






Background and Introduction to the CAST Tool

From Jan-June 2019, as part of an effort to understand current statewide and regional capacity for Substance Use Disorder (SUD) prevention and treatment services and establish priorities to build future capacity, SAPTA conducted a system-wide assessment using the CAST tool. Social Entrepreneurs, Inc. (SEI) was engaged by the state to facilitate completion of the CAST at the regional level, in collaboration with Nevada’s Regional Behavioral Health Coordinators (RBHCs).




This document provides a high-level summary of the methodology, data, outcomes, and next steps identified through this process. Key findings comprise:

-  **All but one of Nevada’s regions are equal to or above the national median for being at risk for substance misuse-related hospitalization**
-  **Accounting for polysubstance misuse, the number of individuals within the State that need, but do not receive, treatment for substance abuse disorders is estimated to be around 400,000**
-  **Nevada’s most pressing need is to increase the number of treatment services available to residents across the state**

The CAST Tool

CAST was developed by an interdisciplinary group of researchers at SAMHSA’s Center for Behavioral Health Statistics and Quality (CBHSQ) in 2016 to provide a method for “evaluating the capacity of the substance abuse care system within a defined geographic area.”²

CAST utilizes **social determinants of health, population and demographic data, and community resource availability** to estimate:

-  **Hospitalization Risk Score:** the likelihood that the region’s hospitalization rate for substance abuse disorders (SUDs) will be above the national median hospitalization rate for SUDs
-  **Regional Usage Rates of Commonly Misused Substances:** the number of individuals within the region that will misuse substances within a given year
-  **Community Capacity Calculator:** the region’s capacity to address and combat substance misuse via Promotion, Prevention, Referral, Treatment, and Recovery activities and resources. The Calculator (pg. 3) uses algorithms to estimate need for core components of the SUD prevention and treatment continuum in a region (see ex. below: Opioid Treatment, Clark County region).

	Component	Definition & Units of Measurement	Maximum Community Need	Program Usage Rate	Adjusted Community Need	Observed Community Totals	Estimated Need
Source Details			Combines community characteristics (e.g. # of users w/ use disorder for relevant substances), the frequency for which this resource is needed, and the number of individuals that can be serviced by one provider	The estimated % of individuals expected to utilize the resource	Estimated need, based on max community need and program usage rate	Number of resources of this type available within the given region (data collected by SEI, RBHCs, and community stakeholders)	The difference between the observed and adjusted community need (to the nearest integer)
	Ex.	Opioid Treatment Program (OTP)	Providers that offer daily opioid treatment programs	89 *	25% =	22.15 -	12 = -10

¹ Additional information is available in the *Capacity Assessment Report: Nevada* submitted to the State by SEI on July 16, 2019

² Excerpt from the CAST Manual.

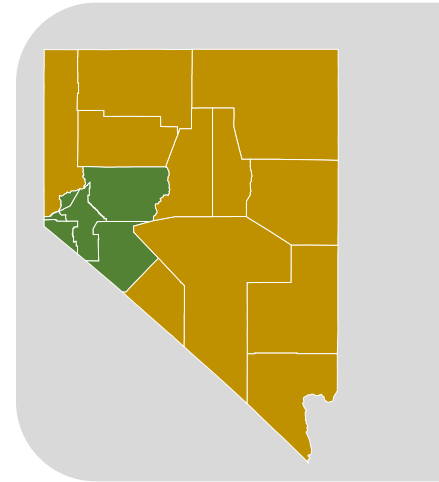
CAST Tool Results | Risk for substance-misuse related hospitalizations in Nevada by region

CAST uses a regressive analysis of social determinants of health informed by national data and research on factors that increase the likelihood for a county or region to have higher than the national median for hospitalization due to SUDs.

