



Advisory Council for a Resilient Nevada

Needs Assessment

Mercer Government Ready for next. Together.

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A business of Marsh McLennan

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02	Opioid Impact
03	Risk Factors
04	Polysubstance, Co-Occurring Conditions, Suicide Impact
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Background and Methodology

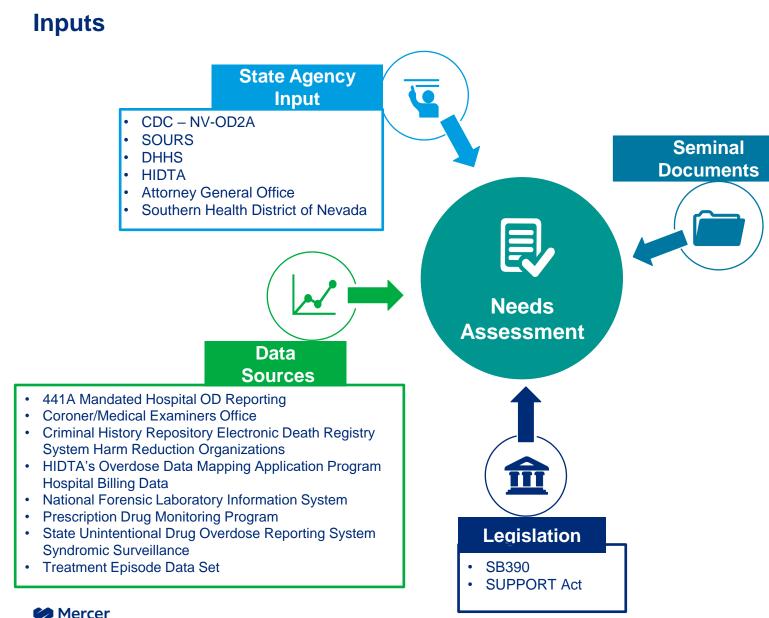


Nevada's Substance Abuse History

Significant Events and Efforts

2016 – Statewide Opioid Response Statewide Opioid Conference is held Legislation developed to curb prescribing (AB474) 2011-2015 Influx of federal funding for response efforts **Overdoses on the Rise 2017 – Continued Response** Nevada reaches second Implemented DEA HIDTA's ODMAP highest prescribing rates of Hydrocodone/Oxycodone 2018 – Meth and Fentanyl Use of meth and fentanyl rapidly increases 2019 – Polysubstance Climbs ODs due to opioids with stimulants begin to increase ٠ 2020 – COVID-19 Complications Sharp increase in polysubstance ODs Increase in illicit pill consumption Now

Needs Assessment



- 2020 Clark County Community Perceptions of Drug Use & Harm Reduction Survey Report Adverse Childhood Experiences Special Report Coordination Task Force 2022 Operational & Planning Framework Forensic Toxicology and Nevada's OD Surveillance System Needs Assessment Formative Research to Investigate Barriers & Facilitators to Accessing Services Among Current & Former Opioid Users in Nevada Report Nevada High Intensity Drug Trafficking Area 2021 Threat Assessment Nevada Perinatal Health Initiative & SUPPORT Act Nevada Public Health Crisis Response Nevada State Opioid Response Grant II 2019 Annual Report Nevada Substance Abuse Prevention & Treatment Agency Capacity Assessment Report Nevada SUD & OUD Treatment and Recovery Services Provider Capacity Expansion Strategic Plan Nevada Vulnerability Assessment Nevada's Sustainability Plan to Support Expansion of
- NV-OD2A: Hispanic Latinx OD; OD Landscape; OD
- NV-OD2A: Hispanic Latinx OD; OD Landscape; OD Surveillance Quarterly Report; Polysubstance Trend Report State and Regional Reports; Suspected Nevada Drug OD Surveillance Monthly Report
- Opioid Response Summit Final Report 2019
- ODMAP Report by Nevada Counties
- SUD & OUD in Nevada: Policy Analysis and Infrastructure Assessment Report

