NEVADA STATE TARGETED RESPONSE TO THE OPIOID CRISIS (OPIOID STR) STRATEGIC PLAN

Submitted to SAMHSA
December 21, 2018

Strategic Plan

Plan to Expand Current Programmatic Capacity

Considering current programmatic capacity thresholds throughout the state, Nevada will continue to utilize Opioid STR funding to cultivate a "Hub and Spoke" system for Opioid Use Disorder (OUD) in Nevada. This system will provide integrated care coordination for OUD, expand access to treatment and recovery, deliver evidence-based treatment interventions including medication and psychosocial interventions, and improve retention in care using a chronic care model, in settings that allow for frequent patient contact with dedicated staff.

Nevada completed the process of identifying and funding three agencies to serve as hubs. The agencies have been tasked with onboarding additional primary care, behavioral health and peer recovery support staff with their awarded funding. The designation and expansion of a hub model will assist Nevada to increase access to OTPs/OBOTs, increase the availability of qualified staff and programs to address the needs of persons with an OUD and improve access to services. This is further outlined below:

Increase the number of OTPs/OBOTs
Through the development of the hub and spoke model, an existing opioid treatment provider, rural health clinic, federally qualified health center or certified community behavioral health clinic can serve as the hub while federally approved Data 2000 waivered prescribers who prescribe or dispense buprenorphine in office-based settings serve as the Spokes. The Spokes affiliated with each hub provide ongoing care for patients with milder addiction (managing both induction and maintenance). Spokes can also provide MAT services that may not be available at a particular hub. At a minimum, Spokes are comprised of at least one prescriber and a Medication Assisted Therapy (MAT) team to monitor adherence to treatment, coordinate access to recovery supports, and provide counseling. Patients can move between the Hub and Spoke based on clinical severity using a stepped care model. Of note: The three hubs have been identified and funded. There continues to be a gap in the availability of OBOTs in rural areas. Future funding will target those communities that have been identified as limited in service availability.
Increase the availability of qualified staff and programs to address the needs of persons with an OUD
Insufficient access to screening or treatment for opioid use disorders remains a barrier for most Nevadans. Per the Office of Statewide Initiatives at the University of Nevada, Reno School of Medicine (UNSOM), "the geographical maldistribution of health professionals is a fundamental feature of health workforce shortages in Nevada."[1] This is true for both primary care physicians and behavioral health specialist. Not only are Nevadans with an OUD challenged by lack of integrated

1 *The Health Workforce Supply in Nevada, 2016 The Health Workforce Supply in Nevada, 2016,* details recent trends on the supply of health care workers utilizing data collected by agencies and boards in the State of Nevada charged with licensing and regulating health professionals. It provides trend data on changes in the number of licensees, as well as change in the per capita number of licensed health professionals over the past decade. It also contains current information on the regions of the state designated as Health Professional Shortage Areas (HPSAs) by the federal Health Resources and Services Administration (HRSA), and the number of Nevadans residing in primary care, mental health, and dental HPSAs.

care for their needs, but the severity of provider shortages throughout the state make it even more difficult to access comprehensive, evidence-based, coordinated care.

As such, Nevada is discussing the feasibility of implementing telemat services coupled with mobile methadone clinics, community pharmacies or methadone wheels for the dispensing of methadone to individuals living in rural communities that do not have direct access to and OTP or OBOT along with.

Improve Access to Services

Access to services will be improved through the essential services provided by hubs either internally or through formal care coordination agreements with partner agencies inclusive of:

• Methadone	• Comprehensive Evaluations
• Buprenorphine	• Outpatient Behavioral Health Treatment
• Vivitrol/Naltrexone	• Recovery Supports to include Voc Rehab and Educational Support
• Ambulatory Withdrawal Management	• Drug Testing
• Care Coordination/Care Management	• Peer Supports (Mobile Recovery Outreach Team)

Additionally, the State of Nevada will continue to engage state systems to promote access to services through the following methods:

Identify gaps in current service system

Medicaid is working to assess the current service structure enrolled providers are eligible to bill for related to MAT services. By identifying the gaps, Medicaid can create a bundled rate for Hubs providing MAT services. Additionally, Medicaid will be able to educate providers on how to submit for reimbursement using the bundled rate.

Encourage Medicaid enrollment to determine eligibility for services

All organizations providing MAT services throughout the state will be encouraged to enroll as Medicaid Providers [specifically PT-215-17 and PT-20].

Provision of Transportation: The Opioid STR project will not provide direct funding support for transportation, however the project will leverage existing contracts with State of Nevada Medicaid and other available funding to assist with transportation support.

