2024

Opioid Use/Opioid Use Disorder Community Needs Assessment for Clark County and the Southern Nevada Health District

PREPARED BY CLARK COUNTY AND THE SOUTHERN NEVADA HEALTH DISTRICT

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Executive Summary

The Fund for a Resilient Nevada (FRN) was established in Nevada Revised Statutes (NRS) 433.712 through 433.744 and is specific to the State's portion of opioid litigation recoveries. It is administered by the Nevada Department of Health and Human Services (DHHS) Director's Office, as identified in NRS 433.732, utilizing the recoveries resulting from litigation concerning the manufacture, distribution, sale, or marketing of opioids. FRN monies are deposited through the Attorney General's Office from recoveries from opioid litigation, settlements, and bankruptcies.

Pursuant to NRS 433.734, one of the DHHS's responsibilities is the development of the statewide needs assessment and a statewide plan to identify priorities. FRN recoveries must be used to address risk, harms and impacts of the opioid crisis on the state, using a data-driven and evidence-based approach.

A regional, local, or tribal government entity that receives a grant pursuant to paragraph (b) of Subsection 2 of NRS 433.738 shall conduct a new needs assessment and update its plan no less than every four (4) years *as designated in NRS 433.740 through 433.744; or at the direction of the DHHS. The Nevada Department of Health and Human Services may coordinate with and provide support to regional, local, and tribal governmental entities in conducting needs assessments and developing plans.*

The requirements of NRS 433.712 through 433.744 were developed using the following guiding principles identified by Johns Hopkins, Bloomberg School of Public Health's Principles for the Use of Funds from Opioid Litigation:

1. Spend money to save lives
2. Use evidence to guide spending.
3. Invest in youth prevention.
4. Focus on racial equity.
5. Develop a fair and transparent process for deciding where to spend the funding.

This document serves as the county-level needs assessment and plan for the expenditure of funds for both Clark County and the Southern Nevada Health District.

Firstly, this document provides an overview of Clark County and the Southern Nevada Health District. Specific information is provided to understand the current demographics of Southern Nevada and how those changing demographics require both entities to continue to change the way that service delivery is provided to meet the changing community.

The document then summarizes how this document took a multi-pronged community engagement approach, utilizing qualitative and quantitative assessments to engage the community, stakeholders, and persons impacted by the use of opioids and other substances. Those analyses provide insight into opioid use in the community, while also creating valuable relationships for knowledge and resource sharing.

Thirdly, this document provides quantitative data regarding the impact of opioid use and misuse in Clark County. Data is presented from a myriad of sources to understand the true impact of opioid use for all geographic areas of Clark County, as well as demographic groups, including sex, racial and

ethnic minority status, and age. Additional data is presented to provide an understanding into how opioid use disorder has impacted children in the community, including referrals for child welfare services.

While this document presents many areas of concern surrounding opioids in Clark County, this document also presents information on local promising programs. This includes targeted naloxone saturation and medication-assisted treatment in the Clark County Detention Center.

Finally, in accordance with S.B. 390 of the 2021 Legislative Session, this document presents an overview of funding recommendations and implementation plans. As this is a joint assessment, both Clark County and the Southern Nevada Health District present their recommended funding strategies in order to combat the opioid epidemic. All funding priorities presented are tied to the evidence presented herein. Moreover, the funding priorities have clear ways to measure the impact, whether quantitatively or qualitatively, to continue to understand the impact of the proposed/continuing programs to combat the epidemic.

In short, this document provides a strong overview of the current state of the opioid epidemic in the Southern Nevada community along with recommendations for funding to combat the epidemic. The current state is presented using both primary and secondary sources in order to provide an accurate and demonstrative understanding to allow for the funding priorities to be representative of the needs.

Acknowledgements

The Opioid Use/Opioid Use Disorder Community Needs Assessment for Clark County and the Southern Nevada Health District would not be possible without collaboration from our community partners. Deepest thanks to the Nevada Institute for Children's Research and Policy and Southern Nevada Health District staff for conducting the community interviews. Additionally, many thanks to people with lived experience and those impacted by the opioid crisis in our community who took the time to provide feedback, assist with recommendations, and take the time to meet and discuss opioid use in Clark County.

Thank you to all of the agencies/organizations listed below for their collaboration and outreach on this needs assessment:

Clark County Coroner/Medical Examiner's Office
Clark County Department of Family Services
Clark County Department of Finance
Clark County Department of Juvenile Justice Services
Clark County Detention Center
Clark County Juvenile Court
Clark County Manager's Office
Dr. Daniel Gerrity, Southern Nevada Water Authority & University of Nevada, Las Vegas
Eighth Judicial District Court
EMPOWERED Program at Roseman University
Foundations for Recovery
Las Vegas Metropolitan Police Department
Nevada Department of Corrections
Nevada High Intensity Drug Trafficking Area
Nevada Institute for Children's Research and Policy at the University of Nevada, Las Vegas
PACT Coalition
Southern Nevada Health District
The LGBTQ+ Center of Southern Nevada
Trac-B/Impact Exchange
University Medical Center of Southern Nevada

Acronyms

A.B.	Assembly Bill
BCC:	Clark County Board of County Commissioners
BIPOC:	Black, Indigenous, and Other People of Color
CBPR:	Community-Based Participatory Research
CC:	Clark County
CCDC:	Clark County Detention Center
CCSD:	Clark County School District
CCWRD:	Clark County Water Reclamation District
CDC:	U.S. Centers for Disease Control and Prevention
CM:	Contingency Management
COWS:	Clinical Opioid Withdrawal Scale
DFS:	Clark County Department of Family Services
DHHS:	Nevada Department of Health and Human Services
DSM-V:	Diagnostic and Statistical Manual of Mental Disorders Assessment
ED:	Emergency Visits
FQHC:	Federally Qualified Health Center
HCV:	Hepatitis C Virus
HIDTA:	High Intensity Drug Trafficking Area
HIV:	Human Immunodeficiency Virus
JDTC:	Clark County Juvenile Drug Treatment Court
JJS:	Clark County Department of Juvenile Justice Services
LGBTQ+:	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer/Questioning, Asexual, and More
LVMPD:	Las Vegas Metropolitan Police Department
MAT:	Medication-Assisted Treatment
MOUD:	Medications for Opioid Use Disorder
MSM:	Men Who Have Sex With Mem
NDOC:	Nevada Department of Corrections
NICRP:	Nevada Institute for Children's Research and Policy
NRS:	Nevada Revised Statutes
ODTA:	Overdose Data to Action
OMB:	U.S. Office of Management and Budget
OUD:	Opioid Use Disorder
PHAB:	Public Health Accreditation Board
S.B.:	Senate Bill
SAPTA:	Substance Abuse Prevention & Treatment Agency
SDoH:	Social Determinants of Health
SNCHC:	Southern Nevada Community Health Center
SNHD:	Southern Nevada Health District
SNOAC:	Southern Nevada Opioid Advisory Council
SPORT:	Southern Nevada Post Overdose Response Team
StUD:	Stimulant Use Disorder
SUD:	Substance Use Disorder
UMC:	University Medical Center of Southern Nevada

UNLV: University of Nevada, Las Vegas
YRBSS: Youth Risk Behavior Surveillance System

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Background

2021 Legislation

The Nevada Legislature passed Senate Bill (S.B.) 390 during the 2021 Legislative Session. S.B. 390 is an act relating to behavioral health; providing for the establishment of a suicide prevention and behavioral health crisis hotline; the creation of the Fund for a Resilient Nevada; and prescribing certain procedures for local government entities to receive funds deposited into the Fund for a Resilient Nevada to address the impact of opioid use disorder and other substance use disorders. (Nevada Legislature, 2021)

S.B. 390 was developed using The Principles for the Use of Funds From the Opioid Litigation (guiding principles). (The Bloomberg School of Public Health at John Hopkins University, n.d.) The Bloomberg School of Public Health at John Hopkins University developed the guiding principles in consultation with a myriad of public health organizations. The guiding principles were presented by Nevada Attorney General Aaron Ford during a hearing on S.B.390. He provided that:

> *the guiding principles are to first, use the funds to supplement rather than supplant existing State spending; second, use funds to support programs supported by evidence-based interventions; third, use the funds to support investments in youth prevention; fourth, use the funds with a focus on racial equity, and fifth, report to the public as to which programs are being funded.*

Attorney General Ford further cited that the guiding principles had been a tool for the Nevada Department of Health and Human Services (DHHS) in their development of a plan to determine the best use of the funds. (Nevada Legislature, 2021)

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The Principles for the Use of Funds From the Opioid Litigation

As previously mentioned, the guiding principles are comprised of five (5) main areas:

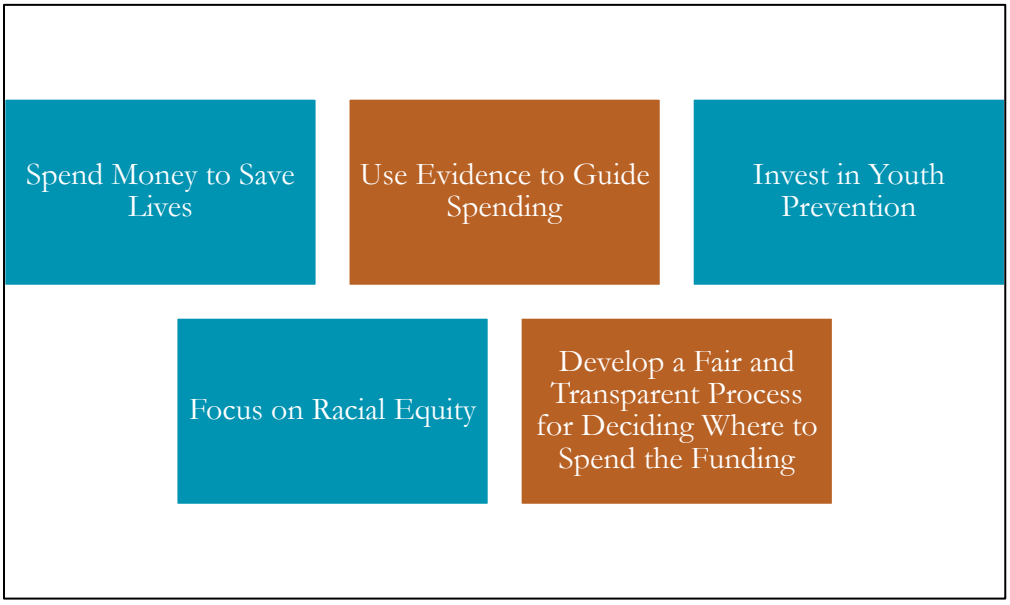

Figure 1: The Principles for the Use of Funds From Opioid Litigation

Elements of the guiding principles are consistent with policymaking recommendations. Firstly, the guiding principles recommends that any money spent should be reported to the public in a manner that allows the public to easily understand the differences being made in the community (e.g., the amount of naloxone distributed). Second, the guiding principles recommends the use of evidence when making decisions on how to spend the money. For example, "people with opioid use disorder in many residential treatment facilities are prohibited from being treated with methadone or buprenorphine, despite evidence that these medications reduce the chance of overdose death by 50% or more." (The Bloomberg School of Public Health at John Hopkins University, n.d.) Understanding the importance of using evidence when making decisions for how the opioid litigation funding is spent is vital to ensuring that gaps in treatment are addressed while still being accountable to the public. Finally, the guiding principles recommends a focus on racial equity. In the publication, it was noted that "black individuals represent just 5% of people who use drugs, but 29% of those arrested for drug offenses and 33% of those in state prison for drug offenses." (The Bloomberg School of Public Health at John Hopkins University, n.d.) It is clear in the guiding principles, as well as in policy discussions that racial equity must remain at the forefront when tackling past injustices and working to prevent fatal overdoses.

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Purpose of the Needs Assessment

This needs assessment provides a summary of the available information on trends, gaps, and needs pertaining to opioid use in Clark County, Nevada. In presenting the available information, this needs assessment uses both quantitative and qualitative data to determine the risk factors that contribute to opioid use, the use of substances, and the rates of opioid use disorder, other substance use disorders, and co-occurring disorders among residents of the area.[1] Additionally, it provides recommendations and proposes action plans for the allocation of opioid litigation funds to ameliorate harms of opioid use. As this is a joint assessment, both Clark County and the Southern Nevada Health District present their own action plans.

[1] This is consistent with Section 9.8 (1) (b) of S.B. 390 of the 2021 Nevada Legislative Session.

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Community Overview

Clark County Overview

Clark County is a dynamic and innovative organization dedicated to providing top-quality service with integrity, respect, and accountability. With jurisdiction over the world-famous Las Vegas Strip and covering an area the size of New Jersey, Clark County is the nation's 11th-largest county and provides extensive regional services to more than 2.3 million citizens and an average of 45 million visitors a year.

Clark County is a political subdivision of the State of Nevada, established in 1909 and operated under the provisions of the general laws of Nevada. The County is governed by a seven-member Clark County Commission (County Commission) who are responsible for setting and implementing policy. The County Commission in turn hires a county manager, who is responsible for implementing policies and desired outcomes established by the County Commission and directing the day-to-day activities involved in running the County.

Clark County employs close to 10,000 employees in 38 departments. It has a fiscal year general fund budget of $2.1 billion and a total budget of $11.4 billion. The County is known for its strong ending-fund balance, overall financial strength, and an investment-quality credit rating. It retains one of the highest bond ratings of any local government in the state.

Clark County provides extensive regional services to more than 2.3 million citizens and more than 45 million visitors a year. The County provides a wide range of regional services such as the 8th-busiest airport, the state's largest public hospital, air quality compliance, protective services for abused/neglected children, foster and adoption services, health and welfare assistance, property assessment, tax collection, elections administration, as well as a criminal justice system including Courts, District Attorney, Public Defender, and Juvenile Justice services. The County also provides municipal services traditionally provided by cities. As a "city" government, Clark County responds to the needs of about one million residents in the urban and rural unincorporated areas. Service provided to the unincorporated residents include all those functions normally associated with a city, such as fire protection, roads maintenance and construction, code enforcement, animal control, sewer services, parks, and recreation, building safety, planning and development, and business licensing/enforcement.

Southern Nevada Health District

The Southern Nevada Health District (SNHD) was established through Nevada Revised Statues Chapter 439 and is directed by an eleven-member policy-making Board of Health, which provides oversight and guidance to the District Health Officer, Dr. Fermin Leguen. (Title 40: Chapter 439: Administration of Public Health, n.d.) The agency includes several divisions, that serve a full range of public health needs for over the approximate 2.3 million people that live in Clark County, and more than 45 million annual visitors.

The current divisions include Environmental Health, Disease Surveillance and Control, Community Health, Primary and Preventive Care, and a Federally Qualified Health Center (FQHC) – the Southern Nevada Community Health Center (SNCHC). Divisions are supported by the Administration Division, which includes human resources, finance, information technology, facilities, and related supports for a workforce of approximately 800 people. SNHD currently holds accreditation through the Public Health Accreditation Board (PHAB).

Clark County Demographic Data

The 2020 Decennial Census reported that Clark County's population was 2,265,461, a 16.10% increase from the 2010 Decennial Census. (U.S. Census Bureau, 2020) The United States population grew by 7.4% during the same period, thus placing Clark County and Nevada ahead of the country in terms of growth. (Jarosz, n.d.)

The 2022 American Community Survey estimated the median age in Clark County to be 38.3 years of age, with 22.2% of the entire Clark County population being under 18 years of age. (U.S. Census Bureau, 2022)

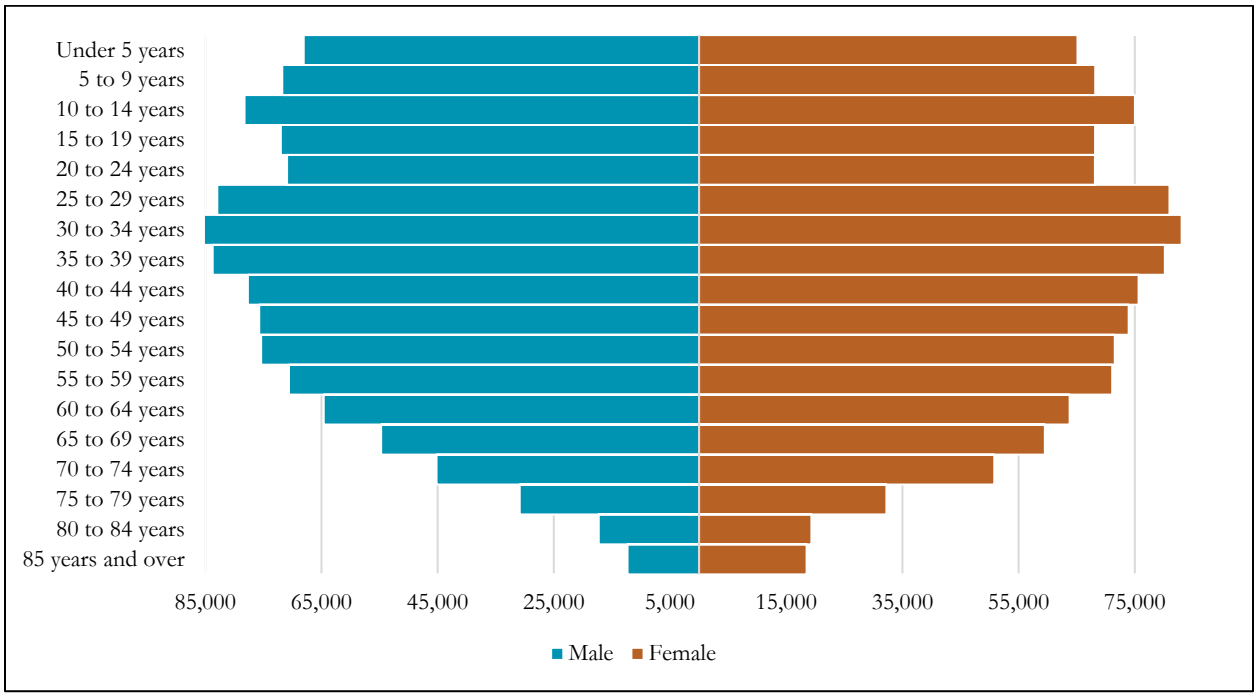

Figure 2: Median Age by Sex for Clark County
Source: (U.S. Census Bureau, 2022)

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Over time, Clark County's population has become increasingly diverse.

Race and Hispanic Origin	
White alone (c)	67.2%
Black or African American alone (c)	13.8%
American Indian and Alaska Native (a)	1.3%
Asian alone (c)	11.2%
Native Hawaiian and Other Pacific Islander alone (a) (c)	1.0%
Two or More Races (c)	5.5%
Hispanic or Latino (b)	32.6%
White alone, Not Hispanic or Latino	38.8%

Table 1: Race and Hispanic Origin for Clark County

Sources: (U.S. Census Bureau, 2023), (U.S. Census Bureau, Updated annually), (U.S. Census Bureau, Updated annually)[2]

(a) Includes persons reporting only one race.
(b) Hispanics may be of any race, so are also included in applicable race categories.
(c) Includes persons who may also identify as Hispanic or Latino.

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[2] The U.S. Census Bureau collects race data in accordance with guidelines provided by the U.S. Office of Management and Budget (OMB), and these data are based on self-identification. The racial categories included in the Census questionnaire generally reflect a social definition of race recognized in this country and not an attempt to define race biologically, anthropologically, or genetically. In addition, it is recognized that the categories of the race item include racial and national origin or sociocultural groups. People may choose to report more than one race to indicate their racial mixture, such as "American Indian" and "White." People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

OMB requires five minimum categories (White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander) for race. OMB permits the Census Bureau to also use a sixth category - Some Other Race. Respondents may report more than one race.

The concept of race is separate from the concept of Hispanic origin.

In Clark County, the median household income[3] is $70,797 which is just slightly less than the median household for the United States- $74,755. The per capita income for Clark County is $36,915 which is about 90 percent of the amount in the United States- $41,804. (Census Reporter, 2022) Figure 3 summarizes the percentage of Clark County's populations broken out by household income.

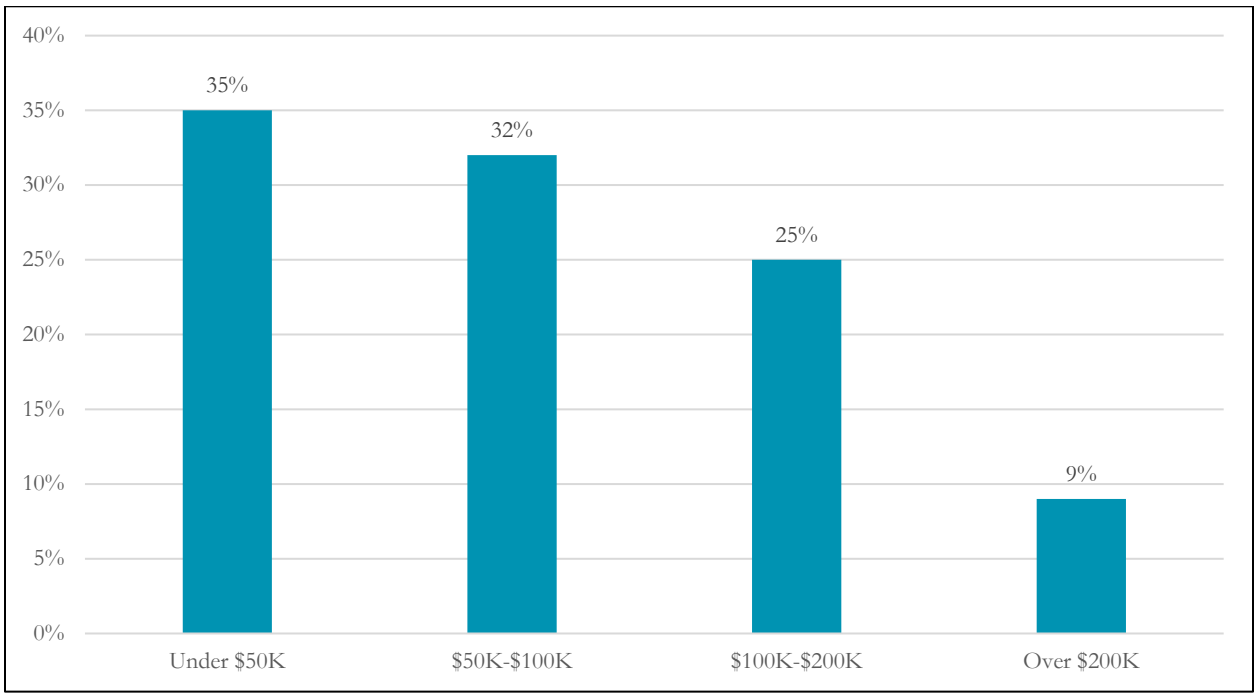

Figure 3: Median Household Income for Clark County
Source: (Census Reporter, 2022)

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[3] Household income is defined as the income of the householder and all other people 15 years and older in the household, whether or not they are related to the householder. **Invalid source specified.**

Approximately thirteen (13) percent of persons in Clark County are living below the poverty line with 18% of children under the age of 18 falling below the poverty line. (Census Reporter, 2022) Individuals falling below the poverty line are more likely to have an opioid use disorder than those that do not fall below the poverty level. (Jones, 2017) Moreover, the 2016 National Survey on Drug Use and Health found that "individuals under the poverty line were 2.1 percentage points more likely to have misused opioids in the past twelve months than individuals above 200 percent of the poverty line." (Ghertner & Groves, Ph.D., 2018) In short, those under the poverty line are twice as likely to have an opioid use disorder.

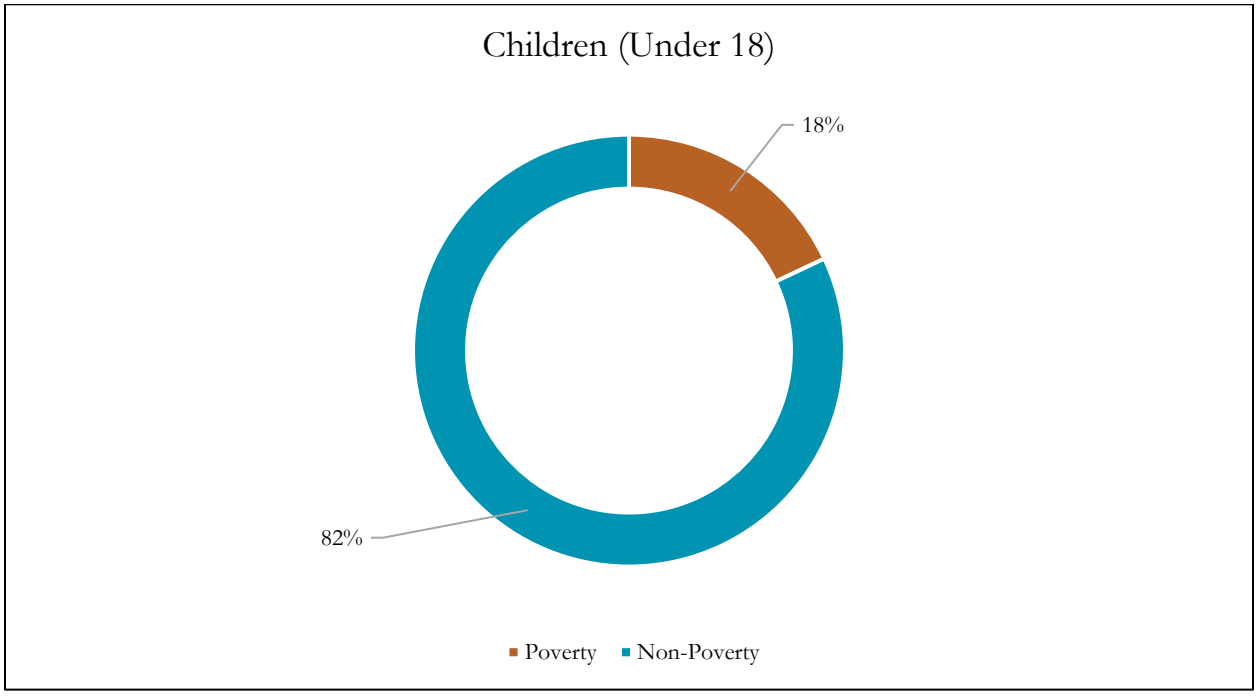

Figure 4: Children (Under 18) Below the Poverty Line in Clark County
Source: (Census Reporter, 2022)

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Community Based Participatory Research

Section 9.8 (2) (a) of S.B. 390 requires that a local government use community-based participatory research (CBPR) methods or similar methods to conduct outreach to groups impacted by the use of opioids, opioid use disorder, and other substance use disorders. Additionally, Section 9.8 (2) (b) of S.B. 390 requires outreach to governmental agencies that interact with persons or groups impacted by the use of opioids, opioid use disorder and other substance use disorders. (Nevada Legislature, 2021)

With the CBPR approach, there are numerous elements; however, CBPR rests on two (2) key principles. The first pillar is "ethical and responds to a history of exploitation of communities-especially minority and low-income communities…." (Blumenthal, 2011) The first principle is consistent with the intent of S.B. 390 and the guiding principles developed by The Bloomberg School of Public Health at John Hopkins University. It is vital that as researchers and policy practitioners consider historical mistakes in the public health arena and ensure inclusion rather exclusion when recommending solutions. Moreover, research products and policy recommendations should be provided to the community following the collection period to ensure that the impacted communities have a continued voice and a path forward. The second pillar that CBPR rests on is community engagement. (Blumenthal, 2011) Building upon the first pillar, the second pillar continues to incorporate the involvement from the community on developing solutions to allow communities to move forward and share resources. Accordingly, CBPR has often been linked to reducing health disparities. (Salimi, et al., 2012)

To achieve this goal, this needs assessment took a multi-pronged community engagement approach similar to CBPR, utilizing qualitative and quantitative assessments to engage the community, stakeholders, and persons impacted by the use of opioids and other substances. Throughout the analyses, presented herein, Clark County and SNHD collaborated with members of under-resourced community and public policy practitioners to ensure valuable relationships through sharing resources, decision-making, and knowledge.

Clark County Community Stakeholder Survey

Clark County launched an online survey to gather information and insight from community stakeholders to make recommendations for the needs assessment. The survey questions were based on an online survey conducted by Washoe County, which was initially adapted from a survey in Illinois.[4] (Pickett, Powell, Lang , & Carpenter, n.d.)

Due to a limited assessment period, convenience sampling was chosen to target community stakeholders that reside in Clark County. The survey was released by the Clark County Manager's Office to Clark County department leadership, as well as other community stakeholders. Additionally, information was distributed about the survey at the Clark County Child Welfare Summit in April 2024.

The survey was open for 20 calendar days. The survey opened on April 23rd, 2024 and closed on May 13th, 2024.

Data was analyzed using Google Forms and Microsoft Excel. There were 83 responses, with 81 respondents indicating that they resided in Clark County. The survey was only open to those respondents that said they resided in Clark County.

With all surveys, there are some limitations. For this survey, there are two (2) limitations to highlight:

1. As this is a non-random sample, there is sampling bias.
2. The survey results are not representative of all of those individuals in Clark County that are working to solve the opioid epidemic. Therefore, the results cannot be generalized.

In addition to optional demographic questions, respondents were asked about their personal impacts of opioids in their lives, their perceptions of the opioid epidemic in Clark County, existing initiatives to address the opioid epidemic in Clark County, the source of their information, disproportionately impacted populations, and questions about gaps and challenges. Furthermore, respondents were asked an open-ended question about how they would create a program to address opioid use in Clark County if resources and time were not an issue. All questions on the survey were optional after the first question about residency.

Portions of the results of the survey are presented in this section.

[4] A copy of the survey instrument is available in Appendix 1.

Figure 5 and Table 2 show that the majority of respondents did not respond that they are persons who use opioids.[5] There were two (2) respondents that marked that they were in recovery from an opioid use disorder. The largest group of respondents identified themselves as local government professionals, followed by those who work in child welfare agencies. Additionally, eleven (11) respondents indicated that they have a family member who has an opioid use disorder.

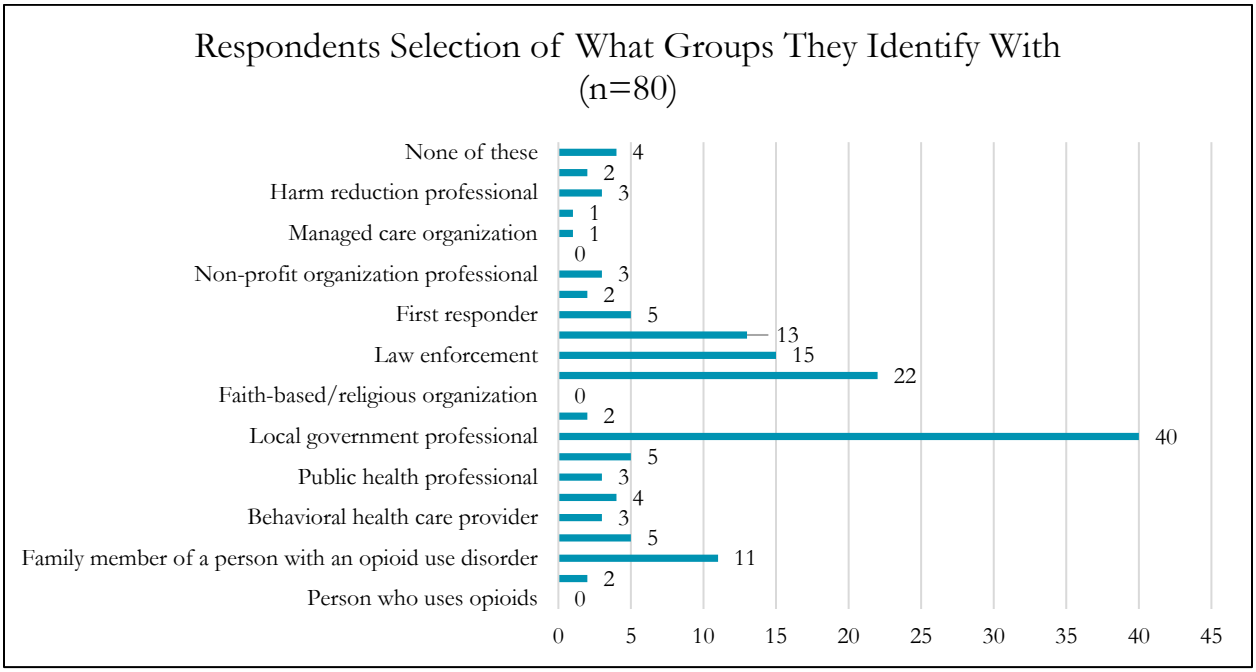

Figure 5: Respondent Selection of What Groups They Identify With

Respondent Selection of What Groups They Identify With	
Person who uses opioids	0
Person in recovery from opioid use disorder	2
Family member of a person with an opioid use disorder	11
Health care provider	5
Behavioral health care provider	3
Substance use treatment provider	4
Public health professional	3
Education professional	5
Local government professional	40
State government professional	2
Faith-based/religious organization	0
Child welfare agency	22
Law enforcement	15
Justice system professional	13
First responder	5

[5] This was a multiple response question. Sample size reflects the number of respondents, not responses.

Respondent Selection of What Groups They Identify With	
Mutual aid organization	2
Non-profit organization professional	3
Research professional	0
Managed care organization	1
Prevention professional	1
Harm reduction professional	3
Homeless services professional	2
None of these	4

Table 2: Respondent Selection of What Groups They Identify With

Figure 6 provides information about respondents have personally been impacted by opioids. Note, there were 11 responses in Figure 5 that indicated that a responder identified in a group with a family member with an opioid use. However, as shown below in Figure 6, there were 34 respondents who identified that a family member has or had an issue with opioids.

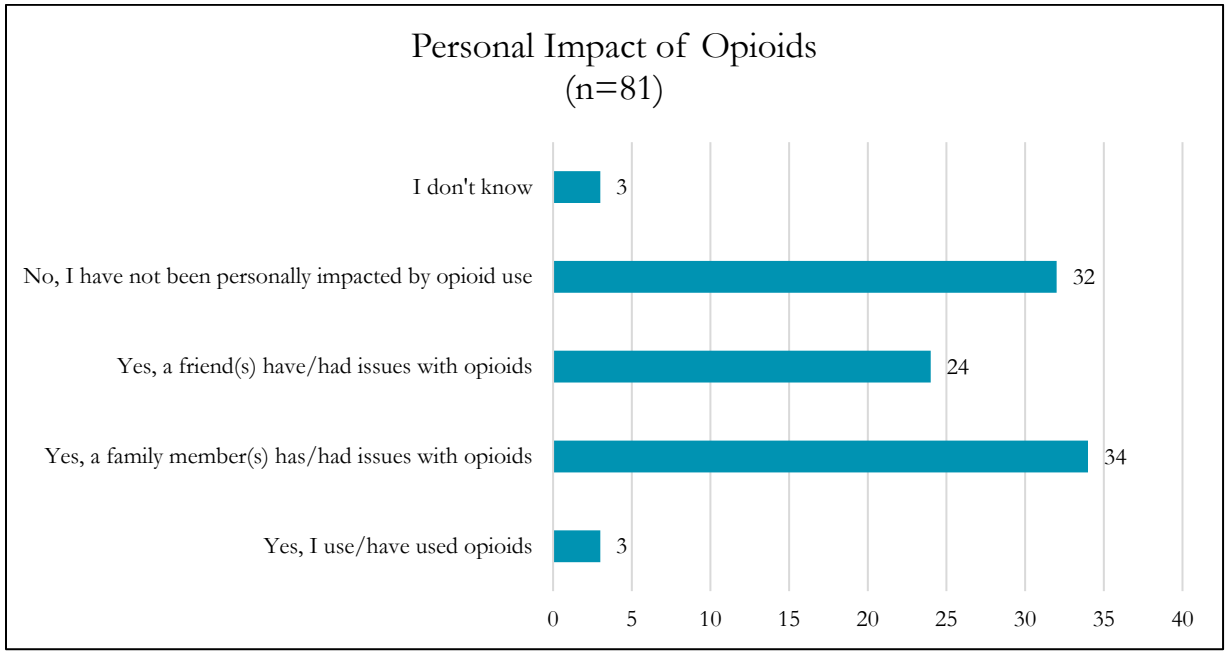

Figure 6: Personal Impact of Opioids

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Seventy-two (72) percent of respondents indicated that some groups are more disproportionately impacted by the opioid crisis than others in Clark County.