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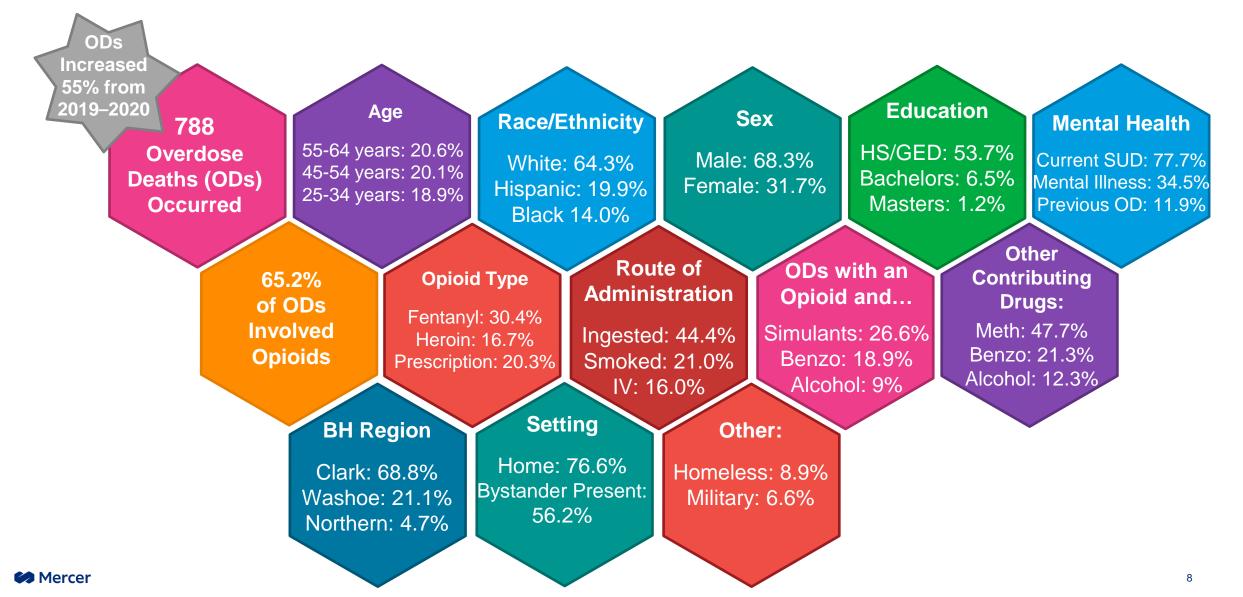


Statewide Statistics

- Nevada ranks nationwide:
 - Twenty-eighth in opioid overdose (OD) deaths (2019)
 - Twentieth in Opioid prescribing (2020)
- From 2019-2020:
 - Opioid-related OD deaths increased by 76%
 - Use of fentanyl increased by 227%
 - Opioid-related emergency department encounters increased by 26%
- Self-Reported use of heroin and other opioids among pregnant women has quadrupled since 2004
- Neonatal opioid exposure has more than doubled since 2010



Statewide Statistics – 2020 OD Deaths



Region and Counties

Regions

Northern Nevada (2019–2020)

- Accidental/undetermined intent drug overdoses reported 391
- 61% of overdose deaths had opioids listed in the cause of death
- 20% overdose deaths had an opioid and stimulant present
- Overdose deaths due to fentanyl increased by **164%**

Southern Nevada (2019–2020)

- Accidental/undetermined intent drug overdoses reported 907
 68% increase
- 66% of overdose deaths had opioids listed in the cause of death
- Overdose deaths due to fentanyl increased by 257%
- Overdose deaths due to benzodiazepines increased by 146%

Counties

Top Five Counties with Highest number of suspected OD (2021)

- 1. Clark
- 2. Washoe

Nye

3.

2.