Use of telehealth & internet connections

At this time, all Certified Community Health Clinics (CCBHC) within the state are implementing the use of telehealth services to promote web-based counseling services. Additionally, telehealth for MAT will be integrated into the scope of work of designated Hubs.

Other

Use of Paramedicine in rural communities to engage individuals and provide follow-up service referrals for patients that have been treated for a suspected Opioid Overdose or Opioid Encounter. The Paramedicine professionals will also provide patients with referrals to the Hubs and OBOTs.

Plan for the Initiation and/or Expansion of Recovery Support Services

In consideration of Nevada's unique geography, population densities, and workface shortages, and in an effort to meet persons with OUD, "where they are," Nevada has supported the creation of mobile recovery outreach teams (MROT) that are tied to the Hub that are available 24-hours a day for on-call response. The mobile recovery teams will continue to receive support to establish relationships with the Emergency Departments and first responders in order to meet the needs of persons with OUD in crisis situations. Mobile recovery will expand recovery support services for individuals with an opioid use disorder, who are utilizing a designated hub for MAT. Recovery support services are services that help an individual build recovery capital and may not be specific in treatment options. The MROT will provide resources for the individual regarding community services and recovery programs and provide assistance with access to a Medicaid eligibility worker, employment, housing and wellness coaching. The mobile recovery team will be trained and supervised to offer a variety of recovery support services, to enhance the hubs' wraparound services, and more importantly, increase the person with an OUD's likelihood of maintaining long-term recovery.

Based upon your state data of persons served with public and private funds in OTPs and DATA 2000 Buprenorphine Waiver Provider Practices (including FQHCs) from most recent annual data available

Of the 17 OTPs providing services throughout Nevada, only three receive public funds [see table 4 of the needs assessment for a breakdown].

A survey sent out to all DATA 2000 Buprenorphine Waiver Provider Practices in 2017 revealed that many physicians despite completing the waiver continue to be hesitant prescribing MAT due to insecurity in their knowledge of SUD and MAT, or they are unaware of further treatment resources in their communities. Many have indicated a desire for further education while others remain resistant to implementing MAT services in their practice. An updated follow up survey has recently been sent out to all DATA 2000 Buprenorphine Waiver Provider Practices in an effort to further assess current needs for providers.

Financial interventions such as federal grant funds, Medicaid and state general funds will be leveraged to increase the number of persons serviced with public and private funds as well as ensure coverage for persons who are not insured or underinsured. The following outlines the State of Nevada's plan:

Increase the number of persons served with public funds (federal grants, Medicaid, state and local funds, etc.)

- Enrollment of qualified persons within the State of Nevada Medicaid System will alleviate the strain on using Block Grant Dollars towards services reimbursable by Medicaid. Block grant dollars can then be allocated towards residential services in an effort to expand services statewide.
- The Substance Abuse Prevention and Treatment Agency, through SABG Funding will provide reimbursement for traditionally non-reimbursable services while working with Medicaid to expand reimbursable options..

Increase the number of persons served with private funds (self-pay, private insurance, etc.)

- All facilities providing MAT services in the state will adopt a sliding fee scale in an effort to reduce financial barriers for individuals seeking treatment.

- Additionally, Nevada will work with each Certified Opioid Treatment Provider within the state to promote the adoption and administration of a sliding fee scale.

Ensure coverage for persons who are not insured or underinsured

Medicaid enrollment/eligibility coordinators will be placed within each FQHC, Rural Clinic, CCBHC and hub. A site with an enrollment coordinator that can assist individuals to establish qualification for Medicaid services is considered to have "presumptive eligibility" under which the organization can bill for Medicaid reimbursable services. State of Nevada Medicaid has a vast array of services available to qualified individuals and once qualification is determined and an individual is enrolled in the Medicaid system, they will have immediate access to services through SNAP, TANF and WIC.

In an effort to promote Medicaid enrollment, standardized release times are being established throughout Nevada jails so that individuals can meet with an enrollment coordinator prior to release. In Clark County, Nevada's most populated city center, an arraignment center has been established so that minor offense cases can be adjudicated and the individual released within 12 hours. – Medicaid has requested to be part of the arraignment process so that an eligibility worker/enrollment coordinator can meet with client prior to release. The individual, once released, will have access to supportive services. To date, the following counties have eligibility workers located throughout: Washoe, Lyon, Churchill, and Clark.