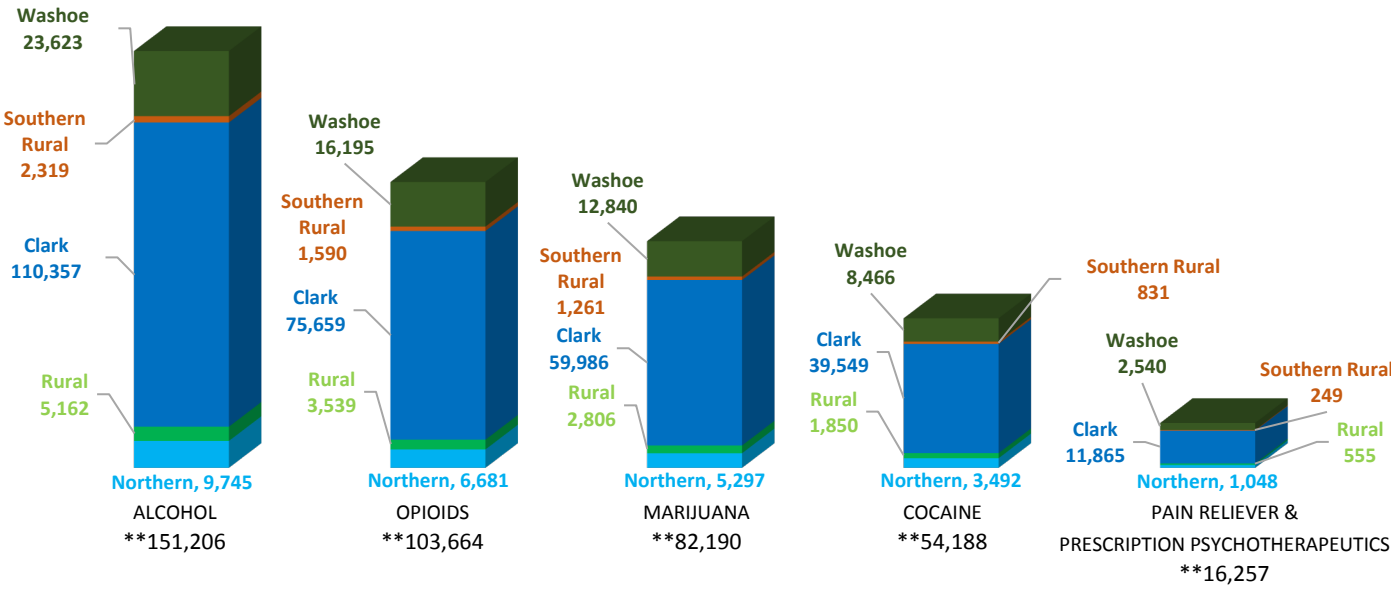
- Low risk** | The aggregated and calculated risk score for this region is equal to or lower than the national median.
- Medium risk** | The risk score is between 0-25% above that of the national median.
- High risk** | The risk score is more than 25% above that of the national median.

All of Nevada, with the exception of the Northern region, is at medium risk of being above the national median for SUD hospitalizations.*

**note that these scores are averaged across large regions, and do not reflect county-level variances in need*



CAST Tool Results | Estimated treatment gap in Nevada by region and type of substance



CAST estimates regional usage rates for the five most commonly misused substances according to the National Survey on Drug Use and Health (NSDUH). **The estimated number of users needing, but not receiving, treatment within the past year for the five most commonly misused substances was calculated by the CAST tool for each region and aggregated to the State-level.**

***estimated treatment gap by substance*

CAST Tool Results | Nevada’s capacity building priorities by region

Numbers provided in this chart represent units of service for each component. Note that service units vary for each component. For more information, see the **Capacity Assessment Report: Nevada**.

