTHER NEEDS

EMERGENCY DEPARTMENTS AROUND THE NATION ARE UTILIZING INNOVATIVE APPROACHES TO COMBAT THE OPIOID EPIDEMIC.

ONE OF THESE INNOVATIVE APPROACHES IS MOBILE OUTREACH RECOVERY TEAMS, WHICH PROVIDE:

- NALOXONE DISTRIBUTION & EDUCATION
- SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT
- LINKAGE TO CARE
- PEER RECOVERY SUPPORT

THE STATE OF NEVADA'S STATE TARGETED RESPONSE (STR) GRANT HAS FUNDED MOBILE RECOVERY OUTREACH TEAMS TO WORK WITH HOSPITALS THROUGHOUT THE STATE AT NO CHARGE TO THE HOSPITAL. THIS INTERVENTION HAS THE POTENTIAL TO REDUCE THE RISK FOR SUBSEQUENT OVERDOSE (THEREBY REDUCING READMISSIONS) AND INCREASE ACCESS TO EFFECTIVE, EVIDENCE-BASED SUBSTANCE ABUSE TREATMENT. PEER SUPPORT SPECIALISTS CAN ALSO HELP PATIENTS NAVIGATE INSURANCE ENROLLMENT AND PROVIDE REFERRALS TO SUPPORTIVE SERVICES AND PRIMARY CARE.

MOBILE OUTREACH TEAMS WOULD LIKE TO GET INVOLVED WITH YOUR HOSPITAL!

DO YOU WANT TO ESTABLISH COMMUNITY PARTNERSHIPS, AND INCORPORATE A SERVICE THAT HAS THE POTENTIAL TO REDUCE READMISSIONS AND PROVIDE CRITICAL SERVICES TO HIGH-NEED PATIENTS?

THIS PROGRAM OFFERS THE CHANCE TO PROVIDE AN INNOVATIVE SERVICE FOR OVERDOSE PATIENTS WHICH MAKES SENSE WITH YOUR ALREADY DEVELOPED BUSINESS MODEL AND IS FREE TO YOU!



EMERGENCY ROOM INTERVENTIONS

INTERVENTIONS THAT ARE CURRENTLY BEING UTILIZED IN EMERGENCY DEPARTMENTS AROUND THE NATION TO REDUCE OPIOID USE DISORDER (OUD)



BUPRENORPHINE INDUCTION IN THE ER WITH COUNSELING AND REFERRAL

A 2015 NIDA FUNDED STUDY FOUND 78% OF PATIENTS WERE STILL ENGAGED IN TREATMENT AT A 30-DAY FOLLOW UP AFTER RECEIVING BUPRENORPHINE INDUCTION IN THE ER (1).

MOBILE OUTREACH RECOVERY TEAMS

PEER RECOVERY COACHES, AS PART OF THE ANCHOR ED PROGRAM IN RHODE ISLAND, SAW MORE THAN A THIRD OF ALL OVERDOSE VICTIMS AT THE BUSIEST EMERGENCY DEPARTMENT IN THE STATE. THEY PROVIDED CARE AND RECOVERY SUPPORT TO OVER 110 INDIVIDUALS IN ONE YEAR; THEY ALSO SECURED TREATMENT AND RECOVERY SUPPORTS FOR 83% OF CASES (2).

NALOXONE PRESCRIPTION FOR PATIENTS AT TIME OF OPIOID PRESCRIPTION

A STUDY CONDUCTED IN SAN FRANCISCO FOUND COMPARED TO INDIVIDUALS WHO DID NOT RECEIVE A NALOXONE PRESCRIPTION, THOSE WHO DID HAD 63% FEWER EMERGENCY DEPARTMENT VISITS IN THE FOLLOWING YEAR (3).

SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT (SBIRT)

SCREENING QUICKLY ASSESSES THE SEVERITY OF SUBSTANCE USE AND IDENTIFIES THE APPROPRIATE LEVEL OF TREATMENT. BRIEF INTERVENTION FOCUSES ON INCREASING INSIGHT AND AWARENESS REGARDING SUBSTANCE USE AND MOTIVATION TOWARD BEHAVIORAL CHANGE. REFERRAL TO TREATMENT PROVIDES THOSE IDENTIFIED AS NEEDING MORE EXTENSIVE TREATMENT WITH ACCESS TO SPECIALTY CARE (4).

TELEMEDICAL SUPPORT AND COMPUTER BRIEF INTERVENTION

EARLY STUDIES HAVE SHOWN TELEMEDICINE PATIENTS IN OPIOID TREATMENT THERAPY DEMONSTRATED A RETENTION RATE OF 50% AT ONE YEAR WHEREAS IN-PERSON PATIENTS WERE RETAINED AT A RATE OF 39%. THIS IS A HOPEFUL OPTION FOR RURAL, REMOTE, AND URBAN REGIONS (5).

NALOXONE EDUCATION AND DISTRIBUTION

SB459, THE GOOD SAMARITAN DRUG OVERDOSE ACT, WAS SIGNED IN NEVADA IN 2015. THIS BILL PROVIDES PROTECTION TO THOSE WHO CALL FOR HELP IN AN OVERDOSE EMERGENCY, WHILE ALSO EXPANDING ACCESS TO THE OVERDOSE ANTIDOTE, NALOXONE (6).

SENTINEL SURVEILLANCE OF COUNTERFEIT PHARMACEUTICALS

IN 2017, GEORGIA EMERGENCY PHYSICIANS IDENTIFIED OVERDOSES FROM COUNTERFEIT PERCOCET PILLS. THROUGH COORDINATION WITH THE HEALTH DEPARTMENT, POISON CENTER, AND LAW ENFORCEMENT, COMMUNITY ALERTS WENT OUT AND THE OVERDOSE OUTBREAK WAS CONTAINED. RAPID ED SYNDROMIC DATA OR MEDICAL CLAIMS DATA CAN IDENTIFY CHANGES IN OVERDOSE BURDEN QUICKLY TO DISPERSE NALOXONE AND ALERTS TO COMMUNITIES AT RISK (7).

HARM REDUCTION COUNSELING

HARM REDUCTION INCORPORATES A SPECTRUM OF STRATEGIES FROM SAFER USE, TO MANAGED USE, TO ABSTINENCE, BY MEETING DRUG USERS "WHERE THEY'RE AT," AND ADDRESSING CONDITIONS OF USE ALONG WITH THE USE ITSELF. OPIOID SUBSTITUTION THERAPY UNDER MEDICAL SUPERVISION IS EFFECTIVE IN REDUCING ILLICIT OPIOID USE, HIV RISK BEHAVIORS, CRIMINAL ACTIVITY, AND OPIOID-RELATED DEATH (8).

PHARMACIST-DELIVERED OPIOID EDUCATION

IN 2016, A MIDWEST EMERGENCY DEPARTMENT CONDUCTED A PHARMACIST-DELIVERED BRIEF INTERVENTION ON OPIOID SAFETY AND OVERDOSE PREVENTION FOR PATIENTS PRESENTING WITH A CHIEF COMPLAINT OF OPIOID OVERDOSE OR WITH A DISCHARGE PRESCRIPTION FOR AN OPIOID. 97% OF PATIENTS REPORTED THE INTERVENTION IMPROVED THEIR KNOWLEDGE OF OPIOID SIDE EFFECTS (9).

INCREASE TRANSPARENCY OF PRESCRIPTION DRUG MONITORING PROGRAM

SEVERAL STUDIES HAVE LINKED PRESCRIPTION DRUG MONITORING PROGRAM IMPLEMENTATION IN SELECTED STATES OR YEARS WITH TRENDS IN AGGREGATE OPIOID CONSUMPTION OR POPULATION RATES OF OPIOID ABUSE, OPIOID-RELATED INPATIENT ADMISSIONS, AND OVERDOSE DEATHS (10).