4. Douglas
 5. Elko

Top Five Counties with Highest rate of Opioid-related OD deaths

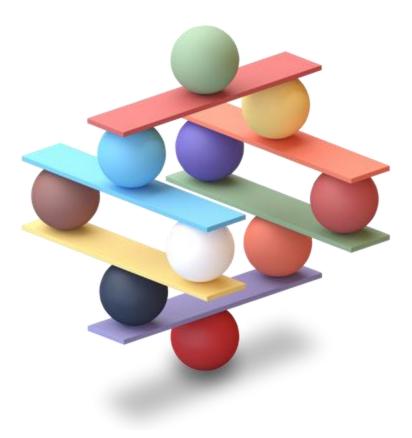
- 1. Churchill
 - Lyon

Lincoln
 Carson City

3. Humboldt

Health Equity

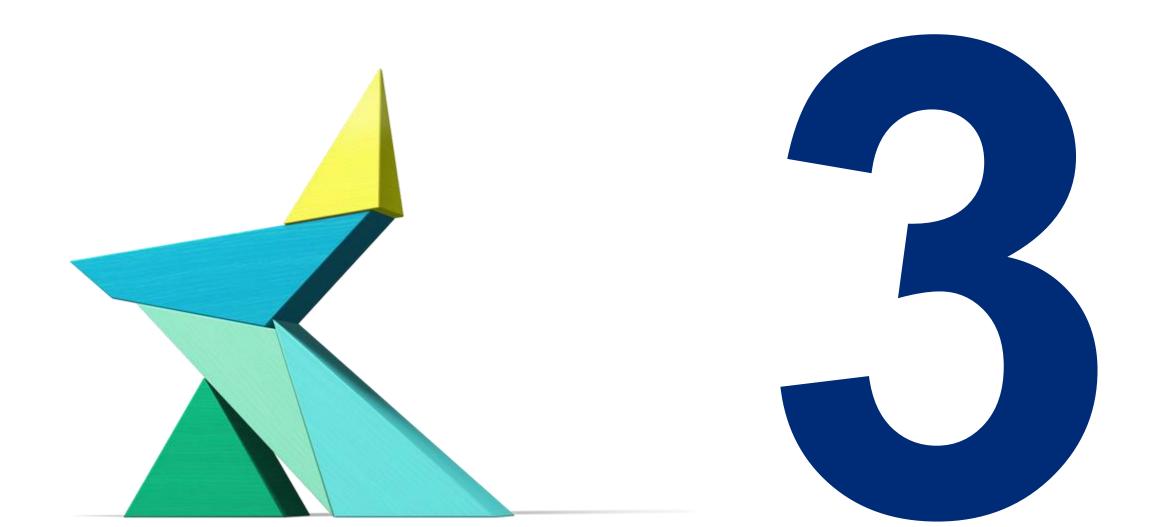
- In Nevada
 - Nearly 9% of the population under age 65 have disabilities
 - Over 12% live in poverty
 - 11% of residents are uninsured
 - 48% or the population is minority
 - Over 30% speak a language other than English at home
- Nevada has the largest percentage of uninsured unauthorized immigrants in the region
- Nevada has 27 federally-recognized tribes
 - 97% of Nevada's tribal nations are rural
 - 1.1% of the State's population is American Indian Alaskan Native (AIAN)
 - 30% of Nevada's AIAN lives in poverty
- Nevada has only 11 SUD providers per 1,000 adults with addictions compared to the national average of 32 per 1,000.
- Hispanics face higher rates of overdose deaths
 - Overdose deaths of Hispanics increased by 120% from 2019–2020



Opioid Availability

- Nevada is a target rich environment for drug trafficking and money laundering to include major transportation highways, shared borders with major drug trafficking areas like California and Arizona, tourism, gaming, manufacturing, etc.
- Initially, the pandemic slowed the pace of drug trafficking into the United States; however, the threat of illicit drugs — including the rates of overdoses — persisted as traffickers adapted and drug compositions like fentanyl became more potent. Additionally, during the lockdown, drug dealers were able to turn to the Dark Net to sell and purchase drugs and other illicit commodities.
- Nevada HIDTA assesses with high confidence that opiates (fentanyl and heroin) will continue to be a high drug threat to its AOR with a 196% increase in fentanyl overdose deaths between 2019 and 2020, surpassing heroin as a top drug threat.

Risk Factors



System-Level Risk Factors

Prevention Programming (lack of unified, statewide prevention programming with established outcomes measurement, drug education and school-based interventions)



Harm Reduction (needle exchanges statewide)

Access to Treatment (transportation, housing, lack of providers, lack of referrals, lack of quality evidencebased treatment, stigma, education regarding treatment option, data to monitor quality, access and capacity)



Recovery Support (parent education, employment support, housing)

Individual-Level Risk Factors



- Behavioral health issues
 - Low-income
 - Minority populations
 - Homelessness
 - Veterans

- Individuals with I/DD
- Individuals with chronic diseases
- Youth
- Trauma/accidents
- Victims of domestic abuse/sex trafficking
- Lack of vocational opportunities

