

Addressing Opioid Misuse and Disorders: The Impact of State Targeted Response and State Opioid Response Grants

Background on State Targeted Response and State Opioid Response Grants

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. The STR program was designed 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 support activities for opioid use disorder (OUD). Following STR, the SOR program similarly aims to address the opioid crisis by increasing access to medication-assisted treatment (MAT) using the three Food and Drug Administration (FDA)–approved medications for treatment of OUD and through the provision of prevention, treatment, and recovery activities for OUD. In addition, the SAMHSA SOR program supports evidence-based prevention, treatment, and recovery support services to address stimulant misuse and use disorders, including for cocaine and methamphetamine.

In FY 2017 and FY 2018, grantees received a total of \$1 billion through STR. From FY 2018 through FY 2020, states, territories, and jurisdictions received a total of \$4 billion in SOR grants.

Single State Agency (SSA): Nevada Department of Health and Human Services Division of Public and Behavioral Health

For FY 2017 and FY 2018, Nevada Department of Health and Human Services Division of Public and Behavioral Health received a total of \$10.2 million in STR funding. During FY 2018 through FY 2020, the state received a total of \$34.5 million in SOR funding.

Overview of Nevada’s efforts to address opioid misuse and disorders

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

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

The priorities are addressed through eight goals:

1. Enhance provider care,
2. Increase access to OUD treatment,
3. Improve access to peer support services,
4. Prevent opioid overdose deaths,
5. Reduce the impact of neonatal abstinence syndrome,

6. Create a statewide platform for substance use treatment,
7. Develop real-time opioid overdose reporting, and
8. Provide support for justice-involved populations.

Innovative service delivery models

- Hub-and-spoke model service delivery expansion
- Project ECHO (Extension for Community Healthcare Outcomes)
- Opioid overdose spike community preparedness plans and tabletop exercises
- MAT expansion
- MAT Court and Diversion Court
- Jail-based MAT induction
- Peer-delivered recovery support services: mobile outreach teams
- Peer-delivered recovery support services within emergency departments

Building workforce capacity

Nevada has administered multiple provider surveys assessing current MAT status, barriers in the practice, and the desire for service expansion. These surveys have identified several barriers for practitioners, including reimbursement and insufficient education or connection to services. Educational barriers are addressed through Project ECHO and University of Nevada, Reno Office of Continuing Medical Education (CME). Additionally, the Nevada Primary Care Association has been working in conjunction with the University of Nevada, Reno Center for the Application of Substance Abuse Technologies (CASAT) and the Opioid Response Network (ORN) to facilitate Screening, Brief Intervention, and Referral to Treatment (SBIRT) and MAT training for three Federally Qualified Health Centers (FQHCs) within the state. A guide targeted toward practitioners, *Opioid Stewardship and Safety: A Nevada Provider's Guide*, was developed and has been distributed to providers. This guide provides health care professionals with information on risk factors for an opioid overdose, informed consent, prescription medication agreements, starting and tapering opioid therapy, and existing tools for assessing the risk of opioid misuse.

Continuing Medical Education

The University of Nevada, Reno Office of CME has been tasked with developing and maintaining enduring materials addressing Opioid Overdose Response Training, Intersection of Suicide and Prevention, and other trainings identified through provider surveys and presentation feedback. Specific trainings that have been developed and disseminated include:

- Opioid Awareness Education and Information Dissemination: Three public awareness campaigns have been completed.
- Opioid Overdose Education
- Opioid Prescribing Guidelines
- Continued Education Efforts on the Controlled Substances Act
- Continued Education on MAT: Three new online courses have been added to the University of Nevada, Reno School of Medicine CME Department. ORN presented a training on Pregnancy and MAT.
- Continued Education on SBIRT: A 4-hour self-paced online course on SBIRT.

- Presentations on the opioid crisis: Two presentations addressed topics on opioid crisis trends, efforts, and implications for their practice.
- Medication Assisted Treatment Opioid Response (MATOR)
- Treatment of Opioid Use Disorder: Part I – Use of Naltrexone
- Treatment of Opioid Use Disorder: Part II – Opioid Agonist Medications
- Pain Management Alternatives
- Health Care Professionals Guide to Treating Trauma: Part I – Understanding Trauma
- Health Professionals Guide to Treating Trauma: Part II – Understanding Trauma Treatment

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.

SBIRT Training

A 6-week interactive, online SBIRT course is delivered to medical providers. The course includes virtual training, self-study, and performance feedback on skills. Participants receive online coaching sessions to discuss workflow issues and sustainability as they apply the skills to the workplace. An additional SBIRT course is being developed in partnership with Nevada’s Association of State and Territorial Health Officials (ASTHO) Opioid Use Disorder, Maternal Outcomes, and Neonatal Abstinence Syndrome Initiative (OMNI) workgroup to target physicians and practitioners to serve pregnant and nonpregnant women of reproductive age. Additional technical assistance is available for organizations seeking to implement SBIRT within their workflow.

Preventing opioid misuse before it starts

Project ECHO Clinics

Nevada used STR/SOR funds 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 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.

Education and public awareness

Media Campaign

A statewide anti-stigma media campaign began airing on both radio and television in March 2019 to reduce shame associated with addiction and seeking treatment. A second campaign focusing on naloxone awareness began airing in April 2019. Both campaigns are available in English and Spanish.

A social media–based campaign designed to provide connection to treatment services began in the summer of 2020 and will continue throughout 2021. The campaign has coordinated with a campaign being developed by the Nevada Department of Health and Human Services Aging and Disability Services Division to ensure a cohesive message across the state. The campaign is housed at the website www.behavioralhealthnv.org, which provides a public-facing linkage to certified treatment programs across the state.