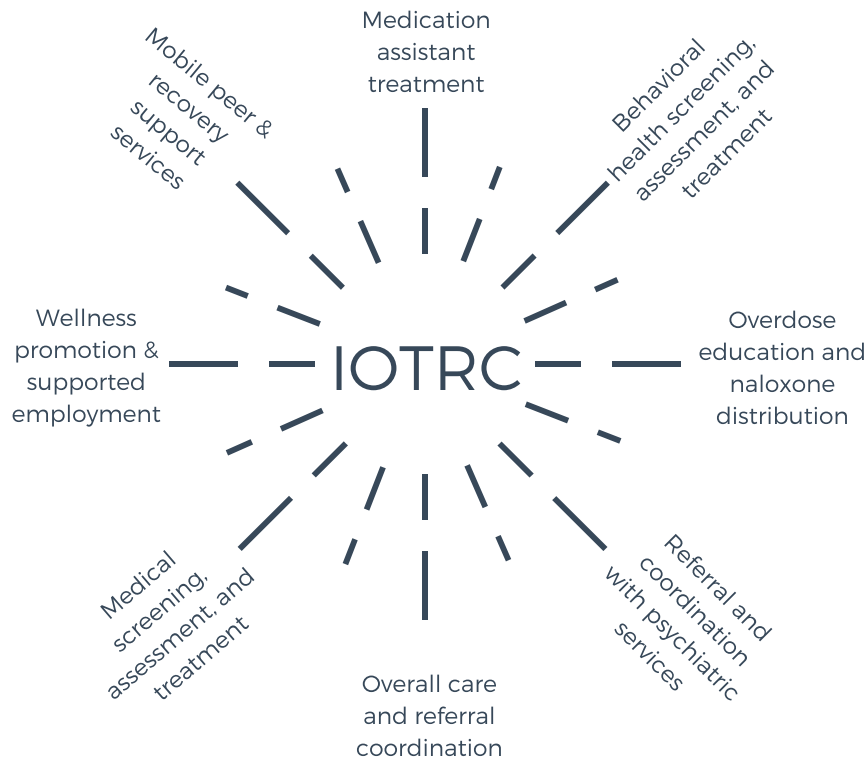
PRESCRIPTION PROTOCOL THAT REDUCES OPIOID PRESCRIBING (ALTERNATIVES TO OPIOIDS)

A COLORADO PILOT AIMED AT ENCOURAGING EMERGENCY PROVIDERS TO USE MORE ALTERNATIVES TO OPIOIDS SAW REDUCED OPIOID ADMINISTRATION BY 36% COMPARED TO THE SAME TIME PERIOD, AND A REDUCTION OF 35,000 INDIVIDUAL OPIOID ADMINISTRATIONS. IN TANDEM, ADMINISTRATIONS OF NON-OPIOID ALTERNATIVES INCREASED BY 31% (11).



NEVADA'S RESPONSE TO THE OPIOID CRISIS

NEVADA'S INTEGRATED OPIOID TREATMENT AND RECOVERY CENTERS (IOTRC) PROVIDE MEDICATION ASSISTED TREATMENT (MAT) AND RECOVERY SERVICES USING AN INNOVATIVE SYSTEM REFERRED TO AS THE HUB AND SPOKE SYSTEM.



THE HUB AND SPOKE SYSTEM IS A MODEL COMPRISED OF OPIOID TREATMENT PROGRAMS THAT SERVE AS THE HUBS AND COMMUNITY-BASED SERVICES WHO SERVE AS THE SPOKES.

DID YOU KNOW?

A RECENT ANALYSIS BY NEVADA'S DIVISION OF PUBLIC AND BEHAVIORAL HEALTH (DPBH) FOUND THAT 1 IN 10 PEOPLE WHO WERE HOSPITALIZED FOR OPIOID POISONING DIED WITHIN THE NEXT YEAR. THE ODDS OF SUBSEQUENT OVERDOSE MORTALITY CAN BE ELEVATED AS MUCH AS 7 TIMES AMONG PEOPLE WHO HAVE OVERDOSED IN THE PAST (12,13).

