

NEVADA DEPARTMENT OF
HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

Nevada Substance Abuse, Mental Health and Suicide Prevention Needs Assessment Report 2015

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Introduction

In spring 2015, the Nevada Division of Public and Behavioral Health (DPBH) contracted the Center for Program Evaluation (CPE), School of Community Health Sciences at the University of Nevada, Reno to conduct a statewide needs assessment of substance abuse, mental health and suicide prevention services in spring 2015. The purpose of the needs assessment was to provide information to aid in the development of the state plans for substance abuse prevention and treatment, mental health and suicide prevention. The needs assessment process was guided by the DPBH Needs Assessment Internal Workgroup, which included representatives from each topic area.

The needs assessment process was launched with provider engagement meetings held in Reno and Las Vegas March 31 to April 2, 2015. Jim Sacco facilitated two meetings (one north and one south) with mental health and suicide prevention professionals and two meetings with substance abuse treatment and prevention professionals. (HIV stakeholder meetings were also held at this time; however, the remaining HIV needs assessment data collection will be conducted after federal guidance for the HIV care and prevention plan is released, so that the HIV client and provider surveys and client focus group questions can be revised, if necessary.) Substance abuse meeting participants reviewed and discussed current surveillance data, while mental health and suicide prevention participants reviewed current Division mental health activities funded through SAMHSA. At both the substance abuse and mental health/suicide prevention meetings, participants discussed strengths and gaps in services, as well as key population groups in need of services.

Methodology

Needs assessment data collection methods included a provider survey, a provider resource inventory assessment, mental health and substance abuse services client survey, community member survey, and client/community member focus groups. To develop the mental health, suicide prevention and substance abuse provider and consumer surveys and focus group questions, CPE adapted past HIV needs assessment surveys and focus group questions, as well as survey and focus group examples from other behavioral health needs assessments found in a review of similar needs assessments. The surveys and focus group questions were reviewed by the DPBH Needs Assessment Internal Workgroup and changes were made based on their feedback. Copies of the tools are found in the Appendix.

Resource Inventory of Mental Health, Substance Abuse and Suicide Prevention Services

The resource inventory was designed to understand the types and levels of service provided by mental health and substance abuse organization in the state. One representative per organization/agency on the provider list provided by DBPH was invited to complete the resource inventory survey online along with the provider needs assessment survey. The resource inventory included 21 questions about the organizations and services they provide. The resource inventory was completed by 102 organization representatives. Since more than one representative filled out the resource inventory for some organizations, the duplicates were removed, leaving just one response per organization for the resource inventory portion of the provider survey only. After the duplicate organizations were removed, 85 organizations remained in the resource inventory.

Provider/Organization Survey

The online provider survey included questions about providers' perceptions of populations with greatest need for mental health/suicide prevention or substance abuse services; strengths of available services; other populations with unmet needs; most needed and least accessible interventions; barriers to clients accessing services; other unmet needs; how services could be improved; and prevention curricula implemented. After four questions about their organization and job, respondents were asked to indicate which topic related most closely to their role at their organization—mental health and suicide prevention or substance abuse—and then were directed to a series of 12 questions about that topic. For those who had expertise in both areas, an open-ended question at the end of each section allowed them to comment about the other topic area.

The provider survey was completed by 288 individuals representing approximately 169 different organizations/agencies/programs in Nevada. Of 218 individuals from the DPBH provided stakeholder list with valid emails, 81 completed the provider survey for a response rate of 37%. However, an additional 207 providers completed the survey from a link forwarded to them by a stakeholder, bringing the total number of respondents to 288. All Nevada counties were represented among the provider survey respondents. Nearly half of the respondents indicated their organization served Clark County (45%); 20% Washoe County; 16% Nye County and 10% served all Nevada counties. The highest percentage of respondents indicated they were teachers or faculty (24%); 13% were counselors or therapists; 10% were program administrators. More than 40% indicated their employment setting as a school (44%); 16% represented community-based organizations; and 14% represented mental health treatment agencies. Slightly more than half the respondents selected mental health/suicide prevention as the topic most closely related to their main role at their organization (53.5%), while the remaining 46.5% chose substance abuse treatment and prevention.

