

Presentation
to the
Clark County
Opioid Task
Force

Nevada Opioid Treatment Association

Erin C. Donohue

MSW, CADAC, PRSS

CTC Regional Director



Disclosures

NOTA is an association that encompasses 12 facilities, which include both for-profit and non-profit entities. Funding varies from facility to facility, leading to different financial interests based on their funding sources and operational models through grants, Medicaid, Medicare, and private insurance.



Nevada Opioid Treatment Association

The mission of the Nevada Opioid Treatment Association (NOTA) is to unite and empower opioid treatment providers (OTPs) in Nevada. Through these efforts, NOTA will make a positive impact on the lives of those affected by opioid use disorders, creating a healthier and more resilient Nevada community.

We are 6 OTP providers who offer services through 12 opioid treatment facilities throughout Nevada.

- **Acadia Healthcare
Comprehensive Treatment
Centers**
- **Behavioral Health Group**
- **Desert Treatment Clinic**
- **The Life Change Center**
- **New Beginnings
Counseling Centers**
- **Dr. Miriam & Sheldon G.
Adelson Clinic for Drug
Abuse Treatment and
Research**

Opioid Treatment Providers

- OTPs are an organized ambulatory addiction treatment service for patients with an opioid use disorder (OUD). OTPs are heavily regulated by federal and state agencies.
- OTPs involve direct administration of medications on a daily basis without the prescribing of medications.
- Even “take-home” supplies originate at the “dispensing window” of the OTP and do not involve prescriptions taken to a retail pharmacy.
- OTPs provide a collection of services that includes:
 - Medication
 - Level 1 Outpatient counseling
 - Level 1 Ambulatory Withdrawal Management
- OTPs typically utilize methadone, buprenorphine formulations, or naltrexone.
- Treatment is delivered by a medical and clinical team trained in the treatment of OUD.



CCROTF Mission

The Clark County Regional Opioid Task Force reviews available data, in particular, **information relating to harm reduction and substance abuse.**

Task Force members identify trends in the social determinants of health relating to opioid overdose fatalities and **identify opportunities for prevention to promote recovery and to collaborate to leverage existing resources to prevent substance misuse.**

NOTA Alignment with SURG & CCROTF

Through these actions, NOTA aligns with the goals of CCROTF:

- **Supporting Harm Reduction Efforts:**
 - Providing education on overdose prevention.
 - Distributing naloxone and harm reduction supplies to patients and non-patients.
 - Collaborating with stakeholders such as DHHS, UNR, UNLV, CASAT, and TRAC-B for sustainable funding of naloxone distribution programs.
- **Providing Access to Medications for Opioid Use Disorder (MOUD):**
 - Offering evidence-based treatment with medications like methadone, buprenorphine, and naltrexone.
 - Acting as a hub in a hub-and-spoke system, providing MOUD and wrap-around services.
 - Engaging in telehealth SUD counseling programs, initiating OUD programs through telehealth based on CFR 42 part 8 final rule.
- **OTP Service Offerings for Patients with SUD:**
 - Providing bundled services including medication, Level 1 Outpatient counseling, and Level 1 Ambulatory Withdrawal Management.
 - Utilizing a team of trained personnel including physicians/prescribers, nurses, licensed or certified addiction counselors, and mental health counselors.
- **Responding to Suspected Overdoses:**
 - Delivering patient-centered and recovery-oriented individualized treatment, case management, and health education.
 - Collaborating with law enforcement and public health agencies for hand offs and comprehensive care.
 - The study confirms that using methadone and buprenorphine to treat OUD effectively reduces mortality among patients who have experienced a nonfatal opioid overdose.
- **Preventing Generational Cycles of Addiction:**
 - Implementing programs for families, including prenatal and neonatal care.
 - Supporting caregivers with parenting skills to break the cycle of addiction.
 - Reducing the overall burden of substance use disorders in communities through evidence-based methods.

Patient Journey of Care

Patient Intake

- *Intake interview*
- *Physical exam with a licensed physician*
- *Psychosocial evaluation*
- *Toxicology screening*

Treatment Plan

- *A team of trained professionals develops a tailored treatment plan to help stabilize drug use, reduce withdrawal symptoms, and teach skills to resist relapse.*

Start Recovery Journey


- *Begin the journey to recovery with daily medication for opioid use disorder (MOUD).*
- *Attend weekly in person or virtual counseling sessions.*
- *Start treatment for co-occurring conditions.*

Maintain and Sustain

- *Continue the path to recovery with ongoing support, gradually extending intervals between clinic visits while learning and testing new coping skills and behavioral strategies.*
- *Take part in connecting with wrap around supports and set up for success.*

OTPs are safe, stigma free places for special populations to receive treatment

Many of OTP clientele are members of special populations including:

- *Lower socioeconomic status*
 - *Unhoused population*
 - *Pregnant women and parents with children in the household*
 - *IV drug users*
 - *Veterans, elderly persons*
 - *Persons who are incarcerated*
 - *Persons with co-occurring mental health disorders*
 - *Victims of domestic violence*
- 

What's Working Well / Evidence Based Practices

Access to medication for opioid use disorder (MOUD)

Contingency management

Accessing counseling

Psychiatric and behavioral healthcare

Case management

Peer Recovery Support Services

Working with community partners

Issues: Driven by insufficient payment rates

- **Oral Medication Administration Rates:** Oral medication administration is currently billed at \$3.94, a rate unchanged since 1980.
- **Limited Clinic Hours:** Clinics are unable to operate for extended hours due to financial constraints.
- **Unstable Staffing:** High turnover and difficulty retaining qualified staff impacts the quality of care.
- **Limited Reimbursement for Peer Recovery Support Specialists:** Funding shortfalls restrict the availability of these essential support services.
- **Additional Issues:**
 - **Transportation Challenges:** Clients face difficulties accessing treatment due to inadequate transportation options.
 - **Lack of Services in Rural Communities:** Rural areas suffer from a severe lack of available treatment services.

Gaps

Medicaid reimbursement is currently insufficient to cover the cost of oral administration of medications with the average cost per patient at \$15.

On the West Coast, the average reimbursement rate is \$12. In comparison, Nevada's reimbursement of \$3.94 is only 33% of the western states average.

Peer support services are currently under-compensated and have a low Medicaid reimbursement rate for their valuable work.

Clients face difficulties accessing treatment due to inadequate transportation options.

