



## Nevada's Comprehensive Approach to Addressing the Opioid Crisis

Stephanie Woodard, Psy.D.  
DHHS Senior Advisor on Behavioral Health



# Leadership



The Sandoval Administration had been working on this issue since 2014  
Governor Sisolak plans to continue to support these and future efforts



National Governor's Association brought stakeholders together to discuss policy gaps



Sponsored legislation in 2015 and 2017 legislative sessions to address opioid epidemic statewide



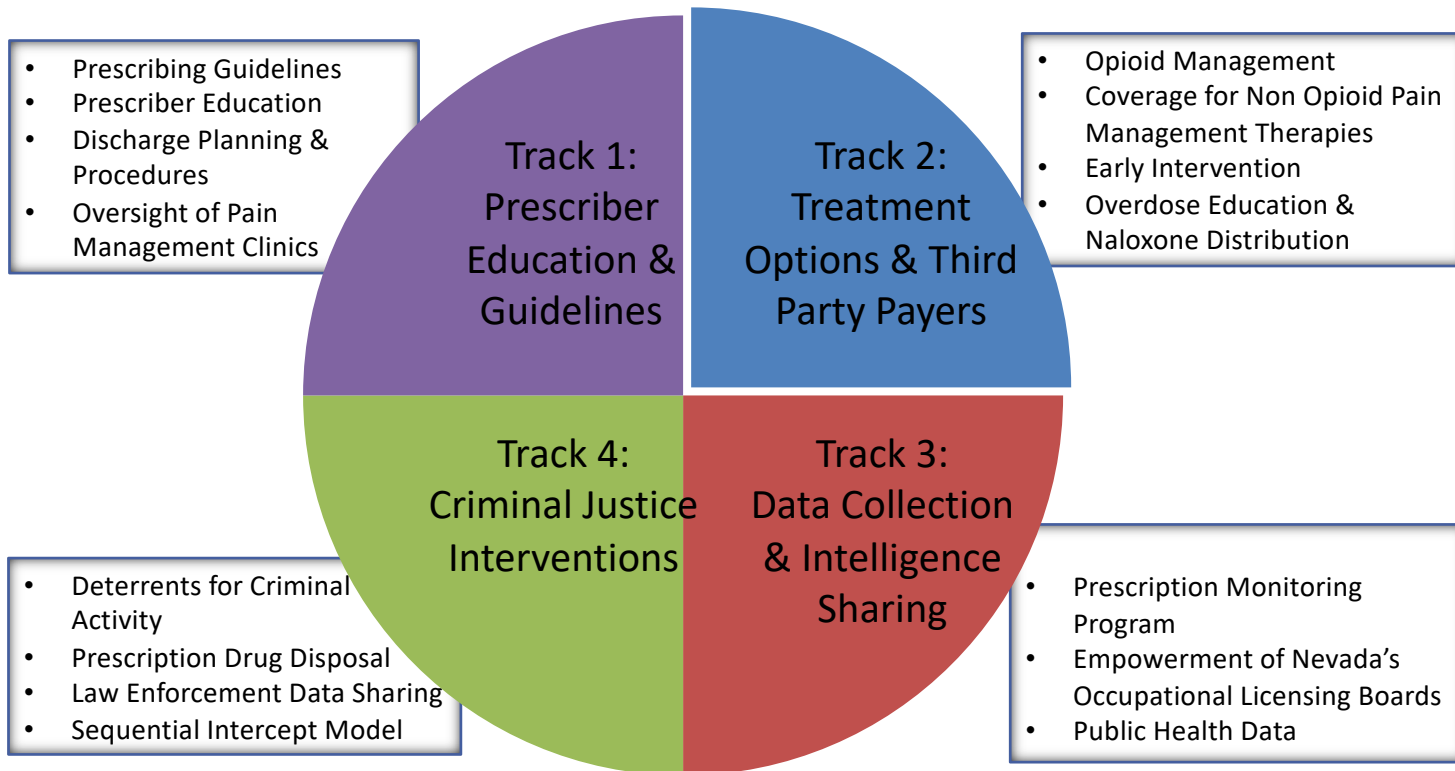
2016 Rx Drug Summit had over 500+ attendees made a number to recommendations on how the state can improve policies and programs to improve prevention efforts and combat the problem



Accountability Meetings occurred for over a year



# Priority Areas of Focus





# Funding

## **Federal Funds**

- Prevention for States- CDC
- Enhanced State Surveillance of Opioid Involved Morbidity and Mortality- CDC
- State Targeted Response to the Opioid Crisis (STR)- SAMHSA
- Strategic Framework Partnership for Success(PFS)- SAMHSA
- Substance Use Block Grant (SUBG)- SAMHSA
- Nevada Rural Opioid Overdose Reversal Program (NROOR)- HRSA
- Harold Roger Prescription Drug Monitoring (RPD)- BJA

## **Non - Federal Funds**

- Volkswagen Settlement
- Nevada State General Funds



# CDC Funding

- Focus of CDC funding:
  - Surveillance, data collection, reporting
    - Improvements to data systems, emphasis on PDMP
  - Population-based, prevention and early intervention approach
  - Education
    - Media
    - Documentary
    - Youth outreach/education



# Prevention for States (PFS)

- Grantor: **Centers for Disease Control and Prevention**
- Current funding period: 9/1/18 - 8/31/19
- Current amount: \$1,158,632
- **Primary Activities:**
  - Expand and improve proactive reporting
  - Conduct public health surveillance with PMP data and publicly disseminate reports
  - Identify and provide technical assistance to high-burden communities and counties to address problematic prescribing
  - Conduct a rigorous evaluation on a law, policy, or regulation designed to prevent opioid overuse, misuse, abuse and overdose
  - Maximize broadcasted messaging
  - Educate citizen of Nevada and bring awareness to the risks and signs of opioid addiction and provide assistance in prevention and early intervention
  - Coordinate with local authorities to collect and track relevant criminal justice data
  - Improve PDMP utilization and reporting
  - Create an opioid data dashboard
  - Link deaths, hospitalizations, and prescriptions of individuals
  - Create mapping of funded activities to find gaps
  - Policy analysis and implementation
  - CDC's statewide media campaign
  - Link health data sets and law enforcement data sets



# Enhanced State Surveillance of Opioid-Involved Morbidity and Mortality (ESOOS)



**Grantor: Centers for Disease Control and Prevention**



**Current funding period:  
9/1/17-8/31/19**



**Current amount: \$387,763**



**Primary Activities:**

Improve the timeliness of fatal and nonfatal opioid overdose surveillance.