WHAT INTERVENTIONS ARE YOU UTILIZING TO REDUCE OPIOID USE DISORDER?

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References: 1. D'Onofrio, G., O'Connor, P. G., Pantalon, M. V., Chawarski, M. C., Busch, S. H., Owens, P. H., Bernstein, S.L., & Fiellin, D. A. (2015). Emergency department-initiated buprenorphine/naloxone treatment for opioid dependence: A randomized clinical trial. *JAMA*, 313(16), 1636-1644. doi: 10.1001/jama.2015.3474. 2. Rhode Island Governor's Overdose Prevention and Intervention Task Force (2015). Rhode Island's strategic plan on addiction and overdose: Four strategies to alter the course of an epidemic. Rhode Island governor's overdose prevention and intervention task force. Retrieved from <http://www.health.ri.gov/news/temp/RhodeIslandsStrategicPlanOnAddictionAndOverdose.pdf>. 3. Coffin, P.O., Behar, E., Rowe, C., Santos, G.M., Coffa, D., Bald, M., & Vittinghoff, E. (2016). Nonrandomized intervention study of naloxone coprescription for primary care patients receiving long-term opioid therapy for pain. *Ann Intern Med*, 165(4), 245-52. doi: 10.7326/M15-2771. 4. Screening, brief intervention, and referral to treatment (SBIRT). (2014). Retrieved from <https://www.samhsa.gov/sbirt>. 5. Eibl, J.K., Gauthier, G., Pellegrini, D., Daiter, J., Varenbut, M., Hogenbirk, J.C., & Marsh, D.C. (2017). The effectiveness of telemedicine-delivered opioid agonist therapy in a supervised clinical setting. *Drug and Alcohol Dependence*, 176, 133-138. doi: 10.1016/j.drugalcdep.2017.01.048. 6. Good Samaritan Drug Overdose Act of 2015, SB459 B.D.R. §§ 40-1199 (2015). 7. Houry, D.E., Haegerich, T.M., & Vivolo-Kantor, A. (2018). Opportunities for prevention and intervention of opioid overdose in the emergency department. *Annals of Emergency Medicine*. doi: 10.1016/j.annemergmed.2018.01.052. 8. Logan, D. E., & Marlatt, G. A. (2010). Harm reduction therapy: A practice-friendly review of research. *Journal of Clinical Psychology*. doi:10.1002/jclp.20669. 9. Winstanley, E. L., Mashni, R., Schnee, S., Miller, N., & Mashni, S. M. (2017). The development and feasibility of a pharmacy-delivered opioid intervention in the emergency department. *Journal of the American Pharmacists Association*, 57(2). doi:10.1016/j.japh.2017.01.021. 10. Bao, Y., Pan, Y., Taylor, A., Radakrishnan, S., Luo, F., Pincus, H. A., & Schackman, B. R. (2018). Prescription drug monitoring programs are associated with sustained reductions in opioid prescribing by physicians. *Health Affairs*, 35(6), 1045-1051. doi:10.1377/hlthaff.2015.1673. 11. Colorado Hospital Association. 2017 Colorado Opioid Safety Pilot Results Report. (2017). 12. Retrieved from https://hca.com/wp-content/uploads/2018/01/CHA-090-Opioid-SummitReport_FINAL.pdf. 13. Stovovec, M.A., Dietze, P.M., Jolley, D. Overdose deaths following previous non-fatal heroin overdose: record linkage of ambulance attendance and death registry data. *Drug and Alcohol Review* 2009;28:347-52.8. 13. Caudarella A, Dong H, Milloy MJ, Kerr T, Wood E, Hayashi K. Non-fatal overdose as a risk factor for subsequent fatal overdose among people who inject drugs. *Drug Alcohol Depend* 2016;162:51-5.