Recommendations

- *State Medicaid*

- *Increase reimbursement rates for oral administration of medications*
- *Inclusion of peer recovery support specialists*
- *Create service 'bundles' for OTP billing efficiency and comprehensive treatment*

- *Clark County Supports*

- *Pairing OTP with other forms of harm reduction and treatment*
- *Introduce more OTP programs to jails and prisons*
- *Address transportation challenges*
- *Use of peers for outreach and retention*

Acronyms

MAT	Medication Assisted Treatment
MOUD	Medications for Opioid Use Disorder
OTP	Opioid Treatment Providers
OUD	Opioid Use Disorder
SUD	Substance Use Disorder
NOTA	Nevada Opioid Treatment Association

Questions?

&

Thank You!



Contact Information

Erin Donohue

Erin.Donohue@ctcprograms.com

John Firestone

johnfirestone@tlccreno.org

Morgan Biaselli

morgan@ssgr.us

Sarah Adler

sarah@ssgr.us



References

- CASAT. “Certification Process.” *Behavioral Health NV*, behavioralhealthnv.org/about/.
- “2023 Annual Report of the Statewide Substance Use Response Working Group (SURG).” *Office of the Attorney General*, 1 Jan. 2024, ag.nv.gov/uploadedFiles/agnv.gov/Content/About/Administration/07.12.23%20SURG%20Meeting%20Notes%20Draft.pdf.



ADDRESSING THE OPIOID EPIDEMIC

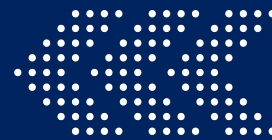


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OVERVIEW INFO

- Opened in 2018
- Current Levels of Care Offered: 3.7 Medical Detox, 3.5 Residential Treatment, 3.2 Withdrawal Management, 2.5 Partial Hospitalization, 2.1 Intensive Outpatient, 1.0 Outpatient.
- Bed Availability
 - 74 Medical Detox / WM
 - 104 Residential
 - 12 Veteran-Specific
 - 160 Housing
- Certifications / Accreditations
 - The Joint Commission
 - Substance Abuse Prevention and Treatment Agency (SAPTA)
 - Health Care Quality and Compliance (HCQC)



LET'S TELL THE STORY

DETOX

- Inpatient Screening & Chart Creation
- Triage (drug test / breathalyzer, shower, medical assessment, meal, clinical assessment)
- Clinical, Nurse, & Doctor determine LOC placement
- OUD Detox Stay: Traditionally 5-7 Days
- H&P, Peer Support, and Clinical within 24 hours
- Case Management on Day 2
- Rounds hourly (BHTs) and every 2 hours (Medical)
- Daily Treatment Plan
 - Peer Support Specialist & Clinical Groups
 - MAT Conversations
 - Medication / Medical Team Contact

RESIDENTIAL

- Clinically managed 24/7 inpatient care
- 25 hours of structured programming per week
- Groups 4 days per week
- Individual sessions based on treatment plan
- Case Management begins process of obtaining vital docs, coordinating medical providers for post discharge, and ongoing treatment/housing options.
- Peer Support Specialist daily groups and individual meetings weekly.
- Additional assignments given to be completed in between clinical sessions:

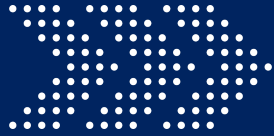
LET'S TELL THE STORY

OUTPATIENT WITH HOUSING

- Partial Hospitalization
 - 2-4 weeks
 - Groups 5 days per week
 - Weekly individual sessions / case management / peer support
 - Assigned Accountability Buddy in Housing
 - Begins "What Do I Do Now?" Workbook
- Intensive Outpatient
 - 6-8 weeks
 - Groups 3 days per week
 - Can now lead as a Buddy in Housing
 - Bi-Weekly individual sessions
 - Continued weekly case management and peer support
 - Housing Curfew of 10pm

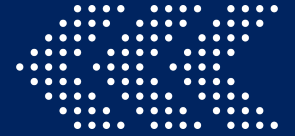
POST-COMPLETION

- Staff contact with clients monthly
- Client has option to continue at Level 1 Outpatient with 1x weekly group, 1x monthly individual session, and 1x monthly case management.
- Alumni meetings once monthly.
- Alumni activity events once per quarter.
- Surveys sent to clients 6 months after completion from IOP/Housing
- Re-engagement in services if needed based on any changes to circumstances.



TREATMENT

CrossRoads of Southern Nevada has made numerous changes over the last 18 months in order to better support individuals whom are coming into treatment in one of our levels of care. Individuals with opioid use disorder (OUD), especially with active fentanyl use, need additional supportive services. 68% of individuals entering CRSN have opioid use in the last 14 days.



AWARENESS

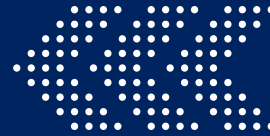
CRSN has become a hub for OUD awareness in the community. Our outreach efforts and community involvement focus on engaging individuals in educational conversations and offer them solutions to problems affected by opioid use. CRSN Staff is also kept up to date on trends.



TREATMENT & PROGRAMS



HARM REDUCTION POLICIES & PROCEDURES



Policy & Procedure changes to specifically address opioid use:

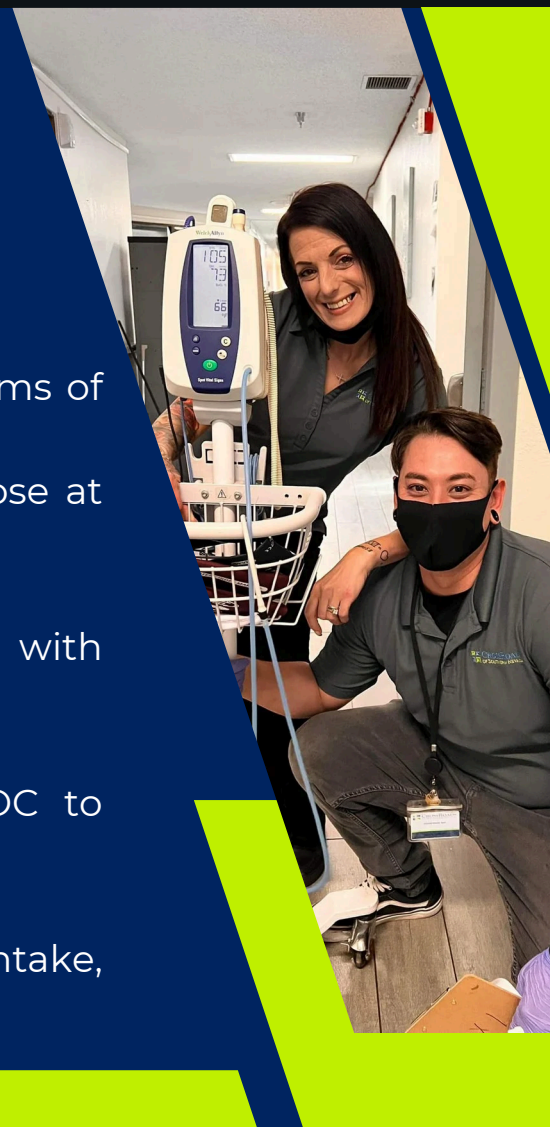
- Medical Detox Response to Opioid Use Disorder (OUD)
 - Added continuation of methadone for those established on it prior to admission vs detoxing off all substances.
- Discharge Protocols / Resources
 - Adjusting treatment plans for increased care after relapse rather than an immediate discharge.
 - Ensure medication-assisted recovery friendly options were available for those wanting to continue on maintenance doses.
 - Care coordination for continued medication-assisted treatment post-discharge.
 - Provide overdose prevention training and kits for those with opioid use.



HARM REDUCTION POLICIES & PROCEDURES



- Naloxone Administration / Dispensing
 - Set specific procedures so all staff can recognize signs & symptoms of opioid overdoses & respond with Naloxone.
 - All staff trained quarterly to be able to dispense naloxone to those at risk of an opioid overdose or friends/family of those at risk.
- Program Re-Entry Guidelines
 - Adjusted readmission protocols for opioid-using individuals with numerous treatment attempts.
 - Medical Director involved in all cases of opioid readmissions.
 - Expanded programming to delineate 3.7 LOC from 3.2 LOC to increase capacity for 3.7 admissions.
- Medication - Assisted Treatment Discussions
 - All clients with opioid use are offered MAT options during intake, throughout care, and post-discharge.

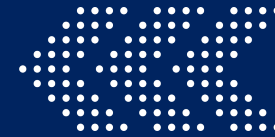


MEDICATION ASSISTED TREATMENT OPTIONS

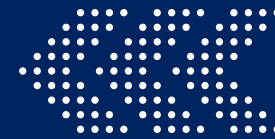
Prior to 2023, CRSN provided opioid-using clients with the options of Buprenorphine (during stay) and Naltrexone products (upon discharge / in outpatient).

In order to provide clients with methadone, a facility must obtain an Opioid Treatment Provider (OTP) license due to regulations surrounding methadone treatment for opioid use disorder.

However, clients can maintain their status at a local OTP and seek admission into detox for continued opioid use or other substances.



MEDICATION ASSISTED TREATMENT OPTIONS



CRSN has established partnerships with several local OTPs to now offer detox for methadone clients without having to cease their medication.

CRSN offers the following options throughout care and appropriate treatment decisions are made between the doctor and client.

- Buprenorphine (oral and injectable)
- Naltrexone (oral and injectable)
- Methadone via community providers

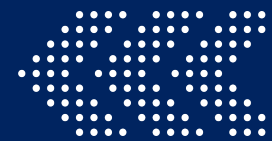
CRSN also onboarded a Medical Director in 2023 with over a decade of experience with MAT.



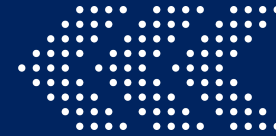
FENTANYL TESTING ON SITE

With fentanyl overdose rates increasing by 50% in Clark County in the last 3 years, CRSN partnered with Sober Testing Services to begin testing all medical detox admissions regardless of reported drug of choice. Additionally, all outpatient/housing clients are tested for fentanyl on their random screenings. CRSN is the only facility in the city testing for fentanyl on all drug screens.

Since implementation in 2023, nearly half (48%) of individuals reporting no opioid use upon admission assessment are testing positive for fentanyl. Results are received within 4 hours. This changes their course of care from being observation based to needing medical interventions such as medication.



OPIOID USE CURRICULUM IN PROGRAMS

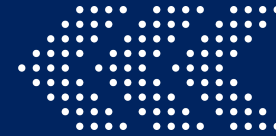


CRSN's clinical staff ensures that individuals with opioid use disorder are given additional therapeutic support through the following curriculums:

- Living in Balance / Matrix Clinical Curriculums
 - Comprehensive Life Skills - Structured sessions on stress management, relationships, and coping mechanisms, essential for maintaining sobriety.
 - Evidenced-Based Techniques - Uses Cognitive Behavior Therapy, motivational interviewing, and relapse prevention strategies to address substance use cases and prevent relapse.
 - Holistic Approach to Recovery - Addresses physical, emotional, social, and spiritual aspects for balanced, fulfilling life free from opioid dependence.



OPIOID USE CURRICULUM IN PROGRAMS

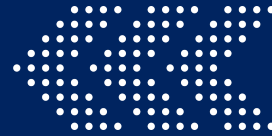


CRSN has also begun to implement “What Would I Do Now?” Moral-Reconation Therapy:

- 12 week specialized workbook targeting opioid-focused drug courts, medically-assisted treatment clients, and offenders in treatment with opioid related issues.
- This program ensures clients maintain engagement during the first 90 days of treatment.
- Fosters an ongoing relationship with treatment after the initial 90 days.
- The workbook has an open-ended format, allowing clients to start at any time and complete sessions at their own pace.
- Only requirement is weekly interaction with staff.



PEER SUPPORT WITHIN PROGRAMS



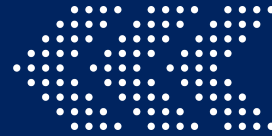
Peer Support Specialists, individuals with lived experience, are integrated into treatment support throughout all programs - including conducting peer lead groups, assisting with those wanting to leave treatment against medical advice, attending mutual aid meetings with clients, and planning sober social events.

Per Faces and Voices of Recovery (FAVoR), the use of peers in treatment settings increases completion rates, length of sobriety post-discharge rates, and improves stress response to crisis.

These peers all have prior history with opioid use and are able to share their personal journeys to establish meaningful connections with clients.

