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# OVERDOSE SURVEILLANCE NEEDS ASSESSMENT

## NEVADA OVERDOSE DATA TO ACTION PROGRAM

NVOD2A is Nevada's main source of CDC funding for overdose surveillance/ prevention and intervention. One of this program's goals is to increase the quality and the amount of data is being used to inform overdose prevention and intervention.

THANK YOU FOR BEING HERE....

## Today's Agenda

- 01 Introductions and Housekeeping
- 02 Meeting Objectives
- 03 Review of Planning Document
- 04 Test of Assessment Parameters
- 05 Wrap up and Review
- 06 Closing and Next Steps

## Today's Objectives

- 01 Review Needs Assessment
- 02 Vette and agree to approach and methods, key questions
- 03 Shared understanding and agreement of assessment objectives

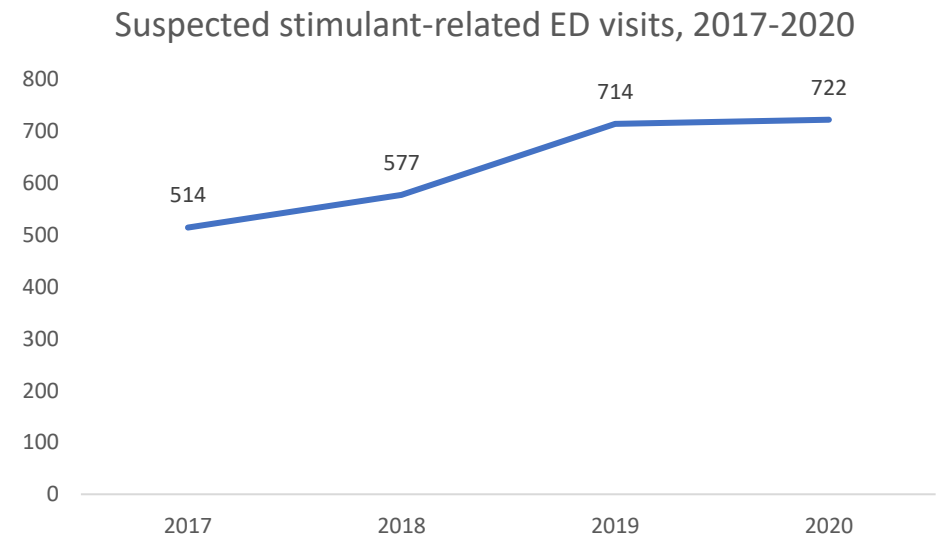


# NEEDS ASSESSMENT REVIEW



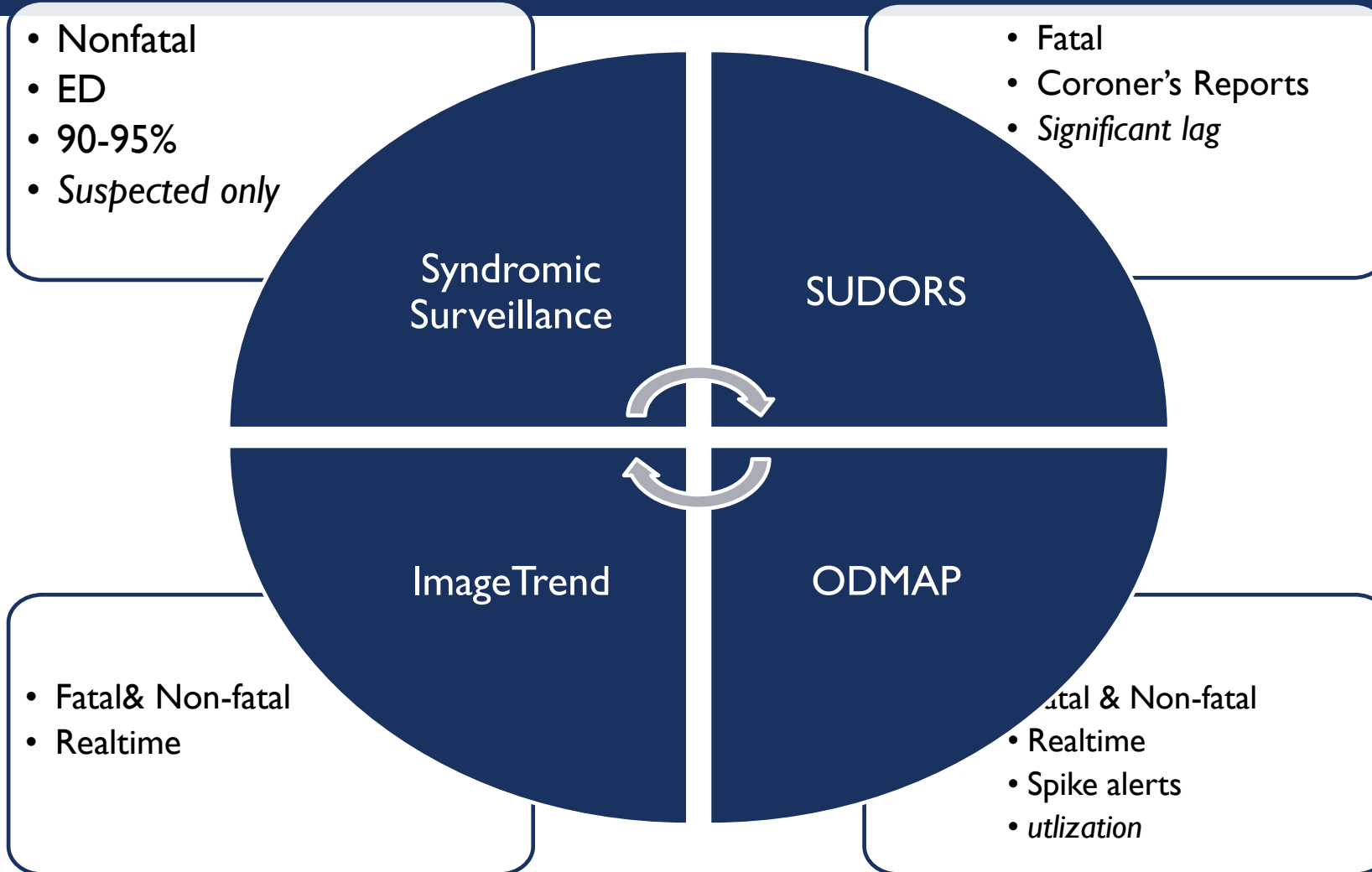
# PUBLIC HEALTH PROBLEM

- Nevada has seen a 50% increase in opioid-involved drug overdose deaths. Preliminary Data Shows 98 deaths from January through March and 147 from April through June.
- In July of 2020, The Southern Nevada Health District issued a press release that fentanyl overdoses are up 125% from 2019. The rise in fentanyl and the increase in fentanyl-laced stimulants is and will continue, to have a detrimental impact on prevention and intervention efforts. The increase in stimulant use will have implications for prevention, intervention messaging, and treatment.
- Currently, public health and policymakers depend on a limited data set to inform the state's drug supply, morbidity, and mortality, an overdose spike risk. This presents challenges.
- At this time, Nevada does not have a single cohesive overdose surveillance system. The State Department of Health Uses several data sets to paint a picture of Nevada's substance abuse and overdose risk.



Note: Data comes from the National Syndromic Surveillance Program, which captures between 90-94% of ED facilities across Nevada. Data are for suspected visits (lack of confirmatory drug testing) and use chief complaint and discharge diagnoses to capture visits where a stimulant may have been involved. Due to internal data quality checks, data may be subject to change. Due to an increase in facilities onboarding over time, interpret differences in counts between years with caution.

