

Not Peer Reviewed

Fund for a Resilient Nevada

Needs Assessment Report

April 20, 2022

Courtney Cantrell, Senior Government Consultant

01

Needs Assessment Report Overview

02

Summary of Identified Gaps

03

Feedback



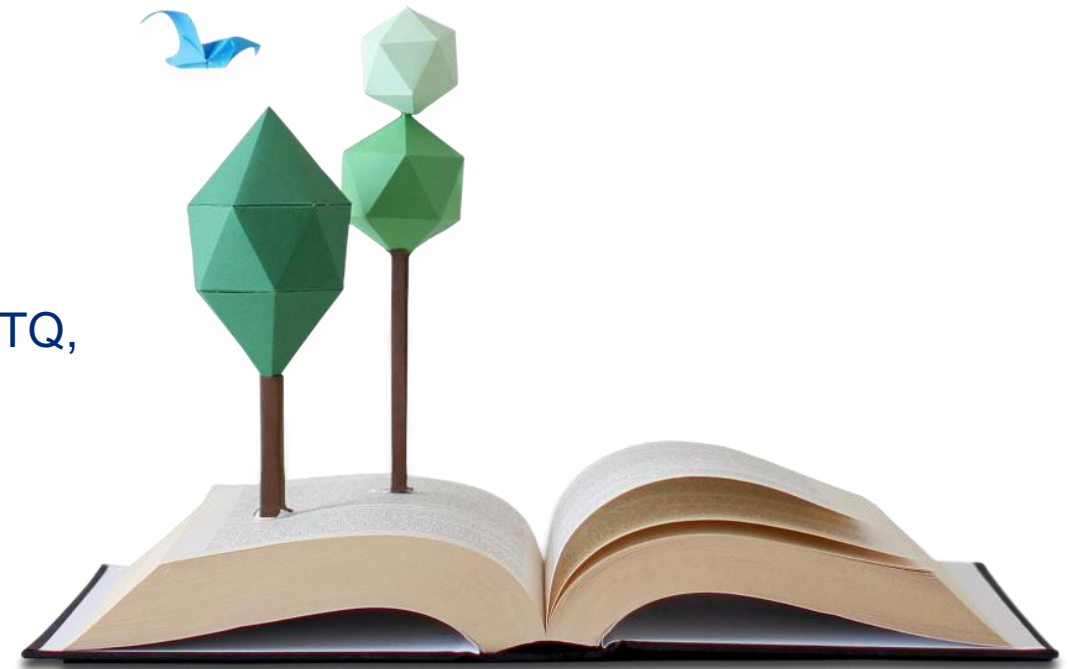
Agenda

Needs Assessment

Report Breakdown

- Section 1 – Background
- Section 2 – Methodology
- Section 3 – Opioid Impact
- Section 4 – Polysubstance, Co-Occurring Conditions, Suicide Impact
- Section 5 – Risk Factors
- Section 6 – Best Practices
- Section 7 – Recommendations

All sections will include information addressing disparities, inequities, and access (geographic regions, special populations [veterans, pregnant, parents of dependent children, youth, LGBTQ, persons families incarcerated individuals, juvenile justice, and children in welfare system], race, ethnicity, SES)



Data Gaps

Lack of standardized approaches to data collection and analysis across data sets, resulting in difficulty comparing data sets and drawing firm conclusions

Limited or Lacking Data

- Drugs co-prescribed with opioids
- Demographic information in prescription monitoring system
- Pregnant women and opioid use
- Children and parents in welfare system
- Health outcomes for those in SUD services
- Availability of evidence-based practices, especially for polysubstance use and co-occurring disorders
- Specific substances involved in suicides
- Physical and mental health diagnoses for those using opioids

Detailed breakdowns in data reports that address the following

- Race/ethnicity
- Housing status
- Veteran/military status
- Pregnant women
- LGBTQ+ status
- Immigration status or other details for people not connected to treatment systems

Prevention Gaps

Public Education and Stigma

- Community-based prevention programs across all counties
- Partial implementation of the Zero Suicide initiative
- School-based prevention programs
- Prescription drug disposal (Southern and Rural regions)
- Education for school systems, parents, law enforcement
- Lack of education on addictive potential of opioids and alternative therapies for chronic pain and chronic illness, especially reported in rural areas
- Education on treatment options, especially for those without housing
- Education for family members of those in treatment
- Lack of education among high school students around SUDs, awareness of the opioid epidemic and naloxone use, and attitudes about discussing these topics with health care providers
- Stigma reported by people with lived experience through difficulty obtaining and keeping housing and employment and anxiety over seeking help, especially among veterans and tribal members