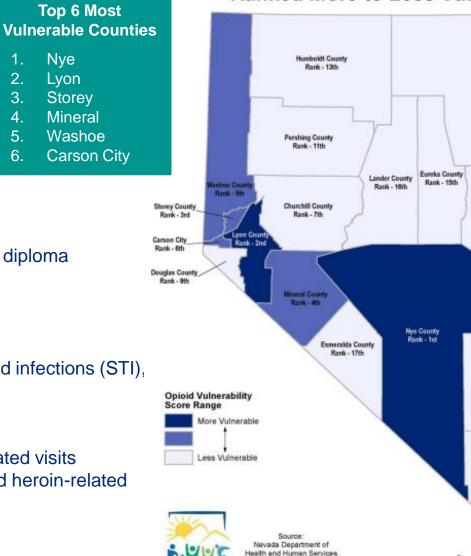
Chronic pain

- Criminal justice involvement, especially release from prison or jail
- ACEs and child welfare
- Lack of educational opportunity
- Chronic pain disease
- Health care not well-coordinated

Nevada Vulnerability Assessment

Assessment Criteria

- Socioeconomic Indicators ٠
 - Per capita annual income
 - Percentage of:
 - Population who live below the poverty level
 - Noninstitutionalized population who are uninsured
 - Households with no access to a vehicle
 - Population who are ages 25 and greater without a high school diploma
 - Unemployment rate of persons ages 16 years and greater
- Infectious Disease Indicators •
 - Count of new HIV cases, HIV incidence and prevalence rates
 - Rate of HIV incidence through IDU transmission, sexually transmitted infections (STI), _ acute hepatitis B, and hepatitis C virus
- Drug Use Indicators ٠
 - ED visit rate: opioid, methadone, methamphetamine, and heroin-related visits
 - Inpatient admission rate: opioid, methadone, methamphetamine, and heroin-related admissions
 - Opioid prescription rate: prescriptions greater than 90 MME rate
 - Mortality rate: methamphetamine and heroin-related deaths



Office of Analytics

Opioid Vulnerability by County Ranked More to Less Vulnerable

2.

3

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Elko County

Rank - 14th

White Pine County Rank - 120

Lincoln County

Rank - 8th

Clark County

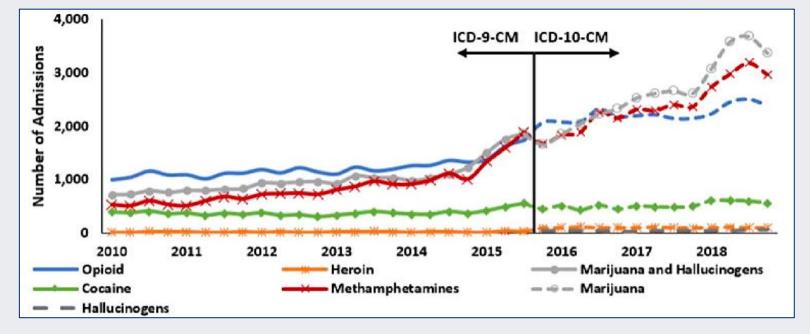
Polysubstance, Co-Occurring Disorders, Suicide Impact





Polysubstance Use

- Approximately 400,000 need, but do not receive treatment for SUD. Nevada's most pressing need is to increase the number of treatment services available to residents across the State
- OD deaths for heroin and methamphetamine use increased in Clark (29%) and Washoe (89%) counties (2015–2018)
- In 2020, 26.6% of overdoes deaths were due to a combination of opioids and stimulants





Co-Occurring Conditions

Behavioral and Physical Health

Behavioral Health

- Mental Illness
 - 34.5% individuals had a fatal OD had a mental health problem prior to OD deaths in 2020
 - Approximately 75% of mentally ill criminal offenders had a co-occurring SUD in 2018
- Suicide
 - 9.9% of individuals had a fatal OD had a history of suicidal thoughts, plans, or attempts prior to ODs in 2020
 - Nevada ranked sixth on the CDC's list of suicide mortalities among United States in 2018
 - Nevada's teen suicide rate among 15–19 year olds is 13.5 per 100,000 states in 2018
 - Nevada's military veterans' rate of suicide is 47 for every 100,000 states in 2018

Physical Health

- Sexually transmitted infections (chlamydia, gonorrhea, syphilis)
- HIV/AIDS
- Hepatitis A, B, C
 - Reported in 2018: 77 acute new cases of hepatitis A and 85 acute new cases of hepatitis C
- Increased risk of developing COVID-19, bacterial, viral, and fungal infections