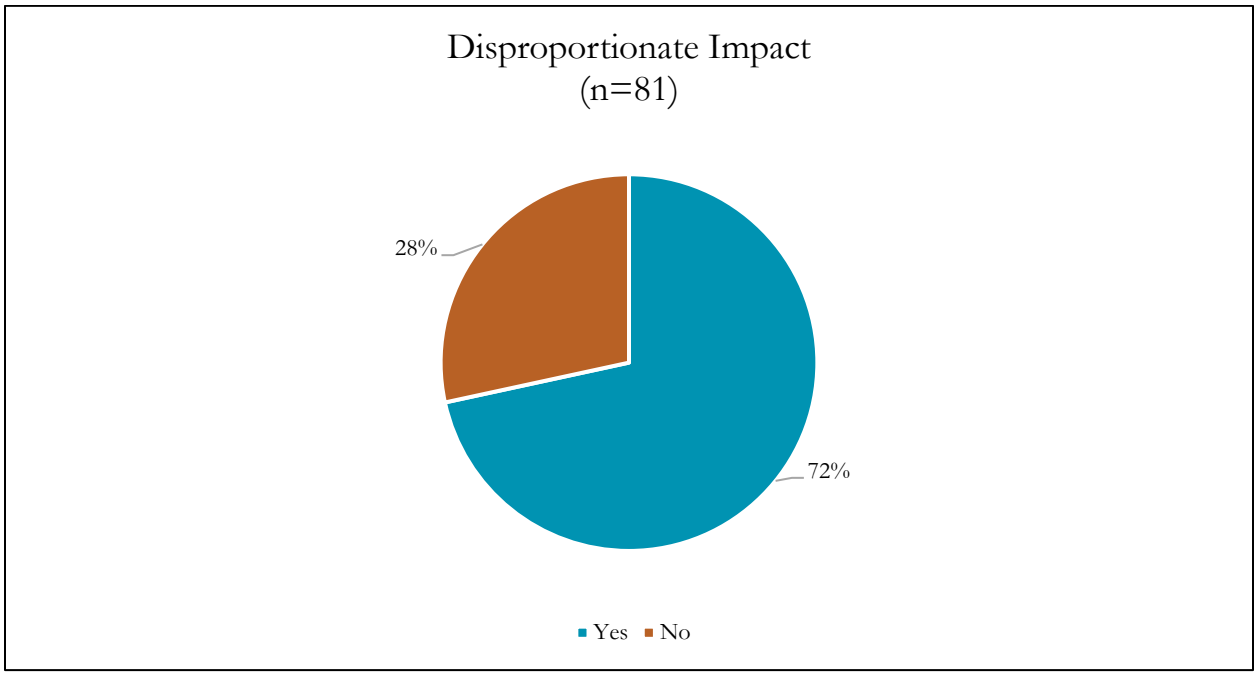

Figure 7: Disproportionate Impact

Respondents who indicated that they believe that some groups are more disproportionately impacted were asked to identify the groups that have been impacted. The top group identified were low-income households followed by communities of color. At-risk youth and those that are homeless were also identified as groups being disproportionately impacted. (See Table 3).

Group	Count of Responses
At-Risk Youth	12
Children of Opioid Users	2
Communities of Color	20
Disabled	1
Formerly Incarcerated Individuals	1
Homeless	12
Indigent	1
LGBTQ+	2
Low-Income Households	30
Mental Health	2
Other	7
Prescription Opioid Users	4
Undocumented	1
Veterans	1
Young Mothers	2
TOTAL:	**99**

Table 3: Disproportionately Impacted Groups

Respondents were asked to identify the sources of information on opioid-related issues in Clark County for the past 12 months. The majority of respondents are accessing their information about opioid-related issues via local television news, followed closely by work meetings/reports.[6]

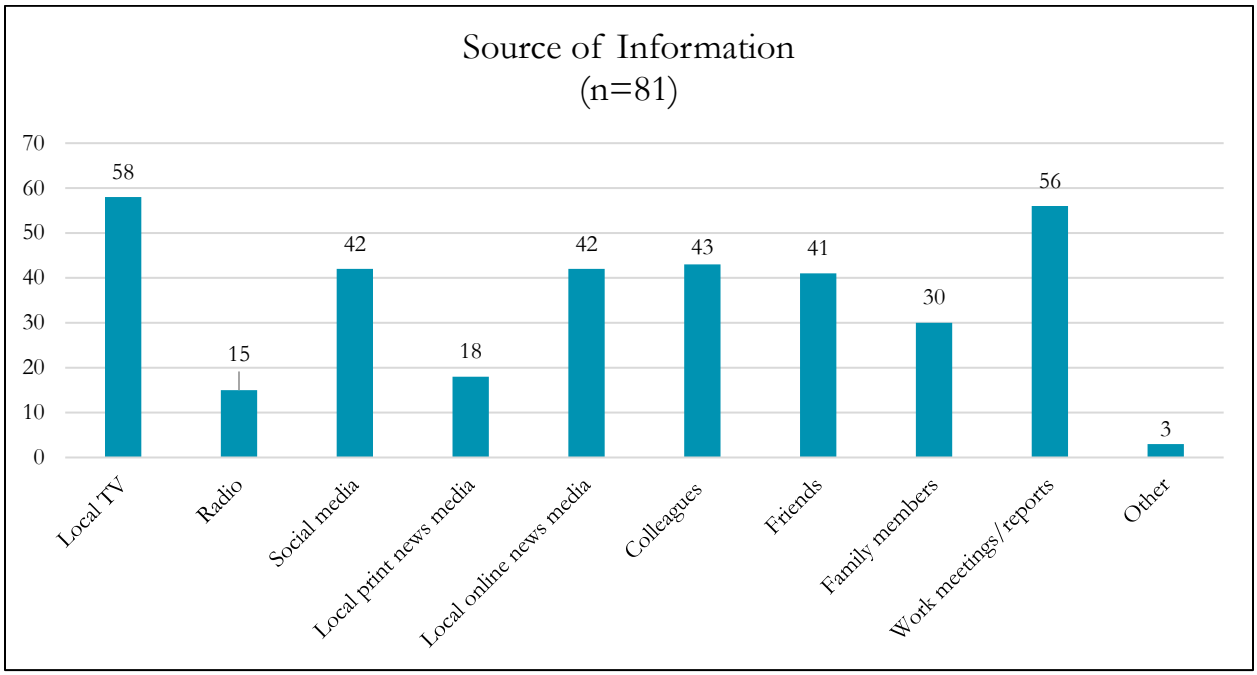

Figure 8: Source of Information for Opioid-Related Issues

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[6] This was a multiple response question. Sample size reflects the number of respondents, not responses.

Understanding the variety of sources for opioid-related issues in the community, respondents were asked to identify their awareness of opioid-related initiatives in Clark County. The majority of respondents were aware of naloxone/Narcan training, specialty courts, and drug take back/disposal.

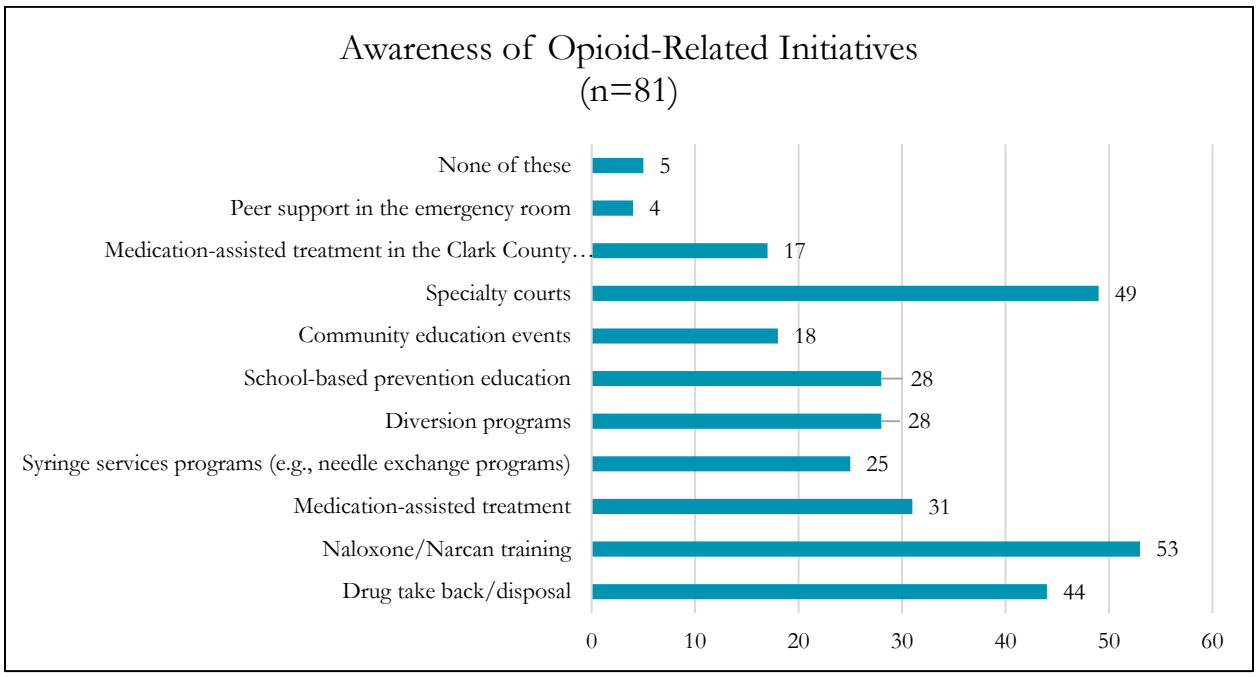

Figure 9: Awareness of Opioid-Related Initiatives

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Respondents were asked to select the biggest opioid-related needs in Clark County. Respondents could select more than one answer, and there was no ranking associated with this question. The results of this question provide preliminary information on what other opioid-related initiatives are needed for Clark County.

The majority of responses were associated with recovery support services, public awareness, and increased access to low-barrier treatment.

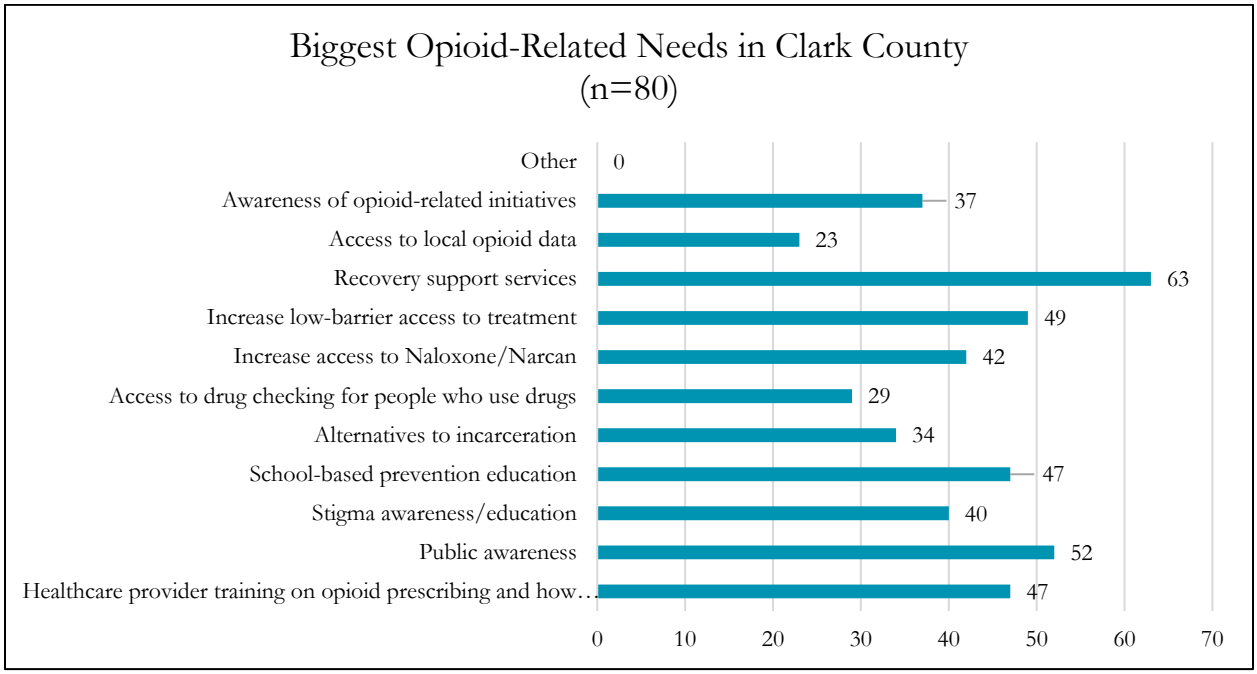

Figure 10: Biggest Opioid-Related Needs in Clark County

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Respondents were asked to identify the strengths in Clark County to help address the opioid crisis, while also selecting gaps, barriers, and challenges to the crisis. Figure 11 highlights the strengths that were selected by respondents; respondents could select more than one strength. The top three (3) strengths that were identified are community partnerships, public awareness, and harm reduction services. In contrast, Figure 12 highlights the gaps, barriers, and challenges to the crisis. The top three (3) challenges are lack of resources (e.g., staff, funding, and programs), lack of substance use treatment services, and limited knowledge of available resources.

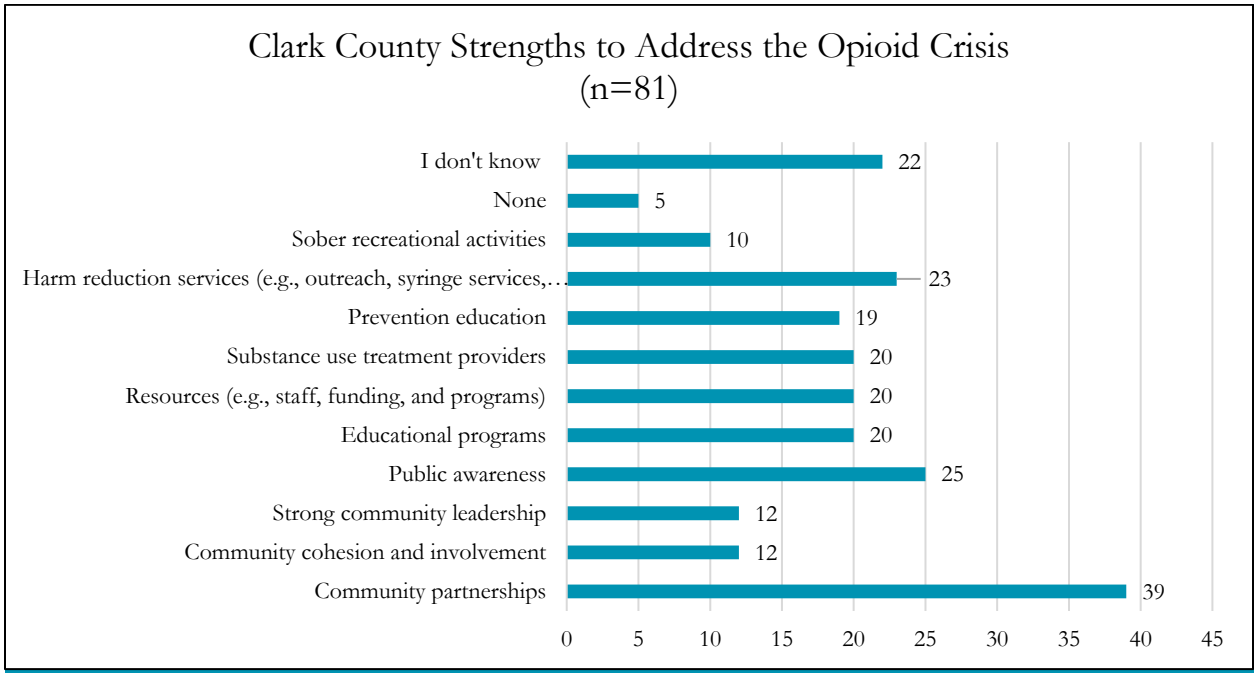

Figure 11: Clark County Strengths to Address the Opioid Crisis

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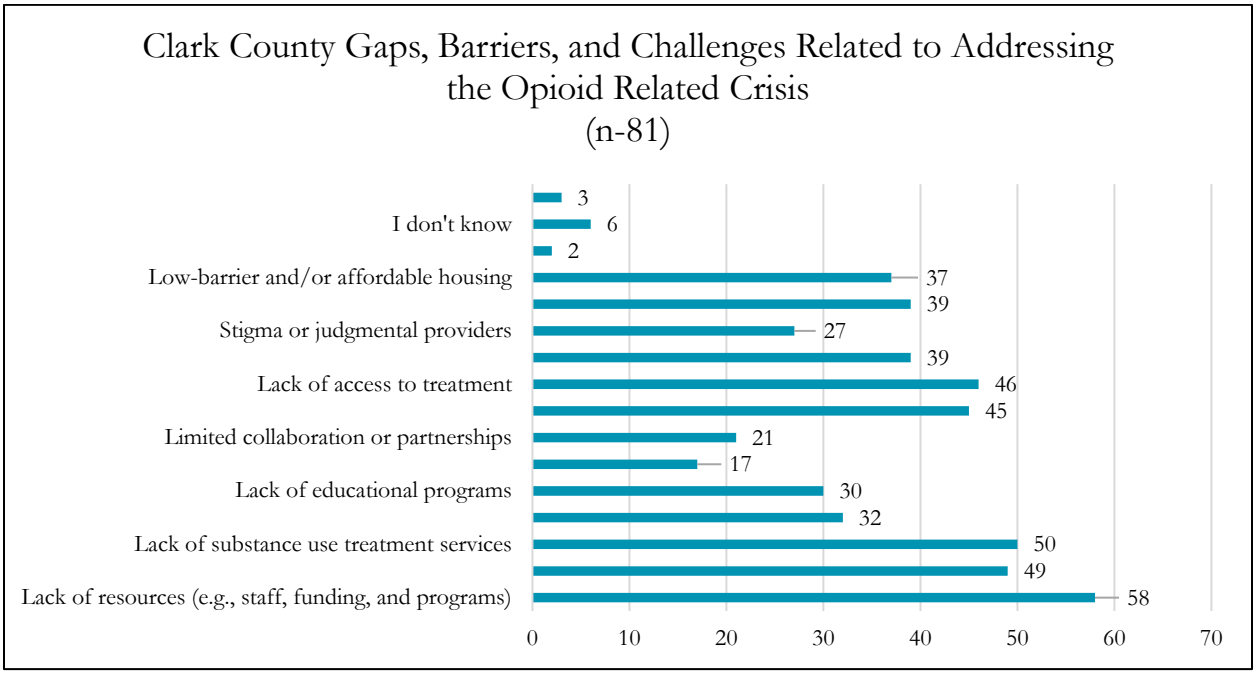

Figure 12: Clark County Gaps, Barriers, and Challenges Related to Addressing the Opioid Related Crisis

At the end of the survey, respondents were tasked with selecting at least three (3) funding priorities out of fourteen (14) options. The top five (5) priorities were:

1. Increase prevention programming in schools.
2. Increase services that address underlying trauma.
3. Increase access to low-barrier substance use treatment services
4. Create specialized programs for parents with opioid use who have child welfare involvement.
5. Increase recovery housing options.

Figure 13 provides a graphical overview of the task that respondents were given- selecting at least three (3) funding priorities out of the fourteen (14) options. Table 4 shows the selection of the top funding priorities by respondent identity. Note, respondents were allowed to select more than one priority on the survey.

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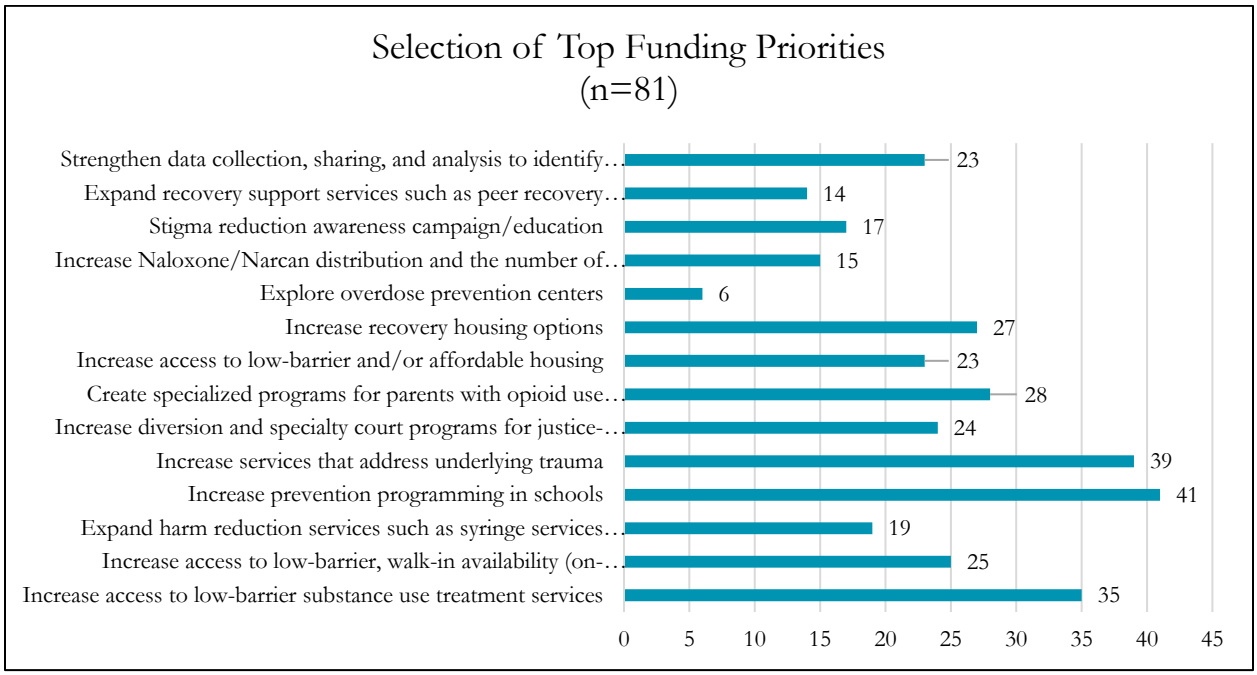

Figure 13: Selection of Top Funding Priorities

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Selection of Top Funding Priorities by Respondent Identity				
Local Government Professional	**Family Member of a Person with an Opioid Use Disorder**	**Child Welfare Agency**	**Law Enforcement**	**Person in Recovery from Opioid Use Disorder[7]**
Increase services that address underlying trauma. (20) Increase prevention programming in schools. (20) Increase access to low-barrier substance use treatment services. (17) Increase access to low-barrier and/or affordable housing. (16) Create specialized programs for parents with opioid use disorder who have child welfare involvement. (14)	Create specialized programs for parents with opioid use disorder who have child welfare involvement. (7) Increase access to low-barrier substance use treatment services. (6) Increase access to low-barrier, walk-in availability (on-demand) of medication-assisted treatment. (5) Increase services that address underlying trauma. (4) Increase access to low-barrier and/or affordable housing options. (4) Increase recovery housing option. (4) Strengthen data collection, sharing, and analysis to identify opportunities for intervention (4).	Increase access to low-barrier substance use treatment services. (12) Increase services that address underlying trauma. (12) Create specialized programs for parents with opioid use disorder who have child welfare involvement. (11) Increase access to low-barrier, walk-in availability (on demand0 of medication-assisted treatment. (9) Increase prevention programming in schools. (9) Increase access to low-barrier and/or affordable housing. (9)	Increase access to low-barrier substance use treatment services. (7) Increase prevention programming in schools. (7) Increase services that address underlying trauma. (6) Create specialized programs for parents with opioid use disorder who have child welfare involvement. (5) Strengthen data collection, sharing, and analysis to identify opportunities for intervention. (5)	Increase access to low-barrier, walk-in availability (on-demand) of medication-assisted treatment. (2) Expand recovery support services such as peer recovery support services. (2)

Table 4: Selection of Top Funding Priorities by Respondent Identity

There was an open-ended question at the end of the survey that allowed respondents to provide other ideas for solving the opioid crisis in Clark County. The question asked respondents to list ideas, without worrying about resources and time. Thirty-eight (38) responses were received. The responses are available in Appendix 2.

[7] Note: Due to the limited number of respondents that identified as persons in recovery from opioid use disorder, all other funding priorities received one vote or no votes.

Southern Nevada Health District Stakeholder and Community Engagement Surveys

Purpose

The Nevada Institute for Children's Research and Policy (NICRP), in collaboration with SNHD conducted the current needs assessment to better understand the barriers to overdose prevention in Clark County and to provide recommendations for addressing the contributors to overdose. Portions of the methodology and results of the survey are presented in this section. A full copy of this report can be found in the Appendix 3.

Methodology

Identification of Assessment Priorities

In November 2023, the project team, composed of 21 researchers, community partners, and individuals impacted by overdose, was brought together for an in-person meeting to identify the priorities of the community needs assessment; nine (9) project team members were able to attend. During the meeting, the team identified the top five (5) facilitators and barriers/gaps impacting overdose prevention in our community; the lists were then ranked. To include input from all project team members, a follow-up survey to all members presenting them with the barriers/gaps and facilitators and asked them to rank order them.

Twenty (20) team members participated in the survey. The results indicated that the community needs assessment should prioritize examining the systemic barriers that contribute to opioid overdose. These include, lack of transportation, and housing insecurity, funding, and data sharing. The facilitators of overdose prevention include the availability of naloxone, test strips, and drug supply checking. Community partners and people who use drugs were identified as those who should be engaged to learn more about these topics.

Instrument Development

Based on the project team's identified priorities, NICRP conducted a comprehensive review of previous needs assessments and surveys related to overdose prevention to help inform the development of the instruments for the community needs assessment. Two (2) instruments were developed: a 20-item survey for people with lived experience with substance use aimed at understanding barriers to overdose prevention and a 15-question semi-structured telephone interview for to understand the barriers to overdose prevention from the service perspective.

Data Collection

To recruit survey participants, SNHD reached out to the SNHD Linkage to Action (L2A) team and the other project partners responsible for providing direct services through the U.S. Centers for Disease Control and Prevention's (CDC) Overdose Data to Action (ODTA: LOCAL) grant. SNHD coordinated with these partners to visit their locations and have the surveys administered in person,

either during scheduled service hours or at pre-organized events. All sites elected to have their clients complete the paper survey as opposed to the electronic version.

To recruit interview participants, SNHD provided NICRP with contact information for nineteen (19) community partners. NICRP emailed each of the partners inviting them to participate and coordinated a 15-minute phone interview. Upon completion of the interview, participants were asked to identify others who would be interested in participating in the interview, and additional participants were recruited. Threats to bias were addressed through multiple interviewers (external to the SNHD team), a structured interview guide to support a consistent experience across participants, and triangulation through a follow-up meeting with stakeholders to provide feedback on results.

Results

Survey For People With Lived Experience

The survey for people who use drugs had 171 respondents, of which 155 reported lived experience with drug use and were included in the analysis. Demographically, the majority were male (65%), aged 31-50 (60%), and identified as White/Caucasian (41%). Most had a high school diploma or some college education (68%). Financially, 31.6% of respondents indicated they sometimes had enough money to cover expenses in the past year, while 26.5% rarely did.

Harm reduction services were a focal point of the survey, with 43.2% of respondents indicating they had not accessed such services in the past. Narcan/naloxone was the most used service (50%), and drug checking was the service respondents were most interested in learning more about (32%). Most respondents felt comfortable accessing these services and found them easy to access. However, respondents identified a need for better resources, including more accessible housing, improved harm reduction services, and enhanced recovery support.

Familiarity and Interest in Harm Reduction Services in the Community (n = 155)				
	Syringe Exchange	**Test Strips**	**Narcan/ Naloxone**	**Drug Checking**
I use/have used this service	43.9% (68)	34.8% (54)	50.3% (78)	34.2% (53)
I have heard of this service, and I'm interested in learning more about it	12.9% (20)	21.9% (34)	18.7% (29)	17.4% (27)
I have heard of this service, but I'm not interested in learning more about it	13.6% (21)	14.2% (22)	12.9% (20)	11.6% (18)
I have never heard of this service, but I'm interested in learning more about it	5.8% (9)	8.4% (13)	1.9% (3)	14.2% (22)
I have never heard of this service, and I'm not interested in learning more about it	14.2% (22)	13.6% (21)	9.7% (15)	14.2% (22)
Missing	9.7% (15)	7.1% (11)	6.5% (10)	8.4% (13)
TOTAL:	**100% (155)**	**100% (155)**	**100% (155)**	**100% (155)**

Table 5: Familiarity and Interest in Harm Reduction Services in the Community (n=155)

Transportation and housing were significant concerns for respondents. Thirty seven percent (37%) used the bus as their main form of transportation. Participants suggested the provision of bus passes, rideshare vouchers reduced transit fares, provision of paper schedules, clear pricing for riding the bus, and shorter wait times for buses to improve access to services.

Housing stability was a challenge, with 57% describing their situation as unstable and 66% unsatisfied with their current housing. Common barriers included affordability, lack of availability, and housing discrimination.

Figure 14 shows the percent of respondents indicating that each of the following has been a barrier experienced when trying to access housing (n = 155)

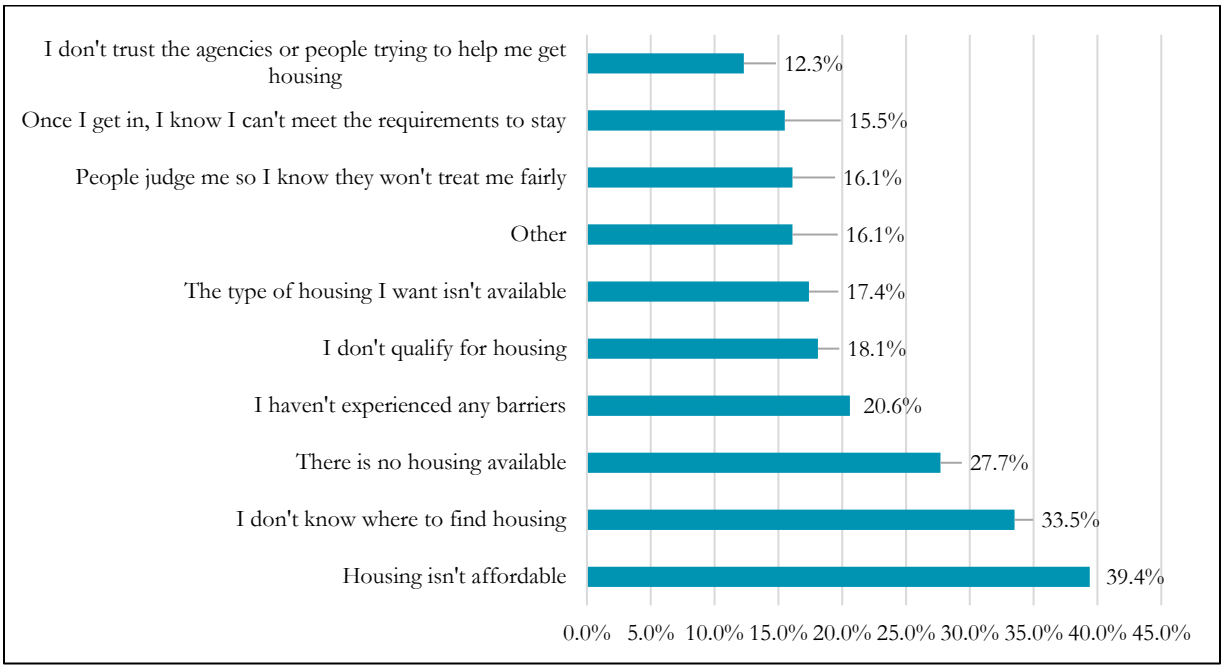

Figure 14: Percent of Respondents Indicating Housing Barriers

Additionally, stigma and discrimination were prevalent among respondents, particularly in interactions with police and healthcare providers, highlighting a need for more supportive and inclusive community services. The most common themes of these responses were doctors being dismissive and not providing them with healthcare services because of their drug use, being treated wrongly or unfairly by police/law enforcement due to prejudice, an overall sense of feeling belittled or shamed in the community and being discriminated against because of their appearance.

Community Partner Interviews

Nineteen (19) respondents provided insights into their demographics and organizational backgrounds. The majority identified as female (68%), aged 25-45 (79%), and White/Caucasian (47%), with 42% having attended some college. Organizationally, most respondents had been with their organizations

for 3-5 years (42%) and worked primarily in harm reduction (21%). The predominant type of organization was non-profit direct service providers (52%).

Respondents rated factors that contributed to overdoses in Clark County. The top contributors identified were an unsafe drug supply (95%), lack of housing (90%), and stigma (90%).

Respondent Ratings of How Much Each Item Listed Contributes to Overdose in the Community (n=19)					
	To a Great Extent	**Somewhat**	**Very Little**	**Not At All**	**Total**
Unsafe drug supply	94.7% (18)	5.3% (1)	0.0% (0)	0.0% (0)	100% (19)
Lack of housing	89.5% (17)	10.5% (2)	0.0% (0)	0.0% (0)	100% (19)
Stigma	89.5% (17)	10.5% (2)	0.0% (0)	0.0% (0)	100% (19)
Lack of funding*	72.2% (13)	22.2% (4)	5.6% (1)	0.0% (0)	100% (18)
Lack of evidence-based primary prevention programs in PreK-12 education*	50.0% (9)	22.2% (4)	27.8% (5)	0.0% (0)	100% (18)
Lack of transportation	42.1% (8)	42.1% (8)	10.5% (2)	5.3% (1)	100% (19)
Insufficient access to harm reduction services	42.1% (8)	52.6% (10)	5.3% (1)	0.0% (0)	100% (19)
Poor care coordination between service providers	36.8% (7)	47.4% (9)	10.5% (2)	5.3% (1)	100% (19)
Lack of data sharing	31.6% (6)	31.6% (6)	31.6% (6)	5.3% (1)	100% (19)
**For these items, n = 18*					

Table 6: Respondent Ratings of How Much Each Item Contributes to Overdose in the Community

Funding was a significant concern, with most organizations being self-supported through grants (33%) and finding it difficult or very difficult to access necessary funding (87%). More than half of the respondents had applied for overdose and harm reduction funding in the past five years, but competition and stigma around harm reduction work posed significant barriers to securing funds.

Regarding data and data sharing, respondents expressed a need for more disaggregated overdose data, real-time data, and information about specific substances and their locations in the community. Additionally, stigma was highlighted, with respondents noting that stigmatizing language was more frequently used by other agencies (90%) compared to their co-workers (17%). Most respondents reported they rarely engaged in or tolerated such language and often spoke up against it (95%).

Recommendations

After analyzing the data, NICRP convened a meeting with the project team to discuss the results, surprising findings, and potential recommendations to address barriers to overdose prevention. Key recommendations include engaging service providers and the community in non-stigmatizing language training, prioritizing stigma reduction training for health care and law enforcement professionals and implementing public awareness campaigns about substance use and overdose. Funding should be

increased to extend service hours and create more access points. Agencies should adopt flexible work schedules to facilitate service access during evenings and weekends. Addressing housing barriers and increasing awareness of housing options, including developing permanent housing programs, are essential. Safe environments for people who use drugs need to be identified, and greater awareness of harm reduction services like drug supply testing and test strips should be promoted. Additionally, service providers should offer bus schedules and advocate for affordable bus fares.

Summary

This assessment highlights critical next steps for addressing overdose in Clark County. Persistent barriers, such as stigma, lack of safe and stable housing, and limited access to resources during non-traditional hours, were identified. Interviews with community partners revealed the need for increased funding and additional training to address self-stigma and provide inclusive spaces. These findings support the development of targeted interventions and strategies to address community gaps and barriers. The ongoing engagement of community partners and those impacted by overdose is crucial for implementing evidence-based solutions. Ensuring successful initiatives will require collaboration, communication, and a commitment to inclusivity, ultimately aiming to reduce overdose and enhance community well-being.