Considerations of Current Staffing Limitations

The process, services, and interventions selected to be used in order to increase the capacity of Nevada's existing programs dedicated to addressing OUD include:

- **Hiring and training new staff:** The Nevada Opioid STR Project has hired a law enforcement coordinator that will act as a liaison between the State of Nevada Attorney General's Office and the Division of Public and Behavioral Health along with a statewide SBIRT coordinator to train practitioners and to provide TA on how to incorporate SBIRT into clinic workflow. The project understands that this goes beyond just training and requires adoption and practice change.
- **Integrating programs and personnel:**

Focus Area	Recommendations	Progress to date	STR opportunities
Design and implement data driven collaborative systems for decision-making to address the crisis.	Identify trends, doctor shoppers and high prescribers by using Prescription Drug Monitoring Program (PMP). Work (in a taskforce or fusion center) and partner Federal, State, and Local government on investigations and prosecutions. Expand law enforcement to see the criminal justice system as part of data integration. Leverage policies and procedures (like the National Center for Interstate Compacts) for accessing information for the PMP database.	Data agreements signed between OPHIE and local law enforcement agencies Data agreement signed between PMP and Office of Public Health Informatics and Epidemiology (OPHIE), 2/2017	Enhancements to PMP Coordination through WITS* Adoption of OD Maps or other real time mapping systems to identify opioid hotspots

	Develop and implement a universal data sharing agreement.	Data agreement signed between PMP and OPHIE, 2/2017	Increase data-sharing agreements/collaborations Implement and build out WITS data system to integrate/consolidate all data related to OUD
	Create shared definitions and language around comprehensive pain management approaches (MAT, non-opioid treatment, etc.).		NROOR maintenance and expansion ECHO clinics and trainings for providers
	Formalize communications through an Executive Order.	Nevada Controlled Substances Prevention ACT	
Ensure sufficient infrastructure and resources to address the crisis.	Increase access to MAT.		NROOR maintenance and expansion to four additional counties.
	Address the healthcare workforce shortage issues (especially in the rural areas) and expand alternative service options such as telemedicine and mobile units.		New model for integrated care with hubs and bi-directional referrals, OBOT certification, mobile recovery unit, SMART recovery, community outreach, telemedicine where necessary
	Implement patient-centered care to allow the full range of service options to meet their needs.		
	Ensure there is a multi-disciplinary approach to public awareness.	Multi-disciplinary task force, Governor's Summit, Healthier Nevada http://healthiernv.org/	
	Expand range of non-opioid treatment options, such as: a) Chiropractic b) Acupuncture c) Cognitive Behavioral Therapy		ECHO bimonthly pain management clinics
	Expand and promote Screening, Brief Intervention, and Referral to Treatment (SBIRT).	SBIRT (Screening, Brief Intervention and Referral to Treatment)	Creation of SBIRT coordinator for training and technical assistance related to *implementation* of SBIRT among practitioners

*In order to coordinate and provide the highest level of integrated care and case-management, and avoid either duplication of, or underuse of available resources, Nevada needs a system to store, monitor, and share data related to individual with OUD, Nevada will onboard the WITS system. WITS is a web based application designed to capture data for substance abuse and mental health, prevention and treatment client services

Collaboration with other qualified professionals and systems:

- Treatment RFP dollars will assist established hubs to hire and onboard additional personnel in an effort to increase MAT capacity. Through the use of Formal Care Coordination Agreements with the spokes, all of the essential functions needed for an effective hub system will be met. Clients will be referred out to care coordinated across providers, as necessary.

- Project ECHO will be used to promote trainings for prescribers and support provider education. ECHO will provide two clinics per month that will address case management for pain management for patients, as well as stigma reducing prescribing patterns, alternative pain management, and screening tools. ECHO will also provide a platform for education new and existing MAT providers.
- WITS will also facilitate cooperation and collaboration among providers by enabling the sharing of client services information via the web, and includes robust billing capabilities and an integrated contract management module allowing for multiple forms of provider management and billing between the government entity and its community of providers.

OTHER EXISTING ACTIVITES and their funding sources that address opioid use prevention, treatment and recovery activities

Nevada's greatest resource in combatting the opioid crisis has been the coordinated efforts of a diverse group of stakeholders, and a Governor who has taken the lead in synchronizing initiatives to enact a comprehensive and strategic response to the opioid crisis. In 2014, Nevada Governor Brian Sandoval was selected by the National Governors Association as co-chair of the second round of its Prescription Drug Abuse Prevention Policy Academy for States, as part of the Association's ongoing effort to reduce prescription drug abuse. Nevada was selected as one of seven states to participate in the policy academy on the topic. As part of this academy, the Governor established a Drug Abuse Prevention Task Force which was led by First Lady Kathleen Sandoval.