Mental Health and Substance Abuse Services Client Survey

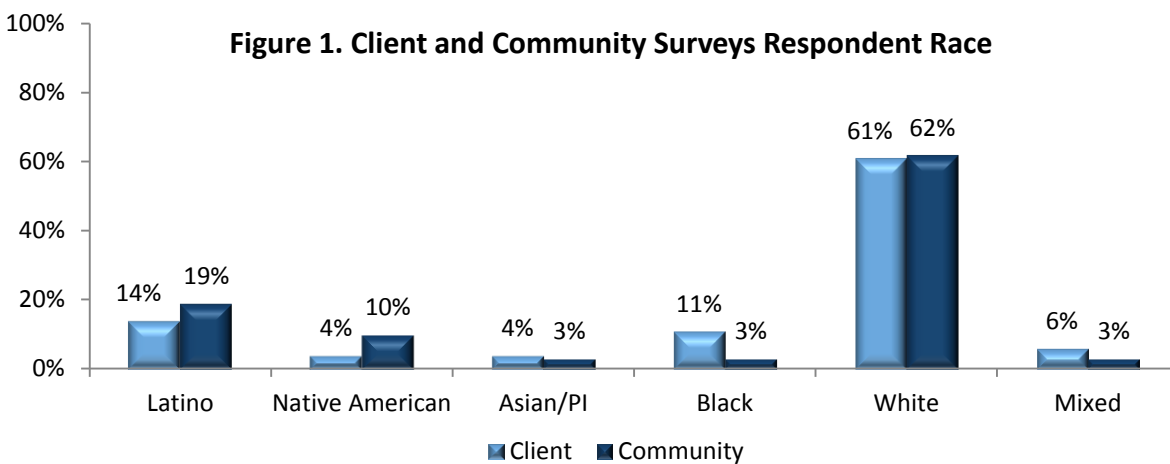
The mental health and substance abuse services client survey consisted of 17 questions regarding the types of services they had used, the ease of accessing services and barriers to receiving needed services. The survey was available to clients in both English and Spanish. Mental health and substance abuse providers around the state from the DPBH-provided stakeholder lists were sent packets of client surveys and asked to distribute them to clients and return to CPE in a pre-paid FedEx envelope. Links to the survey online were also provided as an option for clients on the paper survey and on flyers which providers could post at their sites. A total of 481 client surveys were completed and returned (462 paper and 19 online).

Client survey respondents were evenly split between males and females with 52% male and 47% female. Less than one percent of respondents identified as transgender. Respondents ranged in age from 15 to 72 years, with a mean age of 39 years. Veterans comprised 6% of the sample. The majority of respondents was white (61%); 14% Latino; and 11% black. Native American, Asian, and mixed race were represented in smaller numbers (see Figure 1). The majority of respondents' annual household income was less than \$10,000 (57%). Client survey respondents lived in 90 different Nevada zip codes, representing nine Nevada counties. More than half the respondents resided in Clark County (56%), while 18% resided in Washoe; and 5% in Nye County. Other counties represented included Carson City, Churchill, Douglass, Elko, Lyon, and Mineral.

Mental Health, Substance Abuse, and Suicide Prevention Community Survey

The mental health, substance abuse, and suicide prevention community survey was sent to organizations on the DPBH-provided stakeholder list that provided ancillary services and/or referrals to community members but did not necessarily provide direct mental health or substance abuse services. These organizations were asked to distribute to people who interacted with their organization in some way. One purpose of this survey was to gauge unmet needs for substance abuse or mental health services among members who may not be current behavioral health clients. The survey also asked respondents for their perceptions about the availability of a variety of substance abuse and mental health services and programs, what programs might be needed, their comfort discussing suicide, and their knowledge of people who had attempted or died from suicide. The survey consisted of 15 questions and was available to community members in both English and Spanish. The organizations were sent packets of community surveys and asked to distribute them to community members and return them to CPE in a pre-paid FedEx envelope. Links to the survey online were also provided as an option for respondents on the paper survey and on flyers which organizations could post at their sites. A total of 262 community surveys were completed and returned (190 paper and 72 online).

More female (66%) than male respondents (31%) completed the community survey. Transgender individuals represented 3% of the sample. Respondents ranged in age from 14 to 81 years, with a mean age of 42 years. Veterans represented 9% of the sample. The majority of respondents was white (62%), with 19% Latino, and 10% Native American (see Figure 1). Twelve Nevada counties were represented among the community survey respondents. The highest percentage of respondents resided in Lyon County (32%), followed by Churchill (16%), Carson City (13%), and Washoe (12%). Compared to the client survey sample, there was a wider range of income levels among the community survey respondents. Less than one quarter of community survey respondents reported annual income of less than \$10,000.