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Impact of Opioid Use/Misuse in Clark County

Opioid Overdose Death Rate Overview

From 2018 to 2023, the age adjusted overdose death rate involving any opioid per 100,000 Clark County residents saw a notable increase of 82.19% largely driven by a surge in fentanyl-related fatalities, which increased by 544.68% during this period. Conversely, the age adjusted overdose death rate involving heroin decreased by 45.34% during the same period. Additionally, there was a notable decline of 37.5% in the age adjusted overdose death rate involving prescription opioids over the same timeframe. These trends underscore the complex landscape of opioid-related fatalities in Clark County, with alarming increases in fentanyl deaths alongside encouraging reductions in heroin and prescription opioid fatalities. (Southern Nevada Health District, 2023)

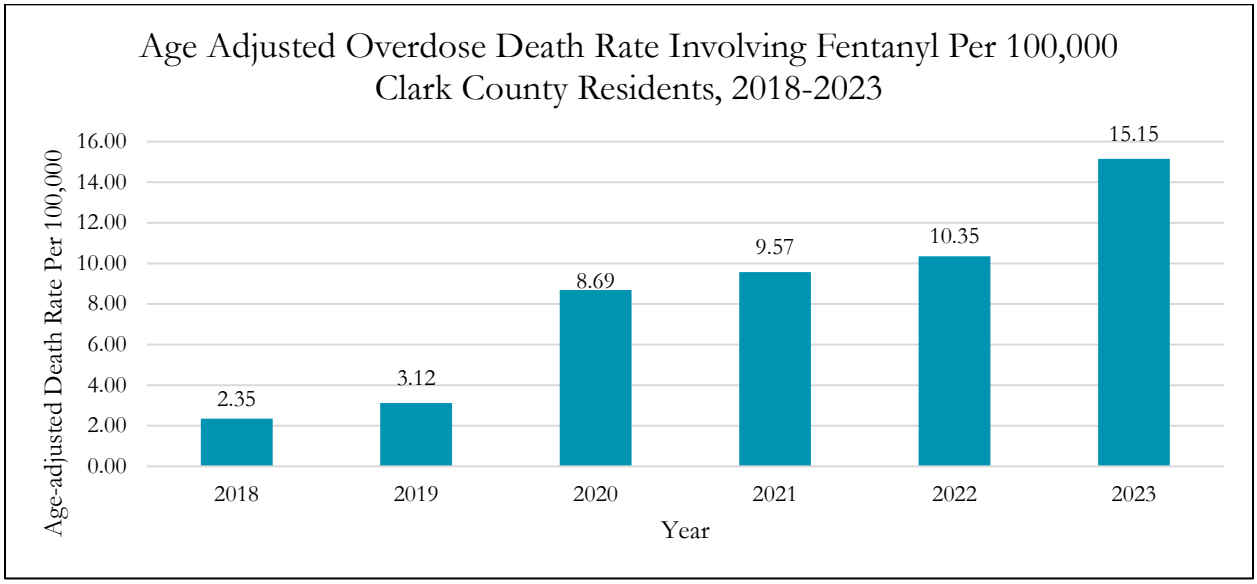

Figure 15: Age adjusted Overdose Death Rate Involving Fentanyl Per 100,000 Clark County Residents, 2018-2023
Source: (Southern Nevada Health District, 2023)

Opioid Overdose Death Geography

Certain regions within Clark County face an elevated risk of opioid overdose fatalities. The top five (5) zip codes exhibiting the highest opioid overdose death rates in 2023 are 89101, 89145, 89169, 89104, and 89119. Additionally, certain regions within Clark County, such as Downtown Las Vegas, Washington & H St, and the University of Nevada, Las Vegas (UNLV) area, showed notable clusters of overdose fatalities by resident location. However, other areas within Clark County, including 13th & Stewart, the Naked City/Arts District area, and the UNLV area, also showed notable clusters of overdose fatalities by overdose location. (Southern Nevada Health District, 2023)

Understanding the geographic distribution of opioid overdose fatalities within Clark County is essential for targeted intervention and prevention efforts. By identifying high-risk areas such as specific zip codes and neighborhoods, public health initiatives can be tailored to address the unique challenges faced by these communities. Moreover, recognizing the evolving patterns of overdose clusters by both

resident and overdose locations underscores the need for comprehensive strategies that encompass education, outreach, and access to treatment and support services.

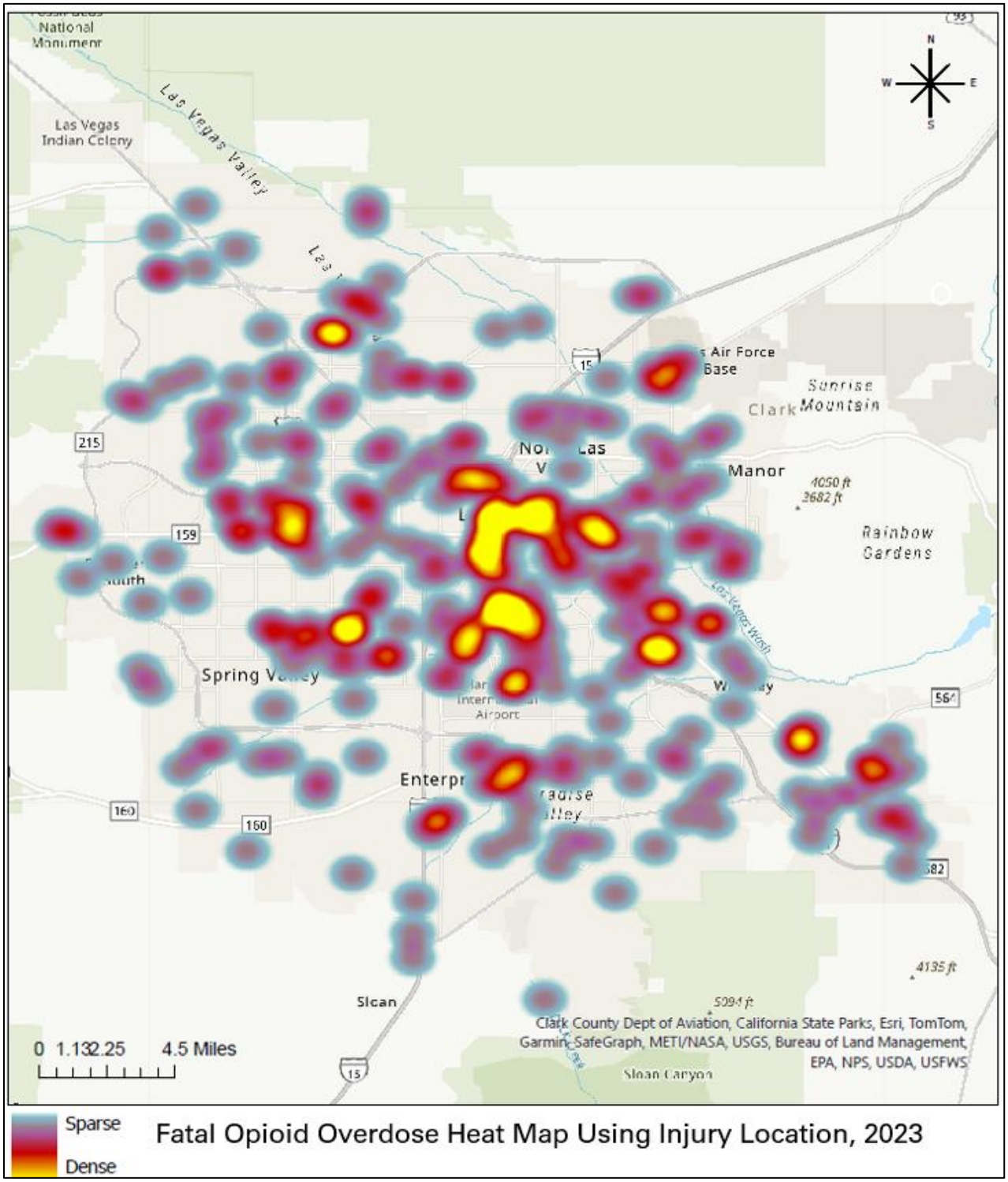

Figure 16: Fatal Opioid Overdose Heat Map Using Injury Location, 2023
Source: (Southern Nevada Health District, 2023)

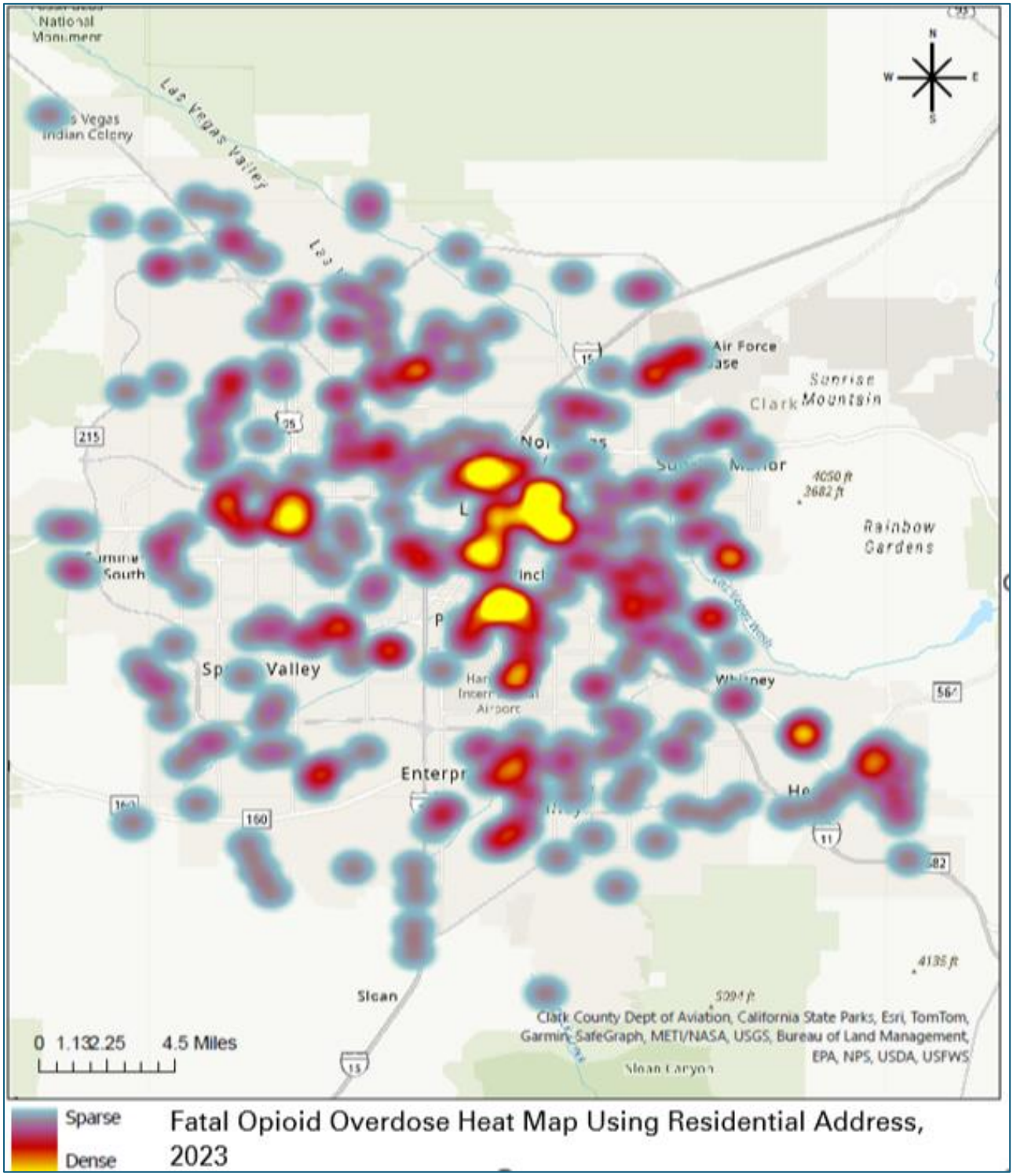

Figure 17: Fatal Opioid Overdose Heat Map Using Residential Address, 2023
Source: (Southern Nevada Health District, 2023)

Polysubstance Overdose Death Trends

Polysubstance overdose deaths, particularly those involving both methamphetamine and fentanyl, are increasingly prevalent. The proportion of fatal fentanyl overdose cases co-occurring with methamphetamine and/or cocaine has been on a consistent rise annually from 2017 to 2023. By 2023, stimulants were involved in 55% of fatal fentanyl overdoses. This emerging trend underscores the imperative to enhance public education and intensify prevention initiatives to address the evolving challenges in substance use. (Southern Nevada Health District, 2023)

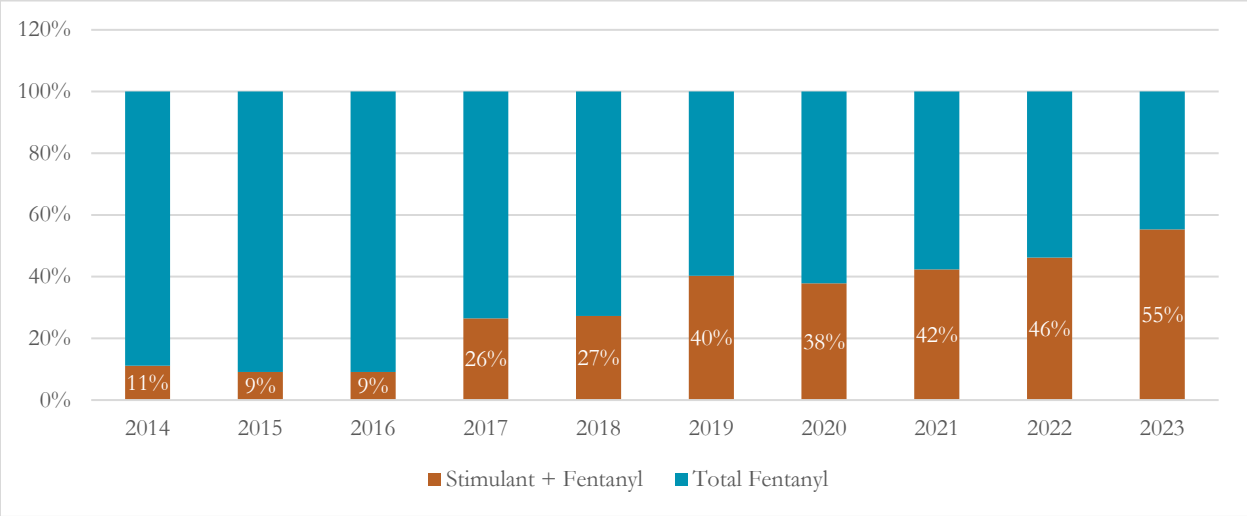

Figure 18: Proportion of Fentanyl Overdose Deaths Co-occurring with Stimulants by Year, Clark County Residents, 2014-2023
Source: (Southern Nevada Health District, 2023)

Opioid Overdose Death Descriptive Statistics

Among racial and ethnic groups, individuals who are Black have the highest opioid overdose death rate, closely followed by those who are White (27.04 and 25.64, respectively). Additionally, men exhibit the highest opioid overdose death rate, which stands at 28.6. The demographic most affected by opioid overdose fatalities is the 35–39 age group and the primary locations for fatal opioid overdose incidents are homes, followed by outdoors/public areas. A comparative analysis between 2022 and 2023 indicates shifts in fatal overdoses. Notably, there was a notable increase in fentanyl-related overdose deaths among age groups 60 to 64 years old, 50 to 54 years old, and 45 to 49 years old. Conversely, female overdose fatalities decreased across all categories of opioids, fentanyl, and methamphetamine. Particularly significant was the marked decline in female overdose deaths involving all categories of opioids (19.53%) and methamphetamine (25.29%). This observed trend could imply the existence of potential gender-specific patterns or the effectiveness of interventions aimed at women.

A logistic regression analysis reveals odds ratios for opioid overdose deaths in calendar year 2023, examining demographic characteristics for independent associations. The findings indicate that Non-White individuals had 43.8% lower odds of fatal opioid overdose compared to White individuals. Additionally, each 10-year increase in age was associated with a significant decrease in the likelihood of opioid overdose death. Females exhibited 39.1% lower odds of fatal opioid overdose compared to males, while individuals who were not married had 83.5% higher odds compared to those who were married. (Southern Nevada Health District, 2023)

Odds Ratio Estimates for Fatal Overdose

Covariate	N	Odds Ratio	95% Confidence Limits		P Value
Age (unit=10 years)	17,530	<0.00	<0.00		<.0001**
		1	1	<0.001	*
Sex					
Male	9,853	(Ref)	(Ref)	(Ref)	(Ref)
Female	8,051	0.609	0.475	0.777	<.0001**
					*
Employment Status					
Employed	17,083	(Ref)	(Ref)	(Ref)	(Ref)
Not Employed	823	0.202	0.114	0.336	<.0001**
					*
Race					
White	13,512	(Ref)	(Ref)	(Ref)	(Ref)
Non-White	4,394	0.562	0.427	0.73	<.0001**
					*
Marital Status					
Married	6,427	(Ref)	(Ref)	(Ref)	(Ref)
Not Married	11,479	1.835	1.376	2.482	<.0001**
					*
Education					
High School Graduate, GED, or Less School	10,255	1.043	0.819	1.335	.7327
Some College or College Degree (e.g., Associates, Bachelors)	7,651	(Ref)	(Ref)	(Ref)	(Ref)

The estimate for the age variable contains the odds ratio for every change of 10 years.
The White race variable includes both Hispanic White and non-Hispanic White
*p<.05, ** p<.01, *** p<.001

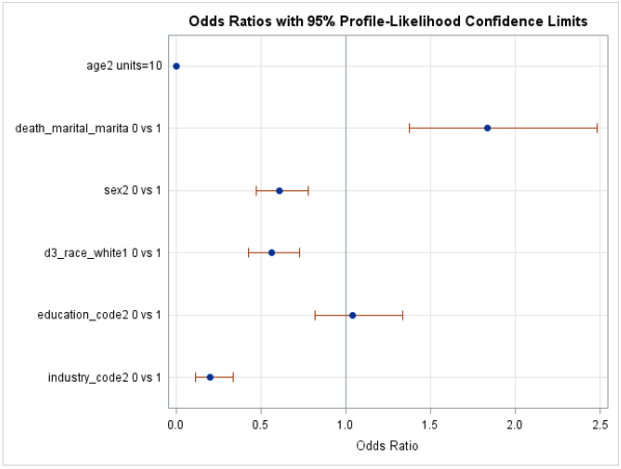

Figure 19: Odd Ratio estimates for Fatal Overdose
Source: (Southern Nevada Health District, 2023)

Fatal Opioid Overdose Time & Day

An analysis of opioid overdose mortality among Clark County residents in 2023 reveals distinct patterns by hour and day. Notably, Sunday and Saturday exhibit the highest daily frequencies of opioid overdose deaths. In contrast, Tuesday recorders the lowest number of opioid overdose fatalities. Interestingly, the day and hour with the highest count of opioid overdose fatalities coincide on both Saturday and Sunday at 2:00 P.M. It is essential to recognize that there may be a significant time lapse before an individual is officially pronounced deceased. (Southern Nevada Health District, 2023)

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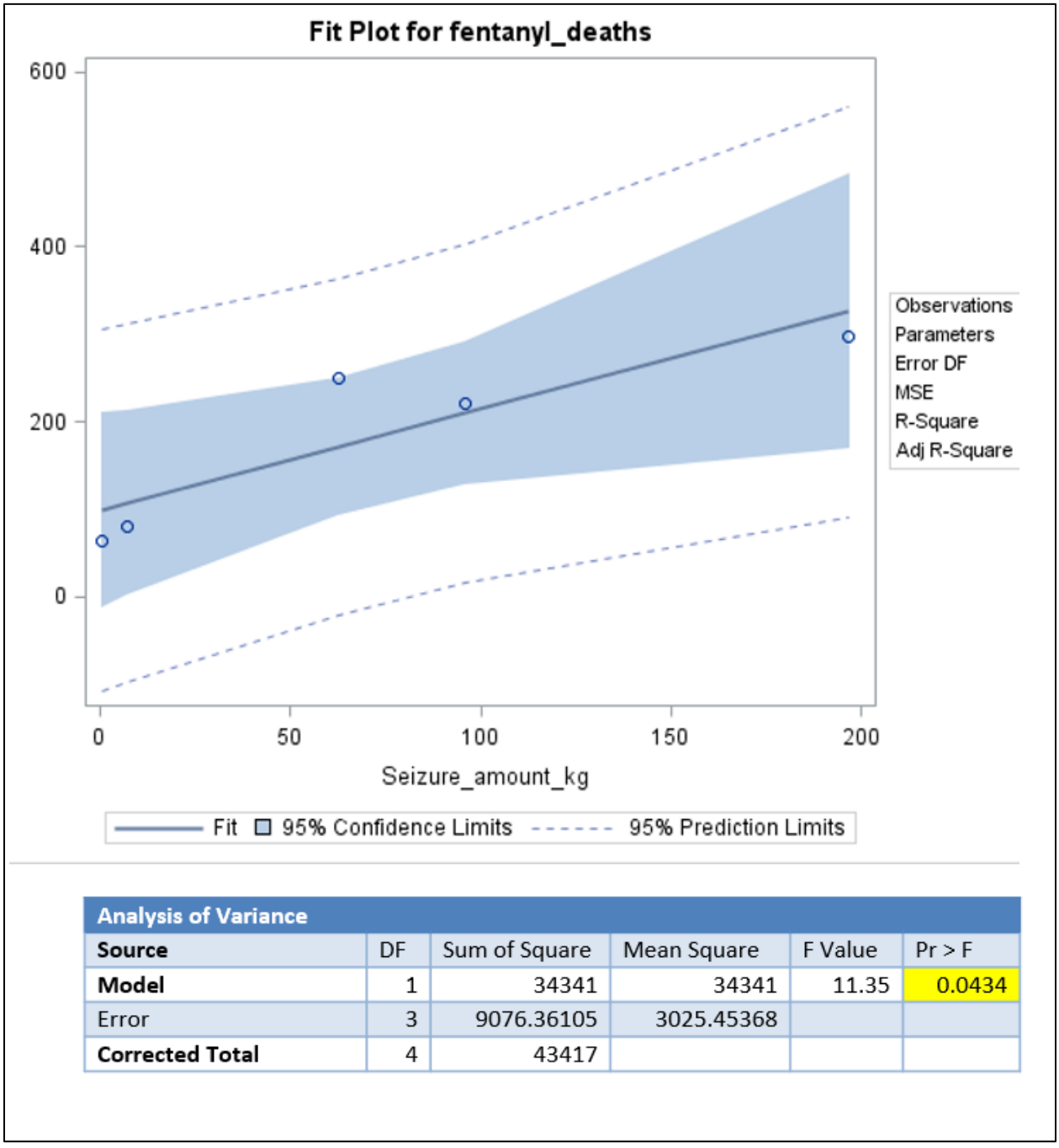
Figure 20: Opioid Overdose Mortality by Hour and Day
Source: (Southern Nevada Health District, 2023)

Fentanyl Seizure and Fentanyl Death Association

An analysis specifically examined fentanyl deaths and Nevada High Intensity Drug Trafficking Area (HIDTA) seizures via a linear regression. The analysis indicates a correlation between the number of fentanyl seizures and fentanyl-related deaths between 2018-2022. This suggests a significant association between the two variables, implying that changes in one may inform changes in the other. However, while seizures may contribute to variations in fentanyl-related deaths, further research and consideration of additional factors are necessary to fully understand this relationship. (Southern

Nevada Health District, 2023) (Office of National Drug Control Policy, Executive Office of the President, The White House, 2024)



Analysis of Variance					
Source	DF	Sum of Square	Mean Square	F Value	Pr > F
Model	1	34341	34341	11.35	0.0434
Error	3	9076.36105	3025.45368		
Corrected Total	4	43417			

Figure 21: Fentanyl Seizure and Fentanyl Death Association
Source: (Southern Nevada Health District, 2023) (Office of National Drug Control Policy, Executive Office of the President, The White House, 2024)

Non-Fatal Opioid Overdose Descriptive Statistics

Among racial and ethnic groups, the highest non-fatal opioid overdose rates were observed among residents of the City of Las Vegas, in contrast to other cities and the unincorporated area within Clark County as well as men and individuals who are American Indian/Alaskan Native. Odds ratios for non-fatal opioid overdoses were calculated through a logistic regression analysis. The analysis examined demographic characteristics to determine which remained independently linked to non-fatal opioid overdose. After running the logistic regression, it was found that compared to men, women have odds of non-fatal opioid overdose that are 61.4% lower. Additionally, individuals residing outside the city of Las Vegas (such as in Henderson, North Las Vegas, etc.) exhibit odds of non-fatal opioid overdose that are 50.9% lower, while holding all other variables constant. (Southern Nevada Health District, 2024)

Non-Fatal Opioid Overdose Time & Day

An analysis of non-fatal opioid overdoses among Clark County residents in 2023 reveals distinct patterns by hour and day. Notably, Tuesday has the highest frequency of non-fatal opioid overdoses. The hour with the highest number of non-fatal opioid overdoses throughout the week is 3:00 PM. Conversely, Sunday exhibits the lowest occurrence of non-fatal opioid overdoses. (Southern Nevada Health District, 2024)

Non-Fatal Opioid Overdose Geography

In 2023, an examination of non-fatal opioid overdoses using injury location reveals patterns among both Clark County residents and non-residents. Concentrated clusters of overdoses are identified Downtown Las Vegas, Rainbow Boulevard and Charleston Boulevard, Naked City, and Boulder Highway areas. Recognizing the spatial distribution of non-fatal opioid overdoses within Clark County is important for implementing focused intervention and prevention strategies. By pinpointing high-risk zones like these geographic hot spots, public health initiatives can be tailored to tackle the specific issues confronting these communities. (Southern Nevada Health District, 2024)

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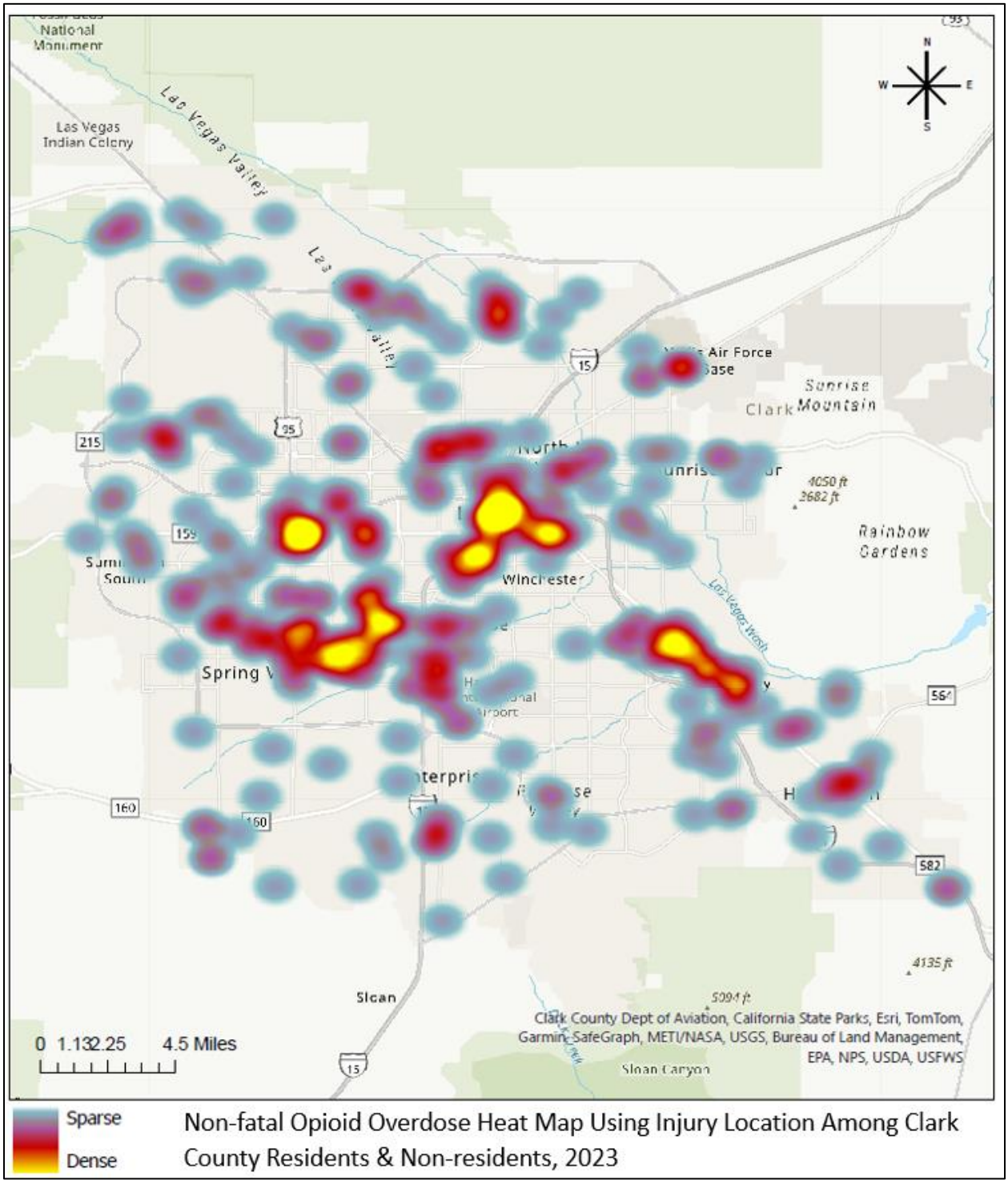

Figure 22: Non-Fatal Opioid Overdose Heat Map Using Injury Location Among Clark County Residents & Non-Residents, 2023
Source: (Southern Nevada Health District, 2024)

Social Vulnerability Index with Opioid Overdose Data

The CDC developed a Social Vulnerability Index (SVI) indicator, which assesses Census Tracts based on 16 social factors such as unemployment, racial and ethnic minority status, and disability. These factors are quantified into a single statistic ranging from 0 to 1, with higher values indicating greater vulnerability. (Centers for Disease Control and Prevention, 2024) When overlaying SVI data with opioid overdose statistics, focusing on those in the 90th percentile, one Census Tract can be identified. The Census Tract with overdose counts and SVI in the 90th percentile is situated in the area encompassing Charleston Boulevard & Las Vegas Boulevard, extending southward to Sahara Avenue.

Examining the population in the 90th percentile for both opioid overdose mortality and SVI, it is observed that Thursdays consistently exhibit the highest frequency of fatal opioid overdoses throughout the week. Among this population, the demographic group with the highest frequencies of opioid overdose deaths comprises predominantly men, individuals who are White, with a notable proportion of these deaths occurring at home. Additionally, the age group most affected is individuals aged 35-39. (Southern Nevada Health District, 2023) (Centers for Disease Control and Prevention, 2024)

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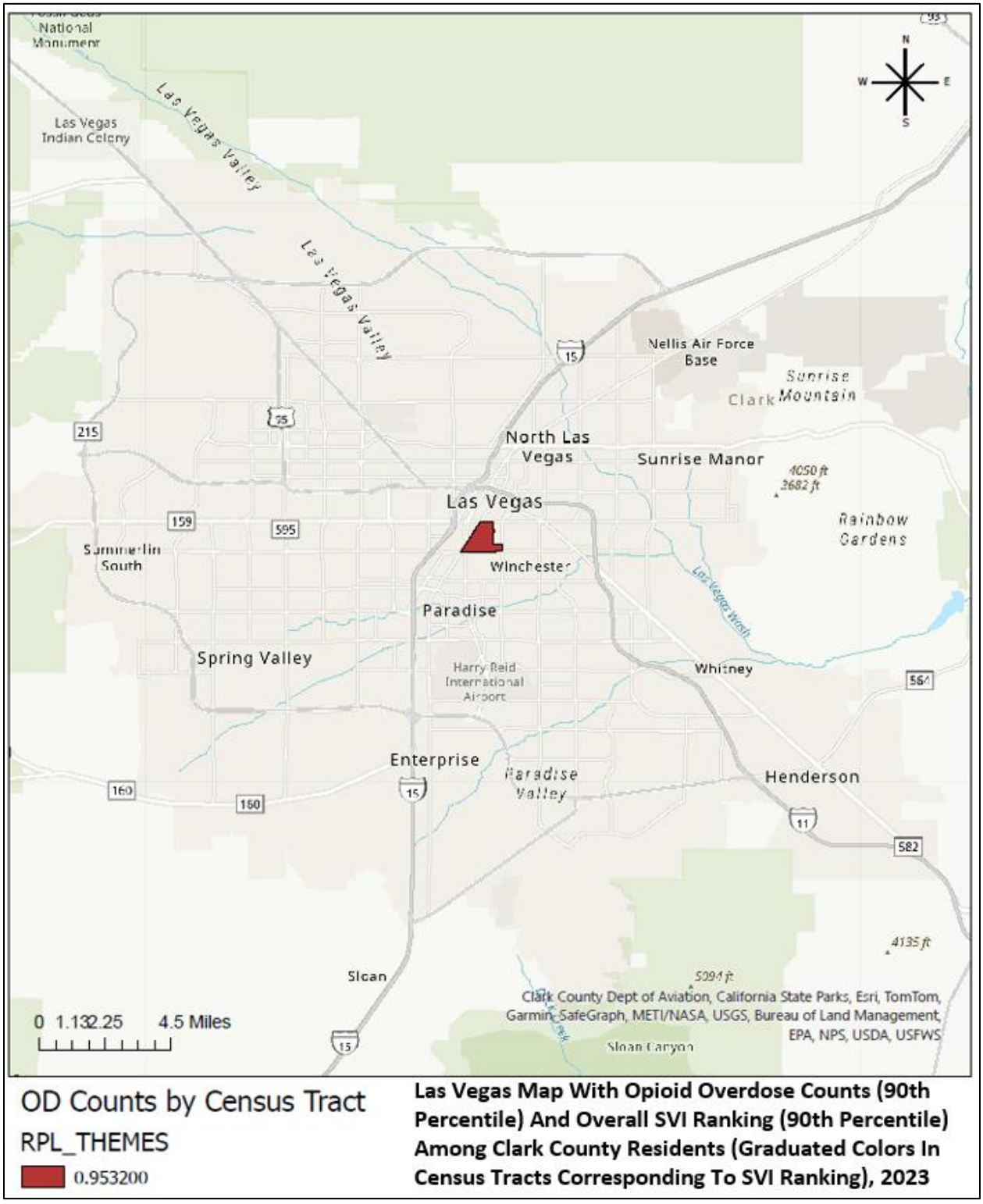

Figure 23: Overdose Counts by Census Tract

Sources: (Southern Nevada Health District, 2023) (Centers for Disease Control and Prevention, 2024)

Wastewater Analysis

An analysis by Gerrity et al. (2024) used sucralose normalization to assess opioid presence across six (6) different sewersheds in Clark County, revealing higher heroin and fentanyl use in sewershed 3 (City of Las Vegas) and elevated levels of other opioids in sewershed 6 (Boulder City), despite some extreme outliers. Sewershed 2, a higher-income area near Sloan Canyon with a large retirement population, showed moderate levels of legal opioids but lower heroin and fentanyl use, highlighting potential targets for public health intervention.

Notably, the detection of norfentanyl increased significantly after October 2022, indicating a rise in fentanyl consumption in Southern Nevada, coinciding with public health advisories and media coverage of fentanyl-related incidents. The study data also showed a substantial increase of approximately 200% in heroin and methamphetamine use since 2010, alongside a sharp rise in fentanyl consumption starting in October 2022. Although wastewater surveillance data is not a direct measure of substance use in a community, it can be used to track trends in substance use over time and to identify areas where there may be a high prevalence of substance use. (Gerrity, et al., 2024) More work is needed to understand the opportunities to use wastewater data to drive public health intervention.