Identify the hospital discharge data and ED (syndromic surveillance) data for opioid incidents defined by the Injury Surveillance Workgroup.

Develop and disseminate a report template to key stakeholders.

Abstract data from Vital Statistics.

Maintain relationships with statewide medical examiners and coroner's offices.



# 2018 Opioid Overdose Crisis Cooperative Agreement

- Grantor: **Centers for Disease Control and Prevention**
- Current funding period: 9/1/18 – 8/31/19
- Current amount: \$2,648,440
- **Primary Activities:**
  - Integrate the PDMP into the major electronic health record systems; purchase the OpenBeds system to allow the DPBH and the BoP to create a comprehensive, trusted network of treatment providers and referral entities to allow more streamlined and timely referrals; purchase the robust analytics tool for the PDMP
  - Support the mobile outreach using a community health worker model for opioid prevention/intervention in two rural counties in Nevada. Storey County as identified in the *County-Level Vulnerability Assessment for Rapid Dissemination of HIV or HCV Infections Among Persons Who Inject Drugs, United States* as a county of high risk for injection drug use and potential outbreaks related to Hepatitis C, HIV, and opioid use. This project will also serve Mineral County, that has the highest rates of opioid overdoses of all rural counties.
  - Opioid Summit
  - PDMP and HealthIE Nevada Integration
  - Development of a BadBatch notification system





# 2018 Opioid Overdose Crisis Cooperative Agreement, cont.

- Department of Public Safety will oversee the training and response efforts of state and local law enforcement. This will provide for overtime expenses for training of law enforcement, which includes training on crisis intervention, naloxone administration, Good Samaritan law and other related Nevada laws, and investigation and reporting of overdoses.
- The Center for the Application of Substance Abuse Technologies (CASAT) will develop enhanced modules for Community Health Workers or peer specialists to become MAT Recovery Coaches. They will also develop and oversee a scholarship program for CHW/peer specialists.
- Trac-B Exchange will coordinate a shipping program, travel to rural and underserved communities to establish the program and support referral to treatment, develop advertising, pack and ship 4,000 harm reduction kits to clients in rural areas, and process returned 2,000 packages of used supplies.
- The Nevada Broadcasters Association will develop two more documentaries related to the opioid crisis in Nevada. One documentary will focus on chronic pain patients and alternative treatments for pain outside of opioids, the other will focus on opioid use during pregnancy and MAT services.



# Opioid State Targeted Response Grant



**Grantor: Substance Abuse  
Mental Health Services  
Administration**



**Current funding period: May  
2018-April 2019**



**Current amount: \$5,663,328\***



**Primary Activities:**

- Outpatient Clinical Treatment and Recovery Services
- MAT Expansion for SAPTA Certified Providers
- Tribal Treatment and Recovery
- Criminal Justice Interventions
- Neonatal Abstinence Syndrome
- Recovery Support Services
- Community Preparedness Planning
- Law Enforcement Coordination
- Media Campaigns for Naloxone and Stigma



# State Opioid Response Grant



**Grantor: Substance Abuse  
Mental Health Services  
Administration**



**Current funding period:  
October 2018-September 2020**



**Current amount: \$7,219,593**



**Primary Activities:**

- Promote the Availability of Naloxone
- Academic Detailing for Controlled Substance Abuse Prevention Act
- MAT Training for Prescribers
- Expand and Promote SBIRT
- Enhance Treatment, Recovery Supports, and Innovation through MCO's
- Increase Access to Non-pharmacologic Treatment for Pain
- Develop Recovery Communities
- Expand Access to Residential Treatment
- Develop a NAS Perinatal Quality Collaborative



## The SUPPORT Act: *Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (10.24.18)*

Reauthorizing grants to States to address the opioid crisis (previously authorized in the 21st Century Cures Act of 2016). The bill authorizes \$500 million for each of FY 2019 - FY 2021.

Establishing a grant program for emergency rooms to create a protocol to support individuals who have survived an opioid overdose, including having onsite peer recovery coaches.

Creating a grant program to establish at least 10 Comprehensive Opioid Recovery Centers (CORCs) throughout the U.S.

Developing and disseminating best practices for recovery housing.

Student loan repayment for SUD treatment professionals in mental health professional shortage areas or counties that have been hardest hit by drug overdoses.

Reauthorizing SAMHSA's Residential Treatment for Pregnant and Postpartum Women (PPW) program for FY 2019-FY 2023.

Temporarily (FY 2019-FY 2023) repealing the IMD exclusion, allowing State Medicaid programs to receive federal reimbursement for up to 30 total days of care in an IMD during a 12-month period for eligible individuals with a substance use disorder.

Adding clinical nurse specialists, certified nurse anesthetists, certified nurse midwives, and allopathic and osteopathic doctors to the category of qualifying practitioners who can prescribe buprenorphine.



