



FR-CARA YEAR 3 REPORT

PROJECT OVERVIEW

The Substance Abuse and Mental Health Services Administration’s (SAMHSA) Center for Substance Abuse Prevention (CSAP) awarded the Southern Nevada Health District (SNHD) with the First Responders-Comprehensive Addiction and Recovery Act (FR-CARA) grant in September 2017. Through the FR-CARA project, SNHD widely distributes naloxone kits, a medication that can counter the effects of an opioid overdose, across Nevada to combat the growing impacts of the opioid crisis. The purpose of this program is to allow first responders and members of other key community sectors to receive naloxone trainings and naloxone kits, so they have the necessary tools to respond to a suspected opioid overdose. Each kit that is distributed includes one dose of intranasal naloxone, one pair of latex gloves, an instructional card, and a CPR face shield. Additionally, SNHD’s FR-CARA team values the importance of linking those who have overdosed to an appropriate treatment center; therefore, every naloxone kit has a referral to an Integrated Opioid Treatment and Referral Center. The project period for the FR-CARA project began in September 2017 and will continue until September 2021.

The FR-CARA activities are concentrated in, but not limited to, Clark County, NV. In the FR-CARA model, naloxone training is provided through presentations to first responders (e.g., EMS, Fire, and law enforcement) and lay responders (e.g., people who use opioids, friends and family of people who use opioids, and service providers). This report outlines the progress and outcomes of naloxone education and naloxone distribution through grant year 3, which began on October 1, 2019 and concluded on September 30th, 2020.

Total number of naloxone kits distributed	5,894
Number of naloxone kits distributed to first responders	3,223
Number of naloxone kits distributed to lay responders	2,671
Total number of trainings	46
Total number trained on naloxone	777
Total first responders trained on naloxone	128
Total lay responders trained on naloxone	649
Number of Recipients Completing a post-training survey	494

REQUIRED MEASURES

1. The number of first responders and members of other key community sectors equipped with a drug or device approved or cleared under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose;
2. The number of opioid and heroin overdoses reversed by first responders and members of other key community sectors receiving training and supplies of a drug or device approved or cleared under the Federal Food, Drug, and Cosmetic Act for emergency treatment of known or suspected opioid overdose;
3. The number of responses to requests for services by the entity or sub-grantee, to opioid and heroin overdose; and
4. The extent to which overdose victims and families receive information about treatment services and available data describing treatment admissions.

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To capture the required measures listed above, data are collected through:

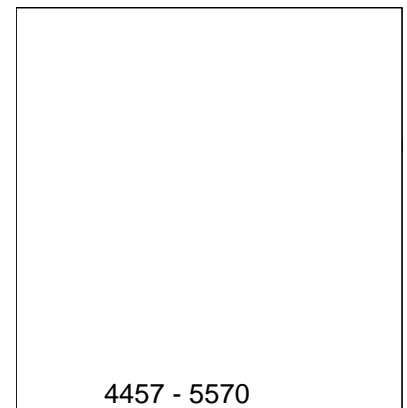
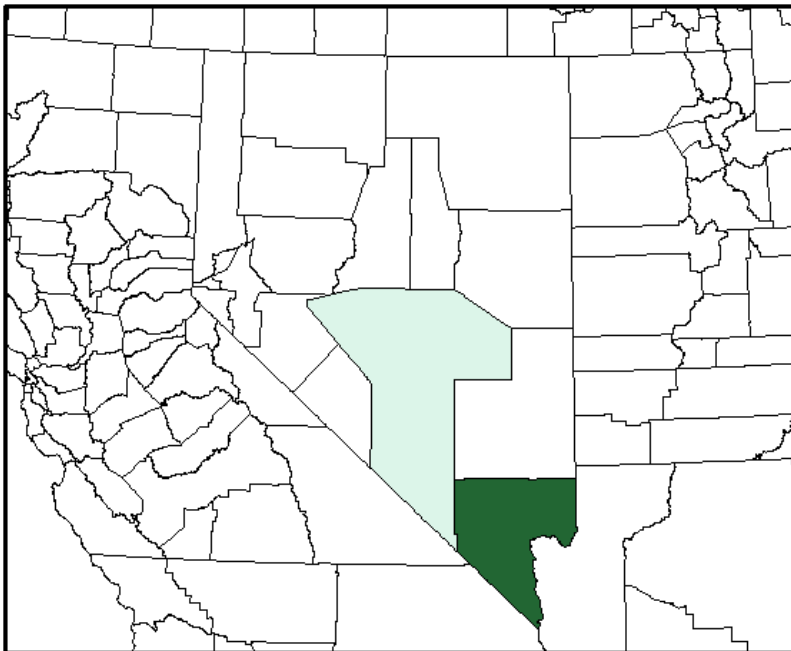
1. Post-training surveys, completed after attending a naloxone training.
2. Online refill surveys, completed whenever a replacement kit is issued (e.g., due to expiration, use in an overdose).
3. Training sign-in sheets, filled out for each naloxone training.
4. Naloxone distribution logs, filled out after the distribution of naloxone.