The following table further outlines Nevada's existing grants and projects dedicated to addressing opioid use prevention, treatment and recovery activities:

Table 14. Nevada Funding to Address the Opioid Crisis

Funding Stream	*Strategies/Activities*	*Funding Period*
CDC Prevention for States (PFS)	• Expand and improve proactive reporting • Conduct public health surveillance with PMP data and disseminate quarterly reports • Identify and provide technical assistance to high-burden communities and counties to address problematic prescribing • Create an opioid data dashboard • Link deaths, hospitalizations, and prescriptions of individuals • Create mapping of funded activities to find gaps • CDC's statewide media campaign • Link health data sets and law enforcement data sets	8/1/16-7/31/19
CDC Enhanced State Surveillance of Opioid-Involved Morbidity and Mortality (ESOOS)	• Increase timeliness of aggregate nonfatal opioid overdose reporting • Increase the timeliness of fatal opioid overdose and associated risk factor reporting • Disseminate surveillance findings to key stakeholders working to prevent or respond to opioid overdoses	9/1/17-8/31/19
CDC Opioid Overdose Crisis	• PDMP and HealthHIE Nevada Integration • Development of a BadBatch notification system • Implementation of OpenBeds	9/1/18-8/30/19
SAMHSA Strategic Framework Partnership for Success (PFS)	• Reduce the nonmedical use of prescription drugs among persons 12 and older and the consequences that result from such use, with a focus on persons ages 12-25 • Implement a comprehensive prevention strategy through community education, social marketing/media, physician training, and drop boxes/Take Back events through 13 funded coalitions	9/30/13-9/29/18
SAPG Block Grant: Funding Opportunity 003	• Target efforts to encourage the use of Prescription Drug Monitoring System by prescribers, • Provide education on the use of naloxone and education on the Good Samaritan Law	4/1/17-9/30/19
Nevada Rural Opioid Overdose Reversal Program (NROOR)	• Provide Naloxone administration training to EMS personnel • Provide initial stock of Naloxone to EMS services that did not have it in their formulary • Provide patient education, substance abuse treatment referrals, and intranasal Naloxone to opioid overdose patients upon discharge	9/1/15-8/1/17
FQHC Incubator Project	• Implement system design models that will most rapidly address the gaps in their systems of care	Upon Receipt – 4/30/18

	• Deliver evidence-based treatment interventions including medication and psychosocial interventions • Report progress toward increasing availability of treatment for OUD and reducing opioid-related overdose deaths based upon measures developed in collaboration with the Department of Health and Human Services (DHHS); • Improve retention in care, using a chronic care model	
Harold Rogers Prescription Drug Monitoring Program Grant (Reno Police Department)	• Analyze PDMP data in order to identify high-risk populations, geographic hotspots, and the relationship between heroin arrests and opioid prescriptions	10/1/15-9/30/18
Attorney General Volkswagen Settlement Money	• Design and implement a program that promotes awareness and understanding of the dangers and consequences of prescription drug misuse • Connect those at risk of developing prescription drug dependency or abuse to preventive services • Provide education on the dangers of prescription misuse, neonatal exposure, youth accidental overdose • Provide resources for chronic pain management and preventative service programs to avert prescription drug misuse and dependency. • Provide the locations of where unused prescription drugs can be taken for disposal and destruction. • Promote awareness of proper storage of prescription drugs	10/17-6/19
Unfunded Efforts		
AB 474	AB474 was Nevada Governor Sandoval's high priority bill pertaining to controlled substance abuse in the state. This bill follows the 2016 Prescription Drug Abuse Summit and numerous meetings thereafter with providers. A significant part of the bill pertains to requirements on a provider's ability to prescribe opioids and how prescriptions must be labeled. The bill also includes a number of provisions that deal with the power of licensing boards to enforce the prescribing guidelines. For health care providers, the key pieces of this bill most likely to impact them are (1) the new requirement to check the PMP on every prescription, which replaced the legislation from last session that exempted prescriptions under 7 days and imposed specific requirements on initial prescriptions; (2) the requirement to be registered with the PMP in order to receive or renew a DEA registration to prescribe controlled substances; and (3) a new required mandatory two hours of continuing education.	
SB 459	SB 459 allows a physician to prescribe an opioid antagonist directly or by standing order to a person that is at risk of overdose or to a family member, friend, or other person in a position to assist a person that is at risk of experiencing an overdose.	
Attorney Generals Work Group	The Attorney General's Substance Abuse Workgroup has made prescription drug misuse/abuse a focus for this year. They are recognizing that many people transition to heroin after prescription drugs become more difficult to	

	obtain or are too expensive. A team of multi-disciplinary professionals look at this issue from many perspectives, including addressing the issues through new legislation.