# Prescriber Education and Guidelines

## Prescribers

- Academic Detailing for Naloxone Co-Prescribing
- Project ECHO: Non-pharmacological Treatments for Pain
- Project ECHO: Medication Assisted Treatment
- AB474 Prescribing Protocols and Patient Information
- Prevention and Treatment of Neonatal Abstinence Syndrome
- Effective Use of MAT in an Opioid Dependent Population
- **American Society of Addiction Medicine Foundations Course**
- **Data 2000 Waiver Prescriber Training**
- **Screening, Brief Intervention, and Referral To Treatment (SBIRT)**





# Prescriber Support

University of Nevada, Reno

**PROJECT ECHO**

**OPIOID WEDNESDAYS**

a weekly clinic for prescribing providers

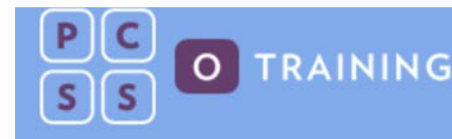
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**EVERY WEDNESDAY**  
8AM - 9AM

Nevada Occupational Boards



SAMHSA



## Centers for Disease Control and Prevention

<b>Mobile App</b>  Opioid Prescribing Guideline Mobile App [PDF - 637K]  Guideline Resources: Mobile App	<b>Pharmacists' Brochure</b>  Pharmacists: On the Front Lines [PDF - 13K]	<b>Pocket Guide: Tapering</b>  Pocket Guide: Tapering Opioids for Chronic Pain [PDF - 2M]
<b>Fact Sheet</b>  Guideline for Prescribing Opioids for Chronic Pain Recommendations [PDF - 674K]	<b>Checklist*</b>  Checklist for Prescribing Opioids for Chronic Pain [PDF - 81K]	<b>Nonopioid Treatments</b>  Nonopioid Treatments for Chronic Pain [PDF - 21MB]



# Patient Education

Talk to your healthcare provider about **pain management options today.**

Opioids are powerful drugs, not without risk.

Begin a conversation with your healthcare provider about alternatives to opiates for pain management

## Clinician Commitment to Patient Prescription Safety Poster



### Clinician Commitment to Patient Prescription

Safety Poster  [PDF - 2 MB]



## Prescription Drug Monitoring Program Data, January 2017 - September 2018

- 37% decrease in the rate of opioid prescriptions per 100 Nevada residents.
- Opioid prescriptions with less than a 30 days supply decreased by 52%.
- All Nevada counties observed a decrease in both the number of and rate of opioid prescriptions by month, with the decrease in rates ranging from 25% (Lincoln) to 56% (Humboldt).
- The number of individuals who were co-prescribed Opioid and Benzodiazepines during the same month also decreased significantly, by 54% in Nevada overall.





# Criminal Justice Interventions

## First Responders, EMS, and Law Enforcement

- Overdose Education and Naloxone Distribution
- Good Samaritan Law
- Partnership with the LEAD program in Las Vegas
- Law Enforcement Coordinator for AG's Office
- AG's Statewide Partnership on the Opioid Crisis
- ODMAP
- Community Preparedness Plans

## Judicial System

- Enhancing Court Efficacy Through Emerging Addiction Science: Justice Leaders System Change Initiative



# MAT-Criminal Justice Pilot Project



Sequential Intercept Model



Department of Correction,  
Parole and Probation, Specialty  
Courts, Jails, Diversion  
Programs



Long-acting buprenorphine  
products: Sublocade (monthly  
injection); Probuphine (6  
month implant)



Medication decision is made  
once patient reaches clinical  
stability on oral dose



Decision is based on prescriber  
recommendation and patient  
preference, NOT referring  
agency



# Nevada's Overdose Deaths

Opioid-Related Overdose Deaths by Drug Category, State of Nevada Residents, 2010-2018\*

Year	Heroin	Natural and Semi-Synthetic	Methadone	Synthetic Opioids	Unspecified Narcotic
2010	19	298	98	39	45
2011	40	300	97	45	46
2012	42	301	69	25	40
2013	48	241	70	25	39
2014	61	216	63	31	37
2015	79	254	57	31	37
2016	82	228	52	49	28
2017	92	234	45	64	18
2018*	25	50	9	15	0

*A person can be included in more than one drug group, and therefore the counts above are not mutually exclusive.*

*\*Preliminary data for January 1, 2018 - March 31, 2018 only.*



## Heroin, Fentanyl and Methamphetamine

- Nevada HIDTA has classified heroin, fentanyl, and methamphetamines as three of the top threats in 2018 (Nevada HIDTA, 2018)
- Fentanyl is 50-100 times more potent than heroin
- Can be mixed into drug supply (pills, heroin, methamphetamine)
- 2018: Washoe County: 21 fentanyl-related deaths  
89 methamphetamine-related deaths
- Clark County: 42 fentanyl-related deaths  
222 methamphetamine-related deaths



# Washoe County Drug Overdose Deaths 2012-2017

Washoe County Medical Examiner's Office

- 57% increase in drug overdose rates from 2016 to 2017
- 33% increase in opioid related deaths from 2016 (52) to 2017 (69)
- Most Common Opioids found in 2017:
  - Oxycodone: 25
  - Fentanyl/Analogues: 21
  - Morphine: 14
  - Methadone: 9



# Washoe County Drug Overdose Deaths 2012-2017

## Washoe County Medical Examiner's Office

Type	2016	2017	Percentage Change
Total Deaths	110	173	+57%
Methamphetamine-related Deaths	55	85	+55%
Heroin-related Deaths	25	29	+16%
Designer Drug-related Deaths	4	9	+125%
Prescription Drug-related Deaths	62	78	+26%



# Washoe County Drug Overdose Deaths 2012-2017

## Washoe County Medical Examiner's Office

Illicit-involved Deaths, by Drug*	2012	2013	2014	2015	2016	2017
Methamphetamine (Without Heroin)	25	50	26	43	46	69
Heroin (Without Methamphetamine)	11	9	12	13	16	13
Methamphetamine and Heroin	3	4	3	8	9	16
Cocaine (Alone or With Others)	5	11	4	3	4	5
Designer Drugs	1	0	0	0	4	9



# Clark County Drug Overdose Deaths 2012-2017

Southern Nevada Health District, Office of Epidemiology (Barker, Delise; 2018)

- Drug overdose deaths in Clark County are increasing
  - The largest increases between 2012 and 2017 by drug type were seen in:
    - Psychostimulants (164% increase)
    - Synthetic Opioids (163% increase)
    - Heroin (74% increase)
- The proportion of heroin deaths that also include psychostimulants (methamphetamine) is increasing. Beginning in 2015, 40-50% of heroin deaths include psychostimulants





# Clark County Drug Overdose Deaths 2012-2017

Southern Nevada Health District, Office of Epidemiology (Barker, Delise; 2018)