Current and Potential Resources/Programs





Medication Assisted Treatment

OBOTs and OTPs

Currently Waivered MAT Providers (OBOT)

- 648 Providers
- 10 Counties

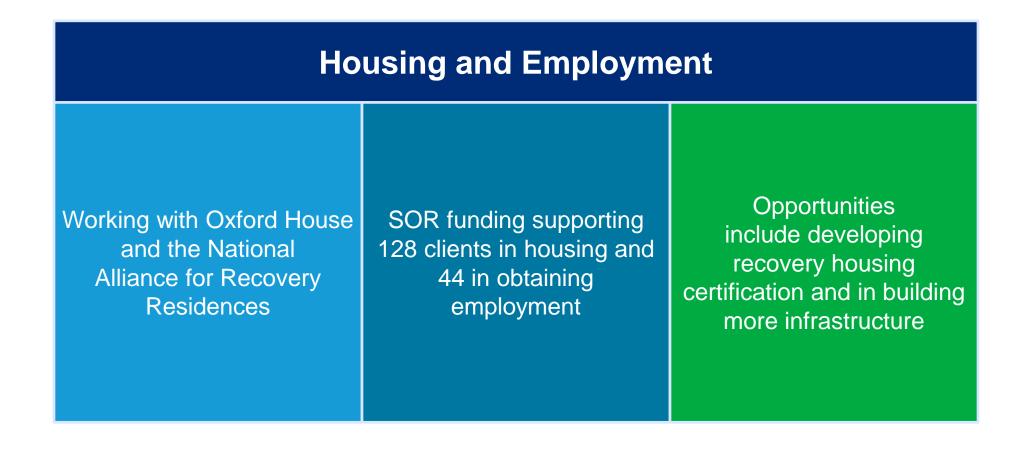
OTPs

- 15 in Clark and Washoe Counties and Carson City
- Most have current capacity

Opportunities

- Reimbursement Rates
- Increased Referrals
- Increased Counseling

Housing and Employment



Criminal Justice

SOR Funds

Las Vegas 8th Judicial MAT Re-Entry Court enrolling individuals with a stimulant disorder as of March 2021



Misdemeanor Treatment Court using SOR funds to link individuals with OUD and/or stimulant use into treatment services, housing, and wraparound services

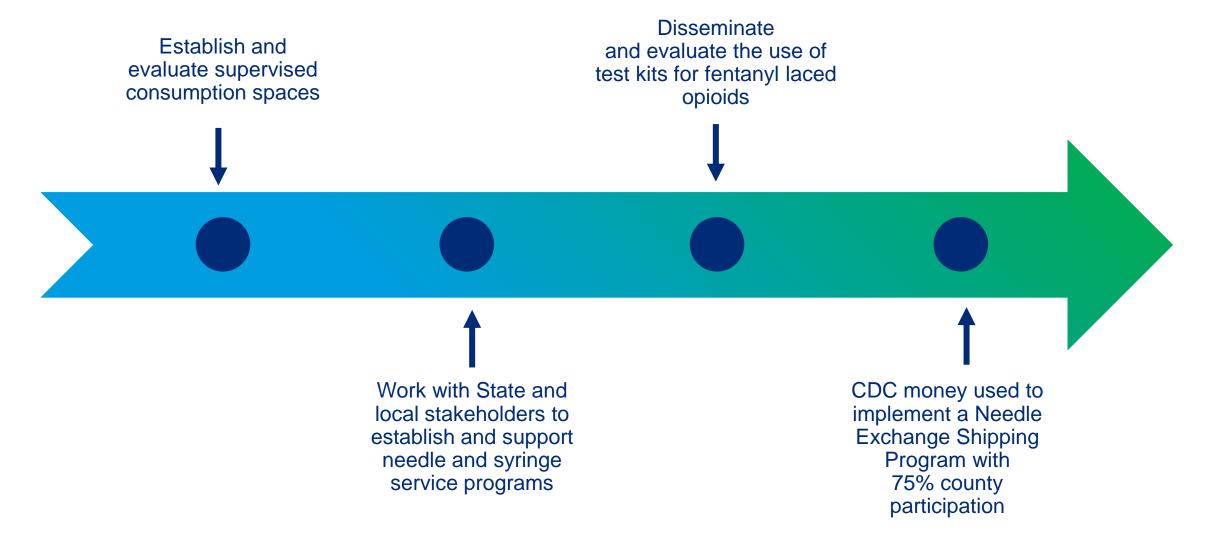
Naloxone

3300 Naloxone kits were distributed to 72 law enforcement agencies in 2018-2019



Naloxone distribution upon jail release in Washoe and Mineral counties

Harm Reduction



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Workforce Shortages

Southern, Northern, and Washoe regions: increase availability of short and long-term residential treatment