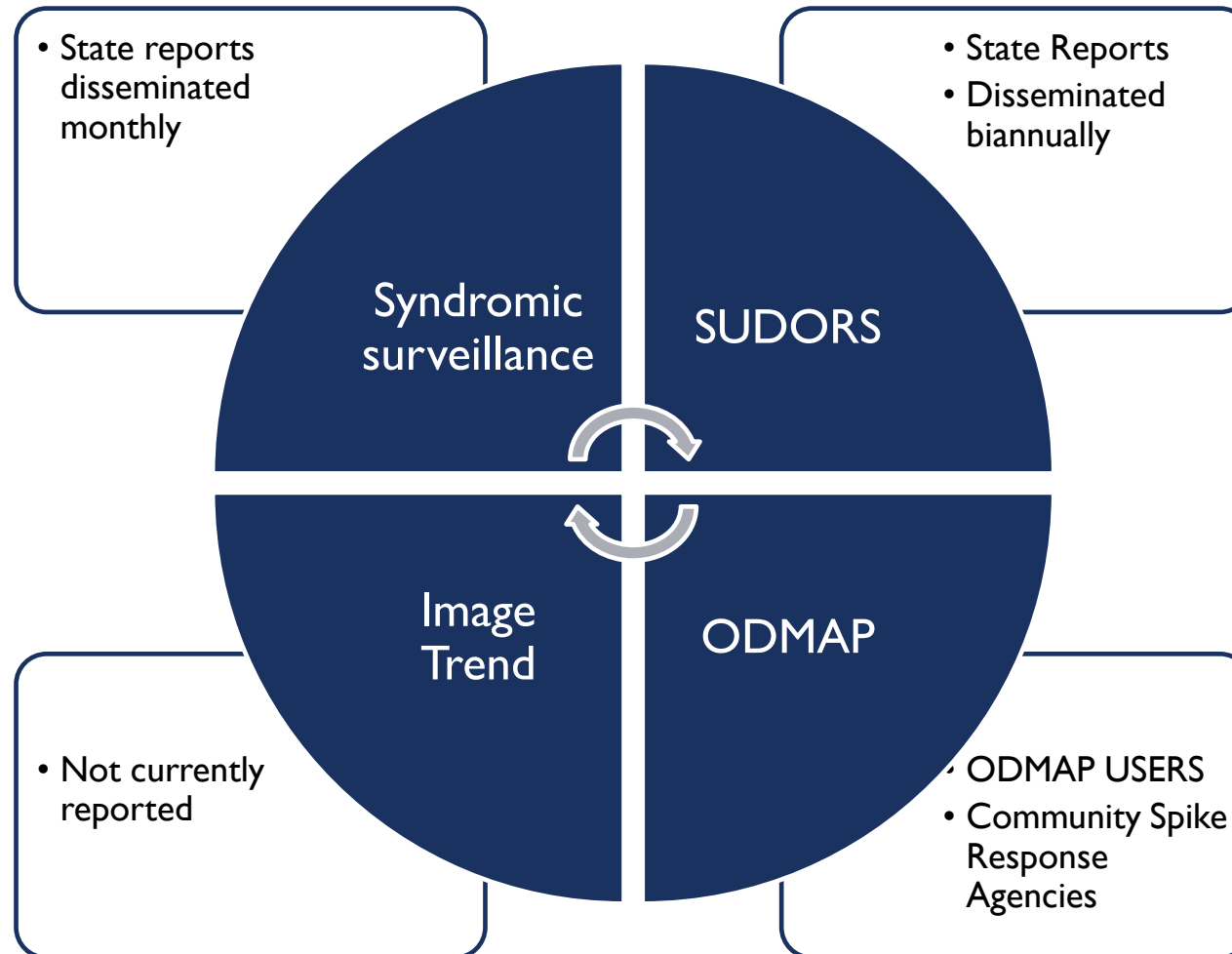
# EXISTING SURVEILLANCE SYSTEMS





WHAT IS MISSING?

# WHERE IS THIS DATA GOING?



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WHAT WOULD THE  
"IDEAL" OVERDOSE  
SURVEILLANCE  
SYSTEM LOOK LIKE?





# ASSESSMENT OBJECTIVES AND KEY QUESTIONS

## Objectives

- Clarify and document the processes for data collection and reporting through various systems, specifically related to opioids and other substances implicated in overdose and death.
- Understand state and federal chain of custody rules and regulations for seized drug testing
- Identify gaps in information within public health reporting systems.
- Identify opportunities to improve surveillance and data sharing toward the aim of reducing overdose and death, and supports a robust community response to overdose events.
- Develop recommendations for funding or policy change

## Key Questions

- What statutory limitations affect organizations' ability to test and report information?
- What resource limitations affect organizations' ability to collect and disseminate data?
- What other barriers exist in sharing data with public health partners?
- What data sharing practices are working best? What is in place that makes them successful?
- What data would your organization benefit from seeing? Who are the people/ organizations that would need access? Under what timeline?

## METHOD/ PROCESS



- Key informant interviews
- Focus groups
- Research
- Document Review

# DATA COLLECTION STRATEGY

## Key Informants/ Groups

- Coroners
  - CDC Forensic Tox Needs Assessment
- Forensic Lab
- Hospitals
- Law Enforcement
- Out of State Stakeholders and Subject Matter Experts (CDC, Other States, etc)
- Need Exchange Programs
- Overdose Spike Response Agencies

## Document Review/ Research

- Policy Review, Federal/ State Local Chain of Custody
- NRS, NAC Review
- Data Sharing Agreement, Review and Catalogue



# QUESTIONS

DID WE MISS ANYTHING?