YEAR	2012	2013	2014	2015	2016	2017	% change (2012 to 2017)	% change (2016 to 2017)
<b>Total Overdose Deaths (Clark County)</b>	456	455	418	481	516	533	16.89	3.29
<b>By Drug Type (not mutually exclusive)</b>								
<b>Opioids</b>								
Heroin	42	44	55	67	64	73	73.81	14.06
Natural/Semi-synthetic (i.e. Rx Opioids)	243	181	160	194	161	166	-31.69	3.11
Methadone	53	56	49	35	39	36	-32.08	-7.69
Synthetic (i.e. Fentanyl)	16	18	18	27	34	42	162.50	23.53
Other unspecified narcotics	32	31	32	36	28	16	-50.00	-42.86
<b>Pyschostimulants (i.e. methamphetamine)</b>	84	96	120	139	196	222	164.29	13.27
<b>Benzodiazepines</b>	142	109	112	100	111	82	-42.25	-26.13
<b>Cocaine</b>	40	50	28	41	39	53	32.50	35.90



## Clark County Drug Overdose Deaths 2012-2017

Southern Nevada Health District, Office of Epidemiology (Barker, Delise; 2018)

By Selected Drug Type Combinations								
Heroin and Psychostimulants	10	11	20	28	28	36	260.00	28.57
Rx Opioids and Benzodiazepines	96	65	71	69	66	48	-50.00	-27.27
Fentanyl and Heroin	0	0	0	*	*	*		
Fentanyl and Rx Opioids	7	*	6	11	10	17	142.86	70.00
Fentanyl and Psychostimulants	*	*	*	*	*	6		
Methadone and Psychostimulants	5	5	6	5	7	6	20.00	-14.29



## Data Collection and Information Exchange

Increase data and information sharing between public health and law enforcement

- Law Enforcement-Public Health Working Group
- Fusion Centers
- ODMAP
- AB474: Overdose reporting

Data collection and analysis on outcomes: Treatment Episode Data Set (SAPTA)

- On-boarding of WITS data repository and billing/claims system



# Community Preparedness Plans



RESILIENCE COMMISSION,  
DEPARTMENT OF PUBLIC  
SAFETY, DIVISION OF  
EMERGENCY MANAGEMENT, &  
PUBLIC HEALTH  
PREPAREDNESS



RELEASE DATE: JULY 23, 2018 ;  
AVAILABLE THROUGH  
FEBRUARY 2019



FUNDING FOR THE OPIOID  
OVERDOSE COMMUNITY  
PREPAREDNESS PLANS FOR  
EACH COUNTY IN NEVADA,  
CAN BE LEAD/ADMINISTERED  
BY COMMUNITY COALITIONS,  
THE HEALTH DISTRICT, AND/OR  
EMS WITHIN THE COUNTIES.



FUNDING AVAILABLE RANGES  
FROM \$20K-\$7K, WASHOE  
\$15K



DATA AND INFORMATION  
SHARING-PUBLIC HEALTH/LAW  
ENFORCEMENT



# Treatment Options and Third Party Payers

## Zero Suicide

- Shift from fragmented suicide care toward a holistic and comprehensive approach to patient safety and quality improvement within healthcare systems
- Lead system-wide culture change committed to reducing suicides
- Train a competent, confident, and caring workforce
- Identify patients with suicide risk with comprehensive screenings
- Engage all individuals at-risk of suicide with a suicide care management plan
- Treat suicidal thoughts and behaviors using evidence-based treatments
- Transition individuals through care with warm-handoffs and supportive contacts
- Improve policies and procedures through continuous quality improvement

Education Development Center (2018)



# Neonatal Abstinence Syndrome Prevention

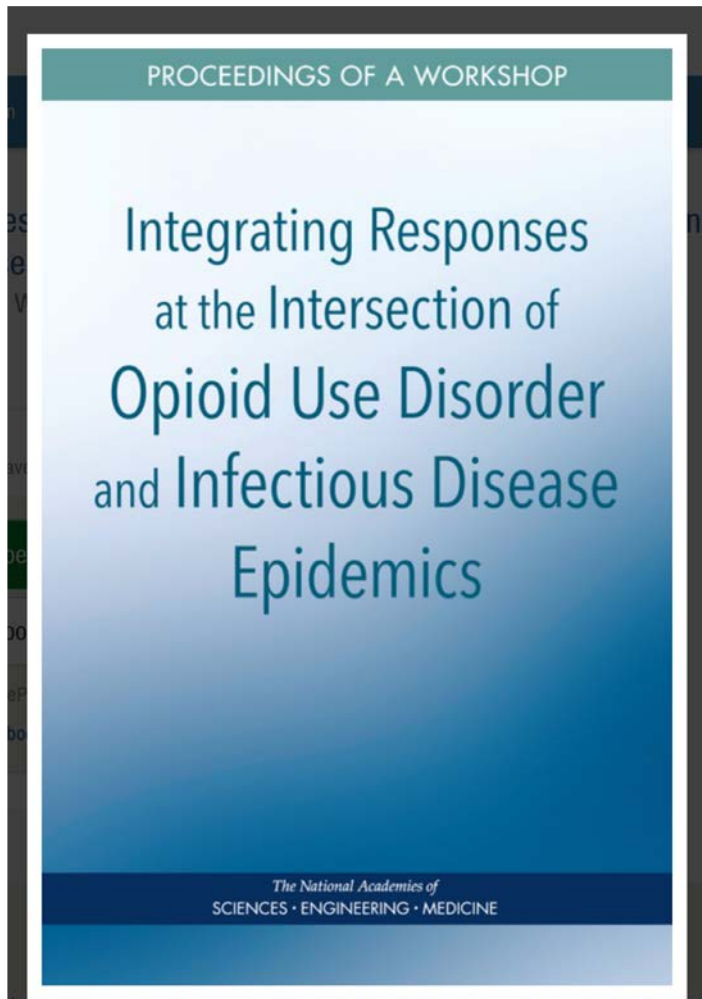
EMPOWERED Program-Dignity Health in Las Vegas

Renown-Washoe County

Cara Plan of Care, Child Welfare, Hospital Systems

Perinatal Addiction Treatment Network Coordinator

Association of State and Territorial Health Officers (ASTHO-OMNI)



- Expert Panel Discussion via Workshop
- Integration of HIV/HCV prevention, screening, and treatment with Opioid Use Disorder prevention, screening and treatment
- Similar Drivers: stigma, discrimination, social determinants of health
- Opportunities for interventions across care and community setting
- Leveraging existing resources
- Multiplier of outreach by maximizing resources

National Academies of Sciences, Engineering, and Medicine. 2018. *Integrating Responses at the Intersection of Opioid Use Disorder and Infectious Disease Epidemics: Proceedings of a Workshop*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25153>.