CDC money established a certification training program for community health workers on public health, criminal justice, healthcare workers (physical and behavioral). Workers pair with peer support specialists to connect individuals to clinical and community resources

Southern, Northern, and Washoe regions: increase number of psychiatrists and psychologists listed as specializing in substance abuse and addiction issues

Washoe region: increase availability of crisis stabilization and outpatient detoxification services Rural region: increase outpatient treatment by leveraging technology and offering more options for treating COD

Prevention and Recovery

Prevention

- Expand prescription drug disposal locations and initiate events in communities that do not have them
- Increase substance use and suicide
 prevention programming in schools
- Increase the number of affordable housing units available via housing vouchers
- Increase naloxone education and availability for minorities

Recovery

- Increase the availability of transportation vouchers and services for people seeking treatment
- Increase the amount of housing and tenancy supports available
- Reduce stigma by updating human resources and benefits language, include evidence about the effectiveness of treatment for opioid use disorders, avoid stigmatizing language and discuss effectiveness of treatment in public communications, educate health care providers about benefits of destigmatizing language

Local Interventions



Mobile Outreach Safety Trams (MOST)

 BH provider with a law enforcement officer to visit adults in the community at risk of incarceration or hospitalization due to BH or SUD issues to connect them with community interventions before a crisis Forensic Assessment Services Triage Teams (FAST)

 Multidisciplinary teams and collaboration between clinicians and law enforcement to screen inmates for behavioral health concerns and develop a release plan

Parenting as a Path to Recovery

Neonatal Programming

The University of Nevada Las Vegas Ackerman Center UNR Nevada Center for Excellence in Disability (NCED) Designed to meet the complex diagnostic and behavioral needs of youth affected by in-utero exposure to substances of abuse, specifically opioid and/or stimulant exposure, which often requires specialized diagnostic and treatment services to effectively manage the developmental and behavioral concerns that arise from exposure

John's Hopkins Bloomberg School of Public Health – 2017

- Optimizing the Prescription Drug Monitoring Program
- Standardizing Clinical Guidelines
- Engaging Pharmacy Benefit Managers and Pharmacies
- Implementing Innovative Engineering Strategies
- Engaging Patients and General Public
- Improving Surveillance
- Treating Opioid-Use Disorders
- Improving Naloxone Access and use
- Expanding Harm Reduction Strategies
- Combating Stigma



Next Steps/Future Directions

Continued Data Collection and Review

Additional Data Sources

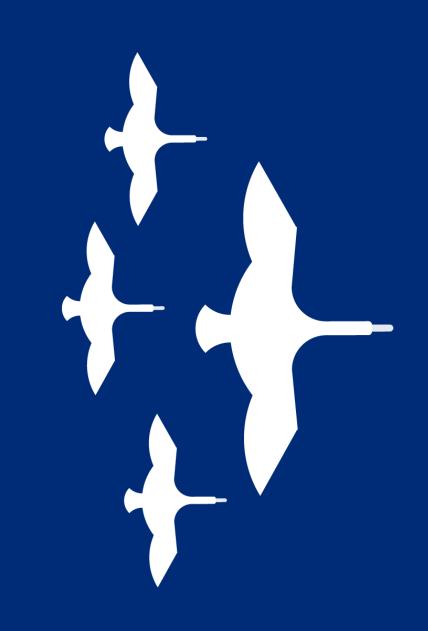
- Medicaid Programming and Outcomes
- Tribal Population Needs
- Additional Minority Population(s)
- UNLV Disparities Data

Additional Review

- Potential solutions regardless of funding sources
- Other Nevada specific pilots and any data on outcomes available
- Possible rural and frontier interventions
- Qualitative input from existing stakeholder surveys



Questions





Services provided by Mercer Health & Benefits LLC.