

NEVADA

USE OF STR/SOR GRANT FUNDS TO ADDRESS THE OPIOID CRISIS

Background on opioid-specific grants to States

The Substance Abuse and Mental Health Services Administration (SAMHSA) administers the State Targeted Response to the Opioid Crisis (STR) and State Opioid Response (SOR) grant programs. These grants aim to address the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment, and recovery activities for opioid use disorder (OUD) in the States. States received a total of \$500 million for each of FY 2017 and FY 2018 through STR. Additionally, in FY 2018, States received an additional \$1 billion in new funding through the SOR grants. In FY 2019, States received \$1.5 billion through SOR. Eligible applicants for both STR and SOR are the State alcohol and drug agencies.

Allocations for Nevada

Nevada received \$5.6 million through STR for each of FY 2017 and 2018, and \$7.1 million through SOR in FY 2018. In FY 2019, Nevada received a total of \$10.9 million through SOR.

Overview of Nevada's efforts to address the opioid crisis

Nevada is using STR/SOR funds to support initiatives in four priority areas:

- 1) Prescriber Education & Guidelines;
- 2) Treatment Options & Third-Party Payers;
- 3) Data Collection & Intelligence Sharing; and
- 4) Criminal Justice Interventions.

The priorities are addressed through eight goals: enhance provider care; increase access to opioid use disorder (OUD) treatment; improve access to peer support services; prevent opioid overdose deaths; reduce the impact of neonatal abstinence syndrome (NAS); create a statewide platform for substance use treatment; develop real-time opioid overdose reporting; and provide support for justice-involved populations.

Prevention: reducing opioid misuse and addiction

Project ECHO Clinics: STR funds were used to increase the frequency and scope of Project ECHO Clinics, a platform which provides virtual telehealth consultation and education. The Project ECHO Clinics address alternative pain management strategies and implementation

of medication-assisted treatment (MAT) in a clinic setting. Nevada's ECHO clinics provide primary care providers and those in rural areas with access to specialty care. An ECHO Clinic related to opioids is held every week.

Continuing Medical Education: New online continuing medical education courses have been developed that address appropriate prescribing, the neuroscience of addiction, identifying high-risk patients, screening and brief intervention, MAT, pain management, and alternative therapies to opioids. Face-to-face trainings have addressed the Controlled Substance Abuse Prevention Act, MAT, and alternatives to opioids. Presentations have been delivered at conferences for criminal justice professionals and medical professionals on opioid trends, statewide efforts to address the crisis, and how new efforts affect their practice.

Co-prescribing Naloxone: Academic detailing on co-prescribing naloxone began in January 2019 and materials on naloxone co-prescribing were distributed via newsletters.

Screening, Brief Intervention, and Referral to Treatment (SBIRT) Training: A 6-week online SBIRT course was delivered from February-April 2019 to 20 medical providers. The course included virtual training, self-study and performance feedback on skills. Participants will receive online coaching sessions to discuss workflow issues and sustainability as they apply the skills to the workplace.

Increasing access to treatment

Opioid Treatment and Recovery Centers

- Development of three Integrated Opioid Treatment and Recovery Centers, or hubs, as part of a hub and spoke model. All hubs added services in-house and increased the number of coordinated care agreements with spoke agencies.
- Nevada's hubs, which are opioid treatment programs (OTPs), have historically treated OUDs exclusively with methadone. STR/SOR funding has further promoted MAT including methadone as well as buprenorphine and naltrexone. Nevada's hubs have been transitioning to making all three FDA-approved medications for the treatment of OUD an option for all clients.
- Hubs have begun to provide treatment for individuals with co-occurring disorders, eliminating the extra step for clients to go to an outside provider for such services.

Media Campaign: An anti-stigma media campaign began airing on both radio and television in March 2019 to reduce shame associated with addiction and treatment-seeking. A second campaign to increase naloxone awareness began airing in April 2019.

Special Populations

- Pregnant and Postpartum Women: Services designed to reduce the incidence of NAS have been developed. Care coordination and services for pregnant women with an OUD have been developed to increase retention in treatment. Recovery support

services for the postpartum period, as well as developmental screenings for infants with neonatal exposure to opioids have also been implemented. Outreach is occurring to make OBGYNs aware of such services and education on addressing OUD in pregnant and postpartum patients.

- Justice-involved individuals: A project is underway that is piloting the use of long-term MAT products in individuals stabilized on MAT prior to their release from prison. Transition to behavioral health services and ongoing MAT is arranged before release.

Overdose reversal efforts: saving lives

Naloxone distribution has expanded from two syringe service programs prior to STR/SOR funding to 3 treatment hubs, 8 community coalitions, 4 community-based organizations, and a jail. Two additional community-based organizations are preparing to become distribution sites and a sheriff's office is planning a leave-behind program, in which officers offer a free naloxone kit at the response scene to a patient who was revived from an opioid overdose.

Opioid STR has stimulated communities to develop preparedness plans in case a spike in overdoses ever occurs. Developing the preparedness plans brought various stakeholder groups within the different counties across the State together to assess capacity, identify and implement a real time overdose mapping system, define a spike within their unique communities, facilitate training, and create an opioid spike action plan.

In 2018, efforts began to increase utilization of an overdose mapping tool for real-time overdose reporting. To date, 45 agencies have signed on and six are currently entering data into the system. Nevada has at least one agency in every county in the State signed up for this mapping tool.

Hubs also developed mobile opioid recovery outreach teams that include a counselor and a peer. The teams conduct outreach in the community and dispatch to emergency rooms to speak with individuals following an overdose. Outreach is being done to expand the number of hospitals mobile opioid recovery outreach teams have contracts with.

Supporting recovery

Peer Support: The STR grant provided the funding to prompt hub agencies to hire peer recovery support specialists. The number of peers employed, and the number of clients seen by peers has increased over time. Peers are additionally being utilized on mobile recovery outreach teams, providing support to patients in ERs after an overdose and providing overdose education and naloxone distribution in the community.

Special Populations: Recovery resources (housing, employment) have been incorporated into services for pregnant and postpartum mothers and justice-involved individuals as part of the MAT Diversion court.

Continuing Education: Additional continuing education modules have been developed to provide more comprehensive training for certified Peer Recovery Support Specialists, including adding an overview of medication-assisted treatment and information on harm reduction and overdose prevention.

Collaborating with local entities

Access to diversion court options has increased with the introduction of a MAT Diversion Court. Individuals are provided with counseling, MAT, care coordination, and housing in order to reduce recidivism.

Screening for OUD has been implemented in criminal justice settings. A hub is visiting a prison bi-weekly to screen inmates for an OUD and to coordinate admission to treatment upon release. In the first five months, 98 inmates were screened, three of whom have been released and have entered treatment as of April 2019.

Positive outcomes

- 81 ECHO Clinics have been held with a total of 862 participants.
- 726 medical providers have participated in online continuing medical education courses and 1,501 have participated in face-to-face trainings.
- Academic detailing on co-prescribing naloxone reached 1,586 providers from 361 medical practices; and 840 providers received newsletters addressing naloxone co-prescribing.
- 4,340 clients have been served in hubs through April 2019.
- Nevada saw a 216% increase of patients on buprenorphine after transitioning to the hub model.
- 4,925 naloxone kits have been distributed and 277 overdose deaths reversed from February 2018-April 2019.
- 1,137 individuals received peer recovery support services.

For more information, contact Robert Morrison, Executive Director, at rmorrison@nasadad.org, or Shalini Wickramatilake-Templeman, Federal Affairs Manager, at swickramatilake@nasadad.org.