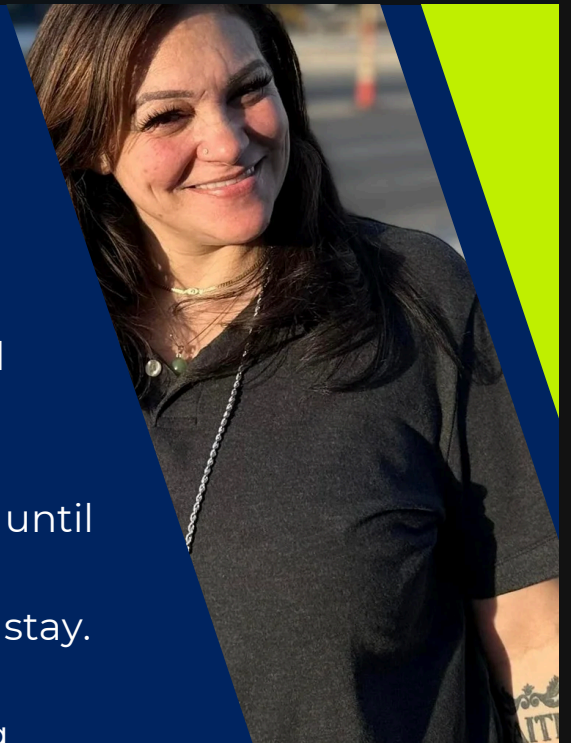


PEER SUPPORT WITHIN PROGRAMS



Statistics on CRSN Peer Recovery Support Specialist (PRSS) and Opioid Using Clients (Jan, 2024 - present):

- 78% of clients meet a PRSS within the first 24 hours of detox.
- 53% success rate in blocking AMAs (getting them to remain in care until completion).
- 35% of clients attend PRSS-led groups every day during their detox stay.
- 82% of clients attend at least one PRSS-led group during detox.
- 76% of clients are attending PRSS-led groups in outpatient/housing.
- 80% of clients reported having access to a PRSS during their treatment made them feel more comfortable in their recovery environment.
- Clients are 3x more likely to remain in care until completion if they have contact with a PRSS during their course of their treatment.



RECOVERY FRIENDLY WORKPLACE

CRSN has been designated as a Recovery Friendly Workplace meaning CRSN:

- Engages all employees in education about substance use disorder and prevention.
- Holds space for mutual aid meetings on site.
- Encourages healthy activities outside of work hours.
- Hires individuals with lived experience in all departments.
 - 75% of CRSN employees identify as in recovery.
 - More than half of those employees have self-disclosed having a history with opioid use.
- Has a dedicated relapse prevention plan for employees vs a punitive termination plan.



CRSN HOUSING MAT FRIENDLY



CRSN's housing program accepts all forms of MAT.

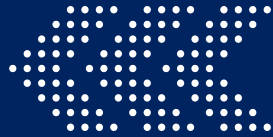
Staff are trained in MAT education and how to properly monitor clients whom are on MAT.

Mutual aid meetings held on site are non-discriminatory to support those on medications (HA, NA, SMART, MRT).

During treatment, clients on MAT treatment are giving additional support on coping skill education, medication compliance, and positive peer interactions.



CRSN HOUSING MAT FRIENDLY



20% of current housing clients are on MAT medications.

100% compliance rate with medication administration.

Staff support clients whom are on methadone by coordinating delivery of medication or daily transportation to their medication provider.

Case Managers ensure that upon discharge from CRSN housing, clients are given options that will continue to support their recovery path such as MAT friendly sober living and independent housing.



CRIMINAL JUSTICE & LAW ENFORCEMENT

CRSN is a preferred partner for numerous criminal justice and law enforcement entities whom encounter individuals with Opioid Use Disorder.

Partners:

- Las Vegas Metro Police / Fire & Rescue
- AMR
- Medic West
- Clark County Detention Center
- LIMA (Law Enforcement Intervention for Mental Health & Addiction)
- Courts: 8th Judicial District, Las Vegas Justice Court, Henderson Municipal, Las Vegas Municipal Court, and Boulder City Drug Court



MAT RE-ENTRY COURT

CRSN plays an integral role in the 8th Judicial District's MAT Re-Entry Program, which was established in 2017. This specialty court allows individuals releasing from incarceration onto Parole, or early release through the 184 Program (outpatient incarceration with NDOC), to engage in supportive services that are inclusive to MAT options.

All participants are met with within 72 hours of release from incarceration to be educated on MAT options post-release. Any individual whom initially denies medication but later relapses, is reassessed for care. This court focuses on harm reduction vs. disciplinary action.

CRSN has been both a treatment and housing provider for the program since inception, the first of its kind in the nation. Dedicated staff hold key positions on the specialty court treatment team.



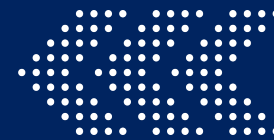
MAT RE-ENTRY COURT

Overall Court Statistics

- 310 Clients since December 2018
- 50% of Participants have an Opioid Use Disorder Diagnosis
 - Initial funding was Opioid Use Only, changed in 2021
- 98% of clients maintained abstinence at minimum 6 months
- 67% Successful Completion Rate

CRSN MAT Court Statistics:

- 84% Successful Completion Rate
- 87% received ID, 94% received birth certificate / SS card
- 97% obtained insurance
- 66% obtained stable employment



COMMUNITY CONTINUITY

CRSN has established partnerships to act as a diversion site for higher levels of care using impeded organizations in Emergency Rooms such as WellCare and HBI.

The purpose of this relationship is that neither organization provides detox / partial hospitalization programming traditionally needed for long term high risk opioid users.

The program is designed to accept clients from the ER setting, through authorizations. Clients attend 3-10 days of detox and 2-4 weeks of PHP programming. CRSN then returns the client to Wellcare / HBI after PHP for continued supportive care along with OUD treatment provided by those agencies and their associated MCO.