The State has formed collaborations with the CDC, CMS, ASTHO, HRSA Region 9, ASPE, AHRQ, and SAMSHA's Addiction Technology Transfer Centers [Region 9 and NFAR]. Collaborations also exist with Nevada's Hospital Association, Rural Hospital Partners, NSMA, Southwest Medical and Healthcare Guidance Partners. Lastly, Nevada's Governor is an active participant of the National Governor's Association and was the Chair of the Governor's Accountability Workgroup that met before the 2016 statewide summit. The Governor and his staff are in the process of pulling the members of the workgroup together in September 2017 for an update on efforts made as a result of the summit.

- *Integration with primary health care providers via co-location of staff*
  Hubs can choose to utilize co-location of staff among spokes for promotion of client care and cost savings.
- *Referral/Business agreements with other provider networks* – Formal care coordination agreements of essential services will be required for hubs
- Coordination with public health clinics, FQHCs, Emergency Departments is currently being done through the States Chief Medical Officer and the STR Project Director. Additionally, the Behavioral Health position located within the Governor's office attends quarterly meetings with all medical provider boards to ensure information is being communicated with all professionals throughout the state.

Plan for addressing STR population of focus and other priority **populations, i.e. Pregnant Women and Women with Dependent Children, persons being released from incarceration, tribal entities, etc**.

Nevada realizes that our indicated populations represent a relatively wide array of individuals at risk for, or with OUD. To address the needs of each these diverse sub-populations, Nevada proposes to establish an integrated system of care coordination for treatment and recovery that is based upon a stepped care model, and adjusts the degree of care and range of services needed by any Nevada resident who presents with an OUD. The bi-directional nature of the proposed model of care coordination, supplemented by mobile recovery units, ensures that the DPBH will reach service-recipients with OUD, "where they are." The proposed project will take each of the SABG priorities into account, as well as the priorities set forth in the funding opportunity.

Population of Focus and Priority Populations	**Processes, systems, interventions, and collaborations Nevada will utilize to support these populations**
Pregnant Women and Women with Dependent Children Child Welfare, Child Protective Services	The Opioid STR project will Work with Nevada' Plan of Safe Care to promote care for pregnant women and substance exposed children. Goals of the Plan of Safe Care include: o Working to facilitate acceptance of MAT as evidence based treatment for pregnant women with OUDs and develop referral resources for hospitals and care staff for the referral of patients needing behavioral health services in addition to MAT o Developing a comprehensive statewide system of care o Developing protocols for consistent and early identification of pregnant women and infants with prenatal exposure o Understanding and maximize financial resources o Developing data infrastructure o Examining state legislation and policies (to support screening of newborns suspected of being exposed in utero to alcohol or

	a controlled substance, reporting to CPS and plans of safe care). o Promote integration with primary and public health through sharing of data and resource referral
Persons Being Released from Incarceration	The STR Director in currently outreaching to jails to coordinate efforts for MAT for persons being released from incarceration by providing overdose education and naloxone at time of discharge. Two Nevada Counties, Washoe and Clark, have expressed interest in naloxone distribution. The STR Director has been working with Clark County to develop a pilot program to administer long acting buprenorphine implants to select individuals with OUD being released into treatment. Washoe County has also expressed interest in expanding the pilot program.
Tribal Entities	o The STR Director is working with Tribal Health Medical Directors to promote Naloxone distribution and overdose education. o Promote integration with tribal primary health providers and public health through sharing of data and resource referral.
Law Enforcement, Specialty Courts, Drug Courts, Parole and Probation	o Development of a virtual naloxone dispensary o Specialty Court Trainings through National Judicial College o Law Enforcement Summit took place in September 2017 with individual follow up ongoing

Based on the results from the needs assessment: Describe the prevention population(s) of focus. Outline any identified gaps and areas of high need and the strategies that will be used to address them.

With the 2015 passing of SB459, registration in Nevada's PDMP ranges from 85-95% depending on the licensure type (MD, Advanced Practice Nurse). Subsequently, the 2017 passing of AB474 requires that in order to obtain or renew a DEA license number the practitioner must be enrolled in the State of Nevada PMP. Utilization of the PMP will increase due to mandates set forth in AB474 requiring the PMP to be checked 90 days after initial prescription and annually.