# Overdose Education/Naloxone Distribution



Distribute Naloxone to individuals with high-risk for overdose such as: Overdose survivors; Release/discharge from controlled environment following detox: jails, detox facilities, residential treatment centers, prison; Individuals who self-identify as at-risk: i.e. needle exchanges



Determine community based organizations to store and distribute



Develop a Naloxone Virtual Dispensary



Coordinate efforts with AG's Office for law enforcement





## Naloxone Distribution-Southern Nevada

<b>Number of naloxone distributed (single 4mg nasal unit kits) since 3/7/18</b>	
<b>4,612</b>	
<b>Agency/Organization</b>	<b>Number of agencies trained since 3/7/18</b>
<b>CBOs</b>	<b>22</b>
<b>Law Enforcement</b>	<b>16</b>
<b>Other (EMS, treatment agencies)</b>	<b>21</b>

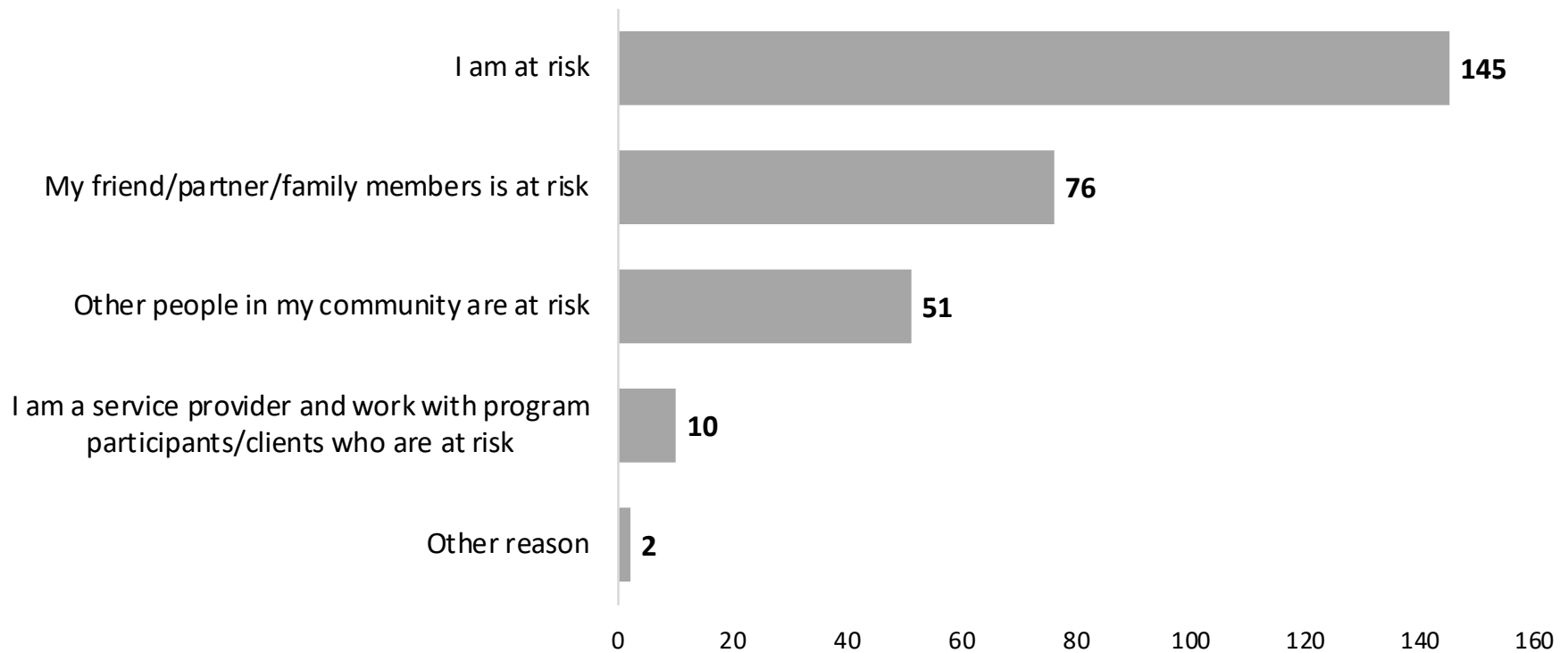


# Naloxone Distribution-Nevada

<b>Agency/Organization</b> STR Naloxone Distribution Beginning February 2018 (Distribution 2-pack 4mg nasal)	<b>Since 2/2018 distribution of 2-dose 4mg nasal spray unit kits</b>
<b>IOTRCs</b> <ul style="list-style-type: none"> <li>• CBH (LV) - 950</li> <li>• CBH (Reno) - 200</li> <li>• Life Change Center – 690</li> <li>• Vitality - 150</li> </ul>	<b>1,890 2-dose 4mg nasal spray</b>
<b>CBOs (2 agencies)</b>	<b>280</b>
<b>Law Enforcement</b>	<b>2,794</b>
<b>Tribal Agencies</b>	<b>86</b>
<b>Community Trainings (36)</b>	<b>739</b>

