welcome to brighter



Statewide Substance Use Working Group (SURG)

Needs Assessment

Mercer Government Ready for next. Together.

State of Nevada March 9, 2022 Dr. Courtney Cantrell, PhD Jordan Bublik, MS Kathy Nichols, LCSW

A business of Marsh McLennan





Needs Assessment Initial Feedback



Needs Assessment Initial Feedback

January Feedback

- During the January Advisory Council for a Resilient Nevada (ACRN) and SURG meetings, Mercer received feedback that the below topics/areas may need to be expanded upon or were suggested for inclusion into the Needs Assessment.
- Topics/Areas:
 - Regional Level Data Stratifications
 - Primary Care and Continuity Care (Low-Cost Care, MAT availability in FQHCs/RHCs)
 - Mental Heath Disease-specific Rates
 - Juvenile SUD/OD Rates and Risk Factors
 - Childhood Trauma
 - Harm-Reduction Services
 - Online/Easily Accessible Educational Resources
 - Accessibility of Care Time and Distance



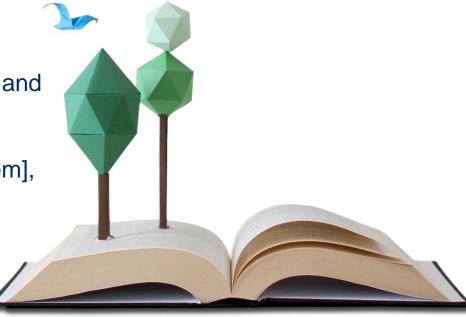
Needs Assessment Report Update



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)



Section and Topics Breakdown

Section 1 – Background

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 History of the opioid epidemic (national and state) and the relevant legislation*



Section 2 – Methodology

• Scoring Rubric

Section 3 – Opioid Impact

- Overdose Death Impact, SUD Rates, Drug Types – Minority, Youth, and Adult Stratifications*
- Health Equity Rate of poverty, people with disability, uninsured, primary language, minorities, tribes*
- Data Availability, Consistency, and Robustness
- Suggested Topic Inclusions:
 - Regional Level Data Stratifications
 - Juvenile SUD/OD Rates and Risk Factors

Section and Topics Breakdown

Section 4 – Polysubstance, Co-Occurring Conditions, Suicide Impact

- Rate of:
 - Polysubstance use and substances most commonly used together*
 - Co-Occurring Behavioral Health and Physical Health Conditions*
 - Suicide with OUD/SUD as a Contributing Factor
- Suggested Topic Inclusions:
 - Mental Heath Disease-specific Rates

Section 5 – Risk Factors

- System-Level Prevention programming, prescribing, access to treatment, Harm reduction, recovery support, education (provider and public)*
- Individual-Level SDoH, behavioral and mental health issues, chronic pain, criminal justice involvement, Childhood Trauma/ACES*
- Regional disparities and challenges
- Workforce shortages*
- Co-occurring Behavioral Health and Physical Health Conditions
- Suggested Topic Inclusions:
 - Primary Care and Continuity of Care (Low-Cost Care, MAT availability in FQHCs/RHCs)
 - Childhood Trauma
 - Harm-Reduction Services
 - Online/Easily Accessible Educational Resources
 - Accessibility of Care Time and Distance

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*Discussed in Previous Meeting

Section and Topics Breakdown

Section – 6 Best Practices

- Johns Hopkins Best Practice Recommendations*
 - Optimizing PDMP
 - Standardizing Clinical Guidelines
 - Engagement of Pharmacy Benefit Mangers and Pharmacies
 - Engage Patients and General Public
 - Improving Surveillance Activities
 - Treating OUD
 - Improve Naloxone Access and Use
 - Expand Harm Reduction Strategies
 - Combating Stigma

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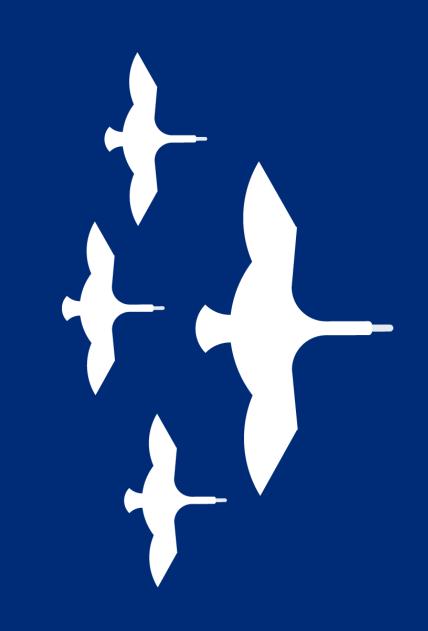
*Discussed in Previous Meeting

Section 7 – Recommendations

 Details that will support priorities: prevention of overdoses, addressing disparities in access to health care, and the prevention of substance use among youth based on the gaps identified throughout the report.



Questions



Questions



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