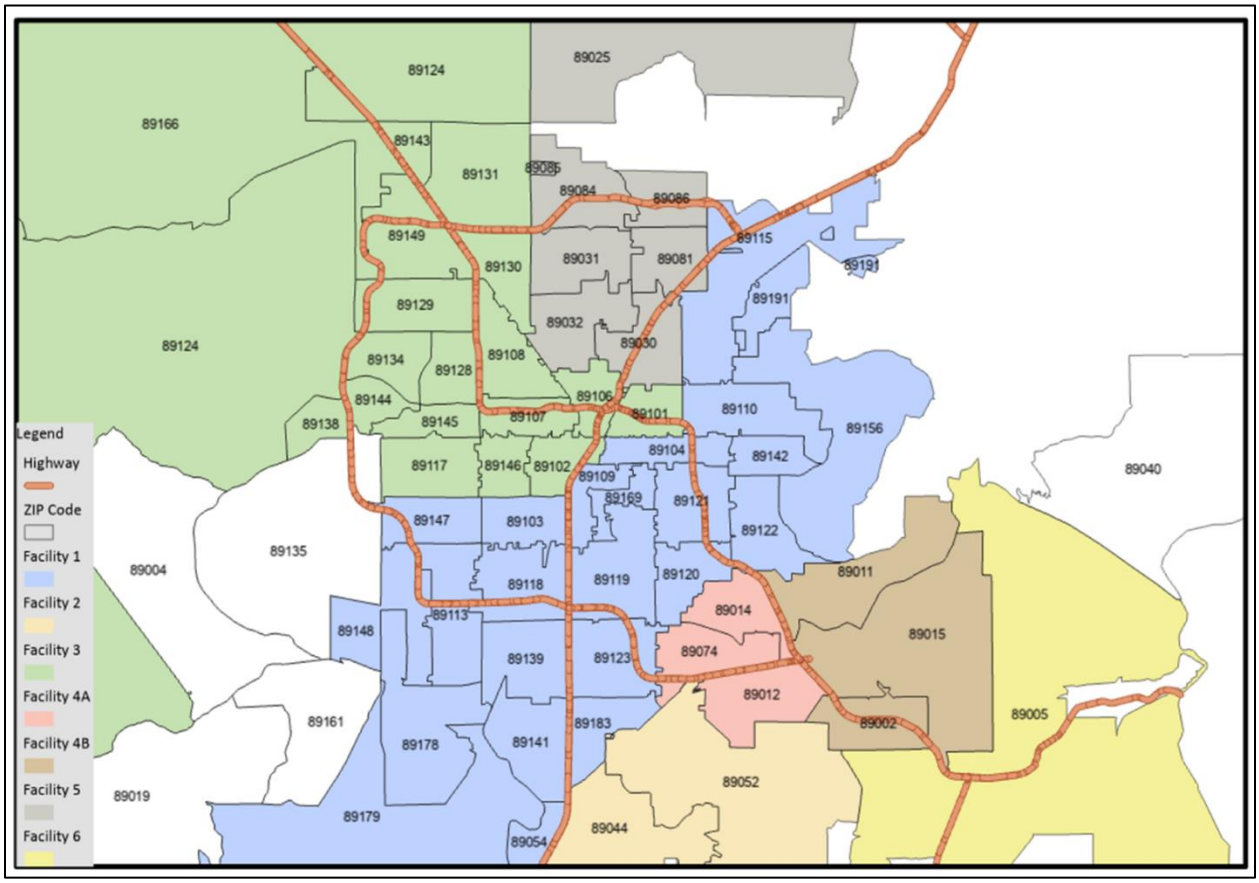

Figure 24: Analysis of Opioid Presence Across Six Different Sewersheds in Clark County
Source: (Gerrity, et al., 2024)

Drug Checking

SNHD has implemented an innovative surveillance program in Clark County, where drug refuse is anonymously collected and analyzed. This drug checking surveillance program aims to rapidly identify substances and respond accordingly. The initiative seeks to enhance understanding of the local illicit drug supply, guiding overdose prevention activities, educational efforts, harm reduction strategies, and care linkage. (Southern Nevada Health District, 2024)

Since its inception in December 2022, the program has collected 502 samples. Analysis of these samples revealed that methamphetamine was present in 53.7% and heroin in 38.9%. Although xylazine use has not been widely reported in Nevada, the program recently detected xylazine.

Samples are collected from various types of refuse to ensure comprehensive representation of substance use in the community. The breakdown of items sampled includes:

- 53.19% syringes
- 10.96% pipes used for smoking

Of the refuse tested, 12.15% mixtures contained fentanyl (among other substances). Of these, 24.59% were heroin mixed with fentanyl, and 57.38% were methamphetamine mixed with fentanyl. Xylazine was identified in 1.0% of sample and all xylazine-positive samples also contained fentanyl.

This program not only highlights the presence of xylazine but also underscores the importance of monitoring emerging drug trends to inform public health responses.

Youth Risk Behavior Surveillance System

The Youth Risk Behavior Surveillance System (YRBSS) "measures health-related behaviors and experiences that can lead to death and disability among youth and adults." Moreover, "it is a set of surveys that track behaviors that can lead to poor health in students grades 9 through 12." (Centers for Disease Control and Prevention, 2023) Data from the YRBSS is available for the State of Nevada and the United States. Unfortunately, there is no data for the Clark County School District (CCSD) since 2019. Thus, no analysis for high school students at the county level is available.

Since 2017, Nevada students are actively using prescription medicine without a doctor's prescription or differently than prescribed than the entire United States. For Nevada specifically, there was an increasing trend in the usage of the prescription medicine despite small decrease in 2021. This decrease could be attributed to less high school students participants in the YRBSS due to the COVID-19 pandemic.

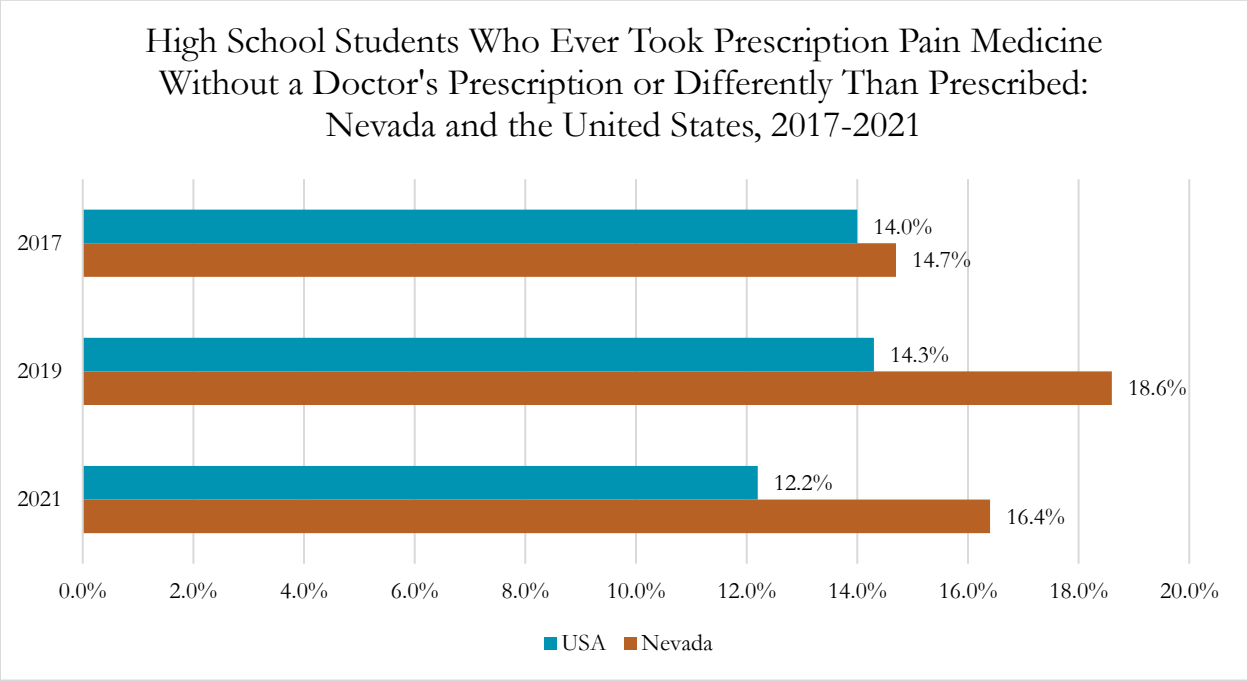

Figure 25: High School Students Who Ever Took Prescription Pain Medicine Without a Doctor's Prescription or Differently Than Prescribed: Nevada and the United States, 2017-2021
Source: (Centers for Disease Control and Prevention, 2023)

Similar to that of the prescription pain medicine usage, Nevada high school students are using heroin more than other students in the United States.

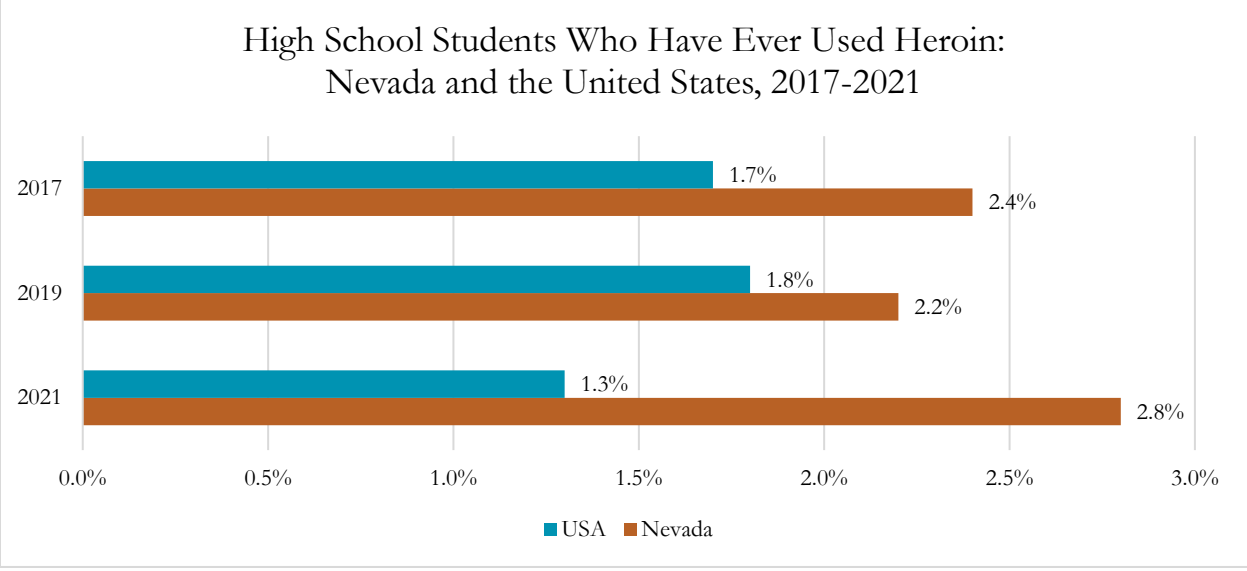

Figure 26: High School Students Who Have Ever Used Heroin: Nevada and the United States, 2017-2021
Source: (Centers for Disease Control and Prevention, 2023)

Juvenile Drug Court Participants

The Clark County Juvenile Drug Treatment Court (JDTC) mission is "to reduce substance use and delinquency rates by Clark County teens." Through therapeutic interventions, judicial supervision, and random drug and alcohol tests, the JDTC works to address alcohol and drug use among teens in the program. The long-term objectives of JDTC are to "improve the mental and physical health of JDTC participants, address the dynamics of participant family units, and increase the community's safety by reducing delinquency rates of participants." (Eighth Judicial District, n.d.)

Data provided by the JDTC for the period of 2019-2023 shows that marijuana is the main drug of choice for JDTC participants (69.5%) with 11.2%, participants reporting alcohol use. For the same period of time, 0.88% of JDTC participants reported using heroin and 1.88% of the participants reported using other opiate drugs. Note, for the purposes of the data, participants could select more than one drug of choice. (Eighth Judicial District Court, 2019-2023)

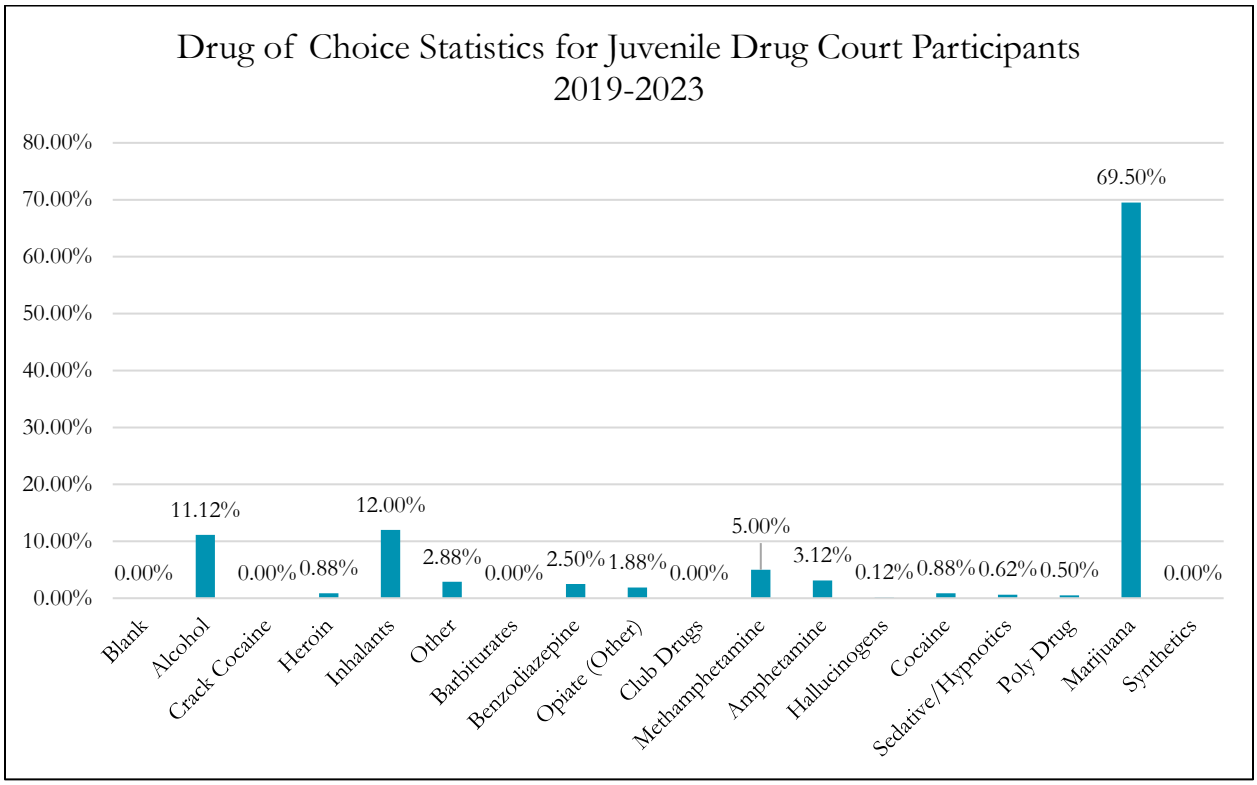

Figure 27: Drug of Choice Statistics for Juvenile Drug Court Participants
Source: (Eighth Judicial District Court, 2019-2023)

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Drug of Choice Statistics for Juvenile Drug Court Participants 2019-2023				
Value	**Frequency**	**Cumulative Frequency**	**Percent**	**Cumulative Percent**
Blank	0	0	0.00%	0.00%
Alcohol	89	89	11.12%	11.12%
Crack Cocaine	0	89	0.00%	11.12%
Heroin	7	96	0.88%	12.00%
Inhalants	1	97	12.00%	12.12%
Other	23	120	2.88%	15.00%
Barbiturates	0	120	0.00%	15.00%
Benzodiazepine	20	140	2.50%	17.50%
Opiate (Other)	15	155	1.88%	19.38%
Club Drugs	0	155	0.00%	19.38%
Methamphetamine	40	195	5.00%	24.38%
Amphetamine	25	220	3.12%	27.50%
Hallucinogens	1	221	0.12%	27.62%
Cocaine	7	228	0.88%	28.50%
Sedative/Hypnotics	5	233	0.62%	29.12%
Poly Drug	4	237	0.50%	29.62%
Marijuana	556	793	69.50%	99.12%
Synthetics	0	800	0.00%	100.00%

Table 7: Drug of Choice Statistics for Juvenile Drug Court Participants, 2019-2023
Source: (Eighth Judicial District Court, 2019-2023)

Clark County Department of Family Services

The Clark County Department of Family Services (DFS) tracked opioid-related referrals from January 1, 2022, to March 31, 2024. During this period, a total of 290 referrals were received: 145 in 2022, 109 in 2023, and 36 in the first quarter of 2024. The majority of these referrals were for investigations, with 142 in 2022, 105 in 2023, and 36 in 2024. (Clark County Department of Family Services, 2024)

Regarding tracking characteristics, there were 157 referrals in 2022, primarily for illicit opioid use and prescription opioid misuse. In 2023, there were 113 referrals, again mostly for illicit opioid use. In 2024, up to March 31, there were 36 referrals, with illicit opioid use being the most common characteristic. (Clark County Department of Family Services, 2024)

DFS has seen a large number of opioid-related referrals, with a notable increase in cases of illicit opioid use. This trend underscores the urgent need for comprehensive public health initiatives to address opioid misuse, enhance community education, and provide greater access to treatment and support services. By targeting these efforts, Clark County can reduce the incidence of opioid misuse and improve the well-being of the Clark County community.

Emergency Services Utilization

Regarding yearly trends in overdose emergency department (ED) visits in Clark County, the data reveals distinct patterns across different drug categories from 2017 to 2021. For overdose ED visits by any drug, there was a consistent decrease observed from 2017 to 2020, followed by a slight increase in 2021. Conversely, opioid-related ED visits showed a general trend of increase from 2017 to 2020, with a slight decrease in 2021. In contrast, methamphetamine-related ED visits exhibited variability with no consistent trend observed over the same period. These trends underscore the complexity of substance use dynamics and highlight the importance of considering various factors such as changes in reporting practices, availability of treatment services, and shifts in drug use patterns when interpreting the data. (Southern Nevada Health District, 2024)

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Community-Based Opioid Use Indicators

Crime Statistics

Between 2021 and 2022, the Las Vegas Metropolitan Police Department (LVMPD) observed a 1.2 percent rise in violent crime alongside a 3.5 percent decline in property crime rates.

In a bid to alleviate the strain on the prison population and mitigate costs for taxpayers, state legislatures enacted Assembly Bill 236 (A.B. 236), effective July 1, 2020. A.B. 236 introduced a tiered penalty system for drug-related offenses based on increasing quantities of controlled substances. Previous legislation did not establish weight thresholds for offenses such as Possession of a Controlled Substance, Possession for the Purpose of Sale, Sale, Manufacture, or Delivery of a Controlled Substance, except for Trafficking a Controlled Substance, which began at 4 grams for Schedule I substances. The revisions under A.B. 236 included provisions for judicial discretion to offer probation instead of incarceration for second and third-time drug offenses and raising the trafficking threshold from 4 grams to under 100 grams for Schedule I and II substances. (Nevada Legislature, 2019)

Per the Nevada Department of Corrections (NDOC), individuals imprisoned for drug-related offenses constituted 7.09 percent of the overall 10,354 inmates in custody as of December 2022. Within the incarcerated population, the majority were convicted for violent offenses, comprising 50.21 percent, with sex offenses following at 18.0 percent and property crimes at 12.7 percent. (Office of National Drug Control Policy, Executive Office of the President, The White House, 2024)

Drug Availability

The Nevada HIDTA has conducted a thorough assessment and asserts with high confidence that fentanyl and its associated counterfeit pills pose a significant drug threat. This determination is based on several factors, including the sustained rise in availability, seizure data, the high demand for fentanyl-laced pills, and the alarming increase in fentanyl-related overdose deaths. The Nevada HIDTA indicate that fentanyl has emerged as Nevada's most pressing threat, surpassing Methamphetamine. Furthermore, Nevada has witnessed a notable surge in fentanyl-related overdose deaths, along with a staggering 213 percent increase in fentanyl-related seizures in 2022 compared to the previous year. Nevada HIDTA has seen the introduction of various new forms of fentanyl. It is anticipated that fentanyl will remain a significant threat in Nevada, with continued availability and the likelihood of overdose-related deaths persisting. (Office of National Drug Control Policy, Executive Office of the President, The White House, 2024)

Opioid Prescribing

The national opioid dispensing rate experienced a continuous decrease, starting at 46.8 opioid prescriptions dispensed per 100 persons in 2019 and dropping to 39.5 opioid prescriptions dispensed per 100 persons in 2022. This totals more than 131 million opioid prescriptions. The Clark County opioid prescribing rate has been steadily decreasing since peaking in 2011, but it remains above the national average. In 2019, the rate was 49.2, which decreased to 48.3 in 2020 and further to 45.8 in

2021, with the most recent data for 2022 showing a rate of 41.5 per 100 persons. It's worth noting that Clark County's rate of 41.5 opioid prescriptions dispensed per 100 persons in 2022 is higher compared to Maricopa County, Arizona (39.3), San Diego County, California (23.2), and San Bernardino County, California (29.4); all nearby counties that are comparable to Clark County. Beyond opioids, stimulants, specifically methamphetamines, remain a significant threat to public health and overdose prevention initiatives. (U.S. Centers for Disease Control and Prevention, 2024)

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Local Promising Programs

Below, this report highlights some local programs and practices that are currently being implemented that show promise at reducing opioid overdose. The highlights included herein are not exhaustive.

Targeted Naloxone Saturation

Clark County's opioid overdoses are driven primarily by fentanyl, prescription opioids, and heroin (Southern Nevada Health District, 2023). One evidence-based policy response to mitigate the burden of fatal and non-fatal opioid overdose is to broaden overdose education and naloxone distribution to people at risk of experiencing or witnessing an opioid overdose.

The Nevada Division of Public and Behavioral Health set the target of having naloxone used in 80% of witnessed overdoses which was based upon the model developed by Irvine et. al. (2022). (Irvine, 2022) The Irvine model used counterfactual modeling to project the effect of increased naloxone distribution on the estimated number of opioid overdose deaths averted with naloxone and the number of naloxone kits needed to be available for at least 80% of witnessed opioid overdoses by US state. It is important to note that the Irvine model was based on 2017 drug overdose data which did not account for the marked increase in opioid overdose mortality beginning in 2020.

Specifically for Nevada, Irvine et. al. (2022) concluded 115,000 two-dose naloxone kits would need to be distributed annually to ensure the probability of having naloxone present at approximately 80% of witnessed overdoses. Irvine et. al. (2022) also concluded that almost all US states have underdeveloped naloxone distribution efforts and that few can avert 80% of witnessed deaths due to opioid overdose with naloxone).

To approximate the local saturation, SNHD took the following approach. Given that Clark County comprises 73% of Nevada's population, to reach saturation Clark County would need to distribute 83,950 two-dose kits annually. The highest yearly quantity of naloxone distributed took place in 2023 due to additional state resources. In 2023, SNHD distributed 15,936 two-dose kits leaving Clark County with a naloxone saturation deficit of 68,014 two-dose kits in 2023. (Office of Informatics and Epidemiology, Southern Nevada Health District, 2024)

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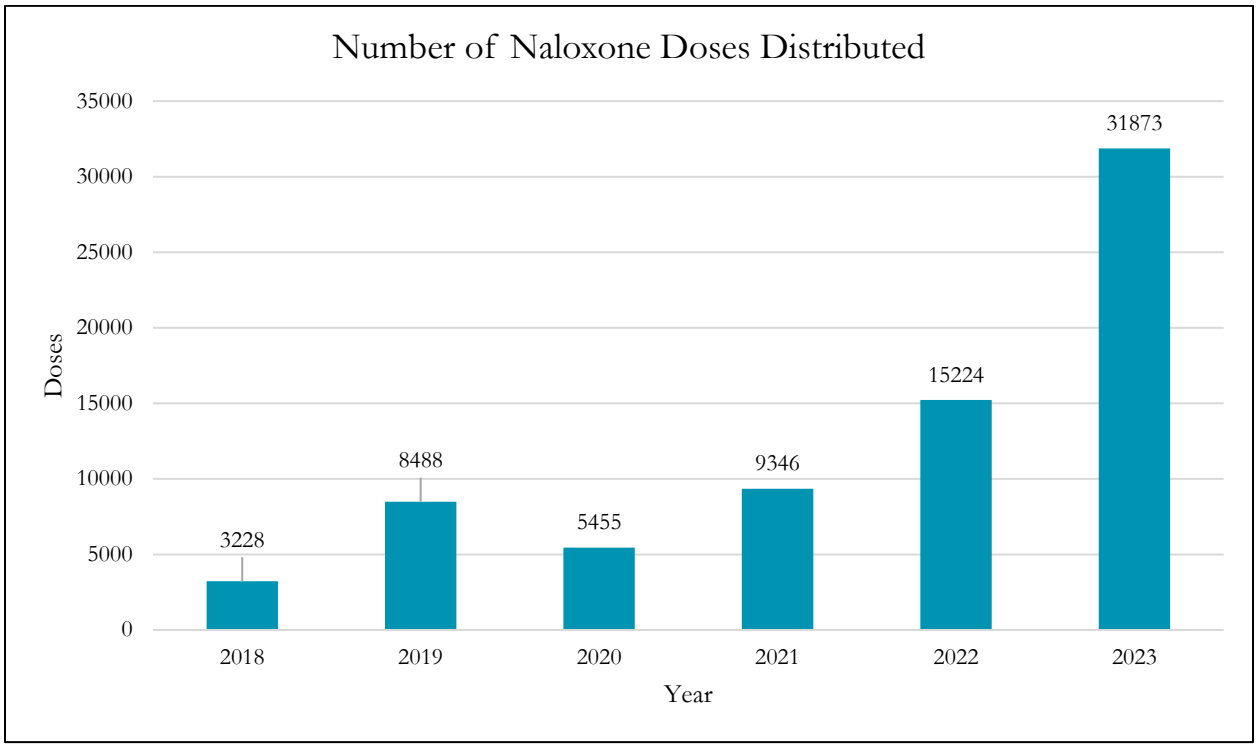

Figure 28: Number of Naloxone Doses Distributed
Source: (Office of Informatics and Epidemiology, Southern Nevada Health District, 2024)

Clark County Detention Center

The Clark County Detention Center (CCDC) is the largest detention facility in the State of Nevada. Between May 2023 through April 2024, there were a total of 58,722 bookings and 58,566 releases at CCDC. The average daily population was 2,931 over the same period with an average length of stay of 19 days.

Medication-assisted treatment (MAT) services were implemented at CCDC in February 2024 and targeted specifically to CCDC's inmate population who participate voluntarily, both pre- and post-release.

Inmates brought to CCDC are seen by on-site, contracted medical staff as part of the standard booking process. As part of the exam, inmate needs are identified to include existence of an opioid use disorder, as well as other pre-existing medical conditions. Inmates who admit to the use of opioids or other controlled substances are further assessed by the staff focused on medication-assisted treatment (MAT).

The MAT staff performs the Clinical Opioid Withdrawal Scale (COWS) Assessment for inmates that admit to recent opioid use or exhibit signs of being under the influence of an opioid. The COWS Assessment is a nationally recognized tool to ascertain the immediate needs of the patient to assist them in safely experiencing the wide range of withdrawal symptoms. Based on the individual score for the COWS Assessment, inmates may be provided with medication to assist with the withdrawal symptoms. The first 8-24 hours after use are the most critical regarding risk to patients. Therefore, inmates in active detoxification are placed into CCDC's medical detoxification module under constant

watch by both medical staff and correctional officers along with the use of a medical monitoring system (medical bracelet) as a complement to visual checks by correctional officers or medical treatment. These complimentary actions reduce the risk of inmates suffering from medical emergencies or attempting suicide during the most difficult physical withdrawal symptoms.

Inmates that admit to opioid use during the booking process are also given the Diagnostic and Statistical Manual of Mental Disorders Assessment (DSM-V) to identify the degree of OUD. The tool assigns a score ranging from 0-11 with a score over 2 signifying the existence of an OUD and any score over a 6 classified as a severe OUD. The DSM-V is a nationally recognized tool to assess for a wide range of behaviors and disorders, including neurodevelopmental disorders, schizophrenia and other psychotic disorders, obsessive compulsive disorders, trauma disorders, dissociative disorders, eating disorders, neurocognitive disorders as well as SUDs or OUDs.

Once an inmate is no longer in the acute withdrawal phase, or during the booking process if not currently under the influence, medical staff discusses the MAT program at CCDC and offers the inmate the opportunity to participate.

Inmates that opt into the MAT program are referred to the MAT Program Coordinator who facilitates an in-depth screening to determine if the program is feasible for the inmate. All inmates entering the program must agree to provide a urine sample at the start of their program and every 30 days thereafter up to their release. Additionally, all participants in the MAT program must agree to, and actively participate in, counseling by MAT staff and adhere to the guidelines set forth by the MAT Discharge Planner. The program participants must agree to take all prescribed medication as intended. Currently, the program is available for participation by up to 150 inmates.

Within the first 120 days of MAT programming implementation at CCDC, there were 649 individuals referred to receive MAT services. However, only 396 (61%) were assessed by MAT program staff as the balance were released from custody prior to assessment. Of the 396 assessed, 394 (99%) were recommended for MAT programming, more than double the current program capacity (150 concurrent participants). The current participation level (107) is below the program capacity due to recent releases to NDOC or program removals (subsequent refusals; side effects).

Of the 183 MAT program participants discharged in the first 120 days of services, Behavioral Health Group (BHG)[8] has only received eight (8) individuals post-release to date, two (2) of which were subsequently discharged, and four (4) of which are currently continuing MAT services (via BHG). The primary barriers to the continuation of care have been releases directly to NDOC or an inability to arrange transportation from CCDC to BHG, an issue that should be resolved within the next 30 days.

There have been 20 (11%) MAT program participants who have been released from custody but have since reoffended and been returned to CCDC in the first 120 days of MAT programming implementation. Of those, four (4) have been placed back into MAT programming (one refused; 15 were subsequently re-released prior to being placed back into the program).

[8] Clark County has contracted with Behavioral Health Group for outpatient therapies and medications to provide continuity of care for CCDC inmate MAT program participants who re-enter the community.

Section Source: (Clark County Detention Center, 2024)

Clark County Regional Opioid Task Force

The Clark County Regional Opioid Task Force (Opioid Task Force) was created by Assembly Bill (A.B.) 132 of the 2023 Nevada Legislative Session. The Opioid Task Force is comprised of fifteen members appointed by the Clark County Board of County Commissioners and will expire by limitation on December 31, 2024.

Over a twelve-month period, the Opioid Task Force will review data relating to opioid overdose fatalities and near facilities and use such data to identify gaps in community services relating to opioids and opioid overdose fatalities. Moreover, the Opioid Task Force will review available data from existing state and community database and, in particular, information relating to harm reduction and substance abuse. Finally, the Opioid Task Force will identify trends in the social determinants of health relating to opioid overdose fatalities and identify opportunities for prevention to promote recovery and to collaborate to leverage existing resources to prevent substance misuse. (Clark County, 2024)

At the conclusion of the one-year term, the Opioid Task Force will provide a report summarizing their work and provide relevant legislative recommendations.

To access information, agendas, and minutes of the Opioid Task Force, visit: https://bit.ly/4aSEkgx.

Southern Nevada Opioid Advisory Council

The Southern Nevada Opioid Advisory Council (SNOAC) is a community working group championed by SNHD and PACT Coalition. The SNOAC is dedicated to addressing the substance use crisis in Southern Nevada through a systemic, evidence-based approaches. The mission involves unique community collaborations and a commitment to health equity, data evaluation, and accountability. SNOAC operates under a four-pillar vision encompassing prevention, rescue, treatment, and recovery, all rooted in guiding principles. All initiatives aim to create supportive environments and develop sustainable solutions for substance misuse and overdose prevention in the region. (Southern Nevada Health District, n.d.)

For more information, visit SNOAC: https://www.snoac.org/.

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Identified Gaps in Addressing the Opioid Epidemic in Clark County

Across this report, looking at the findings from primary and secondary data collection, the team has identified the following gaps, listed below in no certain order.

Accessibility and Capacity of Treatment Facilities:

- Current Situation: Existing facilities range from inpatient mental health hospitals to various rehabilitation centers offering detox, inpatient, and outpatient services
- Gap: Many facilities are at capacity and unable to meet the high demand, particularly impacting uninsured individuals and residents in underserved areas.
- Recommendation: Establishing a new treatment center would expand access to opioid addiction services, addressing current capacity limitations.

Substance Use Treatment Services:

- Current Situation: A variety of opioid treatment programs exist, but they are not sufficient to meet the growing needs or population of Clark County.
- Gap: Insufficient substance use treatment services across the county.
- Recommendation: Enhanced treatment options are essential to align with funding priorities and address service gaps, ensuring comprehensive care for all residents.

Long-Term Recovery Supports and Aftercare Services:

- Current Situation: Existing treatment services often lack comprehensive long-term support for people within the community (i.e., a recovery-oriented system of care).
- Gap: There is a critical need for more long-term recovery and aftercare services such as recovery housing, sober living homes, ongoing counseling, and employment training.
- Recommendation: These services are vital for maintaining sobriety and preventing recurrence of use, thus improving health and wellness, reducing long-term healthcare costs, and improving public safety.

Youth Prevention Education:

- Current Situation: Current efforts include some prevention programs, but there are not sufficient resources to for universal reach or comprehensive for all populations at risk.
- Gap: Need to expand age-appropriate prevention programming across various settings, including afterschool programs and for justice-involved youth.

- Recommendation: Prevention education helps reduce the initiation into opioid use, thereby addressing upstream factors that contribute to early age of first use.

Syndemic Integration for Infectious Diseases:

- Current Situation: Some strategies exist to address infectious diseases among PWUD, but funding is limited or siloed in expanding whole-person care.
- Gap: Insufficient resources to address the "shared network" of PWUD at risk for infectious diseases (i.e., a "syndemic")
- Recommendation: A person-centered approach is needed to reduce substance use-related harm and prevent disease transmission among underserved communities.

Stigma Reduction:

- Current Situation: Stigma among the public and healthcare providers remains a significant barrier to care for SUD. SNHD offers harm reduction training, but resources are limited.
- Gap: Need for targeted media campaigns and stigma reduction training for professionals and community members.
- Recommendation: Reducing stigma is crucial to improve access to care and support for individuals with substance use disorders. Educating stakeholders about harm reduction science is essential to shift public perception and improve policymaking.

Overdose Prevention Strategies:

- Current Situation: Efforts include naloxone distribution and overdose education.
- Gap: Need for expanded strategies to achieve naloxone saturation and accessibility to harm reduction supports.
- Recommendation: Expanded naloxone distribution and prevention sites can significantly reduce overdose fatalities.

Low-Barrier and Affordable Housing:

- Current Situation: The housing market is challenging, further burdening those with opioid use disorder or those in recovery. There is some recognition of the need for recovery housing, but efforts are limited.
- Gap: Critical need for low-barrier and affordable housing for individuals with substance use disorders, especially as part of a comprehensive public health approach.

- Recommendation: Stable housing is a fundamental need that supports recovery and reduces vulnerability to recurrence of use. Addressing housing instability directly correlates with reducing overdose risks and promoting well-being.

Peer Recovery Support and Workforce Development:

- Current Situation: Peer support programs exist but are not sufficiently scaled due to lack of resources.
- Gap: Need to expand workforce development and support for individuals with lived experience.
- Recommendation: Expanding peer support programs enhances the effectiveness of recovery efforts and builds a resilient support network.

Contingency Management Programs:

- Current Situation: Few programs address polysubstance use with evidence-based interventions. No in-person Contingency Management services are available in Clark County.
- Gap: Need for resources to establish in-person Contingency Management programs.
- Recommendation: Contingency Management programs are effective in promoting abstinence and addressing co-occurring substance use disorders.

