

# 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 O1

Review of Feedback

O2

Needs Assessment Report Update

Questions



## 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

 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
- <u>Suggested Topic Inclusions</u>:
  - 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



#### **Section and Topics Breakdown**

#### **Section – 6 Best Practices**

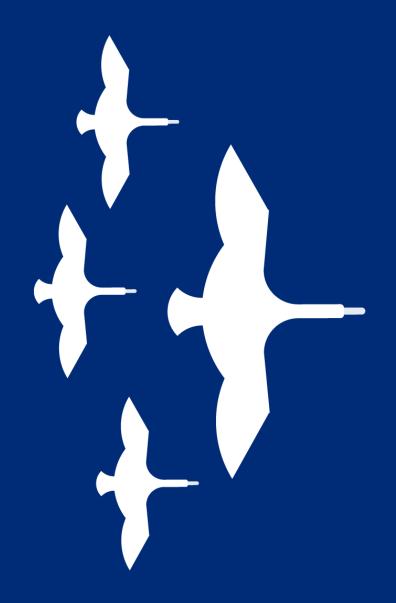
- Johns Hopkins Best Practice Recommendations\*
  - Optimizing PDMP
  - Standardizing Clinical Guidelines
  - Engagement of Pharmacy Benefit Mangers and Pharmacies
  - Engage Patients and General Public
  - Improving Surveillance Activities
  - Treating OUD
  - Improve Naloxone Access and Use
  - Expand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

#### **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







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