Strategies that will be implemented to ensure that prevention capacity is increased for underserved prevention population(s) of focus and the identified areas of high need include:

- Partnering with Community Based Organizations serving underserved/high risk populations in identified areas of need will have an opportunity to order and distribute Naloxone and provide overdose education.
- Academic detailing and prescriber education on the co-prescribing of Naloxone.

The following mechanisms currently exist within the State of Nevada's infrastructure as a means to engage community partners and stakeholders to address disparities among prevention populations of focus.

Committee/Group Name	Focus Area/Goals
Nevada Multi-Disciplinary Prevention Advisory Committee (MPAC)	The MPAC was formed as a component of the Strategic Prevention Framework- State Incentive Grant program with 3 primary objectives: 1) set criteria and guide mechanisms for awarding sub-recipient grants. 2) Develop short and long-term goals for statewide system. 3) Develop and support comprehensive state prevention planning and funding.
State Epidemiology Work Group (SEW)	The SEW has 4 key roles: 1) identify, analyze, profile and share data from existing state and local sources. 2) Create data-guided products that inform prevention planning and policies. 3) Train communities in understanding, using and presenting data in an effective manner. 4) Build state and local-level monitoring and surveillance systems.
State Evidence Based Work Group	This group has three goals: 1) Create a process and template for providers to submit programs that have shown success in their community. These programs will then be vetted for efficacy. 2) Maintain a Program Guide listing Nationally Recognized Best Practices/Programs, as well as those submitted to the committee which have passed the vetting process and have been found to be effective. The Guide is arranged in such a way as to allow the user to search programs by strategy or area of interest. 3) Offer training to the community on how to submit a program for review and how to use the guide.

Describe how data (epidemiological, PDMP, etc.) will be used to address opioid overdose and to identify gaps and areas of high needs, as well as strategies to enhance data collection efforts.

The Office of Public Health Informatics and Epidemiology developed an Opioid Surveillance Package which was published in 2016. New data sharing agreements have since been established with the Board of Pharmacy to include PDMP data within the document. The Surveillance package which will be augmented to include cross system mapping and identification of relationships where prevention efforts should be directed. At this time a new iteration of the surveillance package is being drafted. Additionally, the Southern Nevada Health District is developing a dashboard that will allow for the capture of data and cross-system mapping to be shared in public facing manner. Data will include assessing for cross usage of illicit substances and/or indicators to identify high-risk individuals. Recent data results indicate a relationship between methamphetamine and opiates indicating new avenues to address opiate usage.

The State of Nevada reports that there are no gaps in pharmacy’s reporting. There is a dedicated analyst within OPHIE that is responsible for PMP data analysis.

Gaps in the current naloxone distribution have diminished:

- State of Nevada Medicaid had been reporting an average of 10 Naloxone prescription reimbursements from the MCO and Fee for Service side. The highest prescription amount filled was 15. Currently, Naloxone is only distributed at four hospitals following discharge from an opioid overdose.
- Three community based organizations as well as the identified hubs are reporting to be distributing naloxone. Multiple other agencies have expressed interest in becoming naloxone distribution sites.
- Community trainings for naloxone and overdose education are ongoing throughout the state of Nevada, with distribution at the time of training.

Through Opioid STR, Naloxone will be distributed throughout community organizations through a virtual naloxone ordering dispensary. Community based organizations will be able to order as they need the product. This will enable a 'just in time' ordering approach and enable organizations to order what they need and to not have an overage of product on hand that could expire.

Number and Type of Entities/Individuals Trained In Overdose Education and Naloxone Administration

The entities facilitating the overdose education were varied so educational goals and materials differed depending on the audience. Materials in SAPSHA's Opioid Overdose Prevention Toolkit were referenced. To date, NROOR has trained 117 EMTs on overdose education and Naloxone administration. Although not specifically education on Naloxone, 46 healthcare providers, 37 mental health professionals, drug court professionals, and attendees of a community college library committee event received training on overdose education. Presentations on integrating Naloxone and overdose prevention into clinical practice were given at the annual meeting of the Nevada Academy of Family Physicians and at the annual Orvis Nursing School healthcare symposium. The Nevada Rural Preparedness Summit provided a presentation on expanding Naloxone access. One coalition, covering the three rural counties of Humboldt, Pershing, and Lander Counties, is training first responders on Naloxone (Stein-Seroussi et al., 2016).