Client and Community Focus Groups

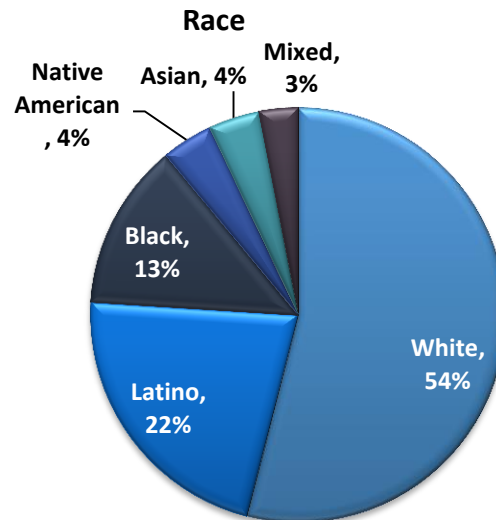
A total of 17 focus groups were conducted with substance abuse and mental health clients at providers in Southern and Northern Nevada in June 2015. In southern Nevada, seven groups were held in Las Vegas and two in nearby Boulder City. In northern Nevada, one group was conducted in Carson City, six in Reno, and one in Elko. Three of the groups (one in Las Vegas and two in Reno) were conducted in Spanish with Spanish-speaking adults. One group in Reno consisted of survivors of suicide loss. Four groups were mainly mental health clients; five were mainly substance abuse clients; five were mental health and substance abuse clients combined; and two groups were youth participants (see Table 1). Participants signed in and completed a brief demographic survey before the group started. A CPE team member facilitated each group while other team member(s) took notes. Focus groups also were digitally

Table 1. Focus Group Participation	#
Youth (2 groups)	15
Survivors of Suicide Loss (1 group)	12
Mental Health (4 groups)	38
Substance Abuse (5 groups)	61
English-speaking Mental Health and Substance Abuse (2 groups)	21
Spanish-speaking Mental Health and Substance Abuse (3 groups)	15

recorded and transcribed. The length of the groups lasted from one hour to one-and-a-half hours. After the focus group, participants were offered a \$25 gift card. A total of 162 individuals participated in the focus groups. The size of the groups ranged from 4 to 18.

Across the 17 groups, focus group participants were fairly evenly split among males (48%) and females (52%). Participants ranged in age from 12 to 71, with a mean age of 40 years. The majority of participants (58%) reported annual household incomes of less than \$10,000. Four percent of the participants were veterans of the U.S. Armed Forces. About half the participants were white (54%); 22% Hispanic/Latino; 13% black/African American; 4% Native American; 4% Asian/Pacific Islander; and 3% mixed race (see Figure 2). The participants represented six Nevada counties with more than half from Clark County (53%); 27% from Washoe; 4% from Carson City and 4% from Elko.

Figure 2. Focus Group Participant



Resource Inventory of Mental Health, Substance Abuse and Suicide Prevention Services Results

Of the 85 organizations represented in the resource inventory, 9% indicated they served all Nevada Counties, while nearly half serve Clark County (47%); nearly one third Washoe County (29%); 19% Nye County; 16% Carson City; and 13% Douglas County. Two to eleven percent of the organizations serve the remaining 12 counties. Mental health treatment agencies and community-based organizations each comprised 22% of the resource inventory sample, followed by substance abuse treatment agencies at 18% (Table 2). In terms of age, adults between the ages of 18 and 25 was the age group served by the greatest number of organizations, while children aged 0-5 were least served (Table 3). Most organizations (94%) served both men and women. The majority of organizations had most races represented among their clients, with slightly fewer having Asians or Native American clients than Latino, white and black clients (Table 4).