STAFF & COMMUNITY AWARENESS

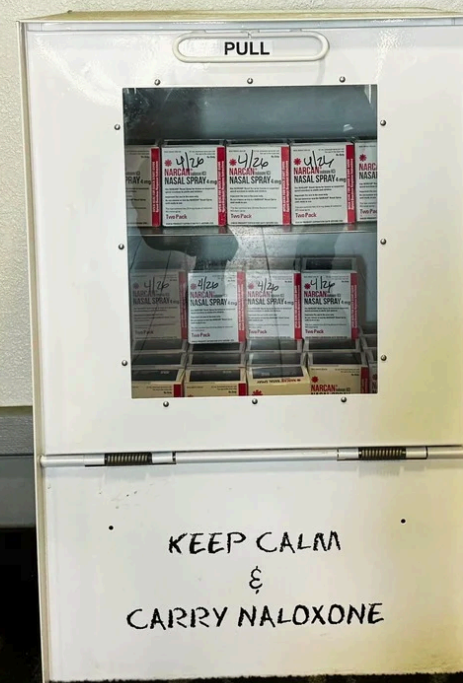
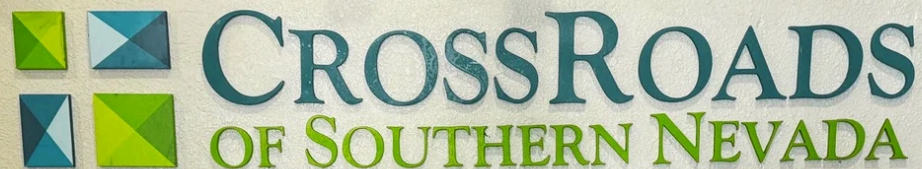


NARCAN AND FENTANYL TEST STRIP DISTRIBUTION SITE

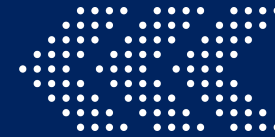
All CRSN locations are now distribution sites to the community for Naloxone and Fentanyl Test Strips.

Individuals regardless of status with CRSN can present to any location and obtain overdose prevention kits while providing minimal to no personal information.

To date, over 3,000 doses of Naloxone and 2,000 fentanyl test strips have been distributed from CRSN facilities.



HARM REDUCTION AND OVERDOSE PREVENTION EDUCATION



CRSN Staff is required to attend harm reduction and overdose prevention training on a quarterly basis.

CRSN hosts FREE community trainings on a bi-monthly basis, covering both topics, and providing attendees with Certificates of Completion and Overdose Response Kits.

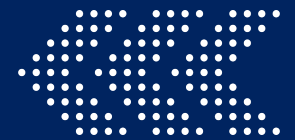
Since January, 2023, 1,852 individuals have attended these trainings.



COMMUNITY PARTNERSHIPS

CRSN prides itself on being a preferred partner for several community organizations to accept direct referrals for individuals with opioid use disorder:

- Anthem
- WellCare
- Molina Healthcare
- Human Behavior Institute
- NV Division of Welfare and Supportive Services
- NV Department of Employment, Rehabilitation and Training
- University Medical Center
- EMPOWERED Program / High Risk Pregnancy Center
- University of Nevada Las Vegas / Nevada State College
- Behavioral Health Group / Adelson Clinic
- Trac B Exchange



COMMUNITY EVENTS



CRSN hosts job fairs in partnership with DWSS to assist participants and community members to find job training programs and/or stable employment. These fairs average between 40-50 individuals being hired on the spot and over 125 being offered interviews / job training programs. Of those hired on the spot, over half (52%) have been diagnosed with an Opioid Use Disorder in the last 12 months.

In September, 2023, Six staff members represented the state of Nevada in Washington, DC at the national Mobilize Recovery Conference, meeting with legislators on the current status of the opioid epidemic in Nevada.

“Narcan at Night” was established in September as a city wide effort to get overdose response kits in the hands of our most vulnerable population. Over 1,500 doses were distributed in one day!

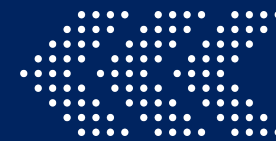
Along with LV PRIDE, CRSN formed the first ever Recovery Village at the local event in October, 2023. An additional 4,000 doses of Narcan were dispensed during the parade and festival.

LOCAL OUTREACH TEAMS

CRSN has a designated outreach team that is available to community providers, such as law enforcement and hospitals, for transportation to treatment and care coordination.

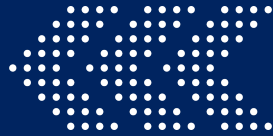
Our Street Outreach team canvases well known community roads, in partnership with Shine A Light Foundation, 7 days per week to provide resources, supplies, and connection to treatment. All individuals encountered receive overdose prevention kits and a brief overdose prevention training.

In 2024, 148 individuals have entered treatment with CRSN after being found in the Las Vegas flood tunnels. 45% of them had opioid use within the last 30 days.



PENDING LEGISLATION

MONITORING



CRSN has a dedicated Executive Team, whom are monitoring pending legislation that can only further enhance internal programming or community involvement.

Current legislation being monitored includes:

- Opioid Treatment Provider Licensure Requirements
 - Would remove license requirement so all facilities are able to provide methadone as a MAT option for individuals with opioid use.
- Safe Consumption Sites
 - Harm reduction facilities where substance can be tested, individuals can be assisted with use, immediate medical response to overdoses, and connection to services if ready to engage in recovery process
 - Treatment providers are onsite to transport if an individual determines they are ready for treatment. CRSN would be motivated to partner with these programs.
- Sobering Center Locations
 - Medically run facilities to divert intoxicated individuals from Emergency Rooms/ Jails
 - CRSN Outreach teams are focused on connecting these individuals with long term treatment/recovery options.



CONTACT INFORMATION

JAMES JUNE

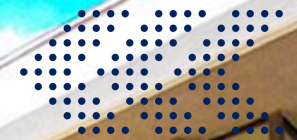
VP of Programs

James.J@Crossroadsofsonv.com

LAUREN GRIFFY

VP of Operations

Lauren.G@Crossroadsofsonv.com



THANK YOU
FOR YOUR ATTENTION





CCBHC: REMOVING OBSTACLES, ADDING SERVICES

Responding to need:

- Intensive Outpatient Program (IOP)
- Trauma & Other EBP Training
- Outreach – Veterans & Communities
- Detox & Inpatient Housing

Responding to Crisis:

- 1 October Route 91 Mass Shooting
- COVID-19 Pandemic
- 24/7 Crisis Call Response



SUSTAINABILITY

- **Medicaid represents more than half of Bridge's revenue**
- **Credentialed with most local private insurances**
- **Over a dozen grants and contracts assure no client is turned away!**
- **Yes! We offer a sliding fee scale**