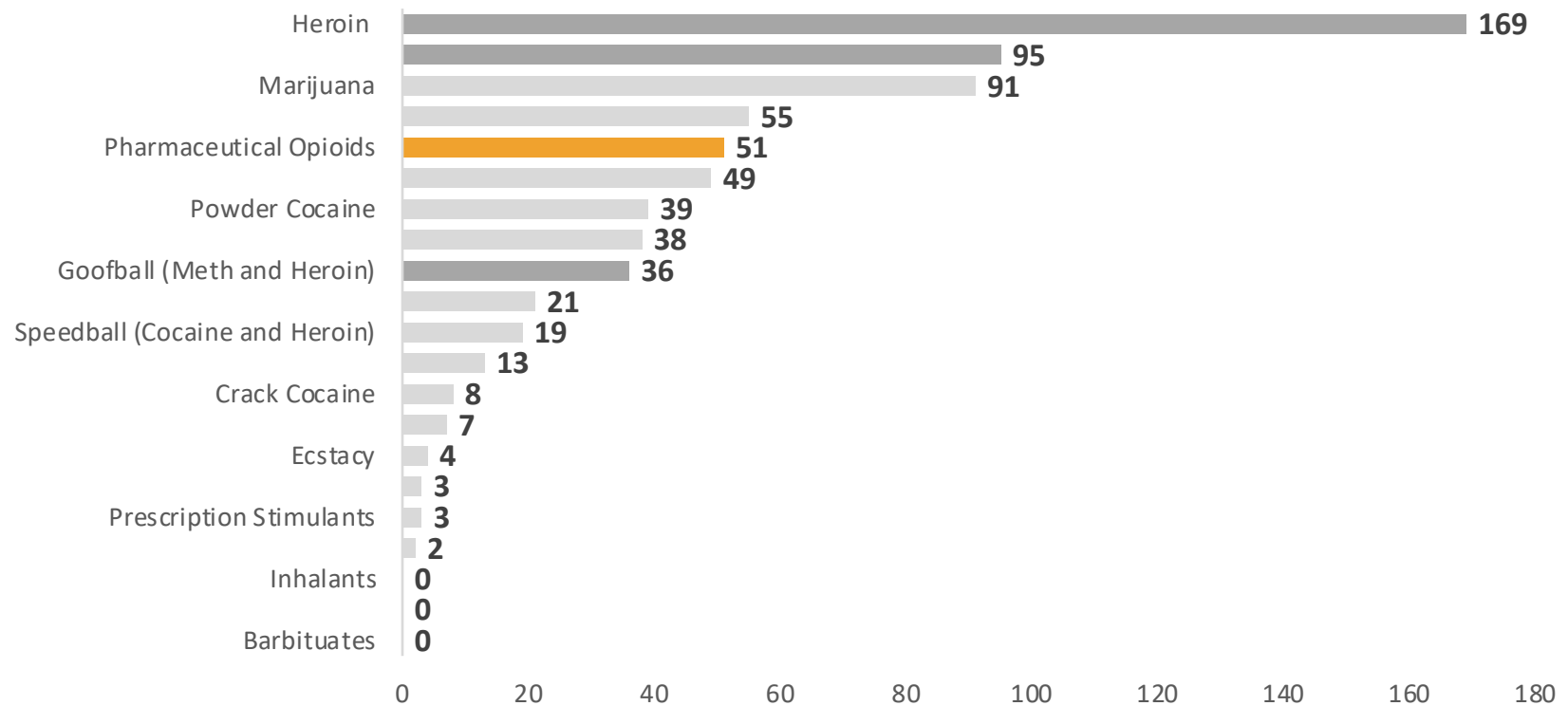


## Almost half (49%) of the Narcan kits were distributed for more than personal use



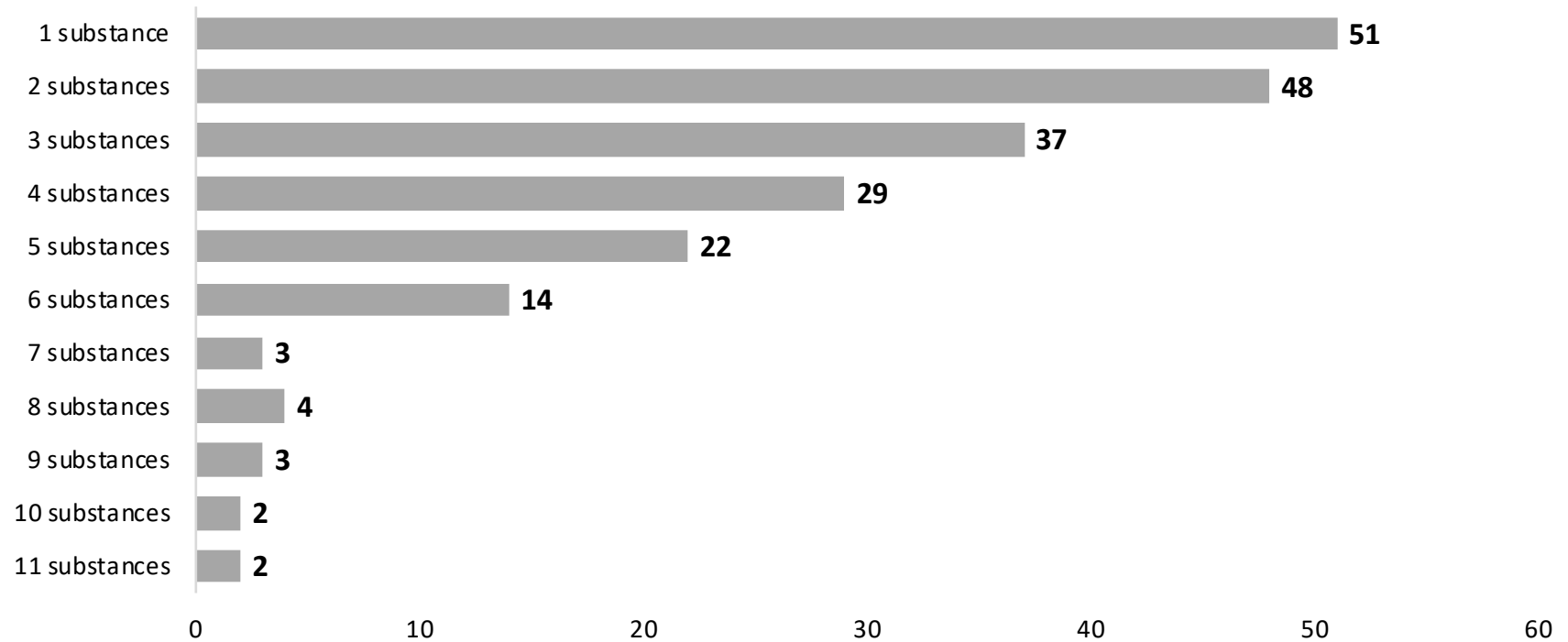


## Heroin and Methamphetamines were the most commonly reported substances