Table 2. Type of Organization/Agency

	#	%		#	%
Mental Health Treatment Agency	19	22%	Hospital	4	5%
Community-based Organization	19	22%	College/University	4	5%
Substance Abuse Treatment Agency	15	18%	Suicide Prevention Agency	3	4%
Private Practice	8	9%	Faith-based Organization	3	4%
Substance Abuse Prevention Agency	5	6%	State Agency	3	4%
Court System	5	6%	School	3	4%

*See remaining types of organizations in Appendix

Table 3. Age Groups Served

	#	%
0-5 years	30	35%
6-14 years	59	69%
15-17 years	61	72%
18-25 years	75	88%
26-59 years	71	84%
60+ years	64	75%

Table 4. Races Represented Among Clients

	#	%
African American/Black	74	87%
Asian Americans/Pacific Islanders	63	74%
Caucasian/White	79	93%
Hispanic/Latino	80	94%
Native American/Alaska Native	66	78%

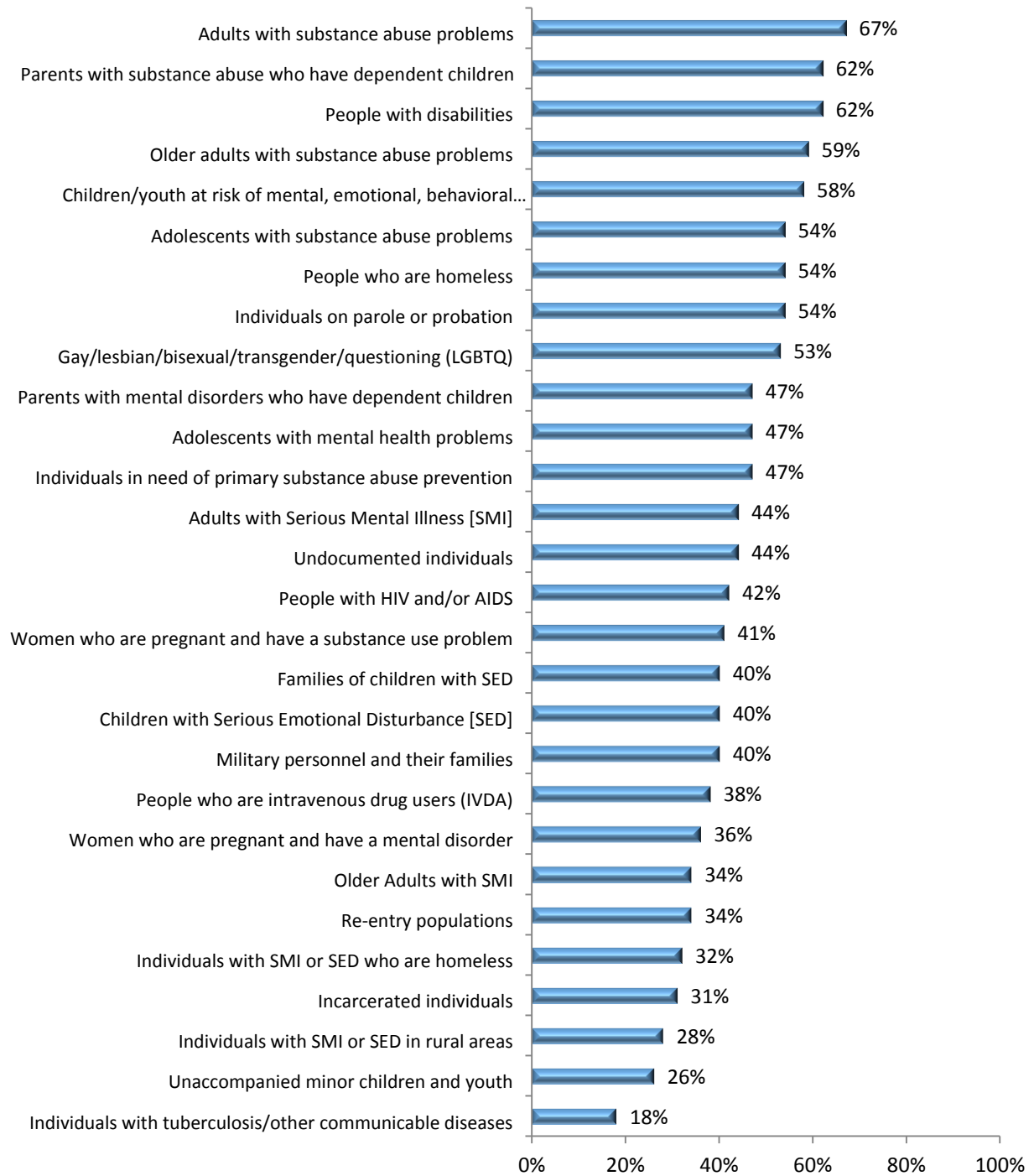
Respondents indicated which of a variety of populations their organizations currently serve (see Figure 3). The populations served by the greatest number of organizations include

- Adults with substance abuse problems (67%);
- People with disabilities (62%);
- Parents with substance use problems with dependent children (62%);
- Older adults with substance abuse problems (59%); and,
- Children and youth who are at risk for mental, emotional, and behavioral disorders, (58%).