# WRAP UP

- Recap of questions and feedback
- Next steps
- Elyse Monroy- [ecmonroy@unr.edu](mailto:ecmonroy@unr.edu)
- Shawn Thomas- [shawnt@med.unr.edu](mailto:shawnt@med.unr.edu)
- Shane Blair- [Shaneblair@unr.edu](mailto:Shaneblair@unr.edu)

**January 27, 2021**

## **Needs Assessment Kick Off Meeting**

### **Objective**

The goal for this meeting is intended to assist the Overdose Data to Action Program in coming to more of an understanding the Surveillance Data Collection System from a more global perspective through conducting a Forensic Toxicology Needs Assessment. This Kick Off Meeting will be used to bring awareness to other Prevention Entities of our goals and objectives and to receive input on where our efforts are needed and how. It is our hope that our program will come out of this meeting with a shared understanding and agreement on collaboration efforts with other agencies.

### **Attendees**

Elyse Monroy  
Shane Blair  
Shawn Thomas  
Lauren Ruuska  
Devin Gamboa  
Shannon Kelly  
Karla Wagner  
Lacey Alderson  
Joleen Nemeth  
Albert Bass  
Annie Brucato  
Terry Kerns  
Marlaina Porter  
Kathryn Barker  
Brittney Plaisted  
Justin Norton  
Corey Solferino  
Nicki Aaker  
Eric Spratley  
Brandon Deliese  
Kristy Smith

### **Summary**

- The existing Data Housing Systems include: SUDORS, ODMAP, ImageTrend, State Syndromic Surveillance.
- Southern Nevada Health District utilize Death Certificates, ICD-10 Codes, and Natural Languages.

- There is a Committee Board in place to conduct Death Reviews when it comes to Child Death or Maternity Death.
- HIDTA currently collects Seizure Data, which includes: Street Buy Data, Urine Sample Testing in both Federal (DEA) and NFLIS.
- Other Data Systems that were suggested include: Wastewater Testing, Substance Use Disorder Treatment Admissions, and Treatment Courts.
- According to some of the meeting attendees, an ideal Data Collection System would be a Rapid Exchange of Information for the Community on a more Local Level.
- A suggestion was made to form a Review Panel strictly for Overdose Cases.
- The idea for collecting data from Poison Control calls was also suggested.
- Some of the Assessment Objectives include: having a conversation with current or experienced substance users to get a deeper understanding, offering Deflection Programs, and contacting Jails to get their data for their drug sample testing.
- Annie Brucato mentioned monitoring the Social Media of known addicts.
- According to Shannon Kelly, Washoe County implements a Naloxone Distribution Program in the County Jail and for Officers on patrol.
- Albert Bass from Nye County stated that the county does not have the ability to test for Toxicology and that all the requests for testing are sent to Clark County.

**March 25, 2021**

## **Syringe Exchange Program Meeting**

### **Objective**

The hope of this meeting between Overdose Data to Action and the Syringe Exchange Program is do gain knowledge and more understand of the types of data that the program collects and houses, as well as identify any areas where OD2A could provide assistance and determine areas where collaboration is necessary.

### **Attendees**

Chelsi Cheatom  
 Brendon Dalton  
 Rosa Johnson  
 Ivy Spadone  
 Shane Blair  
 Elyse Monroy  
 Ryan Mills

### **Summary**

- In April of 2017, Nevada became the first state to install Syringe Vending Machines.
- Nevada has (5) different locations

- Las Vegas
- Elko
- Winnemucca
- Ely
- Hawthorne
- Services include: Harm Reduction, Education, Impact Exchange Vending Machines, Naloxone Distribution, Sex Related Harm Reduction, Bad Date List, Peer Program, and Shipping Programs.
- Trac-B offers training for Naloxone Distribution, which is a 20-minute course.
- Naloxone Kits are located in all (8) of the vending machines.
- Anyone 18+ can access the vending machines with a permitted access card.
- Everything in the vending machine is free.
- In Harm Reduction Efforts, the Needle Exchange became effective in July of 2013
- No I.D. is required.
- Fentanyl Testing Strips and Safe Sex Products are also available in the vending machine.
- The Peer Program offers things such as: one on one counseling, referrals, aid in obtaining personal documents, and a Mobile Medical Service (MAT.)
- According to Chelsi, Trac-B has a lot of Exchange Data, but it has yet to be requested. They collect Overdose Data and Needle Exchange Data.
- The Mobile Team mainly has 1 storefront and focus more on Overdose Data.
- There are 3 outreach events per week.
- There is a Shipping Program for Naloxone Kits.
- Changepoint does not have any vending machines or a storefront. They are a strictly mobile service.
- They provide services to the following:
  - Homeless 1x per week
  - Homeless shelter 2x per week
  - They park outside a storefront 2x per week
  - They offer Naloxone Kits
  - They collect forms from victims
  - All their data is tracked in Excel Spreadsheets
  - They keep logs of Patient History
  - They keep track of their Overdose reversals
  - They keep a log of all EMS calls
- They are in the middle of transitioning to a new database called Penelope.
- Chelsi mentioned being interested in obtaining call data from Dispatch Centers.
- Unlike Trac-B, Changepoint does not collect samples from Fentanyl Testing Strips.
- OD2A can help by sharing our Nonfatal Overdose Data and being added to our email distribution list for our Overdose Reports.