Through CASAT, 37 naloxone and overdose education trainings have been completed across the state of Nevada since June 2018. Within those trainings 773 community members have been trained and received naloxone. In addition to the community trainings, 2784 units of naloxone have been distributed to 55 different Law Enforcement Agencies and 1688 units have been distributed to the hubs and 280 units have been distributed to community-based organizations.

Southern Nevada Health District has trained and distributed 1430 naloxone kits to community members, 682 kits to EMS, and 686 kits to law enforcement in Clark County since January 2018.

Based on policy/legislation categories below, describe how policy/legislation will be utilized to strengthen prevention efforts in the state/jurisdiction

Policy/Legislation Category	How policy/legislation will be utilized to strengthen prevention efforts in the state
Good Samaritan laws	A Good Samaritan law went into effect in 2015.

Mandatory participation in PDMP	Prescribing physicians must run a patient utilization report in the PMP since 2015 participation in the PMP became mandatory as of October 2015 and since then participation has increased from 16% to 90%. Enhanced in AB474.
Open prescription for naloxone	SB459: Community Based organizations can dispense as long as there is no compensation to the organization.
Newly dedicated state funding for naloxone	*Although there is* no dedicated state funding for naloxone, the Nevada office of the Attorney General has allocated a portion of the settlement dollars from Volkswagen towards the purchase of Naloxone. Further naloxone purchasing is supported through STR grant funding.
Standing orders for naloxone	With the passage of SB 459, a physician is allowed to prescribe an opioid antagonist directly or by standing order to a person that is at risk of overdose or to a family member, friend, or other person in a position to assist a person that is at risk of experiencing an overdose. All CVS, Walgreens, and Smiths within the State of Nevada have standing orders.
The creation of governor's task forces, advisory councils, or work groups to address the opioid crisis	In 2016, Nevada's Governor established a Drug Abuse Prevention Task Force led by the First Lady. He convened and chaired a statewide drug summit of over 500 stakeholders, including legislators, health care professionals, law enforcement, judges and individuals in recovery from a substance use disorder in 2016. Based on their recommendations, Governor Sandoval introduced the Controlled Substance Abuse Prevention Act, which will provide more training and reporting, and heightened protocols for healthcare professionals, which passed in May 2017. Additionally, the Attorney General chairs a Substance Abuse Working Group. The Utilizing working Group recommendations, the Office of the Attorney General Proposed SB59. SB59 requires reporting of controlled-substance violations, prescription drug-related overdoses or deaths, and stolen prescription drugs to the PMP. The bill was passed on May 30, 2017. The Governor's workgroup has been meeting quarterly with the last meeting October 31, 2018.

Describe how awareness of opioid overdose prevention will be increased in the community:

Media campaigns

A media Campaign is not included in STR activities to avoid duplication of efforts. At this time media campaigns around Opioid Overdose Prevention and OUD stigma reduction are being

planed through other grant/project as referenced in the table [#] above and expanded upon with STR funding. The State of Nevada will be developing educational materials around legislation currently passed for providers along with educational materials for patients so that they have an idea of what they can expect from their provider

OTHER FUNDED PROGRAMS ADDRESSING THE OPIOID CRISIS, i.e. PDO, SPF-RX, Medication drop off sites (describe efforts under each grant program)

See table 14 above.

SCHOOL AND COMMUITY EDUCATION PROGRAMS

At this time, no STR funds have been allocated to engage schools and community education programs to not duplicate efforts coordinated with other funding streams.

ADDITIONAL PREVENTION EFFORTS NOT LISTED ABOVE

The Following are activities were completed at the community level through coalitions in the last year:

Alternative Pain Management techniques for pain, especially chronic pain, some community coalitions are introducing Alternative Pain Management techniques such as Tai Chi, Yoga, Chi Gong to their community. Pills Anonymous meetings are being offered monthly, although attendance has not been strong.

The Community Health Worker model is being utilized in Las Vegas, Elko, Carson, Lyon Counties. This strategy has been successful in engaging more community members as these individuals are peers. They have a connection to their community and are trusted advocates. Community Health Workers promote preventative health services, alternative pain management and exercise for stress reduction. To strengthen their skill set, they were also trained in 'Say it Straight' for suicide prevention techniques.

Coalitions distributed Deterra bags for proper disposal of prescription drugs to Hospice, Funeral Homes, Senior Centers, and Realtors (with discussion of Rx theft prevention) across the state. Lock boxes are given to Veterans and seniors in many communities. 53,000 prescription bags printed with in-home disposal instructions have been handed out by local pharmacies. Informational sheets are also printed on local water bills.