Linkage to Care:

- Current Situation: SNHD and partners provide linkage to care services in multiple settings, but resources are limited to achieve sufficient reach.
- Gap: Opportunities to increase outreach and support for people who use drugs, particularly in overdose hotspots.
- Recommendation: Effective linkage to care improves recovery outcomes and reduces overdose incidents.

Specialized Programs for Parents in the Child Welfare System:

- Current Situation: There is a recognized need but limited funding for these types of support.
- Gap: More resources are needed to create specialized programs for parents with children in the child welfare system.

- Recommendation: Tailored support services for parents can improve family stability and outcomes for children.

Urban and Rural Disparities:

- Current Situation: Efforts to address overdose prevention and opioids are primarily concentrated in urban areas of the county, like Las Vegas.
- Gap: Lack of targeted collaboration and support for rural areas in Clark County.
- Recommendation: Ensuring equitable access to services across urban and rural areas is essential for comprehensive public health coverage.

Data System for Universal Care Plan:

- Current Situation: There is no integrated data system in place across the health care and public health systems.
- Gap: Need for a data system that produces a universal care plan integrated across electronic health records and interfaces with the health department.
- Recommendation: An integrated data system enhances care coordination and ensures consistent support across various health services.

By addressing these identified gaps, Clark County can enhance its response to the opioid epidemic, improve access to comprehensive care, and support sustainable recovery efforts.

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Funding and Recommended Implementation Plan

The County Commission has the ultimate funding approval authority. S.B. 390 of the 2021 Legislative Session dictates funds must be utilized to abate opioid use and misuse within the Clark County jurisdiction. Any organization seeking to use county allocated opioid settlement dollars will need to present to the County Commission their project along with a detailed budget and intended outcomes that align with the priorities set forth by S.B. 390 and this Assessment.

Grants awarded through the State of Nevada for the purpose of opioid abatement will align with the following plan and must be approved through the County Commission for any funds being used by a county entity.

The following outlines the eligible uses of grant money by a state, local, or tribal government entity may allocate money pursuant to S.B. 390, paragraph (b) of subsection 1 to:

(a) Projects and programs to:
   1) Expand access to evidence-based prevention of substance use disorders, early interventions for persons at risk of a substance use disorder, treatment for substance use disorders, and support for persons in recovery from substance use disorders;
   2) Reduce the incidence and severity of neonatal abstinence syndrome;
   3) Prevent incidents of adverse childhood experiences and increase early intervention for children who have undergone adverse childhood experiences and families of such children;
   4) Reduce the harm caused by substance use;
   5) Prevent and treat infectious diseases in persons with substance use disorders;
   6) Provide services for children and other persons in a behavioral health crisis and the families of such persons;
   7) Provide housing for persons who have or are in recovery from substance use disorders;

(b) Campaigns to educate and increase awareness of the public concerning use and substance use disorders;

(c) Programs for persons involved in the criminal justice or juvenile justice system and the families of such persons, including, without limitation, programs that are administered by courts;

(d) Evaluation of existing programs relating to substance use and substance use disorders;

(e) Development of the workforce of providers of services relating to substance use and substance use disorders;

(f) The collection and analysis of data relating to substance use and substance use disorders; and

(g) Capital projects relating to substance use and substance use disorders, including, without limitation, construction, purchasing and remodeling.

Clark County Funding Priority

Clark County Center for Substance Recovery

Currently, across Clark County, there are opioid treatment programs that offer a range of services, including detoxification, MAT, and counseling. These facilities range in scope from inpatient mental health hospitals with the ability to treat acuate intoxication to various rehabilitation centers which do a combination of detox, inpatient, and outpatient services.

Despite the availability of treatment facilities, there are significant gaps in accessibility for many residents, particularly those without insurance or those living in underserved areas. The capacity of existing facilities often cannot meet the high demand for services. Additionally, there is a need for more integrated care systems that not only focus on treating addiction, but also address the underlying social and mental health issues associated with substance use disorders. This can include housing, employment support, and mental health services. Finally, there is a lack of long-term recovery and aftercare services, which are vital for maintain sobriety and preventing relapse. Services such as sober living homes, ongoing counseling, and employment training are needed to support individuals in their recovery journey.

With the establishment of the Clark County Center for Substance Recovery, the issues presented could be combatted in order to continue to address the opioid epidemic in Clark County. The following is a summary of the goals and objectives of the Clark County Center for Substance Recovery:

Enhanced Access to Specialized Care

Increase Treatment Capacity: A new treatment center would expand the availability of opioid addiction services, including detoxification, MAT, and counseling. Moreover, the treatment center will be a valuable resource for adolescents and juveniles in the community. This is crucial in a metropolitan area where current facilities may be at capacity and unable to meet the growing demand.

Specialized Programs: With the establishment of the new center, there is an opportunity to offer specialized programs tailored to diverse populations, such as people with co-occurring mental health disorders, adolescents, and juveniles.

Reduction in Overdose Deaths

Immediate Intervention: Increased access to treatment could lead directly to a reduction in overdose deaths. Treatment centers provide necessary interventions like Naloxone distribution and emergency care that can save lives in acute situations.

Long-term Health Improvements: Ongoing treatment and support services help individuals achieve and maintain sobriety, significantly reducing the risk of fatal and non-fatal overdoses.

Economic Benefits

Reduce Health Care Costs: Effective treatment could lead to a reduction in the need for emergency medical services and hospitalizations related to overdoses. It could lead to a decrease in overall health care costs.

Social and Community Impact

Improved Public Safety: Treatment centers could help reduce drug-related crime and improve public safety by addressing the root causes of addiction. This could lead to a more stable and safe community.

Community Engagement and Support: Establishing a new center could strengthen community ties and promote a supportive environment that is critical for recovery. This includes creating opportunities for community-based recovery programs and partnerships with local businesses and educational institutions.

Education and Prevention

Awareness and Stigma Reduction: A treatment center also serves as a hub for education and awareness campaigns that could help reduce the stigma associated with addiction. By promoting understanding and support, the center could encourage more individuals to seek help early.

Preventive Education: The center could provide preventive education to at-risk populations, including youth and young adults, which is essential for reducing the initiation into opioid use.

Research and Development

Innovations in Treatment: A new center could also be a site for research and development of new treatment methods and interventions. Collaboration with academic institutions and participation in clinical trials could lead to innovations that improve treatment outcomes not only locally, but on a broader scale.

Broaden Support Networks

Integration of Services: By integrating various services, such as mental health care, social services, and legal aid, into the treatment process, a new center could provide a holistic approach to recovery, which is more effective in the long-term.

Therefore, the establishment of a new opioid treatment center in the Greater Las Vegas Area could bring multifaceted benefits, addressing both immediate and long-term needs of individuals struggling with opioid addiction. This initiative could not only enhance the health and safety of the community, but it could also contribute positively to its economic and social fabric. The new center is not just a response to a crisis – it is an investment in the future health and well-being of Clark County.

A full overview of the proposed Clark County Center for Substance Recovery is available in Appendix 4.

Recommended Strategies: Southern Nevada Health District

Overview

The Southern Nevad Health District is not a named entity in the One Nevada Agreement, however, is required per NRS 433.744 to complete a needs assessment and plan to be eligible to apply for such funds. As such, SNHD utilized the community-based coalition SNOAC's four (4) pillars to best contextualize current SNHD and partners efforts to address opioid use and overdose prevention, and a plan to mitigate these efforts, should funding become available. Included below are areas of current funding, and those sources, to maximize expenditures across contributions. The four (4) pillars (described below) are rooted in guiding principles health equity, community, data, evaluation, social determinants of health (SDoH), and accountability, which mirror the guidance set forth in the NRS for these efforts. More details on the pillars and community programs can be found at: https://www.snoac.org/.

Prevention

Definition: Projects oriented towards prevention aim to apply interventions in our community that reduce risk factors and increase protective factors surrounding substance use and prevention.

Current and future efforts

- SNOAC: Build and strengthen coalitions that support the full spectrum of opioid strategies to address care for Clark County. This includes serving as a collaborative platform for diverse stakeholders, including public health agencies, community organizations, healthcare providers, public safety, and individuals with lived experience, to work together to reduce overdose and opioid-related harm. *Current funding: ODTA:LOCAL.*

- Youth Prevention Education: The above assessment findings identified a need to expand age-appropriate prevention programming, from preschool to high school, across various settings such as afterschool programs, faith-based organizations, summer camps, and other community-based environments. Additionally, specialty indicated evidence-based prevention programs should be implemented for justice-involved youth in collaboration with probation officers and other professionals. These programs should be measured using evidence-based tools provided through the curriculum and a continuous quality improvement evaluation framework. This framework will incorporate feedback from students, families, and educators to participate in the strategy and implementation of the curricula. *Not currently funded via SNHD.*

- Syndemic integration for infectious disease: SNHD employs strategies to address the "shared network" of individuals who use substances and those at elevated risk for infectious diseases. This project would adopt a person-centered approach to reduce substance use-related harm, prevent overdose fatalities, and decrease transmission rates of HIV and HCV among underserved

communities in Clark County, including youth, rural areas, BIPOC communities, and MSM/LGBTQ+ populations. *No current on-going funding identified.*

- Targeted media campaign to reduce stigma: A targeted media campaign to address stigma among the public and healthcare providers, which are significant barriers to care for people with substance use disorders or those who use drugs seeking services. This campaign should include public awareness initiatives about substance use and overdose, and a focus on stigma reduction training for healthcare and law enforcement professionals. By increasing awareness and reducing stigma, the campaign aims to improve access to care and support for affected individuals. *Partial funding: ODTA:LOCAL; No current on-going funding identified.*

Rescue

Definition: Interventions and approaches that are implemented after substance misuse has already developed and are aimed at preventing overdose and improving quality of life and health while using substances.

Current and future efforts

- Overdose education and naloxone distribution: As mentioned above, SNHD is working toward naloxone saturation in Clark County. To reach saturation, additional funding is needed to meet naloxone saturation targets. Additionally, expanded strategies to reduce fatal overdose include first responder naloxone leave-behind efforts, increased targeted community distribution, emergency department distribution, and expanding novel, on-demand naloxone access strategies. Expanded efforts should also consider opportunities to make naloxone accessible 24 hours a day to those who need it; reflected in the findings from the SNHD assessment and time of day fatality data presented above. *Current funding FR-CARA, State Opioid Response, COSSUP.*

- Test strip distribution: Community members and stakeholder partners participate in overdose prevention by accessing on-demand, online training and becoming distribution partners for test strips (currently fentanyl test strips and xylazine test strips). Expanding access to test strips through mail distribution is a key strategy in addressing this need. *Current funding ODTA:LOCAL.*

- Southern Nevada Post Overdose Response Team (SPORT): SNHD is currently collaborating with first responder agencies to expand SPORT across Clark County. The primary goal of this program are to prevent fatal overdoses, connect survivors with harm reduction resources, provide evidence-based treatment for substance use disorders, and offer recovery support. Additionally, this program aims to engage individuals at high risk for overdose who are not currently receiving services or practicing overdose prevention measures by meeting them where they are at and connecting to care mirroring efforts to use low threshold risk reduction engagement from the HIV counseling field. *Current funding BJA COSSUP.*

- Linkage to Care through navigators: SNHD currently provides linkage to care across various populations and settings, including SNHD's own Linkage to Action team (community and public safety), Trac-B Exchange (community), rural drug courts (public safety), hospital emergency rooms (healthcare), The LGBTQ+ Center's LinkUp Team (community), and Roseman's EMPOWERED program for pregnant people (community). There are additional opportunities to increase the community outreach team to support people who use drugs, linking them to care and continuing engagement in recovery, continuing to utilize navigators and prioritize those navigators with lived experience. This includes increased access to outreach resources such as wound care kits, hygiene kits, and educational materials, particularly targeting Clark County overdose "hot spots." *Partial funding: ODTA:LOCAL; No current on-going funding identified for expansion.*

- Education on harm reduction and drug-related stigma: As current data assessment demonstrated, there is an on-going need to provide education to community members on harm reduction and drug-related stigma. Presently, SNHD offers these training courses quarterly at no cost; information is presented primarily online and tailored to audiences upon request. Additionally, on-going efforts strive to inform and educate stakeholders about the science of harm reduction by providing scientific evidence to policy makers and key communities impacted by overdose. *Current funding: ODTA:LOCAL.*

- Understand need and readiness for Overdose Prevention Sites (OPS) in Clark County: While there has been much national interest in OPS, little is known locally about community readiness for or capacity to implement such a novel, polarizing program. Efforts to better understand the implementation potential are needed, such as assessing community readiness, conducting a feasibility study, and forming a community coalition/working group are essential steps toward consideration of an implementation plan. *No current funding are identified.*

Treatment

Definition: Interventions and approaches that are aimed at helping individuals to end their chaotic relationship with substance use and reduce drug seeking behaviors.

Current and future efforts

- Clinician and Health System Education on Best Practices: To ensure access to the best possible care, it is essential to educate Clark County providers to build comfort and confidence among clinicians to support the provision of pain care as well as medications for opioid use disorder (MOUD), inclusive of training efforts aimed at advancing clinician best practices for acute, subacute, and chronic pain treatment, including opioid prescribing, as described in the CDC

Clinical Practice Guideline for Prescribing Opioids for Pain – United States, 2022.[9] *Current funding ODTA:LOCAL.*

- Continency Management Program: To address polysubstance use as an overdose risk, specifically the co-use of stimulants and opioids, and increase access to evidence-based treatment, additional resources are needed community-wide. Contingency Management is an evidence-based intervention that utilizes positive reinforcement to promote behavior change and promote abstinence through a structured rewards system. This project's proposed project aims are to evaluate the landscape of capacity to contract with an existing State Substance Abuse Prevention & Treatment Agency (SAPTA) certified substance use disorder (SUD) treatment team to establish an in-person Contingency Management (CM) program to address stimulant use disorder (StUD) or co-occurring StUD and opioid use disorder. *No current on-going funding identified.*

- Low barrier treatment access: Assessment findings underscore the critical need for low-barrier SUD treatment services, particularly emphasizing low barrier access to medications for opioid use disorders. This approach is vital for mitigating overdose risks and addressing the complex needs and underlying trauma of people who use drugs. To effectively implement such services, a comprehensive systems-level plan akin to the successes found with rapid stART for HIV treatment is imperative for ensuring swift and equitable access to treatment and support. *No current funding identified.*

Recovery

Definition: Interventions and approaches that support a person-centered model building on the strengths and resilience of individuals, families, and communities to achieve and maintain self-defined recovery through improved health, wellness, and quality of life.

Current and future efforts

- Peer Recovery Support & Workforce Development: Supporting individuals with lived experience is paramount in the SUD workforce. Presently, SNHD's partners offer peer support within SNHD's L2A program to assist individuals in finding support and engagement before release from incarceration. This program uniquely trains peers through their Forensic Peer Recovery Support Specialist Internship, bolstering the capacity and effectiveness of the peer workforce in Clark County. Additional opportunities to pair people seeking recovery with certified peers and efforts to scale up workforce development should be prioritized. *Current funding ODTA:LOCAL.*

- Recovery housing: Multiple assessments above consistently highlighted the urgent need for stable and affordable housing as a crucial component of any identified overdose prevention strategy. While slightly outside the current scope of the public health department and recognizing the direct

[9] More details on these guidelines can be found at: https://www.cdc.gov/overdose-prevention/hcp/toolkits/2022-clinical-practice-guideline-partner-toolkit.html.

correlation between housing instability and increased vulnerability to overdose risks, our approach will focus on identifying partners and coalition groups currently working to identify supportive recovery housing to gain a better understand how public health can help reduce barriers to housing access. By addressing this fundamental need, we aim to create a supportive environment that fosters stability and resilience, thereby mitigating the risk of overdose and promoting holistic well-being within our community. *No current funding identified.*

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Financial Policies and Procedures

Pursuant to Section 9.9 (1) (b) of S.B. 390, Clark County and SNHD agree to establish policies and procedures for the administration and distribution of the grant money for which each governmental entity is applying. Moreover, both entities will establish requirements governing the use of the grant money pursuant to Section 9.9 (1) (c) of S.B. 390.

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Conclusion

As presented, this Assessment has provided a solid foundational overview of the trends and needs pertaining to opioid use in Clark County. Using community engagement methods, qualitative results supplemented available quantitative data. Thus, risk factors that contribute to opioid use, the use of substances, and the rates of opioid use disorders, other substance use disorders, and co-occurring disorders in Clark County were presented. Moreover, this Assessment provided recommendations and proposed action plans by Clark County and the Southern Nevada Health District. The information presented will contribute to the ongoing discussions in the community to solve the opioid epidemic.

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Appendix 1: Clark County Community Stakeholder Survey Instrument

(Starts on the next page)

Community Survey on Opioid Use in Clark County

Clark County is seeking to gather information and insight from community stakeholders to make recommendations for our community's opioid needs assessment. This survey will be asking you questions about opioid use in Clark County to better identify community strengths, gaps, barriers, and needs. Your input is valuable and will help to inform our community's action plan and prioritize spending of the opioid litigation funding.

This survey is open from April 22, 2024 until May 13, 2024.

Survey Information

Your participation in this survey is completely voluntary, and you can close the survey at any time.

To take this survey, we ask that you be at least 18 years old.

This survey is anonymous, and it should take less than 10 minutes to complete.

This survey is open from April 22, 2024 until May 13, 2024.

For any questions related to this survey, please email Katie Walpole at Kathleen.Walpole@ClarkCountyNV.gov.

Clark County Resident

This survey is only open to Clark County residents. This includes those that live in an incorporated city (e.g., Las Vegas) in Clark County.

1. Are you a Clark County resident?

   Mark only one oval.

   - ◯ Yes *Skip to question 2*
   - ◯ No *Skip to section 4 (End of the Survey)*

Skip to question 2

End of the Survey

As you have selected that you are not a Clark County resident, you cannot complete this survey.

Please email Kathleen.Walpole@ClarkCountyNV.gov for any questions.

Demographics

The following questions are optional.

2. What zip code do you reside in?

_____

3. What is your age?

Mark only one oval.

- ◯ 18-24 years old
- ◯ 25-34 years old
- ◯ 35-44 years old
- ◯ 45-54 years old
- ◯ 55-64 years old
- ◯ 65+ years old

4. Do you consider yourself Hispanic/Latinx?

Mark only one oval.

- ◯ No, not of Hispanic, Latino/a, or Spanish origin
- ◯ Yes, Mexican, Mexican American, Chicano
- ◯ Yes, Puerto Rican
- ◯ Yes, Cuban
- ◯ Yes, another Hispanic, Latino/a, or Spanish origin

5. What is your race? Select all that apply.

Check all that apply.

- ☐ American Indian or Alaska Native
- ☐ Asian or Asian American
- ☐ Black or African American
- ☐ Middle Eastern or Northern African
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White
- ☐ Other: _____

6. Please select the groups that best describe you. Select all that apply.

Check all that apply.

- [ ] Person who uses opioids
- [ ] Person in recovery from opioid use disorder
- [ ] Family member of a person with an opioid use disorder
- [ ] Health care provider
- [ ] Behavioral health care provider
- [ ] Substance use treatment provider
- [ ] Public health professional
- [ ] Education professional
- [ ] Local government professional
- [ ] State government professional
- [ ] Faith-based/religious organization
- [ ] Child welfare agency
- [ ] Law enforcement
- [ ] Justice system professional
- [ ] First responder
- [ ] Mutual aid organization
- [ ] Non-profit organization professional
- [ ] Research professional
- [ ] Managed care organization
- [ ] Prevention profesisonal
- [ ] Harm reduction professional
- [ ] Homeless services professional
- [ ] None of these

Opioid Use in Clark County

7. How big of an issue is opioid use in Clark County?

Mark only one oval.

- ◯ It is a huge issue
- ◯ It is a medium issue
- ◯ It is a small issue
- ◯ There is no problem
- ◯ Other drugs are more of an issue
- ◯ I don't know
- ◯ Other: _____

8. Have you been personally impacted by opioid use? Select all that apply.

Check all that apply.

- ☐ Yes, I use/have used opioids
- ☐ Yes, a family member(s) has/had issues with opioids
- ☐ Yes, a friend(s) have/had issues with opioids
- ☐ No, I have not been personally impacted by opioid use
- ☐ I don't know

9. Have you heard about any of the following opioid-related issues in your community in the past 12 months? Select all that apply.

Check all that apply.

- ☐ Fatal and non-fatal overdoses
- ☐ Opioid/heroin/fentanyl related crimes
- ☐ Misuse of prescription opioids
- ☐ Problems accessing opioid treatment
- ☐ Concerns about fentanyl in the community
- ☐ I have not heard about any opioid-related issues in the community

Opioid Use in Clark County

10. Where did you hear about these opioid-related issues in the community? Select all that apply.

Check all that apply.

- [ ] Local TV
- [ ] Radio
- [ ] Social media
- [ ] Local printed news media
- [ ] Local online news media
- [ ] Colleagues
- [ ] Friends
- [ ] Family members
- [ ] Work meetings/reports
- [ ] Other: _____

11. Have you heard about these opioid-related initiatives in the community? Select all that apply.

Check all that apply.

- [ ] Drug take back/disposal
- [ ] Naloxone/Narcan training
- [ ] Medication-assisted treatment
- [ ] Syringe services programs (e.g., needle exchange programs)
- [ ] Diversion programs
- [ ] School-based prevention education
- [ ] Community education events
- [ ] Specialty courts
- [ ] Medication-assisted treatment in the Clark County Detention Center
- [ ] Peer support in the emergency room
- [ ] None of these

12. What do you think are the biggest opioid-related needs in Clark County? Select all that apply.

Check all that apply.

- [ ] Healthcare provider training on opioid prescribing and how to get people off of opioids if they are dependent
- [ ] Public awareness
- [ ] Stigma awareness/education
- [ ] School-based prevention education
- [ ] Alternatives to incarcertation
- [ ] Access to drug checking for people who use drugs
- [ ] Increase access to Naloxone/Narcan
- [ ] Increase low-barrier access to treatment
- [ ] Recovery support services
- [ ] Access to local opioid data
- [ ] Awareness of opioid related initiatives

13. What are Clark County's strengths that help address the opioid crisis? Select all that apply.

Check all that apply.

- [ ] Community partnerships
- [ ] Community cohesion and involvement
- [ ] Strong community leadership
- [ ] Public awareness
- [ ] Educational programs
- [ ] Resources (e.g., staff, funding, and programs)
- [ ] Substance use treatment providers
- [ ] Prevention education
- [ ] Harm reduction services (e.g., outreach, syringe services, Naloxone/Narcan, drug checking, HIV testing, Hepatitis C testing, etc.)
- [ ] Sober recreational activities
- [ ] None
- [ ] I don't know
- [ ] Other: _____

14. What are some of the gaps, barriers, and challenges related to addressing opioid use in Clark County? Select all that apply.

Check all that apply.

- [ ] Lack of resources (e.g., staff, funding, and programs)
- [ ] Limited knowledge of available resources
- [ ] Lack of substance use treatment services
- [ ] Lack of public awareness
- [ ] Lack of educational programs
- [ ] Poor leadership
- [ ] Limited collaboration or partnerships
- [ ] Insurance
- [ ] Lack of access to treatment
- [ ] Transportation
- [ ] Stigma or judgmental providers
- [ ] Lack of recovery support services
- [ ] Low-barrier and/or affordable housing
- [ ] There are no challenges
- [ ] I don't know
- [ ] Other: _____

Opioid Use in Clark County

15. Do you think the opioid crisis has impacted some groups of people worse than others in Clark County?

Mark only one oval.

- ◯ Yes *Skip to question 16*
- ◯ No *Skip to question 17*

Skip to question 17

Opioid Use in Clark County

16. If yes, which groups?

Opioid Use in Clark County

17. If you could prioritize funding, which services would you prioritize? Select at least three (3) choices.

Check all that apply.

- [ ] Increase access to low-barrier substance use treatment services
- [ ] Increase access to low-barrier, walk-in availability (on-demand) of medication-assisted treatment
- [ ] Expand harm reduction services such as syringe services programs, outreach, drug checking (including fentanyl test strips, HIV/Hepatitis C testing, wound care, and Naloxone/Narcan)
- [ ] Increase prevention programming in schools
- [ ] Increase services that address underlying trauma
- [ ] Increase diversion and specialty court programs for justice-involved individuals
- [ ] Create specialized programs for parents with opioid use disorder who have child welfare involvement
- [ ] Increase access to low-barrier and/or affordable housing
- [ ] Increase recovery housing options
- [ ] Explore overdose prevention centers
- [ ] Increase Naloxone/Narcan distribution and the number of community members trained in reversing overdoses
- [ ] Stigma reduction awareness campaign/education
- [ ] Expand recovery support services such as peer recovery support services
- [ ] Strengthen data collection, sharing, and analysis to identify opportunities for intervention

18. Is there a strategy not listed that you would like to add? If so, what is it?

19. If you had the resources and time to create a program to address opioid use in Clark County, what services would it offer? Where would it be located?

Appendix 2: Open-Ended Responses to the Clark County Community Stakeholder Survey

I would like to see Narcan more accessible as well as making fentanyl less accessible in the hospitals.
I'd create a plan like drunk driving awareness was created. It would be available in all schools to include college. Community partners would provide prevention/resource classes to the community, and anyone charged with an opioid charge. Hospitals/medical centers would have on-going medical training to look for signs and how to address someone in crisis. To spread the awareness of how impactful this crisis is, it would be foolish to think there could be just one resource center/in one location. It would have to be multiple options and opportunities for education and prevention.
in high risk zip codes, vending machines for test strips, increased awareness campaigns
I'd expand treatment options in the central corridor, and I'd increase training/awareness for families.
Built into communities where people congregate
It would be a peer-run housing first/respite program with access to harm reduction services and linkages to treatment and permanent supportive housing. I.e. providing non-carceral housing to individuals on in-patient and detox waitlists, those without insurance or documentation, run by peers and residents.
Drug testing, housing, therapy; located in Clark county and Pahrump
I would create a program that had sober living but also job skills, help with mental health, and other resources for youth in the community. We are heavily lacking when it comes to resources for youth who have been affected by addiction.
Centrally located, then satellite sites around the valley still in reach of main bus routes. It would offer, SUD/ mental health treatment, MAT, psych, medication management, social services, job development, and housing all in one location.
Shine A Light downtown
CCSD- train teachers and staff to deal with overdose, be productive in removing drugs from school campuses, educate students on effects yearly
Education/awareness/information programming and commercials about the types and dangers of opioids.
I would create a centrally located holistic healthcare facility that addresses treatment, recovery, prevention, mental health, financial counseling, access to alternative pain treatments, and connected to a safe shelter.
yes I would place treatment supports at shelters and have scheduled time at homeless encampments
A place where addicts can explore different hobbies and learn life skills to get them back on their feet.
education, mentoring, sports/activities for youth. Youth that start portraying negative behaviors is mostly due to their environment and the individuals they are surrounded by. Increase prosocial behaviors and activities will help them choose better decisions.
Treatment Services for young adults with wrap around services to help them stay clean and become productive assets to the community

Have someone with more authority than a doctor check if medication prescriptions are necessary.
I would create an evidence-based practice that focuses on the trauma and other underlying causes of opioid addiction that provides clients pathways to recovery promoting economic stability, long-term mental health improvements, and community engagement. It would be located in a central area (within 5 miles of Clark County Government Center) and offer express shuttle services to areas of high demand or rideshare services to individuals in areas with lower demand.
i would create a low income/ no income affordable housing for homeless people and youth where they would have access to drug rehab, testing and meals to help them get clean and back as functioning members of society. i would locate it on the east side of Las Vegas near Charleston and eastern area. this is where i notice the most homeless and drug use.
I want to start with our schools. Incorporate drug education into CCSD starting in the Kindergarten. The conversation must carry through to high school. Our efforts should be focused on educating our kids, so they never use drugs, as opposed to focusing only on those who are using. The opioid settlement fund should be used to get resources to both groups.
Informal counseling at a safe house located near the schools.
Local hospitals.
There would have to be locations in all parts of the city for success! There can be a main, and this main location would make sure that smaller branches are functioning up to code
Drs. shouldn't prescribe Opioids without education and follow up like Diabetes. You shouldn't be able to Dr or hospital shop to get drugs.
Services for pregnant women and near the medical providers.
It would be located at a treatment center and there should be a unit taught in State of Nevada Health Curriculum for 9th graders.
Various treatment locations throughout the valley, inpatient services increased individual treatment, other support options outside of AA
Programming in 89109
Close to hospitals, close to major bus stops, and near CCDFS campus
Treatment, peer support,90 day inpatient options, trauma focus
Childcare for women with children addressing an opioid or stimulant disorder
A center that provides information and access to services all in one location, e.g. substance abuse treatment, housing resources, mental health providers, and healthcare providers. It would be a one stop shop for all the needs, so individuals aren't having to meet with different agencies in different locations. They can attend multiple appointments to address all their needs in one location. This should be located centrally so that it is closer to the areas with lower income and transportation issues. If possible, have multiple locations. DJJS has a program called The Harbor that could be used to model this program with multiple locations throughout the valley.
Fentanyl Task Force located in Central Las Vegas
Educate the young regarding horrors of drug use and stop enabling the adults who continue to use.
Unknown (3)

Appendix 3: Final Report: Southern Nevada Health District Stakeholder & Community Engagement Surveys

(Starts on the next page)

SOUTHERN NEVADA HEALTH DISTRICT OVERDOSE DATA TO ACTION

Community Needs Assessment

Report prepared by Nevada Institute for Children's Research and Policy
University of Nevada, Las Vegas

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Southern Nevada Health District
Overdose Data to Action
Community Needs Assessment

Executive Summary

In April 2024, Nevada Institute for Children's Research and Policy (NICRP), in collaboration with the Southern Nevada Health District (SNHD), conducted a community needs assessment to better understand the barriers to overdose prevention in Clark County, Nevada, and to provide recommendations for addressing the contributors to overdose.

To facilitate the needs assessment, a project team was assembled to develop the goals and objectives of the community needs assessment, provide feedback on the tools to be used, and assist in interpretation of results. Based on the team's identified priorities, two instruments were developed: 1) a survey for people who use drugs to better understand barriers to overdose prevention and 2) a community partner interview to understand the barriers from the service perspective. Survey participants were recruited by the SNHD Linkage to Action (L2A) team and other direct service project partners. Interview participants were primarily SNHD community partners. Below are key findings from the Survey for People Who Use Drugs and the Community Partner Interview.

Key Findings from the Survey for People Who Use Drugs

<u>Harm reduction services</u>

- Less than half of respondents (43.2%) had not tried to access harm reduction services in the past.
- Among the harm reduction services of syringe exchange, test strips, Narcan/naloxone, and drug supply testing:
    - Narcan/naloxone was the service used most by respondents (50.3%), followed by syringe exchange (43.9%),
    - Test strips were heard of most (36.1%), and
    - Drug supply testing was the service respondents were most interested in learning more about (31.6%), followed by test strips (30.3%).
- The majority of participants agreed or strongly agreed that harm reduction services/supplies are important tools to decrease overdose (91.6%).

<u>Transportation</u>

- More than half (52.9%) of respondents disagreed or strongly disagreed that transportation was a barrier to accessing harm reduction services.
- Of those who indicated that transportation was a barrier, the majority (82.5%) indicated that they agreed or strongly agreed that they would be more likely to access harm reduction services if provided with bus passes.

Housing

- Housing and help finding resources for housing was cited as the most needed resource in the community.
- The largest percentage of respondents indicated that they spend their nights on the street (31.6%).
- More than half (56.8%) of respondents indicated that their current housing situation was unstable or very unstable.
- Almost two-thirds (65.8%) of respondents indicated that they were unsatisfied or very unsatisfied with their current housing situation.

Stigma

- Over half of respondents indicated that they have been treated differently or experienced stigma or discrimination as a result of their substance use (59.4%).
- Respondents were most likely to be treated differently or experience stigma or discrimination with police/law enforcement (24.6%) and in healthcare settings (19.6%).
- When asked what they needed to use more safely, most respondents reported needing a home or a safe environment.
- To access the things needed to use more safely, respondents indicated they need reliable transportation and more harm reduction or needle exchange sites.

Key Findings from the Community Partner Interview

- According to community partners, an unsafe drug supply (94.7%), lack of housing (89.5%), and stigma (89.5%) are the top three contributors to overdose in the community.
- Those working at self-supported grant-funded agencies indicated that it is difficult or very difficult to access funding to support the work they do in the community (86.7%).
- Community partners would like to see the following data collected or shared with them:
    - More disaggregated overdose data, including data for specific demographics and the locations of overdoses in the community,
    - Real-time data,
    - Information about what specific substances are being used and where in the community they are being used,
    - Specific locations where organizations are providing services in the community to avoid duplicative efforts, and
    - Data about harm reduction successes among organizations in the community.
- With regard to stigmatizing language:
    - Most reported they have sometimes or often heard other agencies use stigmatizing language when talking about clients (89.5%).
    - A small percentage (16.7%) indicated they heard their co-workers using stigmatizing language sometimes or often.
    - Most indicated that they rarely or never talk about a client/patient in ways they wouldn't if the client was present (94.7%).
    - The majority indicated they often or sometimes speak up if they hear others using stigmatizing language (94.7%).

Recommendations

Based on the results of the community needs assessment, the following recommendations were developed by the project team.

- Service providers and the community should engage in learning opportunities to understand how to use non-stigmatizing language and create more supportive environments when assisting people who use drugs.
- Efforts to engage those working in healthcare settings and police/law enforcement in stigma reduction training should be prioritized.
- More opportunities to educate the community about substance use and overdose should be implemented including public awareness campaigns with door-to-door canvassing and media content.
- Funding should be increased to enhance supports for individuals who use drugs, such as extending service hours to evenings and weekends and creating more service access points.
- Agencies that serve people who use drugs should be encouraged to be more flexible with employee work schedules to create more opportunities for people to access services and supports during evenings and weekends.
- Housing barriers in the community should be addressed and work should be done to understand the specific housing needs of the community, especially barriers that impact people who use drugs.
- The community should be better informed of available housing options and additional options should be developed including, but not limited to, permanent housing programs.
- Safe environments for people who use drugs should be identified.

Introduction

In the United States, drug overdoses are among the leading causes of injury death in adults and have continued to rise over the last three decades (Spencer et al, 2023). According to the Centers for Disease Control and Prevention, in 2022, 108,000 people died from drug overdose in America. In over 60% of the overdose deaths that occurred, there was at least one opportunity for the individual to be linked to care before the overdose, or for life-saving actions to have been implemented when the overdose occurred (CDC, 2024a). In Nevada, reported drug overdose deaths increased by 19.96% between December 2022 and 2023; this number is underreported as data are incomplete (Ahmad et al, 2024). Drug overdose deaths are preventable and while numerous factors contribute to overdose deaths, there are other protective factors, including harm reduction, expanding funding opportunities, and increasing the availability of data that can make a difference in addressing the evolving epidemic (CDC, 2024b). It is important to better understand what is contributing to overdose and what barriers to protective factors exist to address this epidemic.

To better understand the impacts of the overdose epidemic and the needs of the community in Nevada, surveys and community needs assessments have been conducted to gain knowledge of gaps in the state and make recommendations to prevent overdoses. In 2018, Nevada's Division of Public and Behavioral Health conducted a needs assessment aimed directly at better understanding the opioid crisis in Nevada. At the time, the report cited gaps in the availability of naloxone among individuals who are legally prescribed opioid pain medication due to the lack of co-prescriptions for naloxone and opioids by healthcare providers (Nevada Division of Public and Behavioral Health, 2018). The needs assessment also reported limited recovery supports in the state and a lack of connections between the levels of care in coordinated care management. In 2022, the State of Nevada, in partnership with Mercer, conducted another needs assessment to further understand the opioid crisis in Nevada (State of Nevada, 2022). In this needs assessment, it was found that Nevada had a lack of unified statewide prevention programming, including housing, needle exchanges, transportation, employment support, and educational support for people in recovery, leading to gaps in care (State of Nevada, 2022). The needs assessment also included two qualitative studies conducted in the state in which current and former opioid users indicated they need additional harm reduction supports in the state and more "consistent outreach into encampment communities." (State of Nevada, 2022).