Prevention Gaps

Provider and Prescriber Education

- Education of patients by prescribers on pain management expectations and the risks of opioids
- Utilization of/referral to other pain management options
- Negative attitudes from health care providers
- Pre-treatment screening and care plans that include alternative pain management
- Education and more monitoring around opioid prescribing and dispensing — Nevada rates are higher than the national average, and double that in Carson City
- Participation in Project Extension for Community Health Outcomes



Treatment Gaps

General/Outpatient

General Treatment Gaps

- Treatment availability was the most significant and immediate need
- insufficient health care workforce
- Lack of sufficient treatment in rural areas
- National data suggests significant disparities for ethnic/minority youth
- Nevada Medicaid and overdose data suggest disparities in populations between those in treatment versus fatal overdose rates
- Peer support throughout treatment
- Lack of community-based accessible resources after release from the justice system
- Treatment access for pregnant women
- Drug courts, other treatment, and housing services are not available statewide
- National studies identified a gap for youth in the juvenile justice system
- Few providers certified for treating co-occurring disorders, especially for youth
- Mental health treatment
- Screening, identification, and referral to treatment

Outpatient Treatment Gaps

- Psychiatrists and psychologists specializing in SUD psychotherapy
- OTPs in rural areas
- OBOT in certain areas
- Outpatient detoxification and licensed drug and alcohol counselors, in rural areas
- MAT in rural areas and on reservations
- UNLV-MH treatment during and after MAT
- MAT and other treatment interventions in justice facilities is lacking in many areas
- Critical need for outpatient treatment for youth with co-occurring disorders
- Limited evidence-based treatment for those using multiple substances and for those with co-occurring mental health and physical health disorders
- Mental health treatment (for those with and without SUD)
- Lack of formal collaborative care for individuals at risk for suicide

Treatment Gaps

General/Outpatient

Withdrawal Management, Inpatient, and Residential

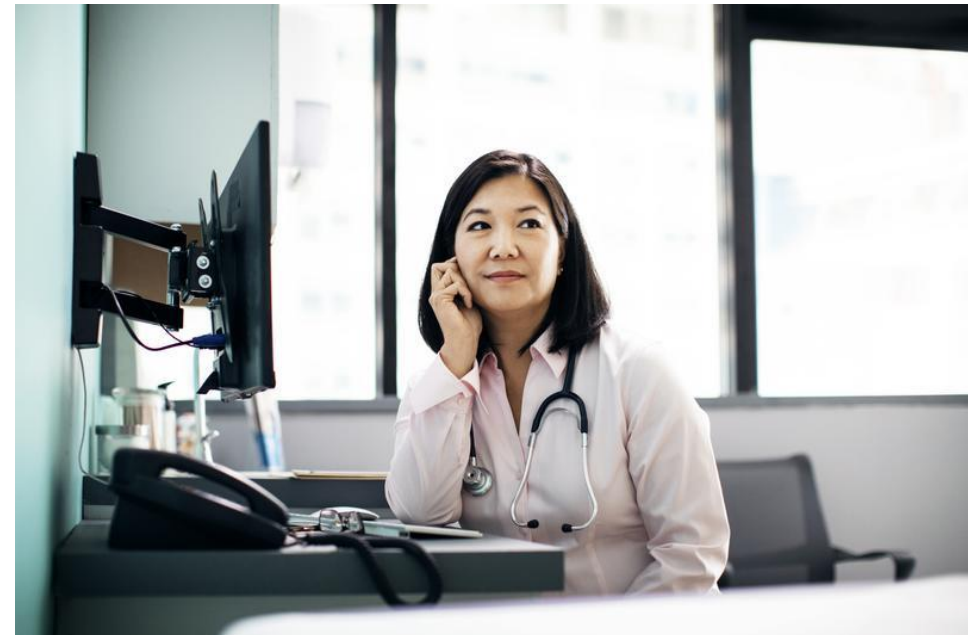
- Community support during detox
- Facility services are offered mostly in urban areas, lacking in rural, causing transportation issues
- Short-term Rehabilitation (< 30 days) and long-term rehabilitation (30+ days)
- Withdrawal Management and Residential Services are not be eligible for Medicaid services for ages 18–64 without the proposed 1115 SUD Demonstration waiver