used in the past 6 months





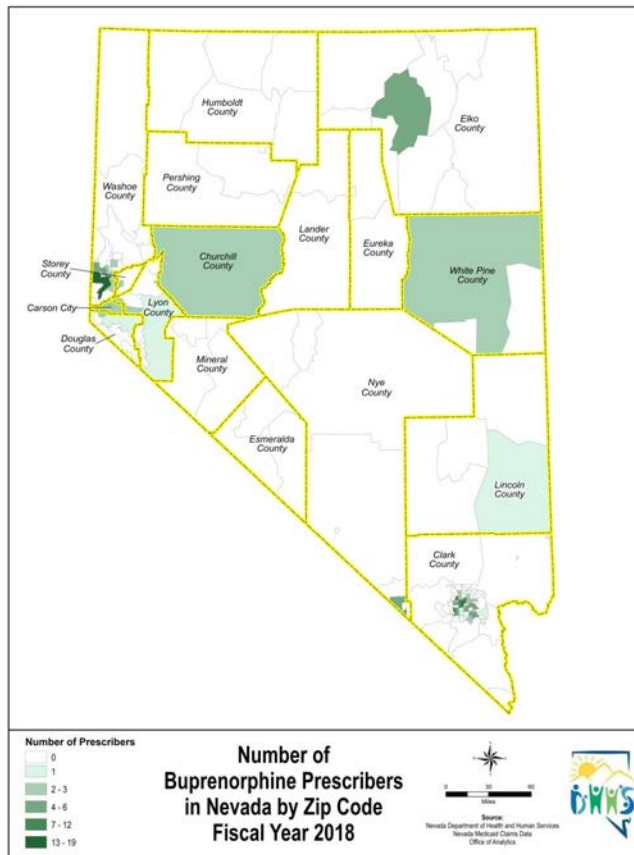
## 76% of respondents reported polysubstance use

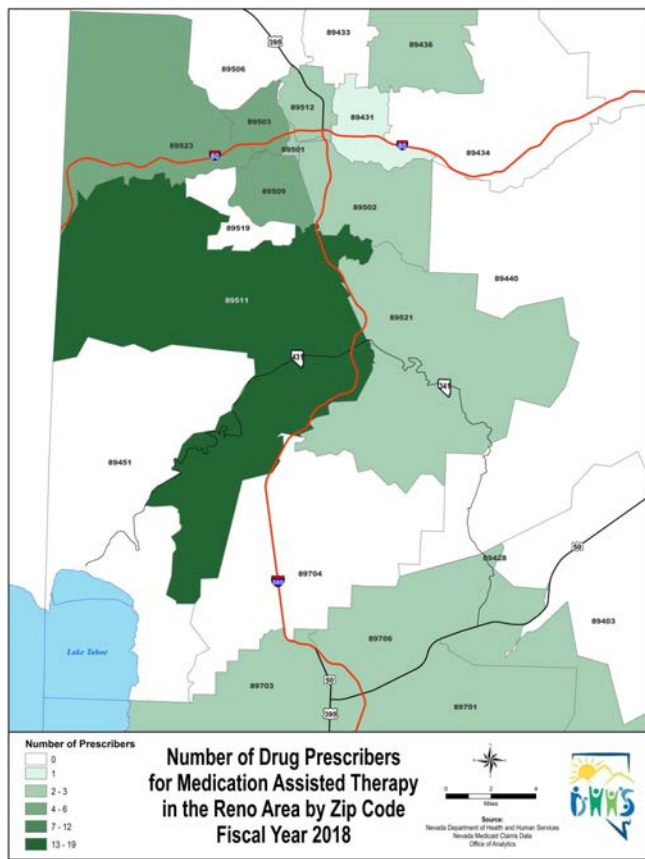




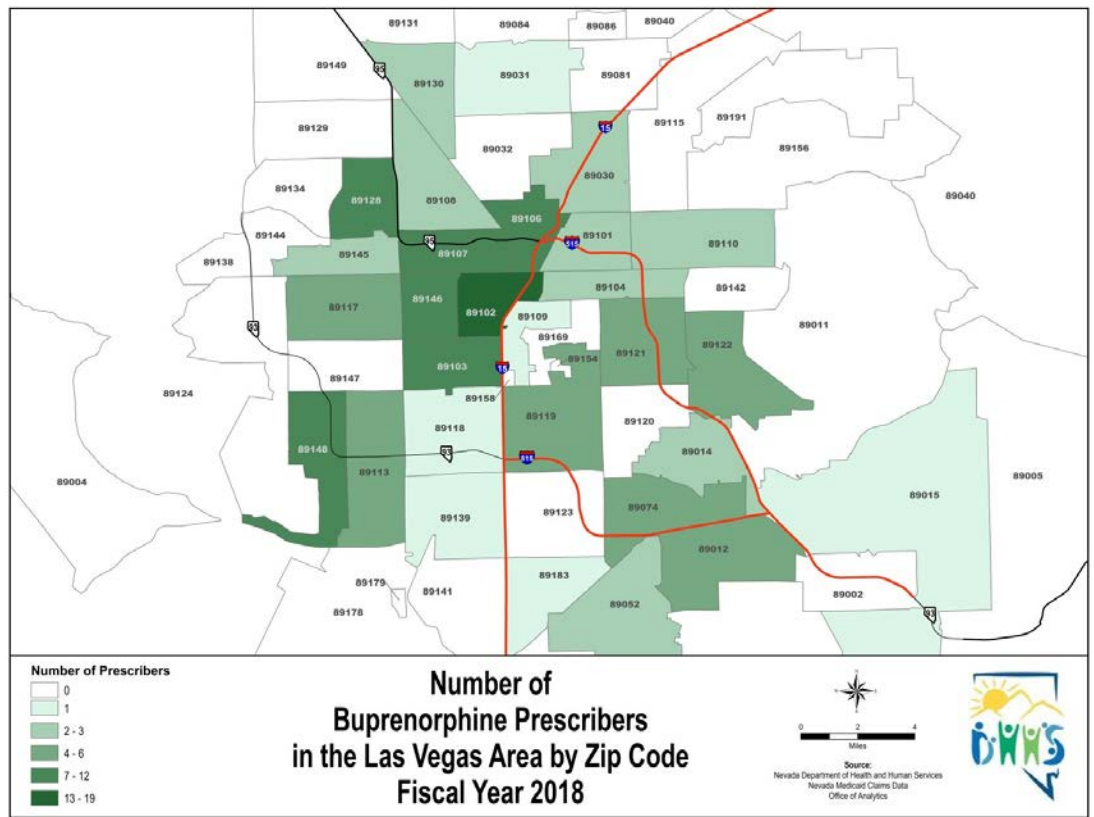
## Nevada's MAT Treatment Infrastructure