In 2021, Nevada Institute for Children's Research and Policy (NICRP), in collaboration with the Southern Nevada Health District (SNHD), conducted a survey in Clark County, Nevada, to understand the adult public perception of drug use, the availability of harm reduction services, such as naloxone and needle exchange programs, and other existing harm reduction strategies (Nevada Institute for Children's Research and Policy, 2021). In the survey, participants were asked to offer recommendations and suggestions for preventing overdoses and drug misuse in the community. Some of the things participants recommended include increasing access to preventative resources for those in need, increasing harm reduction supports, including needle exchange programs and naloxone availability, and increasing the availability of treatment programs that are affordable or free for those who use drugs (Nevada Institute for Children's Research and Policy, 2021). Lastly, in 2022, the Nevada Minority Health and Equity Coalition (NMHEC) and NICRP launched a project to further understand the experiences of those who have used opioids, those in recovery, and of loved ones of people who use drugs (NMHEC et al, 2022). Recommendations from this project included increasing awareness of harm reduction strategies, improving access to treatment for individuals who use drugs, increasing efforts to improve

transportation services, improving housing, and continuing to improve efforts to reduce stigma around those who use opioids (NMHEC et al, 2022). From these surveys and needs assessments, it is clear it is important to continue understanding how to prevent overdoses and to better understand how to increase access to services and supports for people who use drugs to prevent overdoses in the community.

Purpose of the Current Needs Assessment

NICRP, in collaboration with SNHD, conducted the current needs assessment to better understand the barriers to overdose prevention in Clark County, Nevada, and to provide recommendations for addressing the contributors to overdose.

Methodology

Project Team

To facilitate the community needs assessment process, SNHD and NICRP assembled a project team consisting of researchers, community partners, and individuals impacted by overdose. The primary goal of the project team was to contribute to the development of the goals and objectives of the community needs assessment, provide feedback on the tools to be used, and assist in interpreting the results of the community needs assessment. NICRP and SNHD reached out to potential project team members and invited them to participate via email. Ultimately, 21 community members agreed to be part of the project team.

Identification of Priorities

In November 2023, the project team was brought together for an in-person meeting to identify the priorities of the community needs assessment; nine project team members were able to attend. During the meeting, the team participated in an activity developed by NICRP. The activity asked members to work independently to: 1) Identify the top five barriers/gaps in the community causing/worsening overdose in the community and 2) Identify the top five facilitators of overdose prevention (things that are working) in the community. Next, members were asked to work in small groups to come to a consensus on the top five barriers/gaps and the top five facilitators. When the groups had completed the task, each reported out their barriers/gaps and facilitators and then the team as a whole worked to rank order both lists. To include input from all project team members, following the meeting, NICRP sent a follow-up survey to all members presenting them with the barriers/gaps and facilitators and asked them to rank order them. In addition, they were asked who they would recommend engaging for insight into their top choices. Twenty team members participated in the survey and the results indicated that the community needs assessment should examine the systemic barriers that contribute to overdose, including stigma, poor transportation, and lack of housing, funding, and data sharing, and the facilitators of overdose prevention including the availability of naloxone, test strips, and drug supply testing. Community partners and people who use drugs were identified as those who should be engaged to learn more about these topics.

Instrument Development

Based on the project team's identified priorities, NICRP conducted a comprehensive review of previous needs assessments and surveys related to overdose prevention to help inform the development of the instruments for the community needs assessment. Using this process, NICRP drafted a set of questions for people who use drugs and a set of questions for organizations that serve this demographic. Next,

NICRP and SNHD collaborated to revise and streamline both instruments which resulted in a survey for people who use drugs and an interview for community partners. Once a draft of the survey and the interview were agreed upon, NICRP sent the instruments to the project team members for feedback. After incorporating the team's feedback, the instruments underwent a final review by SNHD and were approved in March 2024. A brief description of both instruments follows and full copies are available in the appendices.

Survey for People Who Use Drugs – The Survey for People Who Use Drugs consisted of 20 questions aimed at understanding the barriers to overdose prevention. The survey included questions about access to harm reduction services and supplies, transportation, housing, and stigma. The survey was available in both paper and electronic formats and was designed to take no more than 10 minutes for an individual to complete. Participants were informed that completion of the survey was voluntary, their responses would be kept confidential, and they had to be 18 years or older to take part in the survey.

Community Partner Interview – The Community Partner Interview consisted of 15 questions designed to understand the barriers to overdose prevention from the service perspective. The interview included questions about funding, data sharing, and stigma. The interview was designed to be completed over the phone within 15 minutes. Participants were informed that their participation was voluntary and that their responses would be kept confidential.

Data Collection

Below are descriptions of how data were collected for both instruments used in the current community needs assessment.

Survey for People Who Use Drugs – To recruit survey participants, SNHD reached out to its internal Linkage to Action (L2A) team and the other project partners responsible for providing direct services through the Overdose Data to Action grant. SNHD coordinated with these partners to visit their locations and have the surveys administered in person, either during scheduled service hours or at pre-organized events. All sites elected to have their clients complete the paper survey as opposed to the electronic version. SNHD kept detailed records of the date, location, and number of surveys completed during each administration. Upon completion of survey administration, SNHD provided NICRP with the records and completed surveys for data entry and analysis.

Community Partner Interview – To recruit interview participants, SNHD provided NICRP with the email addresses of 19 community partners. NICRP emailed each of the partners inviting them to participate to which eight agreed. NICRP coordinated the scheduling of the interviews directly with the partners via email. Each interview was scheduled for 15 minutes via phone. Interview responses were manually entered directly into Qualtrics while the interview was conducted. Upon completion of the interview, while still on the phone, participants were asked to identify other individuals within their organization or in the community who would be interested in participating in the interview. Community partners suggested 13 additional individuals to recruit for the interview. NICRP attempted to contact these individuals and was able to complete interviews with 11 of them.

Data Analysis

The responses to the Survey for People Who Use Drugs were manually entered into Qualtrics by a member of the NICRP team. Subsequently, NICRP conducted a quality assurance and control check of the physical client surveys entered into Qualtrics before proceeding with data analysis. After the quality

assurance and control checks, the client survey and partner interview data were exported into the Statistical Package for the Social Sciences (SPSS) for analysis.

Results

The results of the Survey for People Who Use Drugs and the Community Partner Interview follow, after which, recommendations based on the results of both are provided.

Survey for People Who Use Drugs

Demographics – There were 171 survey respondents. However, the first question on the survey asked, "Would you describe yourself as having lived experience with drug use?" Of the 171 respondents, 16 indicated that they did not have lived experience, were not sure, or preferred not to answer the question. Therefore, these 16 respondents were excluded from the analyses. The results presented represent those of the remaining 155 respondents.

Table 1 provides the demographics for the 155 respondents included in the analyses of the survey. Most respondents identified as male (65.2%), were between the ages of 31-50 (60.0%), identified as White/Caucasian (41.3%), and had a high school diploma/GED or attended some college (68.4%). When asked if they have had enough money in the past 12 months to cover expenses, the largest percentage of respondents (31.6%) indicated 'sometimes' with the next largest percentage indicating they 'rarely' had enough money (26.5%).

Table 1. Survey respondent demographics (n = 155)

Gender	
Male	65.2% (101)
Female	32.9% (51)
Genderqueer/Gender-nonconforming	0.0% (0)
Transgender	0.0% (0)
Gender not listed	0.0% (0)
Prefer not to answer	0.0% (0)
Missing	1.9% (3)
Total	100% (155)
Age	
20-30	8.4% (13)
31-40	29.7% (46)
41-50	30.3% (47)
51-60	21.3% (33)
61 and older	9.0% (14)
Missing	1.3% (2)
Total	100% (155)

Table 1. (continued)

Race/Ethnicity	
White/Caucasian	41.3% (64)
Multiple Races/Ethnicities	19.4% (30)
Hispanic/Latinx	16.1% (25)
Black/African American	14.8% (23)
American Indian or Alaska Native	1.9% (3)
Native Hawaiian/Pacific Islander	0.7% (1)
Asian	0.0% (0)
Other	2.6% (4)
Prefer not to answer	1.3% (2)
Missing	1.9% (3)
Total	100% (155)
Education	
Less than high school	16.8% (26)
High school diploma	36.1% (56)
Some college	32.3% (50)
Bachelor's Degree (eg.BA or BS)	6.5% (10)
Graduate Degree	0.7% (1)
Prefer not to answer	2.6% (4)
Missing	5.2% (8)
Total	100% (155)
In the past 12 months, I have had enough money to cover my expenses.	
Always	11.6% (18)
Very often	8.4% (13)
Sometimes	31.6% (49)
Rarely	26.5% (41)
Never	14.8% (23)
Prefer not to answer	4.5% (7)
Missing	2.6% (4)
Total	100% (155)

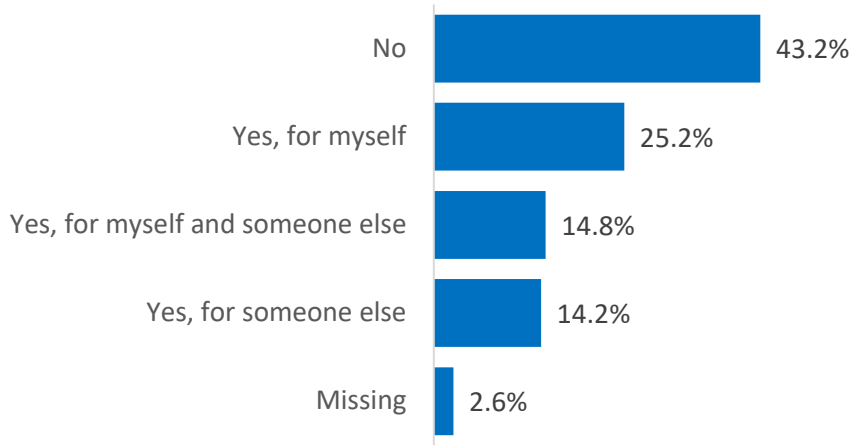
As seen in Table 2, the largest percentage of respondents were recruited for the survey at The Center (28.4%) and at Foundation for Recovery (27.1%).

Table 2. Percent and number of respondents recruited from each location (n = 155)

The Center	28.4% (44)
Foundation for Recovery	27.1% (42)
SNHD Linkage to Action Outreach	19.4% (30)
Trac-B/Impact Exchange	19.4% (30)
EMPOWERED (Roseman)	5.8% (9)
Total	100% (155)

Harm reduction services – The first set of questions on the survey asked respondents about their experiences with harm reduction services. Specifically, the first question asked if they had tried accessing harm reduction services in the past and for whom they accessed services. The following examples of harm reduction services were provided to respondents: syringe exchange, test strips, Narcan/naloxone, and drug supply testing. As seen in Figure 1, the largest percentage of respondents indicated that they had not accessed harm reduction services in the past (43.2%), followed by those that had accessed services for themselves (25.2%), or themselves and someone else (14.8%).

Figure 1. Percent of respondents that tried accessing harm reduction services in the past and for whom (n = 155)



The next question asked respondents to indicate their familiarity with specific harm reduction services, including syringe exchange, test strips, Narcan/naloxone, and drug supply testing. For each service, respondents were asked to indicate if they use or have used the service, if they had heard of it and if they were interested in learning more about it. Narcan/naloxone was the service used the most by respondents (50.3%), followed by syringe exchange (43.9%). The service heard of most by respondents was test strips (36.1%) and the service that respondents were most interested in learning more about was drug supply testing (31.6%), followed by test strips (30.3%). See Table 3.

Table 3. Familiarity and interest in harm reduction services in the community (n = 155)

	Syringe exchange	Test strips	Narcan/ naloxone	Drug supply testing
I use/have used this service	43.9% (68)	34.8% (54)	50.3% (78)	34.2% (53)
I have heard of this service and I'm interested in learning more about it	12.9% (20)	21.9% (34)	18.7% (29)	17.4% (27)
I have heard of this service but I'm not interested in learning more about it	13.6% (21)	14.2% (22)	12.9% (20)	11.6% (18)
I have never heard of this service but I'm interested in learning more about it	5.8% (9)	8.4% (13)	1.9% (3)	14.2% (22)
I have never heard of this service and I'm not interested in learning more about it	14.2% (22)	13.6% (21)	9.7% (15)	14.2% (22)
Missing	9.7% (15)	7.1% (11)	6.5% (10)	8.4% (13)
Total	100% (155)	100% (155)	100% (155)	100% (155)

The next question asked respondents to rate, on a scale from 'strongly disagree' to 'strongly agree,' how much they agreed with statements about accessing harm reduction services and supplies in the community. Overall, most respondents agreed or strongly agreed that they were aware of how to access syringe exchange services (74.8%), test strips (69.7%), and Narcan/naloxone (80.6%). In addition to this, the majority of participants agreed or strongly agreed that harm reduction services and supplies are important tools to decrease overdose (91.6%) and disagreed or strongly disagreed that they feel uncomfortable accessing harm reduction services or supplies because of stigma surrounding people who use drugs (68.4%). See Table 4.

Table 4. The percent and number of respondents that strongly agreed/agreed and strongly disagreed/disagreed with each of the following statements about harm reduction supplies and services in the community (n = 155)

	Strongly Agree/ Agree	Strongly Disagree/ Disagree	Missing	Total
I am aware of how to access syringe exchange services.	74.8% (116)	23.2% (36)	1.9% (3)	100% (155)
I am aware of how to access test strips.	69.7% (108)	30.3% (47)	0.0% (0)	100% (155)
I am aware of how to access Narcan/naloxone.	80.7% (125)	16.8% (26)	2.6% (4)	100% (155)
Harm reduction services/supplies are important tools to decrease overdose.	91.6% (142)	6.5% (10)	1.9% (3)	100% (155)
I feel uncomfortable accessing harm reduction services/supplies because of stigma surrounding people who use drugs.	29.0% (45)	68.4% (106)	2.6% (4)	100% (155)

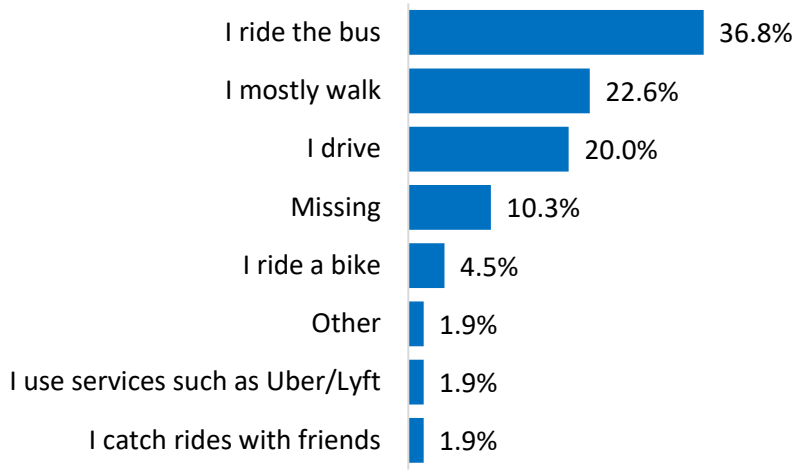
Next, respondents were asked to rate, on a scale of 'very easy' to 'very difficult,' how easy or difficult it was to access the harm reduction services that they use. Overall, the majority of respondents indicated that the services they use are easy or very easy to access. Specifically, 88.7% who use syringe exchange services, 82.8% who use test strips, and 83.5% who use Narcan/naloxone indicated they are easy or very easy to access.

When asked, the majority of respondents (62.0%) indicated that they have access to enough resources, supports, and/or services to be healthy and safe in their community; 17.4% of respondents indicated that they did not, and 20.6% of respondents were not sure or did not respond to the question. Respondents who indicated that they did not have access to enough resources, supports, and/or services were asked what they would like to be able to access in the community that they cannot. Of the 20 respondents who provided an answer, the most to least common themes included:

- Housing and help with finding resources for housing,
- Better access to harm reduction supplies, such as naloxone and syringes,
- Better access to harm reduction services, including having service during the evenings and on the weekends, and
- Better services to assist with recovery, such as longer detox sessions and help with initiating recovery.

Transportation – The next section of the survey asked respondents about their experiences utilizing transportation to access harm reduction services and supplies. The first question in this section asked respondents to identify their main form of transportation from a list. As seen in Figure 2, the largest percentage of respondents indicated that they ride the bus (36.8%), followed by those who walk as their main form of transportation (22.6%).

Figure 2. Respondents' main form of transportation (n = 155)



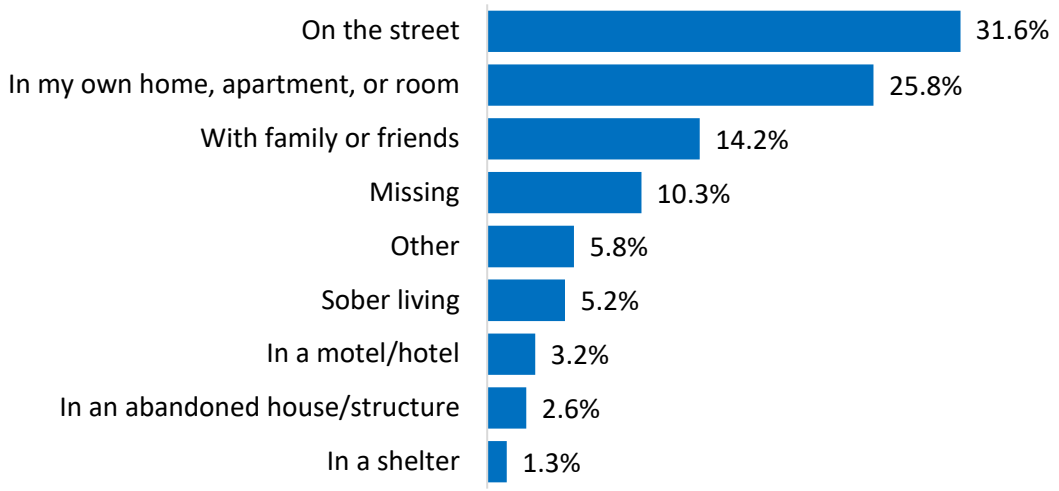
Next, respondents were asked how much they agreed or disagreed that transportation is a barrier to accessing harm reduction services. More than half (52.9%) of respondents disagreed or strongly disagreed that transportation was a barrier. Those who strongly disagreed that transportation was a barrier (19.4%) were instructed to skip the next question which asked respondents if they would be more likely to access harm reduction services if they were provided with bus passes and what changes

to public transportation would help them better access harm reduction services. The majority (82.5%) of respondents answering this question indicated that they agreed or strongly agreed that they would be more likely to access harm reduction services if provided with bus passes. In addition to bus passes, 51 respondents indicated that the following would better help them access harm reduction services:

- Rideshare vouchers,
- Reduced transit fares,
- Provision of paper schedules,
- Clear pricing for riding the bus, and
- Shorter wait times for buses.

Housing – The next section of the survey was designed to understand the current housing situation of the respondents. The first question asked respondents to indicate, from a list, where they currently spend their nights. As seen in Figure 3, the largest percentage of respondents indicated that they spend their nights on the street (31.6%), followed by those that live in their own home, apartment, or room (25.8%). There were seventeen respondents that selected 'other' and of these, eight wrote in 'sober living', therefore, although not a survey response option, it is included in Figure 3. 'Other' responses (5.8%) written in by respondents included car/truck, halfway house, and treatment program.

Figure 3. Where respondents spend their nights (n = 155)



Next, respondents were asked to describe their current housing situation on a scale of 'very unstable' to 'very stable' and indicate their level of satisfaction with it from 'very satisfied' to 'very unsatisfied.' More than half (56.8%) of respondents indicated that their current housing situation was unstable or very unstable with almost two-thirds (65.8%) of respondents indicating that they were unsatisfied or very unsatisfied with their current housing situation.

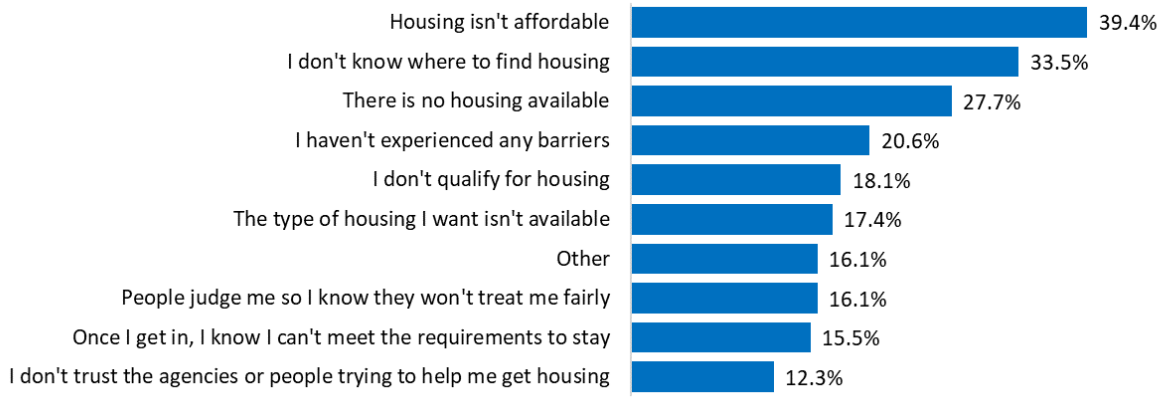
Respondents were then asked to rate on a scale of 'strongly disagree' to 'strongly agree' how much they agreed or disagreed with a series of statements about their experiences with housing in the community. As shown in Table 5, more than half of respondents (56.8%) indicated that they are aware of housing resources available in the community, they do not have trouble accessing housing due to their substance use (53.5%), and they have not been evicted from housing due to their substance use (70.3%).

Table 5. The percent and number of respondents that strongly agreed/agreed and strongly disagreed/disagreed with each of the following statements about housing (n = 155)

	Strongly Agree/ Agree	Strongly Disagree/ Disagree	Missing	Total
I am aware of housing resources that are currently available in my community.	56.8% (88)	38.7% (60)	4.5% (7)	100% (155)
I have/had trouble accessing housing due to my substance use.	42.6% (66)	53.6% (83)	3.9% (6)	100% (155)
I have previously been evicted from housing due to my substance use.	25.2% (39)	70.3% (109)	4.5% (7)	100% (155)

The final item in this section of the survey asked respondents to select from a list, all of the barriers they have experienced when trying to access housing. As shown in Figure 4, respondents most often indicated 'housing isn't affordable' (18.2%), followed by 'I don't know where to find housing' (15.5%), and 'there is no housing available' (12.8%). 'Other' barriers to accessing housing (7.4%) written in by respondents included waitlists, transportation, criminal background, lack of assistance in getting housing, pride, and discrimination.

Figure 4. The percent of respondents indicating that each of the following has been a barrier experienced when trying to access housing (n = 155)



Stigma – The last section of the survey asked respondents about their experience with stigma and discrimination in the community. First, respondents were asked how welcome they feel at medical provider's offices and at service agencies in the community. Specifically, respondents were asked to indicate how much they agreed or disagreed with the following statements: "I do not feel welcome at the doctor's/medical provider's office" and "I do not feel welcome at service agencies in the community." Overall, respondents indicated that they feel welcome at doctor's/medical provider's offices and at service agencies in the community with almost two-thirds (65.8%) of respondents disagreeing or strongly disagreeing that they did not feel welcome at the doctor's/medical provider's

office and almost two-thirds (65.8%) disagreeing or strongly disagreeing that they did not feel welcome at service agencies in the community.

The next question in this section of the survey asked respondents, "Have you ever been treated differently or experienced stigma or discrimination as a result of your substance use?" Most respondents answered 'yes' to this question (59.4%). For respondents who answered yes, they were asked to select from a list, where interactions with stigma and discrimination took place and if they were comfortable, to answer an open-ended question describing some of the experiences. Of the 220 responses given to 'if yes, where or with whom have these interactions taken place?', most of these interactions were 'with police/law enforcement' (24.6%), followed by 19.6% occurring 'in a healthcare setting.' See Table 6.

Table 6. Experiences of stigma and discrimination in the community

Have you ever been treated differently or experienced stigma or discrimination as a result of your substance use?	
Yes	59.4% (92)
No	25.8% (40)
I'm not sure	10.3% (16)
Missing	4.5% (7)
Total	100% (155)
If yes, where or with whom have these interactions taken place? (Note: Respondents were instructed to select all that apply.)	
With police/law enforcement	24.6% (54)
In a healthcare setting	19.6% (43)
With the legal system/in court	17.3% (38)
When trying to get housing	14.1% (31)
With treatment providers	13.2% (29)
With recovery service providers	9.1% (20)
With harm reduction service providers	2.3% (5)
Total	100% (220)

There were 31 respondents who described their interactions in which they were treated differently or experienced stigma or discrimination. The most common themes of these responses, from most to least common, included the following:

- Doctors being dismissive and not providing them with healthcare services because of their drug use,
- Being treated wrongly or unfairly by police/law enforcement due to prejudice,
- An overall sense of feeling belittled or shamed in the community, and
- Being discriminated against because of their appearance.

The last two questions in this section asked respondents if they currently use or used in the past, what do/did they need to use more safely and what would make it easier to access these things. In response to what they would need to use more safely, the most common themes from the 59 responses, from most to least common, included the following:

- A home or a safe environment to be in,
- Harm reduction supplies, such as clean syringes, test strips, or Narcan/naloxone, and
- Greater access to information, such as housing resources and mental health services.

In response to what would make it easier to access the things needed to use more safely, 70 respondents indicated they need or needed:

- Access to reliable transportation,
- More harm reduction or needle exchange sites,
- Additional funds,
- Better programming, and
- Better information sharing about resources in the community.

Community Partner Interview

Demographics – Table 7 provides the demographics for the 19 respondents who participated in the Community Partner Interview. The largest percentage of respondents identified as female (68.4%), were between the ages of 25-45 (79.0%), identified as White/Caucasian (47.4%), and had attended some college (42.1%). Organizational demographics showed most respondents had been at their organization for 3-5 years (42.1%), work in the field of harm reduction (21.4%), and work at a non-profit that provides direct service (52.2%). A list of the agencies with which the participants are affiliated is provided in Appendix C.

Table 7. Interview respondent demographics

Gender	
Male	26.3% (5)
Female	68.4% (13)
Genderqueer/Gender-nonconforming	0.0% (0)
Transgender	0.0% (0)
Gender not listed: Non-binary	5.3% (1)
Prefer not to answer	0.0% (0)
Total	100% (19)
Age	
25-35	42.1% (8)
36-45	36.8% (7)
46-55	5.3% (1)
56 and over	15.8% (3)
Prefer not to answer	0.0% (0)
Total	100% (19)

Table 7. (continued)

Race/Ethnicity	
American Indian or Alaska Native	0.0% (0)
Asian	0.0% (0)
Black/African American	21.1% (4)
Hispanic/Latinx	10.5% (2)
Native Hawaiian/Pacific Islander	0.0% (0)
White/Caucasian	47.4% (9)
Other	5.3% (1)
Multiple Races/Ethnicities	15.8% (3)
Total	100% (19)
Education	
Less than high school	0.0% (0)
High school diploma	5.3% (1)
Some college	42.1% (8)
Bachelor's Degree (eg.BA or BS)	26.3% (5)
Graduate Degree	26.3% (5)
Prefer not to answer	0.0% (0)
Total	100% (19)
Length of time at organization	
Less than a year	21.1% (4)
1-2 years	21.1% (4)
3-5 years	42.1% (8)
6-9 years	10.5% (2)
10-15 years	5.3% (1)
More than 15 years	0.0% (0)
Total	100% (19)
Field of Work (Note: Respondents were instructed to select all that apply.)	
Harm reduction	21.4% (18)
Prevention	20.2% (17)
Peer support	19.1% (16)
Recovery services	17.9% (15)
Substance use treatment	11.9% (10)
Housing	6.0% (5)
Other: Clinical Services & Mental Health Therapy SURG/Prevention Committee Rescue	3.6% (3)
Law enforcement	0.0% (0)
First responder	0.0% (0)
Total	100% (84)

Table 7. (continued)

Type of Organization (Note: Respondents were instructed to select all that apply.)	
Non-profit direct service	52.2% (12)
Non-profit other	30.4% (7)
State government	4.4% (1)
For-profit direct service	4.4% (1)
For-profit other	4.4% (1)
Other: Self-Employed	4.4% (1)
County government	0.0% (0)
Total	100% (23)

Overdose contributors – The first interview question asked respondents to rate how much they believe nine different items contribute to overdose in Clark County on a scale from 'not at all' to 'to a great extent'. As seen in Table 8, according to the respondents, an unsafe drug supply (94.7%), lack of housing (89.5%), and stigma (89.5%) contribute to overdose in the community to a great extent.

Table 8. Respondent ratings of how much each item listed contributes to overdose in the community (n = 19)

	To a great extent	Somewhat	Very little	Not at all	Total
Unsafe drug supply	94.7% (18)	5.3% (1)	0.0% (0)	0.0% (0)	100% (19)
Lack of housing	89.5% (17)	10.5% (2)	0.0% (0)	0.0% (0)	100% (19)
Stigma	89.5% (17)	10.5% (2)	0.0% (0)	0.0% (0)	100% (19)
Lack of funding*	72.2% (13)	22.2% (4)	5.6% (1)	0.0% (0)	100% (18)
Lack of evidence-based primary prevention programs in PreK-12 education*	50.0% (9)	22.2% (4)	27.8% (5)	0.0% (0)	100% (18)
Lack of transportation	42.1% (8)	42.1% (8)	10.5% (2)	5.3% (1)	100% (19)
Insufficient access to harm reduction services	42.1% (8)	52.6% (10)	5.3% (1)	0.0% (0)	100% (19)
Poor care coordination between service providers	36.8% (7)	47.4% (9)	10.5% (2)	5.3% (1)	100% (19)
Lack of data sharing	31.6% (6)	31.6% (6)	31.6% (6)	5.3% (1)	100% (19)
**For these items, n = 18*					

Funding – The next set of interview questions asked respondents about their experiences in obtaining funding to provide community services. The first question asked respondents to identify how their organization is funded. Most respondents (33.3%) indicated that their organization is self-supported through grant funding. In-kind donations (22.9%) were the second most popular funding source (see Table 9). Respondents who selected 'other' explained that they were not currently funded or were under contract with different organizations.

Table 9. Funding sources for respondents' agencies

Self-supported through grant funding	33.3% (16)
In-kind donations	22.9% (11)
Government funded	20.8% (10)
Privately funded	12.5% (6)
Other	10.4% (5)
Total	100% (48)
Note: Respondents were instructed to select all that apply.	

The next question in this section asked respondents to rate how easy or difficult it is to access funding to support their work on a scale from 'very easy' to 'very difficult.' Of those who indicated that their organization is self-supported, the majority of respondents indicated that it is difficult or very difficult to access funding to support the work they do in the community (86.7%). Next, respondents were asked how much they agreed or disagreed that there are not enough funding opportunities available to support the work they do in the community; all but one respondent (94.7%) agreed or strongly agreed with this statement.

The next interview question asked respondents to indicate whether or not they had applied for funding related to overdose and/or harm reduction in the past 5 years. More than half (57.9%) of respondents indicated that they had applied for funding in the last 5 years, while 31.6% had not, and 10.5% indicated they were unsure.

Respondents who indicated they had applied for funding in the past 5 years were asked two additional questions: "For funding you applied for and received in this area in the past 5 years, why do you think you received it/what were your strengths?" and "For funding you applied for and didn't receive in this area in the past 5 years, why do you think you didn't receive it/what were your weaknesses?" When discussing the strengths of funding received, respondents commonly cited they received funding because:

- Their organization has unique qualities, including serving and understanding the needs of specialized populations,
- Staff at their organizations have lived experiences, and
- Their organization demonstrated utilization of evidence-based practices in their work.

When discussing funding that was not received, respondents frequently mentioned:

- The lack of funding streams for harm reduction work overall and
- Grant funding in this area is very competitive and hard to secure.

Respondents who indicated they had not applied for funding in the past 5 years were asked, "What are the reasons why you haven't applied for funding?" The majority of respondents did not apply for funding as it was not part of their current role within their organization.

Regardless of whether they applied for funding, all respondents were asked to discuss the barriers they encounter when seeking support for their work. Below are the most common themes listed from most to least common.

- Competition for funding
- Grant requirements can be difficult, including the turnaround time to submit grants and grant application guidelines
- Continued stigma around the topic of harm reduction
- Overall lack of resources and data to support grant writing

Data and data sharing – The next set of questions asked about experiences with data and data sharing. The first question in this section asked respondents if they collect data that they believe other organizations in the community would find useful to their work; 89.5% of respondents indicated that they do. Next, respondents were asked if they had shared data with other organizations and if so, how did they share it and what the intent of sharing it was. Most respondents indicated they do share data with other organizations through presentations and shared reports and offered various reasons for sharing data with the community, including reporting on organizational successes, sharing data with grantors, highlighting the needs of people who use drugs, and identifying gaps and barriers among this group in the community.

Next, respondents were asked what type of data they would like to see collected or shared with them and/or their organization and how they would use that data in their work. Responses from most to least common are listed below.

- More disaggregated overdose data is needed, including data for specific demographics and the locations of overdoses in the community
- Real-time data
- Information about what specific substances are being used and where in the community they are being used
- Specific locations where organizations are providing services in the community to avoid duplicative efforts
- Data about harm reduction successes among organizations in the community

Next, respondents were asked what would make data sharing among organizations in the community easier. The vast majority of respondents indicated that a centralized HIPAA-secured data system is needed for organizations to safely and securely share data about clients and identify where service gaps exist; respondents also indicated that these data should be standardized.

Stigma – In the final section of the interview, respondents were asked about their experiences with the use of stigmatizing language. They were asked to rate, on a scale from ‘never’ to ‘often,’ how frequently they experienced specific occurrences. Table 10 provides respondents' responses to each occurrence. Overall, respondents reported having heard other agencies use stigmatizing language when talking about clients/patients more often than their co-workers. Specifically, 89.5% reported they have sometimes or often heard other agencies use stigmatizing language when talking about clients whereas 16.7% reported hearing their co-workers use stigmatizing language sometimes or often. Most respondents indicated that they rarely or never talk about a client/patient in ways they wouldn’t if the client was present (94.7%) and will often or sometimes speak up if they hear others using stigmatizing language (94.7%).

Table 10. The percent and number of respondents that indicated that they often/sometimes and rarely/never experience the items listed (n = 19)

	Often/ Sometimes	Rarely/Never	Total
I have heard other agencies use stigmatizing language when talking about clients/patients.	89.5% (17)	10.5% (2)	100% (19)
I have heard other agencies use stigmatizing language when talking to clients/patients. *	72.2% (13)	27.8% (5)	100% (18)
I have heard co-workers use stigmatizing language when talking about clients/patients. *	16.7% (3)	83.3% (15)	100% (18)
I have heard co-workers use stigmatizing language when talking to clients/patients.	10.5% (2)	89.5% (17)	100% (19)
I have talked about a client/patient in ways that I wouldn't if they were present.	5.3% (1)	94.7% (18)	100% (19)
I have spoken up when I have heard others use stigmatizing language.	94.7% (18)	5.3% (1)	100% (19)
**For these items, n = 18*			

Recommendations

After completion of data analysis, NICRP convened a meeting with the project team to discuss the results. NICRP presented selections of the results and asked the project team to discuss what surprised them about the data, what interested them about the data, and to provide recommendations to address barriers to overdose prevention based on the data presented. Project team members expressed they were surprised to learn partners who serve people who use drugs were using stigmatizing language, were interested in the services people who use drugs had and had not heard of, and were surprised and saddened to learn about the housing situations of people who use drugs and how many were experiencing stigma in the presence of police/law enforcement and in healthcare settings. Based on the results of the community needs assessment, the project team provided recommendations as follows:

- Service providers and the community should engage in learning opportunities to understand how to use non-stigmatizing language and create more supportive environments when assisting people who use drugs.
- Efforts to engage those working in healthcare settings and police/law enforcement in stigma reduction training should be prioritized.
- More opportunities to educate the community about substance use and overdose should be implemented including public awareness campaigns with door-to-door canvassing and media content.
- Funding should be increased to enhance supports for individuals who use drugs, such as extending service hours to evenings and weekends and creating more service access points.
- Agencies that serve people who use drugs should be encouraged to be more flexible with employee work schedules to create more opportunities for people to access services and supports during evenings and weekends.