		Clark County Southern Region	Northern Region	Rural Region	Southern Rural Region	Washoe Region
Promotion	Marketing Ads	-380	-946	+159	+311	+1,856
	Media Advocacy Events	-43	-21	-2	+30	+23
	Community Coalitions	-1	+4	+4	+2	+2
Prevention	School-Based Prevention Programs	-364	-26	-13	+10	-60
	Community-Based Prevention Programs	-460	-43	-16	-4	-95
	Housing Vouchers for Low-Income Residents	-4,710	-487	-256	-142	-1,015
	Needle Exchange	-2	-22	-1	-5	-1
	Prescription Drug Disposal Locations	-20	+1	+7	+6	-4
Referral	Adult Specialty Courts	+11	+20	+3	+2	+10
	Youth Specialty Courts	-2	+2	+4	0	+1
	Social Workers	+114	-94	-70	-13	+69
Inpatient Treatment	Detoxification	+2	+2	+1	0	0
	24-hour/Intensive Day Treatment	+7	+2	0	+3	+9
	Short-Term (30 days or fewer)	-13	-4	-2	-1	-21
	Long-Term (more than 30 days)	-7	-3	-1	-1	-19
Outpatient Treatment	Detoxification	+4	0	0	0	+1
	Counselors	+60	-22	-10	+25	+107
	Psychiatrists	-180	-34	-18	-8	-39
	Psychologists	-26	-3	-3	-1	-3
	Opioid Treatment Program (OTP)	-10	-3	-2	-1	-3
	Office Based Opiate Substitution (OBOT)	-98	-37	-18	-12	-23
Recovery	Religious or Spiritual Advisors	-669	-59	-31	-12	-140
	12-Step Groups	+245	+16	0	+13	+243
	Transportation for Those Receiving Treatment	-125	+4,732	-2,795	+527	+6,327
	Employment Support for Those Receiving Treatment	-58	-10	-4	-1	+4
	Educational Support	-34	-4	0	+1	+2
	Parenting Education	-58	-10	+49	-12	+40
	Insurance Assistance	-223	-15	-14	0	-9

Statewide Estimated Need Summary

29 components were evaluated for each of the five regions, as illustrated in the chart to the left

Promotion: 40% unmet need by components, as NV has insufficient capacity in 6/15 components across the five regions



Prevention: 84% unmet need by components, as NV has insufficient capacity in 21/25 components across the five regions



Referral: 33% unmet need by components, as NV has insufficient capacity in 5/15 components across the five regions



Treatment: 70% unmet need by components, as NV has insufficient capacity in 35/50 components across the five regions



Referral: 63% unmet need by components, as NV has insufficient capacity in 25/40 components across the five regions



Priorities for Action

Following a facilitated review and discussion of each region’s CAST results, including an analysis of the region’s social characteristics, risk score, and unmet need analysis in the context of planning efforts already underway, up to five priorities were identified for each region by their respective RBH Coordinators in consultation with the region’s Behavioral Health Policy Board and stakeholders.

As illustrated in the table and graphic below, **the most frequently identified needs and priorities for action across all regions fall into the treatment category.** Note that the counts of regions within each category in the table may not match the graph, as some priorities were combined for brevity, or split for clarity, within the table narrative (i.e. Clark has 3 identified treatment priorities in the graph, but only 2 in the table).

Treatment

- Increase availability of **short- and long-term residential inpatient treatment** | CC, N, W |
- Increase number of **psychiatrists and psychologists** listed as specializing in substance abuse and addiction issues | CC, N, W |
- Increase **outpatient treatment** by **leveraging technology** and offering more options for **treating co-occurring disorders** | R |
- Increase availability of **crisis stabilization** and **outpatient detoxification services** | W |

Prevention

- Increase the number of beds and affordable housing available via **housing vouchers** | CC, N, W |
- Expand **prescription drug disposal locations and events** to communities that do not have them | SR |
- Increase **prevention programming in schools** | W |

Promotion

- Increase **advocacy events** to promote substance misuse education | SR |
- Increase **marketing advertisements** placed across all media | CC, N, SR |

Recovery

- Increase the availability of **transportation vouchers and services** for people seeking treatment | R, SR |
- Increase the number of **housing assistance supports** available | R |

Referral

- Increase the number of **case managers** available to assist with care coordination | W |

Other

- Increase **mental health training for law enforcement**, in conjunction w/ **administering Naloxone** | SR |

CC= Clark County | N= Northern | R= Rural | SR= Southern | W= Washoe

