

Overdose Data to Action - S

Overdose Data 2 Action-OD2A
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NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH

ALL IN GOOD HEALTH.



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ABOUT DPBH

MISSION

To protect, promote, and improve the physical and behavioral health and safety of all people in Nevada, equitably and regardless of circumstances, so they can live their safest, longest, healthiest, and happiest life.

VISION

A Nevada where preventable health and safety issues no longer impact the opportunity for all people to live life in the best possible health.

PURPOSE

To make everyone's life healthier, happier, longer, and safer.



ALL IN GOOD HEALTH.

AGENDA

1. Overdose Data to Action overview
2. CDC Budget Overview
3. Surveillance Strategies
4. Prevention Strategies

Overdose Data to Action

OD2A supports jurisdictions in implementing prevention activities and in collecting accurate, comprehensive, and timely data on nonfatal and fatal overdoses and in using that data to enhance programmatic and surveillance efforts.

OD2A focuses on understanding and tracking the complex and changing nature of the drug overdose crisis by seamlessly integrating data and prevention strategies.

Two strategies: surveillance and prevention.

- Enhanced *surveillance strategies* enable jurisdictions to track nonfatal and fatal overdoses involving opioids and/or stimulants, and polysubstance use and identify emerging drug threats.
- Evidence-based *prevention strategies* are aligned with shifts in the overdose crisis, including changes in the illicit drug supply and a rise in stimulant and polysubstance use.



BUDGET OVERVIEW

- OD2A is funded yearly at the current amount of \$2,509,678.00 with a total of \$12,548,390.00 for the grant period of 5 years.
- 09/01/2023-08/31/2028
- Two category carveouts:
 - Surveillance \$904,750
 - Prevention \$1,604,928



Surveillance Strategies

- Surveillance has 3 parts:
 - Surveillance Infrastructure, Morbidity Surveillance, Mortality Surveillance
- Surveillance Infrastructure
 - Change in prescribed controlled substances. Number of clinical providers referring to services in the community. Number of emergency room providers that report improved workflow regarding PDMP and treatment referrals. Number of individuals admitted with opioid use disorder or opioid overdose discharged with treatment or resource referral.
- Morbidity Surveillance
 - Hospital Discharge Data
 - To support these efforts, we will be using the Drug Overdose Surveillance and Epidemiology (DOSE) System that provides timely data on nonfatal drug overdoses treated in emergency departments and hospitals and can be used to identify, track, and respond to changes in drug overdose trends. The data is captured from health departments and describes nonfatal overdoses at the local, state, and national levels. We will be using the dashboards created to collect the required data.

Surveillance Strategies

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Surveillance Strategies



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- Morbidity Surveillance:
 - Data Dissemination
 - Emergency medical services data and systems will be enhanced by funding data sharing and access with ImageTrend, a software that works within the state's Emergency Management System EHR system to capture and report nonfatal opioid overdose data, vendor. Public health laboratories will be enhanced by providing additional funds for increased staffing and supplies for testing related to nonfatal drug overdose in the form of drug paraphernalia in the form of syringes from syringe service programs. A position (20-hour graduate assistant) within the Larson Institute within the University of Nevada, Reno, School of Public Health will be funded to conduct data analysis and dissemination of overdose-related data (i.e., morbidity, mortality) to multiple community partners and statewide. This center has over 50 years of combined expertise and experience in data collection, management, analysis, and dissemination. This position would work collaboratively with state surveillance staff to expand the reach of surveillance data in multiple different forms (reports, presentations, data briefs, manuscripts, and other data products) to a variety of audiences.

Surveillance Strategies



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- Mortality Surveillance

- Data Submission

- Nevada's OD2A program will support the state's existing surveillance effort to collect and disseminate data related to fatal and non-fatal opioid overdose. The OD2A Program produces monthly Drug Overdose Surveillance Epidemiology (DOSE) reports. These reports help to understand the currently overdose morbidity rates. Nevada will report aggregate Emergency Department (ED) data and will collect data based on the case definition and all guidance to be provided by the CDC after funding is received. The collection, review, and dissemination of this data will support the state's prevention strategies and resource allocation. Nevada intends to collect and disseminate timely emergency department data on the suspected drug, all opioid, heroin, and stimulant overdoses. Nevada is applying for Emergency Department (ED) Tier1 funding and will submit ED data specific to suspected overdose as a result of all drugs, all opioid, heroin, and stimulant overdoses through the ESSENCE system every two weeks. After validation of this data, the state commits to allowing the CDC to disseminate the data. Nevada will work with the CDC to address issues with rapid disseminate of data in a timely manner

Surveillance Strategies



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- Mortality Surveillance

- Coverage

- Nevada will collect and disseminate the description of drug overdose death occurrences using death certificates and Coroner/Medical Examiners data through the State Unintentional Drug Overdose Reporting System (SUDORS), with case definition as prescribed by the OD2A Notice of Funding Opportunity (NOFO). Nevada's application includes a request for Tier 1 SUDORS funding. Nevada's application includes funding to collect monthly data on suspected overdose deaths statewide. Nevada will enhance forensic toxicology testing on opioid overdose deaths statewide. The state's toxicology work will confirm toxicology of commonly prescribed opioids and illicit opioids, including fentanyl. Nevada will also test for commonly co-occurring substances that often contribute to opioid overdoses. The State of Nevada will subgrant toxicology funding to the Washoe County Regional Medical Examiner's Office (WCRME), as well as the Clark County Office of the Coroner and Medical Examiner (CCOCME), through a subaward to the SNHD. Nevada works in partnership with the Washoe County Regional Medical Examiner's Office (WCRME) and the Clark County Office of the Coroner and Medical Examiner (CCOCME) to hire data collection abstractors. These agencies work with law enforcement and the State Office of Vital Records to collect violent death data and enter it into the SUDORS system. Data Collection Abstractors are responsible for entering data to initiate a base with a target of entering 100% of identified cases each year. In addition to Tier 1 funding, Nevada will collect preliminary rapid counts of opioid overdose deaths monthly

Surveillance Strategies



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- Enhanced Toxicology Testing
 - The State of Nevada subgrants toxicology funding to the Washoe County Regional Medical Examiner's Office (WCRME), as well as the Clark County Office of the Coroner and Medical Examiner (CCOCME).
 - Collect and report SUDORS data

Prevention Strategies



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- Regional Behavioral Health Coordinators
 - Providing resources in the community for linkage to care, harm reduction, public safety partnerships/interventions
- PDMP data collection
 - Board of Pharmacy to collect and analyze opioid prescription drug monitoring.



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Questions?



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