Crisis System

- Nevada lacks a statewide, consistent, comprehensive 24/7/365 crisis system encompassing mobile crisis and crisis stabilization
- Mobile crisis, especially outside of central Las Vegas
- Crisis stabilization units
- Follow-up after crisis to ensure stability and address barriers to care

Discharge and Recovery Support Gaps

- Funding/insurance for long-term care for recovery and residential programs
- Limited duration of treatment by insurance
- Inadequate discharge planning, coordination and communication between levels of care
- Programs for the individuals released from the justice system
- Religious or spiritual advisors/faith-based orgs and 12-step groups in rural areas
- Educational support
- Parenting education
- Support in obtaining health insurance, including Medicaid
- Education on maintaining recovery
- Recovery centers



Harm Reduction and Social Determinants of Health Gaps

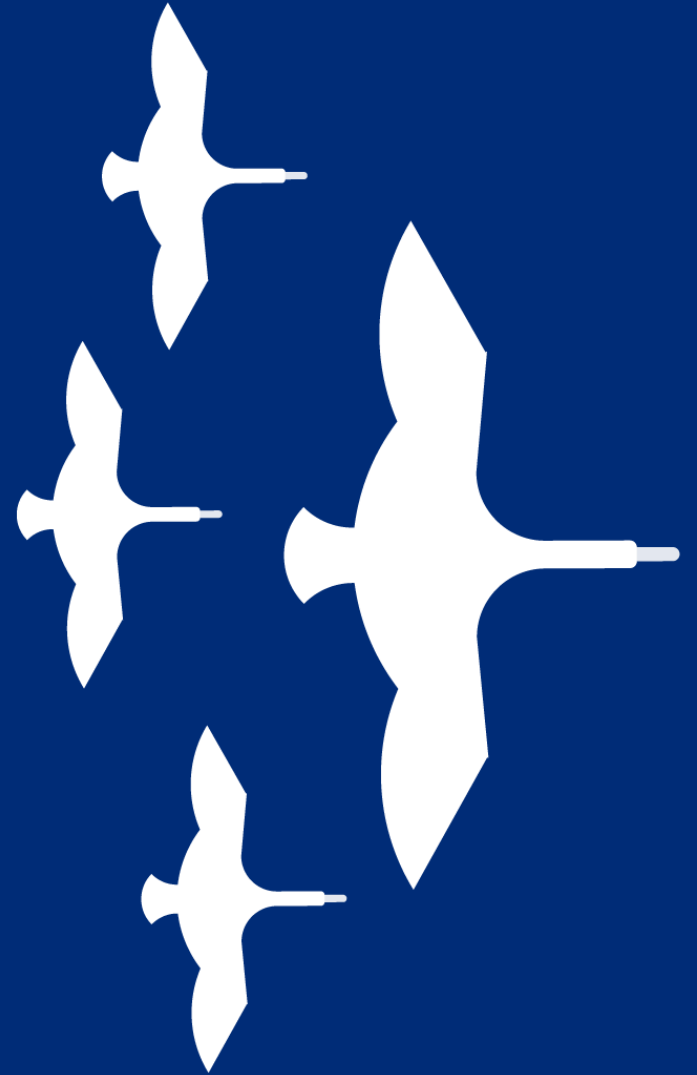
Harm Reduction Gaps

- Needle exchanges
- Limited hours of availability of harm reduction programs
- Education on harm reduction resources and methods, including Naloxone use
- Safe places to use
- Harm reduction in rural areas without other community members knowing about the individual's use

Social Determinants of Health Gaps

- Income is lower and unemployment and poverty higher for those living in tribal lands
- Housing vouchers and affordable housing
- Transportation, not only to treatment, but to access other Social Determinants of Health and employment
- Employment for those receiving treatment and in recovery
- Volunteer and vocational opportunities
- Internet access
- Food access
- Financial resources and stability for those in recovery

ACRN and Stakeholder Feedback





Services provided by Mercer Health & Benefits LLC.

A business of Marsh McLennan

Copyright © 2022 Mercer Health & Benefits LLC. All rights reserved.