NALOXONE DISTRIBUTION

VOLUME TOTALS

Between October 1st, 2019 and September 30th, 2020, the FR-CARA project distributed 5,894 naloxone kits to 777 individuals, including 128 first responders and 649 lay responders. Naloxone distribution to recipients by county is detailed in both Figure 1 and Table 2.

Figure 1: Grant Year 3 Naloxone Distribution by County





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FIRST RESPONDERS

The 128 first responders that received naloxone and/or went through the overdose response and naloxone administration training included law enforcement personnel from the Caesar’s K-9 Unit and Response Team, Clark County Fire Department (rural and urban), Clark County School District Police, Community Ambulance – Security Officers, Juvenile Probation Officers, Las Vegas Metropolitan Police Department – Narcotics, Las Vegas Fire and Rescue, Las Vegas Metropolitan Police Department, Moapa Tribal Police, Nevada Highway Patrol, North Las Vegas Police Department, NV Department of Wildlife, Nye County Sherriff’s Office, Riverside Hotel Security, and University Police Services - UNLV.

LAY RESPONDERS

The 649 lay responders that received naloxone and/or went through the overdose response and naloxone administration training included individuals from Las Vegas Recovery Center, Bridge Counseling, Clark County Detention Center, Foundation For Recovery, Nye County Communities Coalition, PACT Coalition, Rancho High School, SNHD (clinical staff and pharmacy), VA – Nursing Students, and Westcare (community involvement center and the women’s shelter).

OUTCOMES OF OVERDOSE RESPONSE AND NALOXONE TRAINING

Among first responder and lay responder recipients, 494 (64%) recipients completed a post-training survey. The vast majority of recipients reported high levels of confidence to respond to an overdose (Figure 4). The majority of participants also reported high levels of confidence in understanding the Good Samaritan Law (Figure 6) and learning something new during the training (Figure 5). There lies an opportunity to improve the data collection of naloxone administration data through the online survey as it remains underutilized (Figure 7).

Table 2: Grant Year 3 Naloxone Kit Distribution by County

Clark	5,570
Elko	0
Nye	324
Washoe	0
Lincoln	0
Total	5,894

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Figure 2. Recipients of Naloxone Kits (n=5,894)

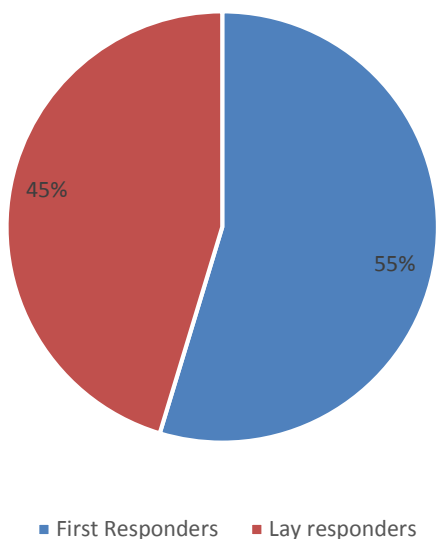


Figure 3: Number of Naloxone Kits Distributed 2018-2020

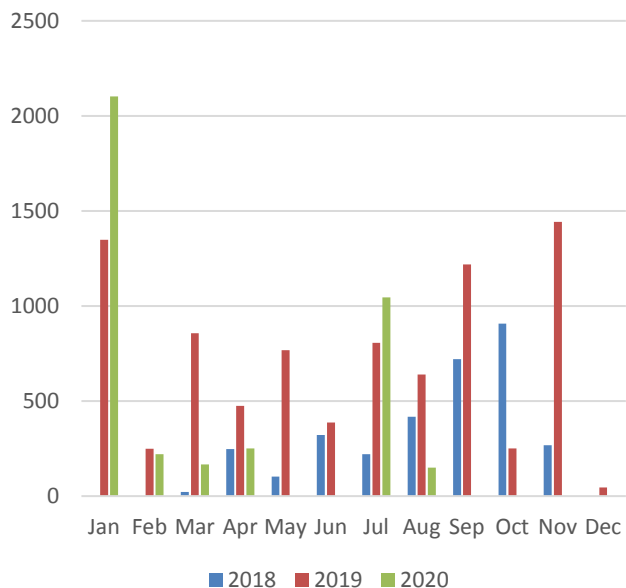


Figure 4. Confidence Level to Respond to an Overdose Following the Training (n=494)