COMMUNITY IMPACT

- **Staff: 40+ NV Licensed Clinicians (Employee, Dual Licensed)**
- **Bilingual – Spanish, Dutch, Tagalog, Urdu, German, & French**
- **95% Trauma Trained**
- **Board Certified Psychiatrist / Medical Director**
- **Psychiatric Nurse Practitioner (APRN)-three**
- **Targeted Case Managers and Peer Support Specialists**
- **Practicum and Psych-APRN Students from 8 Universities**

1500 clients currently; 4000 annually

COMMUNITY COLLABORATION

Bridge has over 40 Memoranda of Understanding (MOU):

This includes Veterans, Women's, Youth and Homeless Service Agencies



CURRENT BRIDGE SERVICES

- **Outpatient and Intensive Outpatient Treatment (IOP)**
- **Psychiatric and Medical Treatment**
- **Targeted Case Management and Peer Support Services**
- **Psychosocial Rehab / Basic Skills Training (PSR/BST)**
- **Medication Assisted Treatment (MAT)**
- **Commercial Food Services Kitchen**

UPCOMING BRIDGE SERVICES

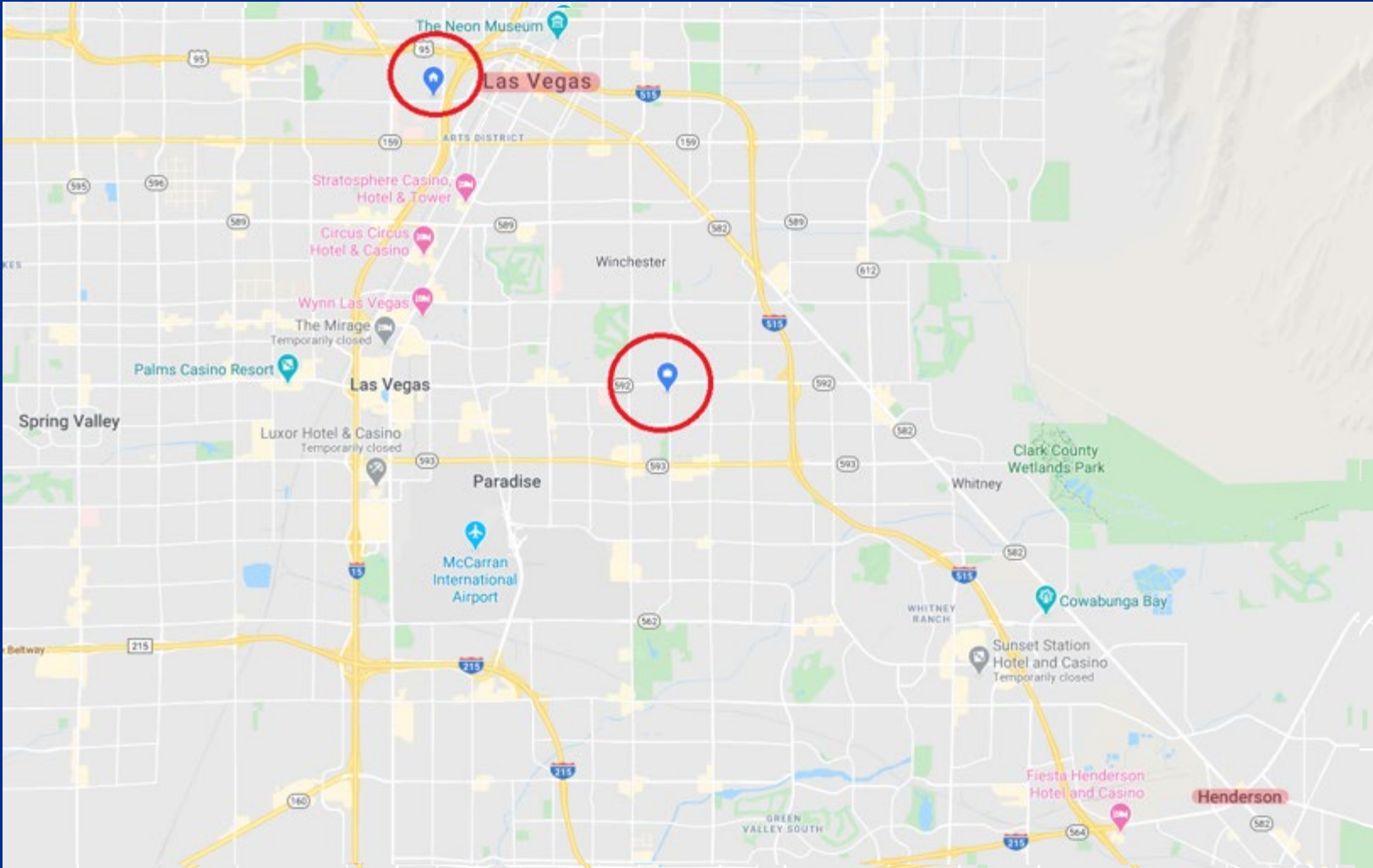
OPEN NOW

- **Residential Treatment Shelter – 48 Beds**
- **Safety Treatment Shelters – 18 Beds**

COMING SOON

- **Medical Detox – Nine (9) Beds**
- **Residential Treatment- 16 Beds**
- **5,000 sq/ft Psychiatric Residential Treatment Facility (PRTF) for Adolescents**
- **100 beds of transitional housing apartments**

BRIDGE CCBHC LOCATIONS



1640 ALTA DRIVE

LOCATED IN LAS VEGAS MEDICAL DISTRICT



415 S 6TH ST (COMING SOON) LOCATED IN DOWNTOWN LAS VEGAS



4221 MCLEOD @ FLAMINGO LOCATED IN UNINCORPORATED CLARK COUNTY





SOLVING PROBLEMS

ALL-GENDER RESTROOMS

(1ST FLOOR PUBLIC RESTROOMS)



MEDICAL CLINIC



DETOX

(9 BEDS PLUS NURSES' STATION)



RESIDENTIAL TREATMENT

(16 BEDS & COMMON AREAS)



HOMELESS TRIAGE



48 BED RESIDENTIAL TREATMENT SHELTER



RESIDENTIAL SAFETY SHELTER

(TWO ROOMS TOTALING 18 BEDS)



RESIDENTIAL TREATMENT SHOWERS



STATE LICENSED COMMERCIAL KITCHEN



RESIDENTIAL TREATMENT SHELTER WATER REFILL STATION / BATHROOMS



TELEHEALTH



CCBHC WITH APPROVED CDBG PROJECT (4 ACRES)