**April 28, 2021**

## **MERIT Research Group Meeting**



## Objective

The goal for this discussion with Dr. Wagner and Krysti Smith is to get a better grasp on the MERIT Research Study Group and the types of surveillance they set their focus on when it comes to hospital data and collecting from different entities, as well as public sources themselves.

## Attendees

Dr. Karla Wagner  
Krysti Smith  
Elyse Monroy  
Shane Blair

## Summary

- Regarding Part A of the slides, Dr. Wagner has a strong opinion about the best practice is speaking with known substance users. Not all users are injecting, some are taking pills and have no need to visit or speak with Needle Exchange Programs.
- The (2) Syringe Exchange Programs that do exist do not have a big presence in the community as it is and although there are multiple locations for the vending machines, again, users who are not using needles will not benefit from them. It is more helpful to approach users personally and have a discussion with them regarding their addiction.
- Dr. Wagner mentioned Wastewater Testing again, along with other testing that had been mentioned. Newborn Screening, Hospital Toxicology Testing, and SSP Fentanyl Test Strips.
- Dr. Wagner feels that Mortality Data will always suffer. When it comes to surveillance: such as ODMAP and ImageTrend, there will always be the “fall out” of people that are involved in the potential overdose. From those who witness, report, or are involved in the incident themselves. With this being an issue, not all will make it as an entry or will not be ruled accordingly.
- With Morbidity Data, the focus seems to be on the “predictive abilities” of defining a potential overdose rather than it being factual. In some cases, non-overdoses are being suspected and/or ruled as an overdose.
- MERIT uses AB474 Reporting and it is questionable whether it is under reported or even over reported in some cases.
- Dr. Wagner mentioned a written paper by Chris Row that covers the sensitivity of the ICD Codes. This report was sent to Shawn previously.
- Elyse asked Dr. Wagner if there was a type of Confirmatory Drug Screening in AB474, which Dr. Wagner does not have knowledge of and is not interested in the matter. She is not concerned whether or not the victim has opiates in their urine.

- Through MERIT, they have made one of their main goals to understand and see things from the view of the one suffering from substance abuse and addiction.
- Krysti Smith says the best way for the practice of collecting data would be to contact the hospitals ourselves and obtain the data we are after.
- There is also a Peer Response Procedure that Dr. Wagner and Krysti are willing to share.

**March 30, 2021**

## **Health District Spike Response Program Meeting**

### **Objective**

The purpose of this meeting is to identify what role the Health District plays in the community by diving into their Overdose Spike Response Plan. In our discussion, OD2A hopes to determine what an effective State Surveillance System looks like in order to improve our prevention methods on a daily basis. Along with OD2A's data from Syndromic Surveillance and monthly/quarterly Overdose Reports, we would like to know how else we can better aid our community in Risk Awareness and preparedness in the event of an overdose spike.

### **Attendees**

Terry Kerns  
 Brandon Delise  
 Niki Aaker  
 Elyse Monroy  
 Shane Blair

### **Summary**

- Types of data that is collected includes: Coroner's Data, ESSENCE, ODMAP, NEMSIS (EMS/Naloxone,) Inpatient Care, and Poison Control. However, they will be switching from NEMSIS to a program called ESO.
- They collect Naloxone Administrations and Distribution.
- When it comes to having a threshold, 2 standard deviations above the mean will set off an alert. They also review increases from previous charts to determine a true spike. However, it is on their to-do list to create or more formal threshold.
- They utilize Control Charts
- Preliminary Identifiers aid their data collection
- There are no formal Data Sharing Agreements. They rely more on relationships with other entities and have had success thus far in the manner.
- They do not collect any data from the Jails.
- It would benefit them to be added to our monthly list serve, so they receive our Overdose Reports.

- The program does not have any areas where they feel like OD2A could assist in at this time.