- Housing barriers in the community should be addressed and work should be done to understand the specific housing needs of the community, especially barriers that impact people who use drugs.
- The community should be better informed of available housing options and additional options should be developed including, but not limited to, permanent housing programs.
- Safe environments for people who use drugs should be identified.

In addition, it is recommended that more awareness be brought to the harm reduction services of drug supply testing and test strips which were the least heard of by the survey participants. It is also suggested that service providers procure or offer to print bus schedules for clients and advocate for reduced and more transparent bus fare pricing.

Limitations

While this needs assessment offers valuable insight into overdose prevention, certain limitations must be noted. First, the majority of those who completed the Survey for People Who Use Drugs were recruited by project partner agencies. Therefore, they are more likely to be aware of and to have used harm reduction services than other people who use drugs in the community. They might also be better connected to services in general. Also, with regard to the Survey for People Who Use Drugs, no transgender, genderqueer, or gender-nonconforming individuals participated which limits our understanding of their experiences and needs. In the future, intentional effort should be made to reach out to and include these individuals so that they can be better served. Finally, the majority of those who participated in the Community Partner Interview are current project partners and are not likely representative of all of those providing services to people who use drugs in the community.

Conclusions

This needs assessment provides insights into the next steps in addressing overdose in Clark County. Supported by the findings of previous needs assessments and surveys that have been conducted in Clark County and Nevada as a whole, this needs assessment reveals there remain barriers to overdose prevention, including the continued stigma toward people who use drugs, lack of access to safe and stable housing, and limited access to resources during non-traditional service hours. Additionally, by interviewing partners in the community who serve people who use drugs, it is clear that additional funding supports for community-serving organizations is needed to expand services for people who use drugs and additional training is needed to address awareness of self-stigma to better provide safe and inclusive community spaces. These findings can serve as the basis for the development of targeted interventions and strategies aimed at addressing identified gaps and barriers that exist within the community. The engagement of community partners and individuals impacted by overdose will continue to be crucial in the implementation of evidence-based solutions. Collaboration, ongoing communication, and a commitment to inclusivity and equity will be pivotal in ensuring the successful execution of initiatives aimed at reducing overdose and improving community well-being.

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Appendix A: Survey for People Who Use Drugs

Community Needs Assessment Survey

Clients and Outreach Participants

Thank you for taking the time to complete this survey!

The Southern Nevada Health District and Nevada Institute for Children's Research and Policy at UNLV have created this survey to better understand the barriers to overdose prevention in the community. Your survey responses will be used to assess and improve harm reduction services in Clark County. Your feedback is greatly appreciated!

Important things to know:

- This survey should take no longer than 10 minutes to complete
- Your responses will be kept confidential
- Your name will not be associated with your responses
- No reference will be made in written or oral materials that would link you to your responses
- Your participation is voluntary
- You may choose not to answer any question that you do not feel comfortable answering
- You must be at least 18 years of age to participate

If you have any questions about the survey or how the information will be used, please contact Dawn Davidson or Aaliyah Goodie at Nevada Institute for Children's Research and Policy at (702) 895-1040.

Thank you again for your time and participation!

<u>If you have already taken this survey, please do not complete it again.</u>

1. Would you describe yourself as having lived experience with drug use?			
Yes (Continue to Q2)	No (You can stop taking this survey. Thank you!)	Not sure (You can stop taking this survey. Thank you!)	Prefer not to answer (You can stop taking this survey. Thank you!)

2. Have you tried to access harm reduction services in the past? (For example, syringe exchange, test strips, Narcan/naloxone, or drug supply testing.)			
No	Yes, for myself	Yes, for someone else	Yes, for myself and someone else

The following section is designed to gather information about your knowledge and experience utilizing **harm reduction services**. Please answer the questions truthfully and to the best of your ability.

3. Please indicate how familiar you are with each of the harm reduction services listed below: (Select one response for each service.)					
Syringe exchange	I use/have used this service	I have heard of this service and I'm interested in learning more about it	I have heard of this service but I'm <u>not</u> interested in learning more about it	I have <u>never</u> heard of this service but I'm interested in learning more about it	I have <u>never</u> heard of this service and I'm <u>not</u> interested in learning more about it
Test strips *(To test your drugs for things like fentanyl or xylazine/tranq)*	I use/have used this service	I have heard of this service and I'm interested in learning more about it	I have heard of this service but I'm <u>not</u> interested in learning more about it	I have <u>never</u> heard of this service but I'm interested in learning more about it	I have <u>never</u> heard of this service and I'm <u>not</u> interested in learning more about it
Narcan/naloxone	I use/have used this service	I have heard of this service and I'm interested in learning more about it	I have heard of this service but I'm <u>not</u> interested in learning more about it	I have <u>never</u> heard of this service but I'm interested in learning more about it	I have <u>never</u> heard of this service and I'm <u>not</u> interested in learning more about it
Drug supply testing *(Providing a sample to an agency to determine what it actually contains)*	I use/have used this service	I have heard of this service and I'm interested in learning more about it	I have heard of this service but I'm <u>not</u> interested in learning more about it	I have <u>never</u> heard of this service but I'm interested in learning more about it	I have <u>never</u> heard of this service and I'm <u>not</u> interested in learning more about it

4. Please indicate how much you agree or disagree with each of the following statements:				
I am aware of how to access syringe exchange services.	Strongly disagree	Disagree	Agree	Strongly agree
I am aware of how to access test strips.	Strongly disagree	Disagree	Agree	Strongly agree
I am aware of how to access Narcan/naloxone.	Strongly disagree	Disagree	Agree	Strongly agree
Harm reduction services/supplies are important tools to decrease overdose.	Strongly disagree	Disagree	Agree	Strongly agree
I feel <u>uncomfortable</u> accessing harm reduction services/supplies because of stigma surrounding people who use drugs.	Strongly disagree	Disagree	Agree	Strongly agree

5. If you currently use any of the below harm reduction services, how easy is it for you to access them?					
Syringe exchange	Very easy	Easy	Difficult	Very difficult	I don't use this
Test strips *(To test your drugs for things like fentanyl or xylazine/tranq)*	Very easy	Easy	Difficult	Very difficult	I don't use this
Narcan/naloxone	Very easy	Easy	Difficult	Very difficult	I don't use this

6. As a person who identifies as having lived experience with drug use, do you feel you have access to enough resources, supports and/or services to be healthy and safe in your community?		
Yes (Skip to Q8)	No (Continue to Q7)	I'm not sure (Skip to Q8)
7. If you are comfortable, please tell us what you would like to be able to access but can't.		

This next section is designed to understand your ability to access **transportation**. Please answer the questions truthfully and to the best of your ability.

8. How would you best describe your main form of transportation?			
I ride the bus	I drive	I mostly walk	I ride a bike
I catch rides with friends	I use services such as Uber/Lyft	Other: (Please Describe)	

9. Please indicate how much you agree or disagree with the following statement: *Transportation is a barrier for me to access harm reduction services.*			
Strongly disagree (Skip to Q11)	Disagree	Agree	Strongly agree

10. Please indicate how much you agree or disagree with the following statement: *I would be more likely to access harm reduction services if I were provided with bus passes.*			
Strongly disagree	Disagree	Agree	Strongly agree
What changes to public transportation would help you better access harm reduction services?			

This section is designed to understand your **current housing situation**. Please answer the questions truthfully and to the best of your ability.

11. Where do you currently spend your nights?					
In my own home, apartment, or room	With family or friends	In a shelter	In a motel/hotel	In an abandoned house/structure	On the street
Other (Please describe):					

12. How would you best describe your current housing situation?			
Very unstable	Unstable	Fairly stable	Very stable

13. How satisfied are you with your current housing situation?			
Very Satisfied	Satisfied	Unsatisfied	Very Unsatisfied

14. Please indicate how much you agree or disagree with each of the following statements:				
I am aware of housing resources that are currently available in my community.	Strongly disagree	Disagree	Agree	Strongly agree
I have/had trouble accessing housing due to my substance use.	Strongly disagree	Disagree	Agree	Strongly agree
I have previously been evicted from housing due to my substance use.	Strongly disagree	Disagree	Agree	Strongly agree

15. What barriers do/did you experience when trying to access housing? (Select all that apply.)	
I don't know where to find housing	There is no housing available
The type of housing I want isn't available	Housing isn't affordable
I don't qualify for housing	Once I get in, I know I can't meet the requirements to stay
I don't trust the agencies or people trying to help me get housing	People judge me so I know they won't treat me fairly
I haven't experienced any barriers	Other (Please describe):

The following section is designed to gather information about your experiences with **stigma/discrimination** in the community. Please answer the questions truthfully and to the best of your ability.

16. Please indicate how much you agree or disagree with the following statements:				
I do not feel welcome at the doctor's/medical provider's office.	Strongly disagree	Disagree	Agree	Strongly agree
I do not feel welcome at service agencies in the community.	Strongly disagree	Disagree	Agree	Strongly agree

17. Have you ever been treated differently or experienced stigma or discrimination as a result of your substance use?			
Yes (Continue)	No (Skip to Q18)	I'm not sure (Skip to Q18)	
If yes, where or with whom have these interactions taken place? (Select all that apply)			
With treatment providers	With harm reduction service providers	With recovery service providers	In a healthcare setting
With police/law enforcement	With the legal system/In court	When trying to get housing	
If you're comfortable, please describe some of these interactions or experiences.			

18. If you currently use substances, or when you did use, what do/did you need to use more safely?
19. What would make it easier to access these things?

20. In the past 12 months, I have had enough money to cover my expenses.	Always	Very Often	Sometimes	Rarely	Never	Prefer not to answer

What is your age? _____	Prefer not to answer					
What is your gender?	Male	Genderqueer/Gender-nonconforming			Transgender	
	Female	Gender not listed (please indicate) _____			Prefer not to answer	
Please circle all that apply to you.	American Indian or Alaska Native	Asian		Black/African American	Hispanic/Latinx	
	Native Hawaiian/ Pacific Islander	White/Caucasian		Other	Prefer not to answer	
What is your educational level?	Less than high school	High School Diploma/GED	Some College	Bachelor's Degree (e.g. BA or BS)	Graduate Degree	Prefer not to answer

Thank you for your participation!

Appendix B: Community Partner Interview

Community Needs Assessment

Community Partners

INTERVIEW

Thank you for taking the time to speak to me today!

The Southern Nevada Health District and Nevada Institute for Children's Research and Policy at UNLV have invited you to complete this interview to better understand the barriers to overdose prevention in the community. Your responses will be used to assess and improve harm reduction training and services in Clark County. Your feedback is greatly appreciated!

This interview should take no longer than 15 minutes to complete. Your responses will be kept confidential, your name will not be associated with your responses, and no reference will be made in written or oral materials that would link you to your responses. Your participation is voluntary, and you may choose not to answer any question that you do not feel comfortable answering.

If, at any point during this interview, you have questions about what's being asked or if you have questions about how the information will be used, please let me know. If you have additional questions after the interview has concluded, please contact Dawn Davidson or Aaliyah Goodie at Nevada Institute for Children's Research and Policy at (702) 895-1040.

Thank you again for your time and participation!

1. Do you provide services in Clark County, Nevada?	
Yes	No (You do not qualify for this interview. Thank you for your time.)

2. Please select the field(s) which best describe your work. (Select all that apply.)				
Housing	Substance use treatment	Harm reduction	Peer support	Recovery services
Prevention		Law enforcement		First responder
Other (please describe):				

3. Which best describes your organization? (Select all that apply.)			
State government		County government	City government
Non-profit direct service provider	For-profit direct service provider	Non-profit other	For-profit other
Other (please describe):			

4. How long have you been with your organization?					
Less than a year	1-2 Years	3-5 Years	6-9 Years	10-15 Years	More than 15 years

5. Please indicate how much you believe each of the following contributes to overdose in our community.				
A. Lack of transportation	To a great extent	Somewhat	Very little	Not at all
B. Lack of housing	To a great extent	Somewhat	Very little	Not at all
C. Lack of funding	To a great extent	Somewhat	Very little	Not at all
D. Lack of data sharing	To a great extent	Somewhat	Very little	Not at all
E. Stigma	To a great extent	Somewhat	Very little	Not at all
F. Unsafe drug supply	To a great extent	Somewhat	Very little	Not at all
G. Poor care coordination between service providers	To a great extent	Somewhat	Very little	Not at all
H. Lack of evidence based primary prevention programs in PreK-12 education	To a great extent	Somewhat	Very little	Not at all
I. Insufficient access to harm reduction services	To a great extent	Somewhat	Very little	Not at all

The following section is designed to gather information about your experience accessing funding to provide services for the community. Please answer the questions based on your experience and to the best of your ability.

6. How is your organization funded? (Select all that apply.)			
Self-supported through grant funding	Government funded	Privately funded	In-kind donations
Other (please describe):			

7. How easy or difficult is it to access funding to support your work?				
Very Easy	Easy	Difficult	Very Difficult	N/A (not self-supported)

8. Please indicate how much you agree or disagree with the following statement: *There are not enough funding opportunities to support work around overdose/harm reduction services in the community.*			
Strongly disagree	Disagree	Agree	Strongly agree

9. Have you applied for funding related to overdose/harm reduction in the past 5 years?		
Yes	No	I'm not sure (Skip to Q10)

If yes,	**For funding you applied for and received in this area in the past 5 years, why do you think you received it/what were your strengths?**
	For funding you applied for and didn't receive in this area in the past 5 years, why do you think you didn't receive it/what were your weakness?
If no,	**What are the reasons why you haven't applied for funding?**

10. What barriers do you encounter in seeking funding to support your work?

The following section is designed to gather information about your experience with data and data sharing. Please answer the questions based on your experience and to the best of your ability.

11. Does your organization collect any data that other organizations might find useful to their work?		
Yes	No	I'm not sure

12. Has your organization shared data with other organizations? If so, how did you share it and what was the intent? (For example, a report distributed to the general public, a presentation at a meeting, specific data that an organization requested for a grant application, etc.)
13. What type of data would you like to see collected or shared with you or your organization and how would you use that data?
14. What would make it easier to accomplish data sharing among organizations?

The following section is designed to gather information about your experiences with stigma when serving the community. Please answer the questions based on your experience and to the best of your ability.

15. Please indicate how often each of the following has occurred.					
A. I have heard other agencies use stigmatizing language when talking <u>about</u> clients/patients.	Often	Sometimes	Rarely	Never	N/A
B. I have heard other agencies use stigmatizing language when talking <u>to</u> clients/patients.	Often	Sometimes	Rarely	Never	N/A
C. I have heard co-workers use stigmatizing language when talking <u>about</u> clients/patients.	Often	Sometimes	Rarely	Never	N/A (I don't work with clients/patients)
D. I have heard co-workers use stigmatizing language when talking <u>to</u> clients/patients.	Often	Sometimes	Rarely	Never	N/A (I don't work with clients/patients)
E. I have talked about a client/patient in ways that I wouldn't if they were present.	Often	Sometimes	Rarely	Never	N/A (I don't work with clients/patients)
F. I have spoken up when I have heard others use stigmatizing language.	Often	Sometimes	Rarely	Never	N/A

What is your age? _____	Prefer not to answer				
What is your gender?	Male	Genderqueer/Gender-nonconforming			Transgender
	Female	Gender not listed (please indicate) _____			Prefer not to answer
Please circle all that apply to you.	American Indian or Alaska Native	Asian		Black/African American	Hispanic/Latinx
	Native Hawaiian/ Pacific Islander	White/Caucasian		Other	Prefer not to answer
What is your educational level?	Less than high school	High School Diploma/GED	Some College	Bachelor's Degree (e.g. BA or BS)	Graduate Degree	Prefer not to answer

Appendix C: Agency Affiliation of those Participating in the Community Partner Interview

- Crossroads of Southern Nevada
- EMPOWERED at Roseman University College of Medicine
- Foundation for Recovery (FFR)
- Hello Hales LLC
- PACT Coalition
- Statewide Substance Use Response Working Group
- The LGBTQIA+ Community Center of Southern Nevada
- There is No Hero in Heroin (TiNHiH)
- Trac-B/Impact Exchange

Appendix 4: Clark County Center for Substance Recovery Proposal

(Starts on the next page)

Clark County Center for Substance Recovery

togetherforbetter

Introduction

A. National Overview of the Opioid Crisis

- The opioid crisis in the United States has been escalating over the years, characterized by a significant increase in the use, misuse, and overdose deaths associated with opioid medications, including prescription pain relievers, heroin, and synthetic opioids such as fentanyl.
- Currently in "4th wave" of the crisis
  - 1st wave began with increased prescribing of opioids in the 1990s
  - 2nd wave began in 2010 with heroin
  - 3rd wave began in 2013 with the development of synthetic opioids (i.e. fentanyl)
  - 4th wave is characterized by deaths involving fentanyl plus a stimulant (i.e. cocaine or methamphetamine)
    - Most of the street drug supply is now adulterated with opioids such as fentanyl
- In **2021, it was estimated that more than 107,000 people died of drug overdose in the US**, marking the highest ever recorded annual number of overdose deaths in the nation.
- According to the Centers for Disease Control and Prevention (CDC), **nearly 70% of the drug overdose deaths in 2019 involved an opioid**. This crisis has not only devastated many lives and families but also placed a heavy burden on healthcare systems and the economy.

B. Impact on Urban Areas

- **Urban areas have been particularly hard hit by the opioid epidemic**. Cities offer greater accessibility to both legal and illicit drugs, higher population densities that facilitate the spread of substance use, and often have strained public health resources.
- In urban settings, opioids have contributed to higher rates of nonfatal overdoses and overdose deaths, increased transmission of infectious diseases like HIV and hepatitis C due to needle sharing, and greater economic burdens on local governments.

C. Focus on Clark County

- A recent Nevada need assessment performed by DHHS found that 788 overdose deaths occurred in 2020, an increase of 55% compared to 2019, numbers which are often underreported.
  - In **2023, Clark County (SNHD) reported 237 drug overdose deaths involving fentanyl**, which is **50x more potent that heroin and 100x stronger than morphine.**
- Most overdose deaths involved opioids; however, stimulant use and stimulant-involved overdoses have also increased significantly in recent years.
- Assessment data show that certain racial and ethnic communities, geographic locations, and other groups have been disproportionately impacted by opioid-related harms.
  - **Overdose rates among youth have risen 550%** between 2019 and 2020.

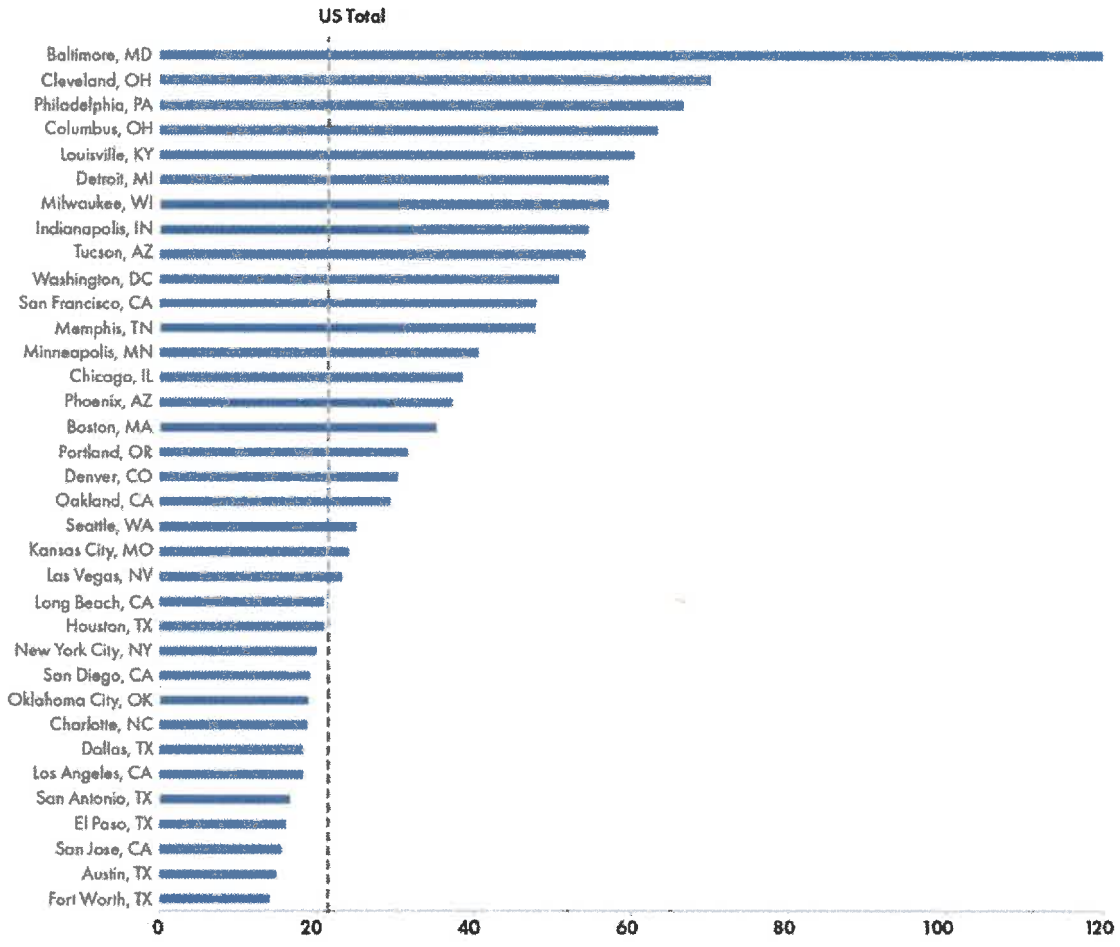
D. Local Statistics and Trends

- According to Mental Health America, **Nevada ranked #51 overall in 2021 and 2022 in regards to prevalence of mental illness and access to care**. This statistic underscores the acute impact of the crisis on this urban area.
- Efforts to address the epidemic in Clark County include increasing access to naloxone, a drug that can reverse opioid overdoses, the promotion of drug take-back programs to reduce the availability of prescription opioids, and distribution of test strips which can be used to determine if drugs have been mixed or contaminated with fentanyl.

E. Conclusion

- Nevada has built a strong foundation of evidence-based treatment, services, and supports across its current system of care, including prevention, treatment, and recovery supports. However, **the current system is fragmented and underdeveloped** and opportunities for strengthening it also exist across all components of care.

Drug OD death rate, 2020 (per 100,000 population, age-adjusted)



Las Vegas ranks #22 in the nation in overdose death rate

Local Statistics

A. Overview of Opioid Overdose Rates
- Clark County has been significantly impacted by opioid overdoses, a trend consistent with the broader crisis affecting Nevada and the United States. Las Vegas, being a major urban center with a large transient population and visitors who come for the 24-hour nature of the city **take what they think is methamphetamine or cocaine, but it is adulterated with fentanyl**.

B. Statistical Trends in Overdose Deaths
- **In 2023, there were 388 total deaths from all opioids in Clark County.**
- From 2018-2023, **Clark County saw a 82% increase in age adjusted overdose death rate involving any opioid**.
  - **Death rate involving fentanyl increased 545% in same time period.**
  - **Death rate involving Rx opioids decreased 37% in the same time period.**
- In addition, **Nevada ranked #51 overall, #51 in youth, #46 in prevalence, and #39 for access** in a recent Mental Health America study on mental health needs across the US states.

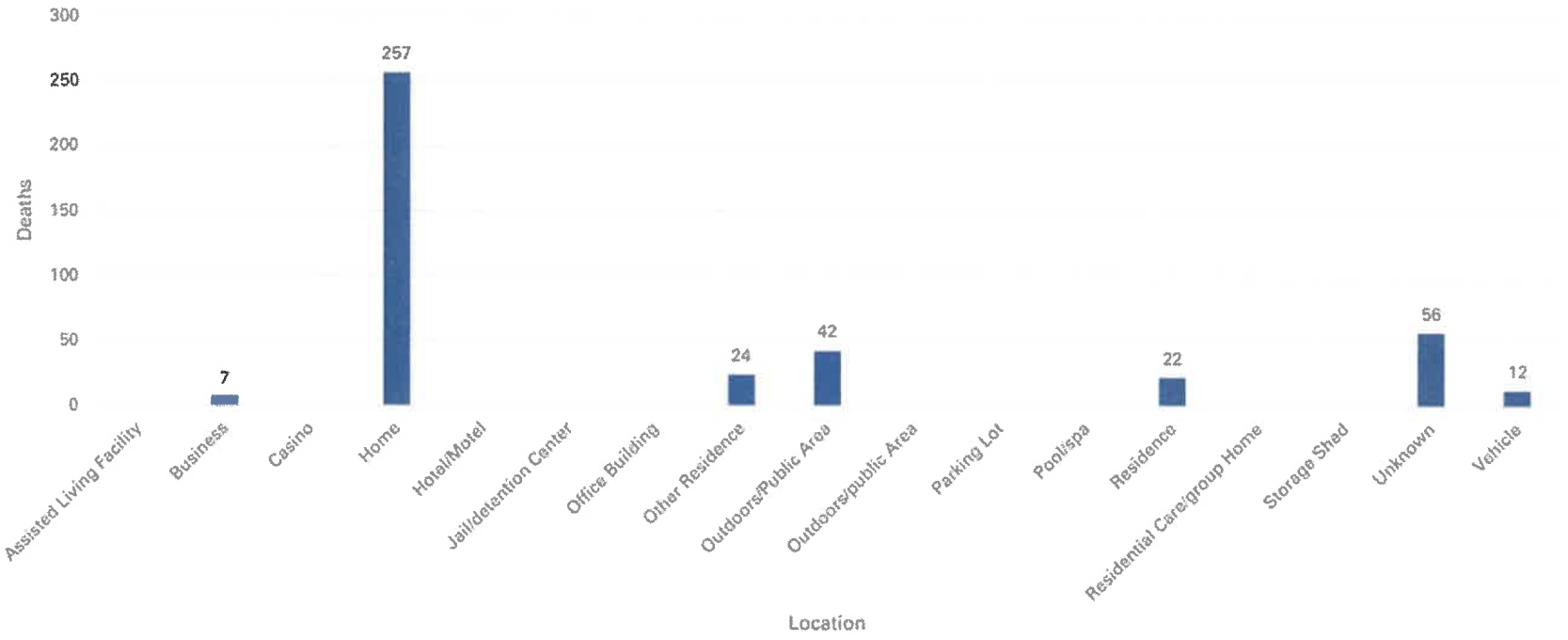
C. The Role of Fentanyl
- In 2023, **78% of the opioid-involved overdose deaths involved fentanyl**.
- Deaths from synthetic opioids increased from **less than 50 in 2010 to nearly 400 in 2023**.

OPIOID DEATHS BY DRUG TYPE

Drug Overdose Death Crosstabulation by Substance Among Clark County Residents, 2023							
	All Opioid	Fentanyl	Heroin	Rx Opioids	Meth	Cocaine	Benzos
All Opioid	388	302	39	81	155	48	64
Fentanyl		302	13	31	135	44	37
Heroin			39	5	18	-	-
Rx Opioids				81	15	6	28
Meth					290	25	13
Cocaine						75	5
Benzos							74

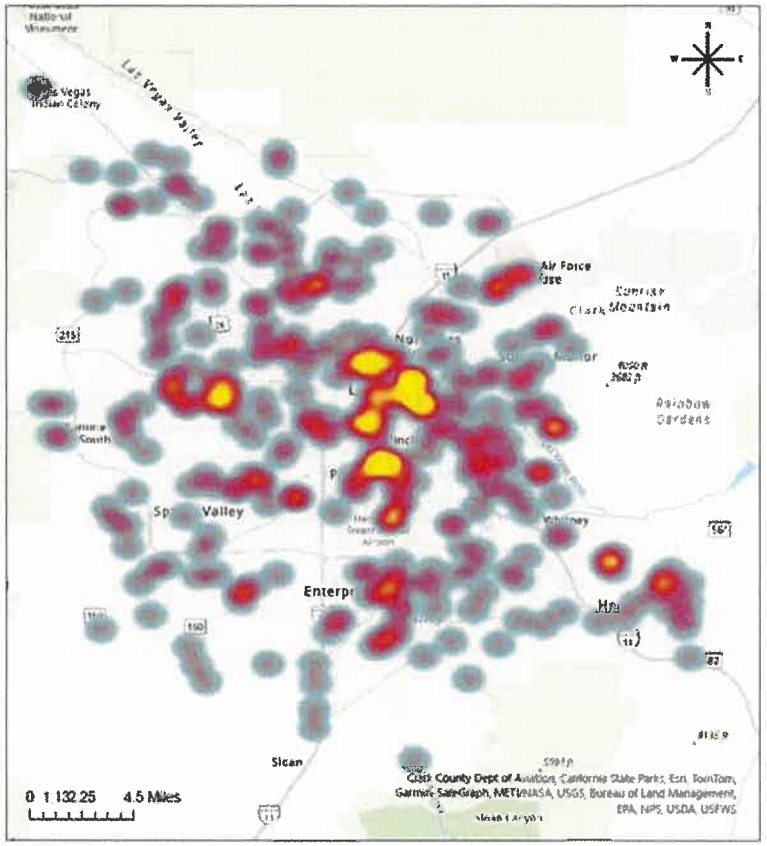
Note: Count data less than 5 are suppressed to protect confidentiality and to safeguard protected health information.

OPIOID DEATHS BY LOCATION



FATAL OPIOID OVERDOSE HEAT MAP (2023)

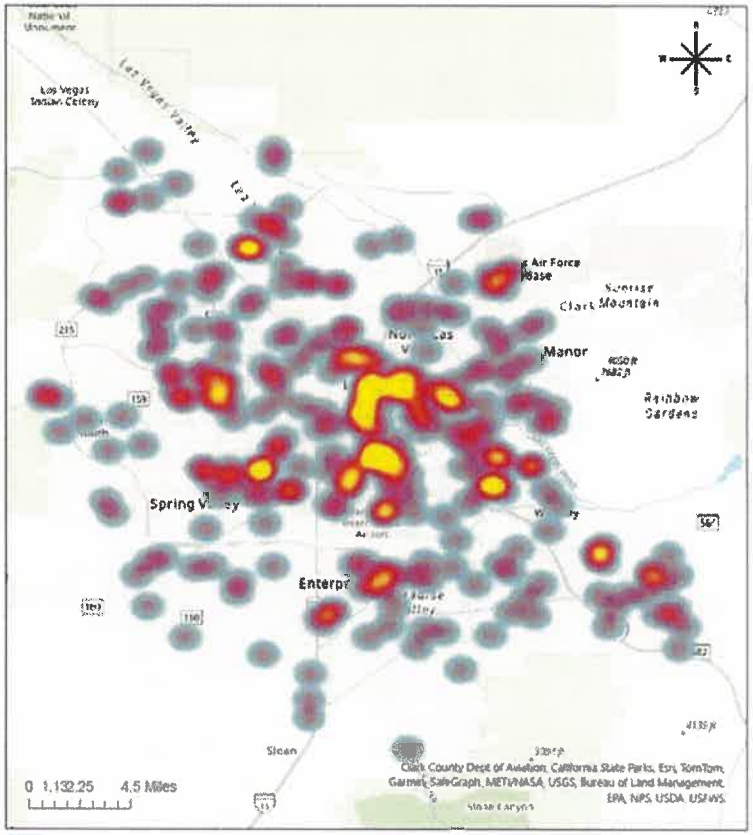
Residence



Sparse
Dense

Clusters are located Downtown, Washington & H St, and UNLV (Flamingo & Paradise).

Injury Location

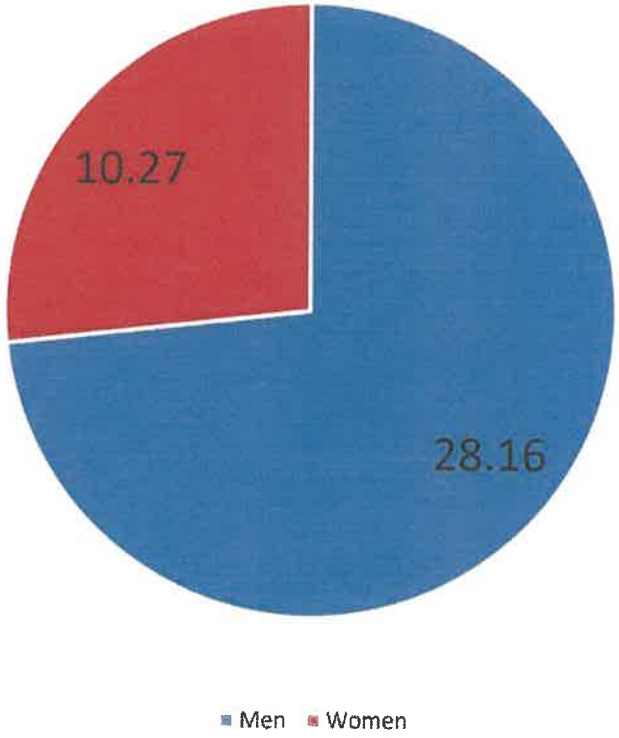


Sparse
Dense

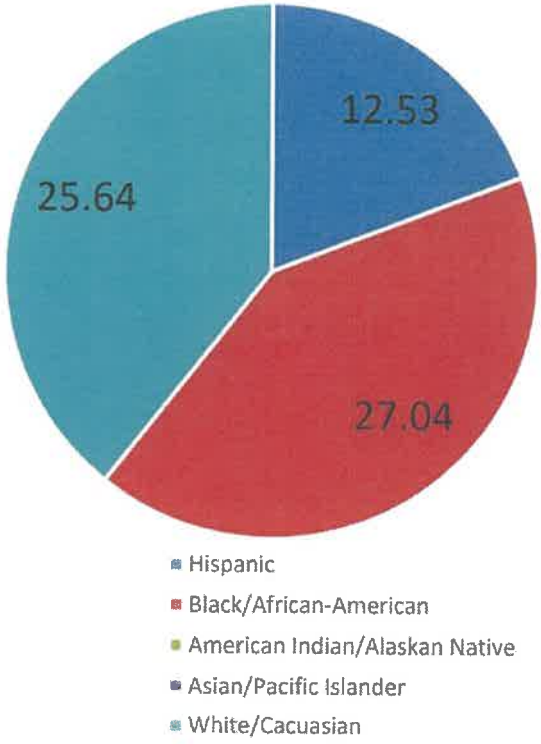
Clusters are located Downtown, 13th & Stewart, Naked City/Arts District, and UNLV.

OPIOID OVERDOSE DEATH DESCRIPTIVE STATS (2023)

Crude Opioid Overdose Death Rate by Gender per 100,000 Clark County Residents, 2023



Crude Opioid Overdose Death Rate by Race/Ethnicity per 100,000 Clark County Residents, 2023



D. Impact on Local Health Resources

- The rising number of opioid overdoses has placed a significant burden on local healthcare systems, including emergency services, hospitals, and long-term rehabilitation centers. The demand for medical and psychological support for addiction and overdose has strained these resources, highlighting the need for increased funding and expanded services.
- From **2019 -2023, there were approximately 2,000 cases opioid related cases which went to local acute care hospitals** which could have been redirected to a substance abuse center and generated approximately **$30M in direct revenue**.
  - From 2019-2020, opioid related **hospital emergency room admissions increased 23%.**

E. Government and Community Response

- Local government and community organizations have been actively involved in trying to mitigate the impact of opioid misuse.
  - **Clark County Regional Opioid Task Force**
  - **Substance Use Response Working Group (SURG, NVAG)**
  - **Advisory Committee on a Resilient Nevada (ACRN)**
  - **Fund for a Resilient Nevada (FRN)**
  - **Southern Nevada Opioid Advisory Council (SNOAC)**
  - **Southern Nevada Harm Reduction Alliance**
  - **Opioid Needs Assessment and State Plan**

F. Conclusion

- The statistics from Clark County reflect both the challenges and the critical need for targeted interventions to address the opioid crisis. Continued monitoring and responsive public health strategies are essential to combat the **rising tide of opioid misuse and overdose deaths in the area**.
- These statistics provide a clear picture of the severity of the opioid crisis in Clark County, underscoring the **importance of concerted efforts to address the issue through comprehensive public health and community-based interventions**.
- Although there are many efforts, groups, organizations, and committees formed to address the opioid crisis, **there does not appear to be a central point of clinical delivery and assistance to mitigate this epidemic**.