NEW TRANSITIONAL LIVING SPACE

- **Provides 100 new beds**
 - **50 2-bed transitional apartments for all gender**
- **All supportive services “on-site” today!**
 - **Mental Health / Substance Abuse Treatment**
 - **Psychiatric and Medical Treatment**
 - **Case Mgt. providing: transportation, employment assistance, and permanent housing referrals**



Proposed



EXISTING BUILDING

PEDESTRIAN ENTRANCE

2-STORY BUILDING ADDITION

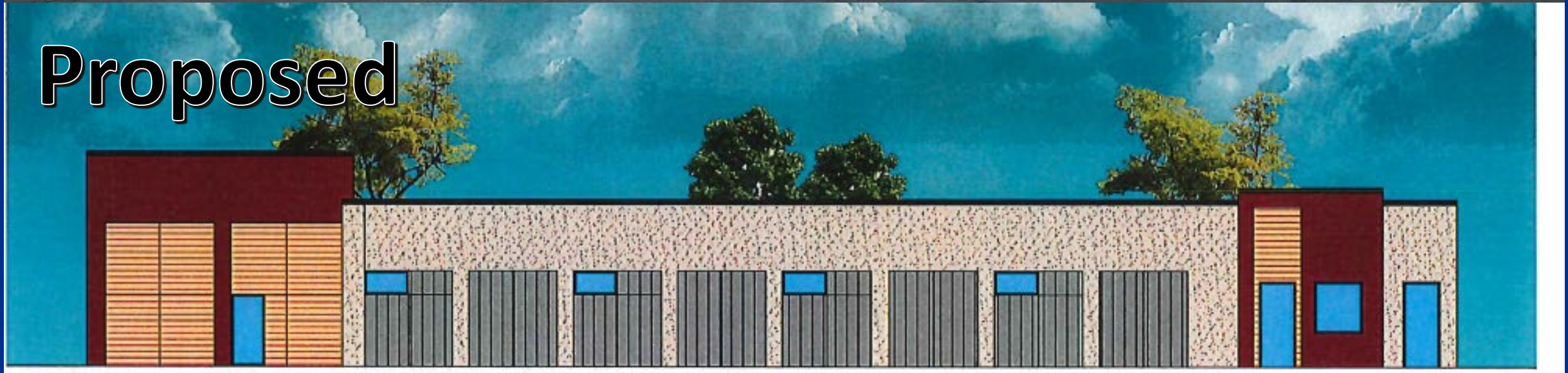
PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY (PRTF)

- **Beds for up to 16 youth and children under 18 years**
 - **24/7 residential treatment**
- **All supportive services “on-site” at opening!**
 - **Substance Use and Mental Health Treatment**
 - **Psychiatrist and Medical Nurse Practitioner**
 - **Commercial Food Services**



Existing

Proposed



CHILDREN'S
INTERIOR
EXPANSION

CCBHC SUBSTANCE USE DATA

State of Nevada CCBHC Dashboard – Data as of 1/1/24 – all claims/services:

All CCBHCS

16% Related to Alcohol



14% Related to Stimulants



8% Related to Cannabis



6% Related to Opioid



Bridge Counseling

18% Related to Alcohol

6% Related to Stimulants

12% Related to Cannabis

2% Related to Opioid

INTERNAL DATA

3.3% of all clients present with an opioid use disorder

<u>Age Group</u>	Total Population	Opioid Use Population
Adolescent	13.1%	0.3%
Adult 18 Plus	86.9%	3.8%

<u>Gender</u>	Total Population	Opioid Use Population
Female	51.3%	3.3%
Male	47.8%	3.3%
Other	0.8%	5.2%

<u>Race</u>	Total Population	Opioid Use Population
American Indian	0.4%	0%
Asian	1.5%	1.5%
Black or African American	14.8%	1.4%
Hispanic or Latino	43.3%	3.2%
Multiple Race	20.5%	1.7%
Native Hawaiian or Pacific Islander	0.6%	3.8%
White	18.9%	7.1%

LOCAL NEEDS ASSESSMENT

- The Opioid Needs assessment was completed in 2022 and found that there 836 unintentional fatal drug overdoses in 2022, which was a 6.2% increase over 2021.
- Clark County reported the lowest rates of overdose, regionally, at 21.6 per 100,000.
- Nevada's Epidemiological profile's (2022) data indicates 174 per 100,000 Emergency Department Encounters were a result of opioids in 2021; still substantially lower than methamphetamine at 440 and cannabis at 313.
 - Additionally, Drug-related inpatient admissions show shows opioids at 260 per 100,000, Marijuana at 466 and methamphetamine at 466.

This data is in line with the presentation of people seeking treatment at Bridge Counseling - While opioid treatment and resources (MAT & Narcan distribution) are available they are not heavily utilized.

This has led BCA to focus clinical staff training and resources towards treatment and specialty programing for alcohol, cannabis, and stimulant use.



First Responder Perspective

Opiate Trends, Access to
Resources, Gaps, and
Recommendations



Naloxone Training Overview

Protocol based Therapy

- Unresponsive with respiratory depression & suspected narcotic overdose

Dosing

- .4-2mg IN/IM/IV/IO titrated to increased respiratory effort
- Max dose 10mg

- Must display indications and receive the smallest effective dose
- Simple and quick to administer



Trends

- ESO- 2023 (SNHD)
 - .4mg delivered 12 times
 - 1mg 329 times
 - 2mg 1736 times
 - 4mg 101 times
 - More than 4mg 16 times (Max 8mg)



Trends

- CCFD-
 - General feeling among Paramedics/EMS staff overdose calls are increasing
 - General feeling among Paramedics more Naloxone is administered per patient
 - Frequency of calls matching Overdose/Naloxone Administration
 - July 1 2022-July 1 2023 333 calls
 - July 1 2023-July 1 2024 667 calls



Access to Resources

- No Challenges accessing resources
- No gaps identified
- Demand for Naloxone increasing nationwide



Recommendations

- Increased Training with nasal administration kits
 - Reports of violent encounters with prehospital administration
- Opportunity for Collaboration
 - Data collection- Targeted therapy within hotspots provided by SNHD with PODS
 - Referral to Core
 - Leverage Nonprofit/NGOs
 - Evaluate-Revise plan



Data Collection

CAD 🗨️ 📶 📄 ❤️ 🚑 📱 📶 ☰

Primary Cause	☰
Secondary Cause	☰
Other Cause 1	☰
Other Cause 2	☰
Other Cause 3	☰

Work Related

Work Related	Yes	No
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Alcohol/Drug Use Indicators

Alcohol Containers/Paraphernalia at Scene	✓	Positive Level known from Law Enforcement or Hospital Record	✓
Drug Paraphernalia at Scene	✓	Physical Exam Indicates Suspected Alcohol or Drug Use	✓
Patient Admits to Alcohol Use	✓	None Reported	✓
Patient Admits to Drug Use	✓	Unable to Complete	✓

⚡ PowerFields



Data Collection

CCFD CORE
Collaborative Outreach Referral & Evaluation Form

Incident Date Incident Number

CCFD Employee


Station Number Platoon

Last Name

First Name

Phone

If no phone
Contact Person and Phone



Questions?