- 192 providers are waived to provide buprenorphine however, not all prescribe. For those who do prescribe, very few prescribe to their upper limit.
- 15 Opioid Treatment Programs within Clark, Washoe and Carson City
- Capacity remains available however, connection to high-quality, integrated services remains a challenge
- Rural/Frontier communities have limited access
- Solutions include integrated treatment networks and increasing access within primary care











# Integrated Opioid Treatment and Recovery Centers (IOTRC)

IOTRC to provide at a minimum	Formal Written Care Coordination Agreements to Provide (IOTRC may choose to offer these services internally)
<ul style="list-style-type: none"> <li>• Behavioral Health Screening/Assessment</li> <li>• Medical Evaluation</li> <li>• FDA Approved Medication for OUD Treatment</li> <li>• ASAM Level 1 Ambulatory Withdrawal Management</li> <li>• Toxicology Screening</li> <li>• ASAM Level 1 Outpatient</li> <li>• Overdose education and naloxone distribution</li> <li>• Psychiatry</li> <li>• Mobile Recovery</li> <li>• Peer/Recovery Support Services</li> <li>• Care Coordination</li> <li>• Supported employment</li> <li>• Enrollment into Medicaid, TANF, SNAP, WIC</li> <li>• Engagement with criminal justice entities (e.g. police, judicial, correction)</li> </ul>	<ul style="list-style-type: none"> <li>• Opioid Treatment Provider for Methadone</li> <li>• ASAM Level 3.2 and Level 3.7 Withdrawal Management</li> <li>• OB/Perinatal providers</li> <li>• Office-Based Opioid prescribers</li> <li>• ASAM Level 3.1 and Level 3.5 Residential Services</li> <li>• Transitional Housing per SAPTA Division Criteria</li> <li>• COD and other Community-based service providers</li> <li>• Wellness Promotion</li> <li>• FQHC partnership</li> <li>• HIV/Hep C Testing</li> </ul>



# Integrated Opioid Treatment and Recovery Centers

## Requires:

- Provider standards
- Certification
- Cross-walk to reimbursement
- Establish quality/outcome measures
- Develop payment methodology (1115 Demo Waiver)
- Propose in Medicaid FY 2019 Budget

## Center for Behavioral Health

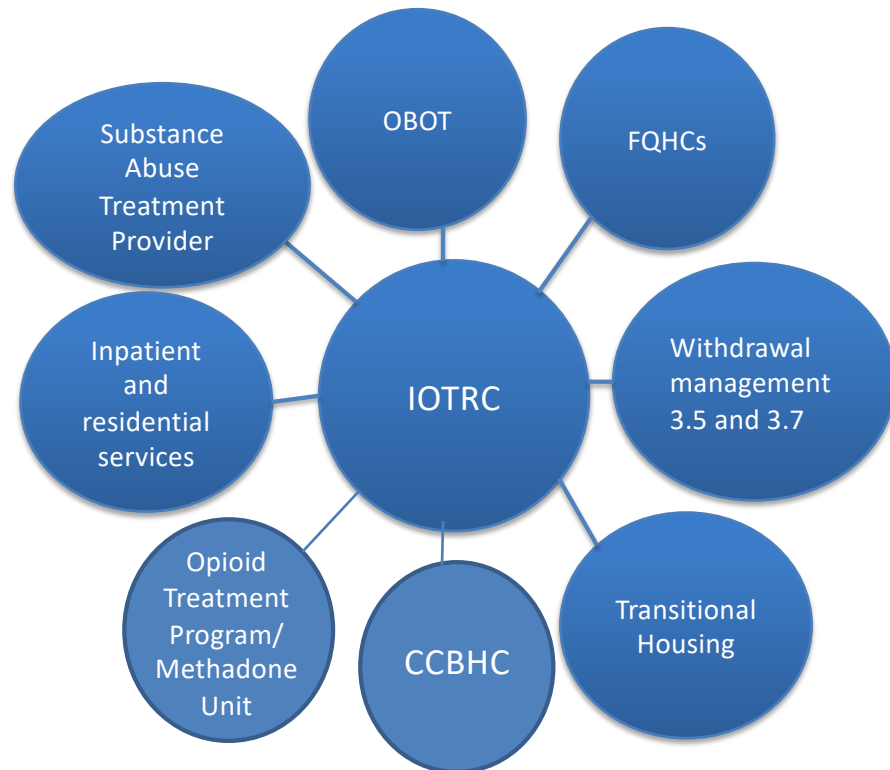
- 4 sites Las Vegas
- 1 site Reno

## Life Change Center

- 1 site Sparks
- 1 site Carson City

## Vitality Unlimited

- 1 site Elko





## Contact Information

Stephanie Woodard, Psy.D.  
Project Director  
[swoodard@health.nv.gov](mailto:swoodard@health.nv.gov)

Michelle Berry, MBA  
Project Manager  
[mberry@CASAT.org](mailto:mberry@CASAT.org)

Additional Information:  
[www.Prescribe365.nv.gov](http://www.Prescribe365.nv.gov)  
<https://casat.org/nevada-state-targeted-response-grant-str/>