Overdose reversal efforts: saving lives

Naloxone Distribution

Naloxone distribution has expanded from two syringe services programs prior to STR/SOR funding to 35 treatment provider organizations, community coalitions, community-based organizations, and jail-based settings. Additionally, a sheriff's office initiated a leave-behind program, in which officers offer a free naloxone kit to a patient who was revived from an opioid overdose at the response scene.

Opioid Overdose Spike Preparedness Plans

Communities have developed preparedness plans in case a spike in overdoses 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.

Overdose Mapping Tool

In 2018, efforts began to increase utilization of an overdose mapping tool for real-time overdose reporting. Nevada has at least one agency in every county in the state signed up for this mapping tool. Agencies are transitioning from manual entry to automatic entry from the state emergency medical services (EMS) database.

Mobile Opioid Recovery Outreach Teams

Three providers 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 that mobile opioid recovery outreach teams have contracts with. Mobile outreach team peers have been added to two rural areas.

HIV and Hepatitis C Testing

HIV/Hepatitis C Testing STR/SOR funds were used to expand harm reduction efforts through HIV/Hepatitis C education classes and testing.

Crisis Services

A new position was created in the Office of Suicide Prevention to coordinate with hospitals throughout Nevada to initiate the adoption of Zero Suicide and begin to introduce Crisis Now to communities. In 2020, 14 hospital systems completed a 5-month Zero Suicide Academy. A second academy is being planned for 2021.

Increasing access to treatment

Opioid Treatment and Recovery Centers

Nevada developed 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 through continued STR/SOR support.

Nevada's hubs, which are Opioid Treatment Programs (OTPs), have historically treated OUDs exclusively with methadone. STR/SOR funding has further promoted MAT expansion to include buprenorphine and

naltrexone as well as methadone. 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. Spoke treatment agencies are also increasing the use of MAT in addition to mental health support services. Spoke agencies have expanded from those that provide outpatient treatment to residential treatment, transitional housing, withdrawal management, and services for the adolescent population.

The Division of Public and Behavioral Health released guidance on adopting telehealth practices, billing for telehealth, adjusting take-home procedures, and providing more naloxone to clients. To address the barriers to accessing treatment in rural areas, a mobile treatment van is making rounds to several rural towns throughout Nevada to provide counseling and induce clients on MAT.

To address reimbursement concerns, the Nevada Department of Health and Human Services completed a new MAT Policy Criteria that removes the prior authorization requirement for buprenorphine from all managed care organizations and fee for service providers. The Division of Health Care Financing and Policy has completed a new *Medicaid Services Manual (MSM)*, with Chapter 3800 outlining MAT for individuals that have been diagnosed with an OUD. The MAT policy includes the process of treatment to outline expectations, the use of the buprenorphine medication, and qualifications of providers.

Supporting long-term recovery

Peer Support

STR/SOR funding allowed 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 emergency rooms after an overdose and providing overdose education and naloxone distribution in the community. Two peer warmlines were funded in July 2019: one for Northern Nevada and one for Southern Nevada. The warmlines provide callers with referrals to treatment and recovery resources and support. A second Recovery Community Organization (RCO) for the state was created with STR/SOR funds in Northern Nevada. The RCO provided trainings to other agencies on how to best integrate peer support services into clinical care.

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 MAT and information on harm reduction and overdose prevention.

Serving special populations

Treatment services for special populations

Pregnant and Postpartum Women: Care coordination services have been developed for pregnant women with an OUD 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 OB/GYNs aware of such services and to provide education on addressing OUD in pregnant and postpartum patients. Additionally, county home visitors

are being trained to address neonatal abstinence syndrome by providing wraparound recovery support services for families.

Two guides targeted toward pregnant and postpartum women were developed in 2020. The *Reference Guide for Reproductive Health Complicated by Substance Use* was designed to provide basic directives for successfully implementing SBIRT in the clinical setting. The second guide, *Reference Guide for Labor and Delivery Complicated by Substance Use*, provides a resource with best practices, guidelines, and protocols for medical professionals involved in the care of pregnant patients with OUD who are admitted to labor and delivery units for delivery and their infants up until discharge. The guides were distributed through hospital partners. A multiweek CME training will also take place on the guides.

Justice-Involved Individuals: Southern Nevada has developed a reentry court targeting individuals with an OUD. Participants have an opportunity to obtain early release under court supervision if they are willing to participate in long-term treatment and MAT as appropriate. Within Northern Nevada, the county jail has expanded its use of MAT products to include buprenorphine, with coordinated care upon discharge.

Screening for OUD has been implemented in criminal justice settings. A hub is visiting two prisons to screen inmates for an OUD and to coordinate admission to treatment upon release. Additionally, screenings and assessments have been performed at parole and probation, and referrals were provided to treatment and other needed resources.

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

Law Enforcement–Based Diversion Programs: The Judicial Court in Las Vegas is providing a case manager to partner with Las Vegas Metro Police Department to support a law enforcement mobile case management team and assist in coordinating care for individuals who are deemed more appropriate for substance use disorder treatment than incarceration.

Recovery services for special populations

Recovery resources (housing, employment) have been incorporated into services for pregnant and postpartum mothers and justice-involved individuals.

Demonstrating outcomes for a healthier future

Through September 2020:

- 145 ECHO clinics have been held with a total of 1,506 participants.
- 2,830 medical providers have participated in online CME courses, and 1,606 have participated in face-to-face trainings.
- 6,674 clients have received treatment in hubs and funded spoke organizations.
- 11,149 naloxone kits have been distributed and 946 overdose deaths reversed.
- 4,295 individuals received peer recovery support services through the hubs and spokes.
- 2,096 individuals attended HIV/Hepatitis C education classes and 1,230 HIV/Hepatitis C tests were given.

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