- Brian O'Neal
- Assistant Fire Chief
- Clark County Fire Department
- boneal@clarkcountynv.gov





Overdose Response Team (ORT)

A CLARK COUNTY
MULTIAGENCY RESPONSE

The Fentanyl Crisis

- ▶ Fentanyl related deaths are increasing each year.
 - ▶ 2019, there were 72 OD deaths-from Fentanyl.
 - ▶ In 2019 fire departments and ambulance services within Clark County responded to 3,249 incidents where Narcan/ Naloxone was administered to a patient.
 - ▶ 2020, there were 193 OD deaths- from Fentanyl
 - ▶ The Age Range of 18 to 44 years old accounted for 75% of the deaths from 2020.
 - ▶ Therefore, a Task Force has been created....



Task Force
Composition

- ▶ 1 LVMPD SGT
- ▶ 4 LVMPD Narcotic Detectives
- ▶ 1 HPD Narcotic Detective
- ▶ 1 HSI Special Agent
- ▶ DEA liaison
- ▶ 1 HIDTA Analyst
- ▶ The Southern Nevada Post-Overdose Response Team (SPORT)

Overdose Response Team

(ORT)

- ▶ IT IS THE POLICY OF THIS TASK FORCE TO INVESTIGATE OVERDOSE-RELATED CASES BY AGGRESSIVELY TARGETING DRUG SUPPLIERS WHO ARE DISTRIBUTING DEADLY NARCOTICS WITHIN THE COMMUNITY.
- ▶ THE OVERDOSE RESPONSE TEAM (ORT) INVESTIGATES SPECIFIC OVERDOSE-RELATED CASES THAT RESULT IN DEATH OR, IN SOME CASES, NEAR DEATH.
- ▶ ORT DOES NOT FOCUS ITS INVESTIGATIONS ON PERSONS WHO ARE USERS, OR ADDICTS.
- ▶ PROVIDE CLOSURE FOR FAMILIES AND PREVENT FURTHER LOSS OF LIFE.

Clark County District Attorneys Office

Specific HIDTA Deputy District Attorneys are assigned to prosecute ORT cases.

Every aspect of every case has a Deputy District Attorney involved.

Specific guidelines set forth by the DA's Office will determine if a case will be prosecuted.



TEAM ACHIEVEMENTS

SUMMARY OF ARRESTS AND CHARGES

- ▶ Since its inception, ORT has made 29 murder arrests.
 - ▶ All were drug traffickers, suppliers, and major distributors.
 - ▶ All ORT cases litigated have resulted in felony convictions.
- ▶ 2024 YTD
 - ▶ 11 murder arrests
 - ▶ 4 arrests were upgraded to 1st degree murder
 - ▶ 2 suspects charged federally

What we are seeing on scene

More habitual users.

Less young and naïve.

More victims who thought they were using one specific type of drug which also contained fentanyl, causing death.

More scenes with multiple people deceased from a fentanyl overdose.

Pressed pills and powder are still the most common form of fentanyl.

Southern Nevada Post Overdose Response Team. (SPORT)

ORT Detectives and Officers have had limited access to resources to pass on to family, or friends of deceased loved ones and overdose survivors.

When the ORT team was stood up in 2019, the goal was to have a care element attached which has finally come to fruition.

The SNHD along with HIDTA have formed the Southern Nevada Post-Overdose Response Team (SPORT) initiative.

A partnership of public safety and public health.

This public health public safety initiative combines addressing drug trafficking through the criminal investigative approach to remove dangerous drug traffickers who are causing harm to citizens while simultaneously support the community's public health through an essential care program.



Questions

CAPTAIN MICHELLE TAVAREZ

Opioid Task Force Presentation

SPORT Overview

Presenters:

Treva Palmer
Senior Disease Investigator and Intervention Specialist

Elizabeth Adelman
Communicable Disease Supervisor

July 18th, 2024





• What is SPORT?

- Southern Nevada Post-Overdose Response Team (SPORT)
- Supported through the COSSUP (Comprehensive Opioid, Stimulant, and Substance Use Program) grant through the Bureau of Justice Assistance
- The SPORT project gives us the opportunity to work with people who have just experienced an overdose.
 - More immediate intervention opportunities
 - Whole person-centered approach
 - Warm hand off to services

- How does the SPORT Team receive cases for follow up?

- HIDTA (High Intensity Drug Trafficking Agency)
- Self referred-dedicated SPORT email
- EMS/law enforcement (in the future)





- Types of referrals:

- Overdoses reported to ORT
- Survivors of those who overdosed (may or may not also be using substances)
- Self-referrals




- SPORT model

- Connect with the client and consent to care.
- Assess risk of future overdose.
- Establish a follow up plan.

Considering Social Determinants of Health

- SNHD IS LEVERAGING THE CDC'S SOCIAL VULNERABILITY INDEX (SVI) TO ENHANCE OUR OVERDOSE RESPONSE FRAMEWORK IN CLARK COUNTY.
- BY INCORPORATING SVI DATA INTO OUR PROGRAM IMPLEMENTATION, WE WILL PROACTIVELY IDENTIFY VULNERABLE COMMUNITIES, TAILOR RESPONSE TIMELINES, AND ALLOCATE RESOURCES EFFECTIVELY TO ADDRESS EMERGING OVERDOSE TRENDS AND COMMUNITY NEEDS.

- 
- When do we respond?
 - SPORT Teams will have ability to respond 24/7
 - Standby phone established to meet this expectation
 - Response is based on an internal response protocol

Acknowledgements:

HIDTA's ORT Team

SNHD SPORT DIIS and leads

UNLV