Challenges Faced by the Community

A. Local Conditions and Challenges

- Las Vegas' unique demographic and economic factors contribute to its specific challenges regarding opioid misuse. As a major tourist destination known for its nightlife and entertainment, the city attracts a diverse range of individuals, including transient populations who may be more vulnerable to substance use disorders.
- The city's healthcare infrastructure, while extensive, is often stretched thin by the high demand for emergency and addiction services, exacerbated by the high rates of substance abuse among both residents and visitors.

B. Opioid Use Trends in Clark County

- Fentanyl has emerged as a particular concern in Las Vegas, mirroring national trends but with notable local implications. The synthetic opioid is extremely potent and has been responsible for a significant increase in overdose deaths in the area. Many users are often unaware of fentanyl's presence in the drugs they consume, leading to accidental overdoses.
- Overdose death rates in Las Vegas have been on the rise, with opioids playing a major role in these fatalities. The increase in opioid-related deaths has been significant enough to prompt heightened responses from public health and safety officials.

C. Public Health Response

- In response to the crisis, Clark County has implemented several public health initiatives aimed at curbing opioid misuse and its consequences. These include widespread distribution of naloxone, a life-saving medication that reverses opioid overdoses, and public education campaigns on the dangers of opioid use.
- The establishment of the Clark County Regional Opioid Task Force is a pivotal step in coordinating efforts across different sectors to effectively address the crisis. This task force works on enhancing prevention, treatment, recovery, and response strategies to reduce opioid misuse and deaths.

D. Community and Advocacy Efforts

- Local nonprofits and advocacy groups play a critical role in addressing the opioid crisis in Las Vegas. These organizations often spearhead community outreach programs, support groups, and educational initiatives to raise awareness about opioid addiction and promote healthier choices.
- Efforts such as annual walks, community forums, and partnership with local businesses and government entities are essential in mobilizing community action against the opioid epidemic.

E. Future Directions

- Moving forward, Clark County faces the challenge of **integrating more comprehensive treatment options, such as medication-assisted treatment (MAT) programs**, into its healthcare system. These programs are crucial in providing long-term support for individuals recovering from opioid addiction.
  - **MAT is an approach that combines the use of medications with counseling and behavioral therapies**.
  - Common medications used in MAT include **methadone, buprenorphine, and naltrexone** which all manage withdrawal symptoms and reduce the risk of relapse.
- Continued collaboration between local government, healthcare providers, community organizations, and law enforcement will be essential to develop and implement strategies that effectively address both the immediate and underlying issues related to opioid misuse.
- The response to the opioid crisis is multifaceted, addressing both the immediate needs for overdose prevention and long-term strategies for reducing dependency. The county's public health officials, community leaders, and healthcare providers continue to work together to tackle the complexities of the opioid epidemic, aiming to reduce its impact on the community and improve public health outcomes.

Current Resources and Gaps

A. Current Resources
   - Naloxone Distribution: Clark County has seen increased distribution of naloxone, a drug that can reverse opioid overdoses, available through pharmacies, community programs, and emergency responders.
   - Treatment Facilities: There are opioid treatment programs that offer a range of services including detoxification, medication-assisted treatment (MAT), and counseling. These facilities range in scope from inpatient mental health hospitals with the ability to treat acute intoxication to various rehabilitation centers which do a combination of detox, inpatient, and outpatient services.
   - Public Education and Prevention Programs: Efforts to educate the public on the dangers of opioid misuse and the availability of treatment options are ongoing. These programs are crucial for prevention and are often carried out in schools, workplaces, and community centers.

B. Gaps in Services
   - Accessibility and Capacity: Despite the availability of treatment facilities, there are significant gaps in accessibility for many residents, particularly those without insurance or those living in underserved areas. The capacity of existing facilities often cannot meet the high demand for services.
   - Integrated and Comprehensive Care: There is a need for more integrated care systems that not only focus on treating addiction but also address the underlying social and mental health issues associated with substance use disorders. This includes housing, employment support, and mental health services.
   - Recovery and Aftercare Services: There is a lack of long-term recovery and aftercare services, which are critical for maintaining sobriety and preventing relapse. Services such as sober living homes, ongoing counseling, and employment training are needed to support individuals in their recovery journey.

- Public Awareness and Stigma: While there are efforts to educate the public, stigma surrounding opioid addiction still persists, which can deter individuals from seeking help. Increased awareness campaigns that focus on addiction as a medical condition could help reduce stigma and encourage more people to access treatment.

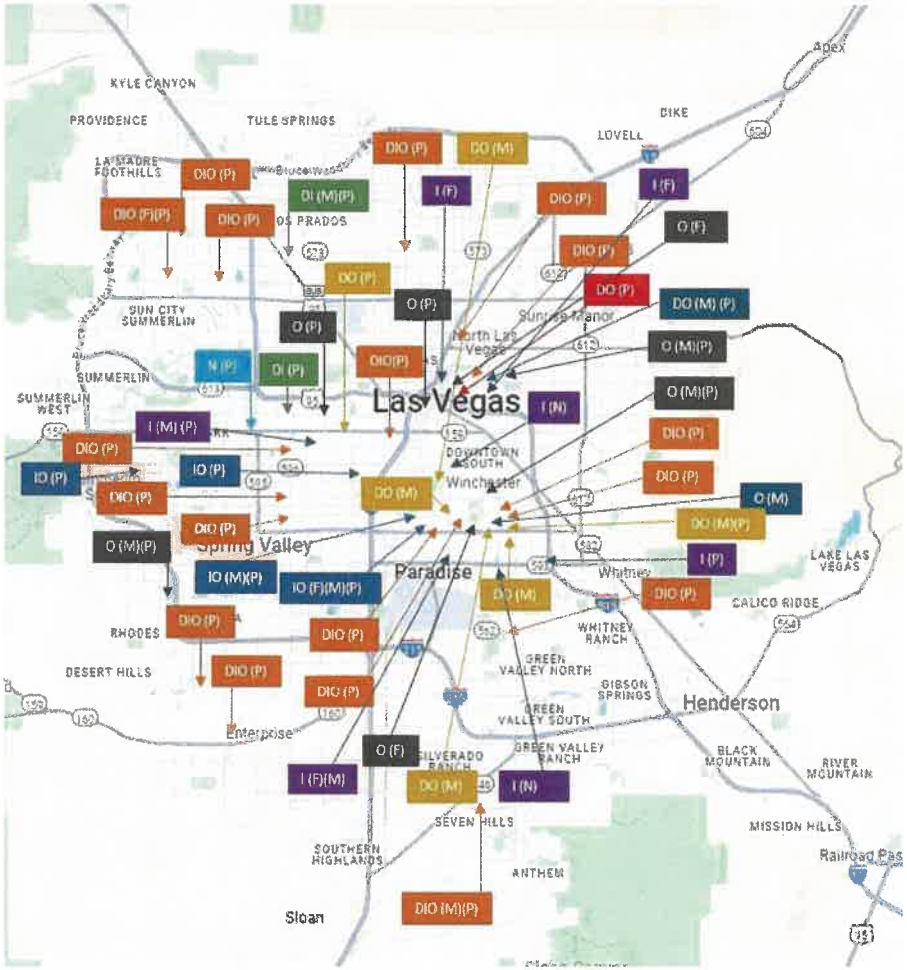
C. Recommendations for Addressing Gaps

- Increase Funding for Treatment Programs: Additional funding is necessary to expand the capacity of existing treatment facilities and to establish new ones, particularly in high need areas
- Enhance Integrated Services: Develop more comprehensive treatment programs that integrate physical health, mental health, and social services to address all aspects of a person's well-being.
- Expand Recovery and Support Networks: Increase investment in recovery support services, such as peer support groups, sober living arrangements, and community-based aftercare programs.
- Improve Outreach and Education Efforts: Launch more targeted education programs that reach out to various demographics, including young adults, older populations, and minority communities, to better educate them on the risks of opioids and the resources available for help.

D. Stakeholder Involvement

- Collaboration among healthcare providers, policy makers, community leaders, and affected families is crucial for developing effective strategies to fill these gaps. Engaging all stakeholders in a concerted effort can lead to more effective solutions and broader community support for individuals affected by the opioid crisis.
- Addressing these gaps requires a coordinated effort that not only expands existing resources but also adapts services to meet the specific needs of the Las Vegas community. Through comprehensive strategies and sustained support, it is possible to make significant progress in combating the opioid epidemic in the region.

BEHAVIORAL HEALTH CENTERS – CLARK COUNTY



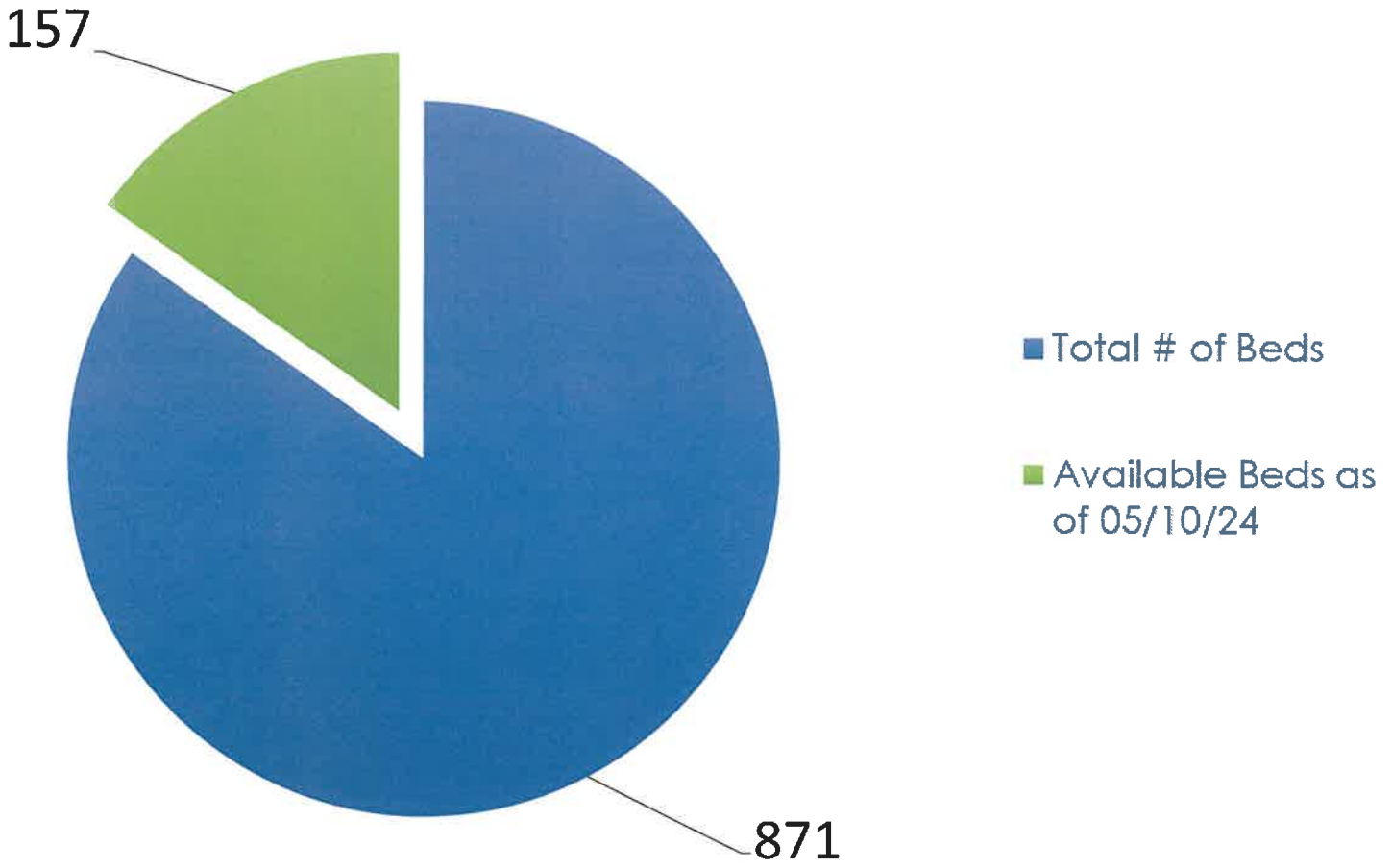
LEGEND:

- **DIO** - Detox Inpatient Outpatient
- **DO** – Detox Outpatient
- **DI** – Detox Inpatient
- **IO** – Inpatient Outpatient
- **I** – Inpatient
- **O** – Outpatient
- **N** – N/A

(P) – Private
(M) – Medicaid
(F) – Free
(N) – N/A

- Approximately 60 drug rehabilitation centers in Clark County offering varying services (detox, inpatient, outpatient) for varying payors (private, Medicaid, free).
- Only 9 SAMHSA approved opioid treatment centers in Clark County.

ACUTE CARE INPATIENT BEHAVIORAL BEDS



Benefits of Establishing a New Treatment Center

A. Enhanced Access to Specialized Care
- Increased Treatment Capacity: A new treatment center would expand the availability of opioid addiction services, including detoxification, medication-assisted treatment (MAT), and counseling. This is crucial in a city where current facilities may be at capacity and unable to meet the growing demand.
- Specialized Programs: With the establishment of a new center, there is an opportunity to offer specialized programs tailored to diverse populations, such as adolescents, veterans, or people with co-occurring mental health disorders.

B. Reduction in Overdose Deaths
- Immediate Intervention: Increased access to treatment can lead directly to a reduction in overdose deaths. Treatment centers provide necessary interventions like naloxone distribution and emergency care that can save lives in acute situations.
- Long-term Health Improvements: Ongoing treatment and support services help individuals achieve and maintain sobriety, significantly reducing the risk of fatal and non-fatal overdoses.

C. Economic Benefits
- Reduced Healthcare Costs: Effective treatment reduces the need for emergency medical services and hospitalizations related to overdoses, thereby decreasing overall healthcare costs.
- Increased Productivity: Recovering individuals can contribute more effectively to the economy through stable employment and increased productivity, benefiting the community economically.

D. Social and Community Impact
   - Improved Public Safety: Treatment centers help reduce drug-related crime and improve public safety by addressing the root causes of addiction. This can lead to a more stable and safe community environment.
   - Community Engagement and Support: Establishing a new center can strengthen community ties and promote a supportive environment that is critical for recovery. This includes creating opportunities for community-based recovery programs and partnerships with local businesses and educational institutions.

E. Education and Prevention
   - Awareness and Stigma Reduction: A treatment center also serves as a hub for education and awareness campaigns that can help reduce the stigma associated with addiction. By promoting understanding and support, the center can encourage more individuals to seek help early.
   - Preventive Education: The center can provide preventive education to at-risk populations, including youth and young adults, which is essential for reducing the initiation into opioid use.

F. Research and Development
   - Innovations in Treatment: A new center can also be a site for research and development of new treatment methods and interventions. Collaboration with academic institutions and participation in clinical trials can lead to innovations that improve treatment outcomes not only locally but on a broader scale.

G. Broaden Support Networks

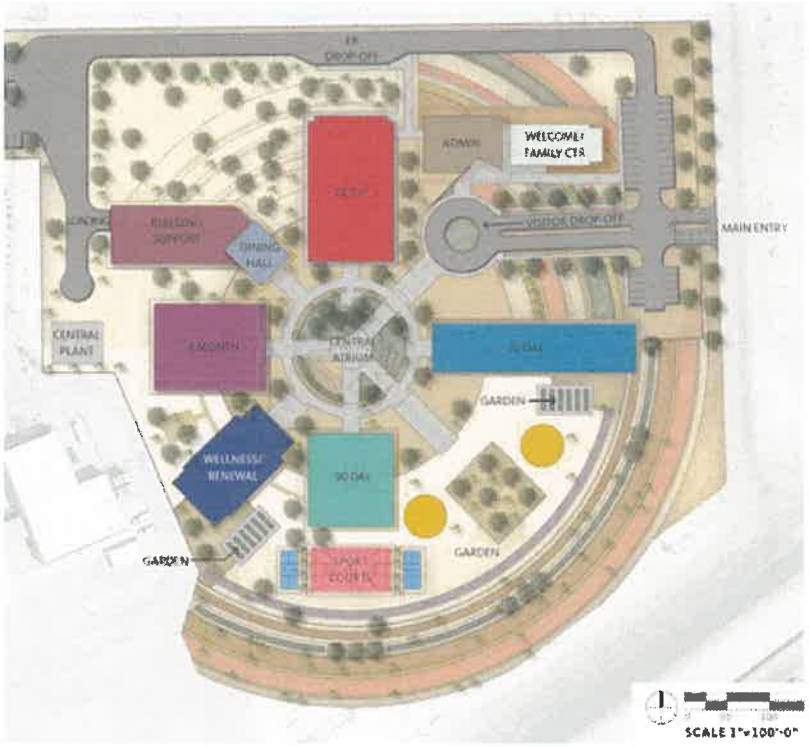
- Integration of Services: By integrating various services, such as mental health care, social services, and legal aid, into the treatment process, a new center can provide a holistic approach to recovery, which is more effective in the long term.

H. Conclusion

- The establishment of a new opioid treatment center in Las Vegas would bring multifaceted benefits, addressing both immediate and long-term needs of individuals struggling with opioid addiction. This initiative would not only enhance the health and safety of the community but also contribute positively to its economic and social fabric.

Proposed Features of the Treatment Center

Current Proposed Site Plans



Residential Program: 240 Beds Total:

- Detox (48 Beds Total).
- 30-Day Stay (96 Beds Total). (recommend more)
- 90-Day Stay (64 Beds Total).
- 6-Month Stay (32 Beds Total).

Support Program:

- Administration.
- Welcome & Family Center.
- Wellness/Renewal Center.
- Building Support.
- Outdoor Amenities.

SCOPE OF PROGRAM

A. Opioids
   - Including prescription painkillers (like oxycodone and hydrocodone, illegal drugs (like heroin), and synthetic drugs (like fentanyl). Treatments often use medication-assisted therapies (MAT) such as methadone, buprenorphine, or naltrexone. Detoxification is sometimes needed for patients in acute overdose episodes.

B. Alcohol
   - Treatment typically involves detox, behavioral therapies, and support groups.

C. Benzodiazepines
   - Treatment for addiction to sedatives like Valium and Xanax usually includes tapering the drug's use under medical supervision to manage withdrawal symptoms safely

D. Stimulants
   - Such as cocaine and methamphetamines. Treatment may include behavioral therapies and support groups since there are currently no FDA-approved medications for treating addiction to these substances

SCOPE OF PROGRAM

E. Nicotine
- Often treated with a combination of medication and behavioral therapies

F. Club Drugs
- Including MDMA (ecstasy), GBH, and others. Treatment focuses on psychotherapy and support groups.

G. Hallucinogens
- Like LSD and psilocybin, which generally require psychotherapeutic approaches to treatment.

The specific treatment strategies can vary depending on the substance involved and the individual's needs, often involving a combination of detoxification, medication, therapy, and support mechanisms to aid recovery and prevent relapse.

BED COMPLMENT BENEFITS

30-Day Programs: These programs are typically introductory and focus on detoxification along with beginning the journey of rehabilitation. They can serve as a good starting point for many individuals, providing structured therapy and helping patients develop a continuation or aftercare plan. However, they may be less effective for severe addictions or those long-standing behavioral issues as they provide a limited time to address complex issues.

90-Day Programs: Research indicates that longer duration treatments, such as 90-day programs, are significantly more effective in maintaining sobriety. These programs allow more time for detoxification, therapy, and skills development crucial for relapse prevention. They offer comprehensive support, including behavioral therapies like cognitive-behavioral therapy (CBT) and contingency management, and often involve family in the recovery process. Studies show that extended stays in such programs are associated with better outcomes, including reduced relapse rates and improved overall functioning.

6-Month Programs: Extended programs that last for about six months provide an even deeper level of care. These programs are particularly beneficial for those with chronic addiction issues, offering ongoing support and more time to practice recovery skills in a safe environment. The long duration helps solidify habits of sober living and thoroughly addresses the psychological aspects of addiction. Facilities that provide such long-term care often see improved results in terms of patient recovery stability and lower relapse rates.

BED COMPLEMENT RECOMMENDATIONS

Detox Beds: It's common for patients to require detox beds before transitioning to further treatment. Typical duration of stay for detox is usually 5 to 10 days. Detox areas do not require as long as a stay as rehabilitation programs but do need to be readily available for new patients.

30-Day Programs: Short-term programs are typically entry points for many seeking initial treatment and can have higher turnover rates. Allocating a larger number of beds to this program can accommodate the higher admission rates typically associated with shorter stays.

90-Day Programs: Given the evidence supporting longer treatment durations for improved outcomes, a significant portion of the facility should be dedicated to these programs. They provide a balance between intensive care and manageable stay duration, making them appealing to many patients and their families.

6-Month Programs: These programs are crucial for individuals with more severe addiction issues or those who have not succeeded in shorter programs. While the demand may be lower than for shorter programs, the impact and complexity of care provided justify dedicating a substantial portion of the center's resources.

BED COMPLEMENT RECOMMENDATIONS

Suggested Allocation:

• Detox Beds: **15%** of total beds	(36 beds)	↓ 48
• 30-Day Programs: **35%** of total beds	(84 beds)	↓ 96
• 90-Day Programs: **35%** of total beds	(84 beds)	↑ 64
• 6-Month Programs: **15%** of total beds	(36 beds)	↑ 32
Total Beds	240 beds	

PROGRAMS AND SERVICES

A. Comprehensive Treatment Services
- Detoxification Services: Offering medically supervised detox to help patients safely withdraw from opioids, which is the first step in the recovery process
- Medication-Assisted Treatment (MAT): Providing FDA-approved medications such as methadone, buprenorphine, and naltrexone to help reduce cravings and withdrawal symptoms
- Counseling and Behavioral Therapies: Incorporating individual counseling, group therapy, and family therapy sessions to address psychological aspects of addiction.
- Inpatient services (30, 90, 180 day treatment) and Outpatient services (intensive and traditional)

B. Integrated Care Programs
- Co-occurring Disorders Treatment: Programs designed to treat not only substance abuse but also accompanying mental health conditions such as depression, anxiety, or PTSD.
- Physical Health Services: Including general healthcare services to address physical health issues often neglected in those suffering from addiction.

C. Support and Recovery Services
- Aftercare and Relapse Prevention: Establishing strong aftercare programs to support patients after they leave treatment, including ongoing counseling and support groups.
- Sober Living Arrangements: Offering or coordinating with sober living homes to provide a drug-free environment that supports recovery.

PROGRAMS AND SERVICES

D. Educational and Outreach Programs
- Community Education Initiatives: Conducting workshops and seminars in schools, workplaces, and community centers to educate the public about the risks of opioid use and the benefits of treatment.
- Programs for Pregnant Women: Specialized care for pregnant women dealing with opioid addiction, ensuring the safety and health of both mother and child.

E. Specialized Programs
- Youth and Adolescent Programs: Tailored programs for younger individuals who require different approaches in treatment and counseling.
- Programs for Pregnant Women: Specialized care for pregnant women dealing with opioid addiction, ensuring the safety and health of both mother and child.

F. Technology Integration
- Telemedicine Services: Utilizing telemedicine to provide continuous care and support, especially for patients who may not be able to consistently travel to the treatment center.
- Mobile Apps for Support and Management: Development of mobile applications that can provide support tools, reminders for medication, and direct links to counselors or emergency help.

PROGRAMS AND SERVICES

G. Legal and Social Service Coordination

- Legal Aid Services: Offering access to legal aid to help patients navigate issues like custody disputes, criminal charges, or employment discrimination related to their addiction history.
- Employment and Educational Assistance: Programs to help recovering individuals reintegrate into the workforce or continue their education.

H. Conclusion

- These proposed features aim to create a comprehensive and integrated approach to opioid addiction treatment in Las Vegas, addressing not only the medical and psychological aspects of recovery but also the social, legal, and economic challenges that patients often face. This holistic approach is crucial for the long-term success of individuals in recovery and for the health of the community as a whole.

OUTPATIENT PROGRAMS

A. Intensive Outpatient Therapy (IOP)
- **Intensity and Time Commitment:** IOPs require a significant commitment, generally involving multiple sessions per week, each lasting several hours. Commonly, this might include 9 to 20 hours per week of therapy.
- **Services Offered:** These programs offer a rigorous treatment schedule designed to address complex addiction issues without requiring overnight stays. Treatments often include group therapy, individual counseling, and educational sessions about substance abuse, relapse prevention, and sometimes family counseling.
- **Suitable For:** IOPs are intended for individuals who need more support than what typical outpatient therapy offers but who also have a stable home environment. It's suitable for those transitioning from residential treatment of those whose condition requires a structured therapy regimen but allows them to remain in their community and possibly continue working or attending school.

B. Outpatient Therapy (OP)
- **Intensity and Time Commitment:** This form of therapy typically involves less than IOP, often ranging from 1 to 8 hours per week, based on individual needs.

OUTPATIENT PROGRAMS

- **Services Offered:** Standard outpatient programs usually involve weekly or biweekly meetings with a therapist or counselor for individual sessions, group therapy, or both. The focus is often on counseling and less intensive than IOP
- **Suitable For:** OP is best suited for individuals who need a flexible schedule to manage their recovery while maintaining their regular responsibilities like work, school, or family. It's often recommended for those with a mild form of addiction or those well into their recovery needing continued support.

C. Key Differences

- **Frequency and Duration of Sessions:** IOPs are more intense, requiring more hours per week, whereas Ops require fewer weekly hours and are less intense.
- **Level of Care:** IOPs provide a higher level of care than standard outpatient programs, suitable for those needing more structured support without inpatient care.
- **Lifestyle Integration:** Both programs allow patients to live at home, but IOPs might restrict some aspects of personal life due to the intensity of the program

Choosing between IOPs and OP usually depends on the individual's specific needs, their level of addiction, personal responsibilities, and their support system at home.

Case Studies of Successful Treatment Centers

A. The Hazelden Betty Ford Foundation
- Location: Multiple locations across the U.S.
- Approach: Integrates medical, mental, and holistic health services with peer-led community-based recovery support.
- Innovations: Hazelden pioneered the use of the "Minnesota Model," a whole-person approach to addiction treatment, which has since been adopted worldwide. They also focus heavily on family involvement and support systems, recognizing the importance of this network in the recovery process.
- Outcomes: High success rates in patient recovery and long-term sobriety, supported by robust follow-up care and alumni networks.

B. Behavioral Health of Palms Beach
- Location: Florida
- Approach: Known for its research-based, comprehensive treatment programs that address both substance abuse and co-occurring mental health disorders.
- Innovations: Offers a variety of specialized treatment programs, including ones for first responders, healthcare professionals, and those dealing with trauma. Utilizes evidence based therapies like cognitive behavioral therapy (CBT), dialectical behavior therapy (DBT), and motivational interviewing.
- Outcomes: Demonstrates a strong track record in reducing relapse rates and improving overall mental health outcomes.

C. Phoenix House

- Location: Multiple locations across the U.S.
- Approach: Provides a continuum of care from detox and residential treatment to outpatient services and sober living.
- Innovations: Emphasizes the role of personal responsibility and the development of a solid support network, which is facilitated through various community-centric programs and activities.
- Outcomes: Success in long-term recovery, evidenced by extensive follow-up with clients and a focus on sustainable living practices post-treatment.

D. McLean Hospital

- Location: Massachusetts
- Approach: As part of the Harvard Medical School, McLean provides cutting-edge treatment informed by the latest research in neuroscience and psychiatry.
- Innovations: Specializes in treating substance use disorders alongside mental health conditions, using advanced medical and psychotherapeutic methods. Also focuses heavily on research and development to continually evolve its treatment protocols.
- Outcomes: Noted for its high rates of patient satisfaction and effectiveness in treating complex psychiatric and substance use disorders.

E. Caron Treatment Centers
   - Location: Pennsylvania
   - Approach: Caron uses a comprehensive and personalized approach to treatment, which includes medical care, psychotherapy, and spiritual and emotional support.
   - Innovations: Offers age-specific programs and has specialized tracks for different demographics, including teens, young adults, and older adults, recognizing the unique challenges faced by these groups.
   - Outcomes: Known for its strong emphasis on family involvement and extensive aftercare planning, which has led to high success rates in maintaining long-term sobriety.

F. Conclusion
   - Each of these centers demonstrates a commitment to comprehensive care, ongoing innovation in treatment practices, and the importance of tailored programs to meet the needs of diverse populations. By examining their approaches, successes, and areas of specialty, stakeholders in Las Vegas could gain valuable insights into potential features and strategies to implement in a new local opioid treatment center.

Funding and Support

A. Federals Grants
   - Substance Abuse and Mental Health Services Administration (SAMHSA): SAMHSA offers several grant programs that can support opioid addiction treatment programs, including grants specifically aimed at medication-assisted treatment (MAT) and the expansion of treatment services in underserved areas.
   - Health Resources and Services Administration (HRSA): HRSA provides funding to health centers to help them tackle substance use disorders, including opioid abuse, by expanding access to services.

B. State and Local Government Funding
   - Opioid settlement funding (State, County, Municipality)
   - State Opioid Response Grants: Many states receive federal funding through SAMHSA's State Opioid Response program, which they can allocate to local treatment centers to enhance opioid addiction services.
   - Local Health Departments (SNHD): Local government budgets sometimes include allocations for public health initiatives, including funding for addiction treatment and prevention programs.

C. Private Foundations and Donations
   - Philanthropic Foundations: Foundations such as the Robert Wood Johnson Foundation, the Open Society Foundations, and local community foundations often grant funds to health initiatives, including those for addiction treatment.
   - Corporate Sponsorships: Businesses, especially those in the healthcare sector, may sponsor programs or donate funds as part of their corporate social responsibility initiatives.

D. Insurance Reimbursements
- Medicaid and Medicare: For eligible individuals, these government health programs can cover part or all of the costs of opioid addiction treatment, including outpatient and inpatient services.
- Private Health Insurance: Coverage for addiction treatment services can vary, but many private insurers cover treatment to some degree under behavioral health provisions, for which contracts would have to be negotiated.

E. Crowdfunding and Community Fundraising
- Online Fundraising Platforms: Sites like GoFundMe or Kickstarter can be used to raise funds for specific projects or expansions within treatment centers.
- Community-Based Fundraising Events: Local events such as charity runs, auctions, or concerts can raise funds and increase community awareness and support for treatment centers.

F. Public-Private Partnerships
- Collaborations Between Businesses and Nonprofits: Partnerships between private companies and nonprofit treatment centers can provide financial support, in-kind donations, or co-sponsored treatment programs.

G. Research Grants and Scholarships

- Academic and Research Institutions: Universities and research organizations often have funding available for programs that include a research component, helping to advance the science of addiction treatment and recovery.

H. Conclusion

- These funding sources are crucial for establishing and maintaining comprehensive treatment services, especially in areas heavily impacted by the opioid crisis like Las Vegas. Leveraging a combination of these funds can help ensure that treatment centers have the necessary resources to provide effective, ongoing support for individuals struggling with opioid addiction.

Call to Action

A. Introduction
- The success of a new opioid treatment center in Clark County hinges not only on the establishment of the facility itself but also on ongoing community engagement and support.

B. Community Awareness and Education
- Host Community Meetings: Organize town hall meetings to discuss the opioid crisis with residents, local businesses, and stakeholders, explaining how the new center will benefit the community.
- Educational Campaigns: Launch educational campaigns across various media platforms to raise awareness about opioid addiction, the importance of treatment, and the specific roles of the new center.

C. Advocacy and Policy Support
- Engage with Local and State Officials: Work with government officials to advocate for supportive policies and funding. This can involve arranging meetings, providing briefings, and encouraging community members to reach out to their representatives.
- Policy Development Workshops: Organize workshops to help stakeholders understand and influence the local policies affecting opioid treatment and funding.

D. Financial Contributions and Fundraising
- Fundraising Events: Plan and host fundraising events such as charity runs, galas, or concerts to raise funds for the center.
- Online Fundraising Campaigns: Use platforms like GoFundMe to create and promote online campaigns that can reach a wider audience.
- Corporate Sponsorship: Engage local businesses and national corporations to seek sponsorships or partnerships that provide financial support or services in kind

E. Volunteer Recruitment
- Recruit Volunteers: Encourage local residents to volunteer at the center, whether in direct care roles (for those qualified) or in supporting functions like administration, outreach, and event management.
- Professional Services: Seek professionals willing to donate their skills and time, such as counselors, doctors, nurses, and social workers.

F. Building Partnerships
- Collaborate with Healthcare Providers: Form partnerships with local hospitals, clinics, and health professionals to ensure a continuum of care for patients.
- Partner with Nonprofits and Community Groups: Work with existing organizations focused on drug addiction, health care, and social services to create a network of support for the center's clients.

G. Continuous Improvement and Feedback
- Community Feedback Sessions: Regularly hold feedback sessions with treatment center clients and community members to hear their experiences and suggestions for improvement.
- Ongoing Assessment and Adaptation: Continuously assess the effectiveness of the center and adapt strategies in response to changing needs and feedback.

H. Public Commitment
- Sign a Community Pledge: Create a pledge that local businesses, leaders, and residents can sign to show their commitment to supporting the opioid treatment center and its goals.

I. Media Engagement
- Press Releases and Media Briefings: Use media relations to keep the community informed about the progress and successes of the treatment center, as well as ongoing needs and challenges.
- Social Media Campaigns: Leverage social media platforms to keep the conversation going, share success stories, and highlight the importance of community support.

J. Conclusion

- Implementing these actions requires coordinated efforts across various sectors of the community. By engaging a wide array of stakeholders and maintaining transparent, open communication, the establishment of a new opioid treatment center in Las Vegas can be a cornerstone in the fight against the opioid crisis, leading to significant health and social benefits for the entire community.

Conclusion

A. Summary

- The establishment of a new opioid treatment center in Clark County represents a crucial step towards addressing the severe impact of the opioid crisis in the area. With escalating rates of addiction and overdose deaths, particularly those involving potent substances like fentanyl, the need for comprehensive, accessible treatment options is more pressing than ever.

B. Key Points Summary

- Enhanced Accessibility and Specialization: The center will provide critical services that are currently in high demand, including detoxification, medication-assisted treatment, and comprehensive behavioral therapies. Specialized programs can address the needs of diverse populations, including youth, veterans, and pregnant women, ensuring that all community members have access to tailored support.
- Community and Economic Benefits: Beyond health improvements, the center is expected to contribute to public safety and economic stability of Clark County. By reducing the incidence of drug-related crime and improving the overall health of the population, the center can alleviate the economic burden on local healthcare systems and boost community productivity.
- Education and Prevention Initiatives: The center will also play a vital role in prevention efforts through community education and awareness programs designed to reduce stigma and inform the public about the dangers of opioid misuse.

- Collaborative Efforts for Sustainability: Success hinges on the collaborative efforts of various stakeholders, including healthcare professionals, government agencies, private organizations, and the community at large. Ongoing support through funding, volunteering, and policy advocacy will be essential for the center's sustained impact.

C. Final Thoughts

- The proposed opioid treatment center is not just a response to a crisis—it is an investment in the future health and well-being of Clark County. By addressing this pressing public health issue, the community can foster a safer, healthier environment for all its members. It's a call to action for everyone in the area to support a project that has far-reaching benefits, from immediate health improvements to long-term social change. Through united efforts and continued commitment, Clark County can serve as a model for effectively combating the opioid epidemic and improving public health outcomes across the nation. This conclusion aims to galvanize support and underline the broad impact that such a facility could have, not just on individuals struggling with addiction, but on the community as a whole.

Q&A