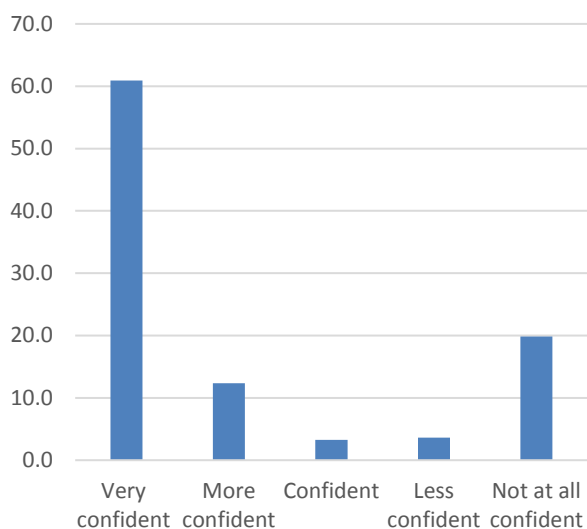
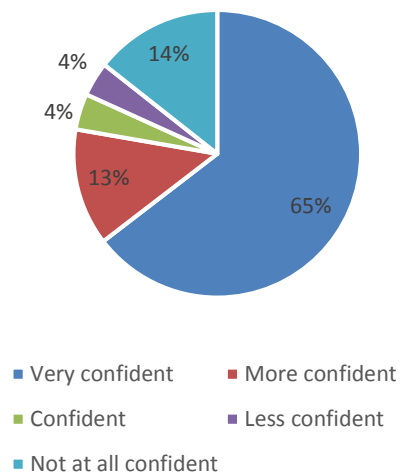
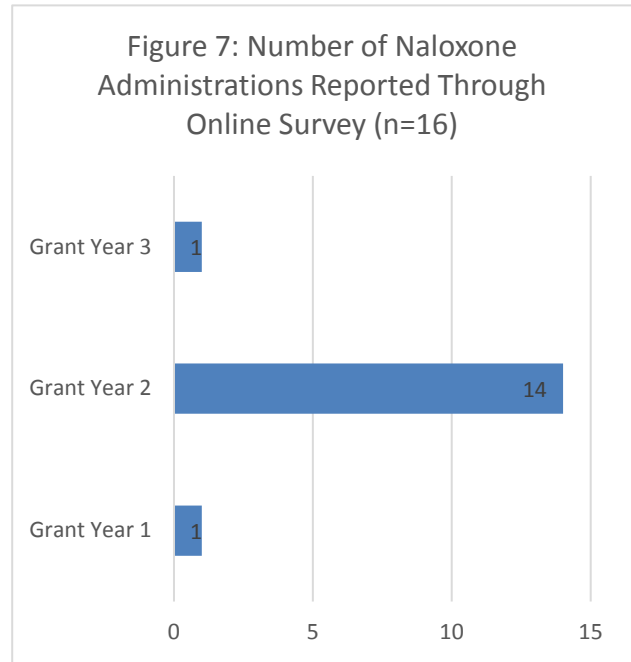
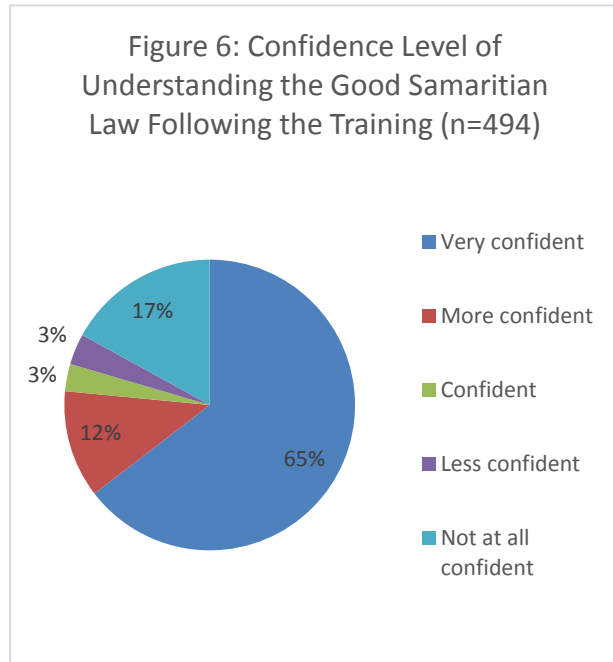


Figure 5. Confidence Level of Learning Something New During the Training (n=494)



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CONCLUSION

Naloxone training and distribution during grant year 3 was considerable throughout Southern Nevada and demonstrates that leveraging SNHD, the local health district, for training and distribution had the capacity for widespread, regional reach. However, the loss of operational capacity due to the COVID-19 pandemic was significant during grant year 3. The FR-CARA project team redirected efforts to contribute to COVID-19 surveillance and disease investigations; therefore, many of the planned trainings and distributions were delayed. The presented data highlight opportunities for further expansion of naloxone training and distribution with additional public safety agencies, notably, Nevada’s High Intensity Drug Trafficking area and casino security on the Las Vegas strip. Future work is needed to improve the collection of naloxone administration data through the online survey. In closing, the data captured through grant year 3 have shown that SNHD is meeting the requirements set out by SAMHSA and naloxone trainings and naloxone distribution decreased compared to the prior grant year due to COVID-19.

Table 3: Key Conclusions from Grant Year 3	
SNHD’s FR-CARA Project is effectively reaching first responders and lay responders throughout Nevada.	
SNHD’S FR-CARA Project training efforts increased first responders and lay responders reported knowledge, skills, and confidence to prevent and intervene with opioid overdoses.	
Due to COVID-19, grant year 3 represented a 33.2% decrease in naloxone distribution and a 64.6% decrease in total number trained compared to grant year 2.	
Concentrating naloxone distribution through education presentations is an effective strategy to reach first responders and lay responders as well as to ensure they know how to recognize and respond to an opioid overdose.	