At the state level, **the Multi-Disciplinary Prevention Advisory Council (MPAC)** is focusing on the opioid situation in Nevada. The Messaging Priorities sub-committee has been tasked with creating a statewide message. The messages stemming from this group will be used by all communities statewide. This group has worked closely with the National Governors Association Policy Academy on Prescription Drug Abuse, aligning many of our approaches with that group's priorities to avoid duplication of effort and continue the momentum created in Nevada on this issue. The MPAC has agreed to act as the advisory board for this alignment. This group's membership has recently been revamped to include a Justice of the Nevada Supreme Court, additional coalition representation, a person in recovery, Maternal and Child Health, the Office of the Governor and a member of the National Council on Problem Gambling.

<u>The Evidence-based Practices Workgroup</u> is creating a Program Guide to aid communities in selecting strategies and practices that have been found to be effective. This group is also forming a team to vet new and emerging programs and practices to broaden relevant program choices.

<u>Screening and Brief Intervention Referral to Treatment</u>

In Northern Nevada, the University of Nevada, Reno's (UNR) Center for the Application of Substance Abuse Technologies has been implementing a SAMHSA-funded Student Training grant, titled Nevada's *Train, Educate, Adopt, and Collaborate for Healthcare with Screening, Brief Intervention, and Referral to Treatment* (*teach*SBIRT). The purpose of this three-year project is to increase the number of nurses and social workers able to address the needs of persons at risk for substance use disorders (SUDs) throughout Nevada's healthcare delivery system by promoting the adoption and sustainable practice of SBIRT. CASAT developed curricula designed to be infused into existing nursing and social work classes.

In Southern Nevada, the Southern Nevada Addictive Disorders Training Project based out of the Lincy Institute at the University of Nevada, Las Vegas. The three-year SAMHSA funded project is intended to strengthen and further develop the southern Nevada mental and behavioral health workforce by training health and behavioral health students, established behavioral health practitioners and allied professionals in the use of SBIRT. In addition to providing SBIRT training to students and community members, the Addictive Disorders Training Project coordinated efforts related to the recruitment and retention of behavioral health providers in Nevada including career workshops, the UNLV library addiction career resource guide, and an e-newsletter which provides information on behavioral health education and careers.

See page 13 for other prevention activities.

References

Guy, G. P., Zhang, K., Bohm, M. K., Losby, J., Lewis, B., Young, R., . . . Dowell, D. (2017, July 7). Vital Signs: Changes in opioid prescribing in the United States, 2006-2015. Retrieved from https://www.cdc.gov/mmwr/volumes/66/wr/mm6626a4.htm

Hartley, S. WCSD School Counseling & Drug Free Schools. *2011 Washoe County School District Youth Risk Behavior Survey Results.*

Hewlett Packard Enterprise. (2016, November 3). Announcement 1259. Nevada Medicaid Informational Bulletin on Medications and Services for Substance Use Disorders.

Lensch, T., Baxa, A., Zang, F., Gay, C., Larson, S., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and University of Nevada, Reno. *2015 Nevada High School Youth Risk and Behavior Survey (YRBS).*

Lipari, R. N., Van Horn, S. L., Hughes, A., & Williams, M. (2017, July 13. State and substate estimates of nonmedical use of prescription pain relievers. Retrieved from https://www.samhsa.gov/data/sites/default/files/report_3187/ShortReport-3187.html

Office of Public Health Informatics and Epidemiology. Division of Public and Behavioral Health. *2013 Nevada Youth Risk Behavior Survey.* Carson City, Nevada. February 2014.

Paulozzi, L., J., Mack, K. A., & Hockenberry, J. M. (2014, July 4). Vital Signs: Variations among states in prescribing of opioid pain relievers and benzodiazepines – United States, 2012. Retrieved from https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6326a2.htm

Stein-Seroussi, A., Grabarek, M., & Hanley, S. (2016). State of Nevada Strategic Prevention Framework Partnership for Success (SPF PFS) 2016 Evaluation Progress Report.

Weiss, A. J., Bailey, M. K., O'Malley, L., Barrett, M. S., Elixhauser, A., & Steiner, C. A. (2017, June). Patient characteristics of opioid-related inpatient stays and emergency department visits nationally and by state, 2014. Retrieved from https://www.hcup-us.ahrq.gov/reports/statbriefs/sb224-Patient-Characteristics-Opioid-Hospital-Stays-ED-Visits-by-State.pdf