Populations served by the lowest percentages of organizations include

- Individuals with tuberculosis and other communicable diseases (18%);
- Unaccompanied minor children and youth (26%);
- Individuals with SMI or SED in rural areas (28%);
- Incarcerated individuals (31%); and,
- Individuals with SMI or SED who are homeless (32%).

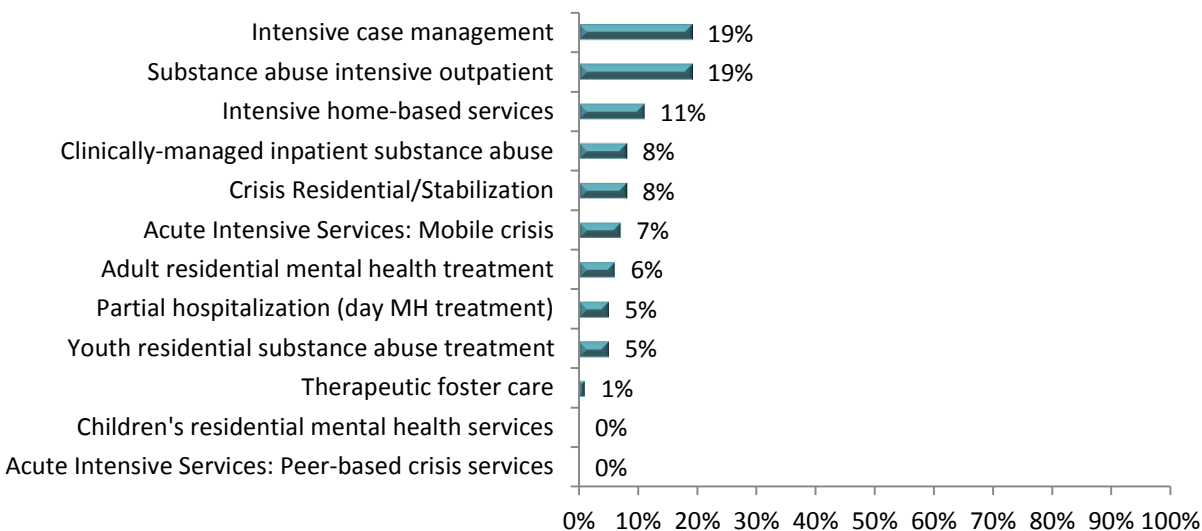
Figure 3. Populations Served by Providers



Organizations reported serving from 10 to 190,000 clients annually, with some respondents noting that they disseminated information rather than served clients directly. Acute intensive, residential treatment or intensive support services were provided by relatively few of the

organizations completing the resource inventory (see Figure 4). Intensive case management and substance abuse intensive outpatient were the services provided by the greatest percentage of organizations (19%). None of the organizations who responded provide children’s residential mental health services or peer-based crisis services. One organization provides therapeutic foster care. Four organizations (5%) each provide youth residential substance abuse treatment and partial hospitalization (day mental health treatment).

Figure 4. Acute Intensive, residential treatment or intensive support services provided



With respect to outpatient and recovery support services, individual therapy is provided by the most organizations (47%), while recovery supports: peer support and recovery support coaching are provided by fewer (25% and 12%, respectively; see Table 5). The community support and engagement and/or primary prevention services provided by the greatest percentage of organizations were information and referral services (72%); skill building (51%); case management (46%); and problem identification and referral (46%); see Figure 5).

Table 5. Outpatient and recovery support services provided

	#	%
Individual therapy	40	47%
Group Therapy	36	42%
Family Therapy	34	40%
Recovery Supports: Peer support	21	25%
Recovery support coaching	10	12%
None of these	28	33%

The community support and engagement/primary prevention services offered by the fewest organizations included

- Meal services;
- Supported employment;
- Environmental;
- Legal advocacy; and,
- Primary health care.

Figure 5. Community Support and Engagement/Primary Prevention Services Provided

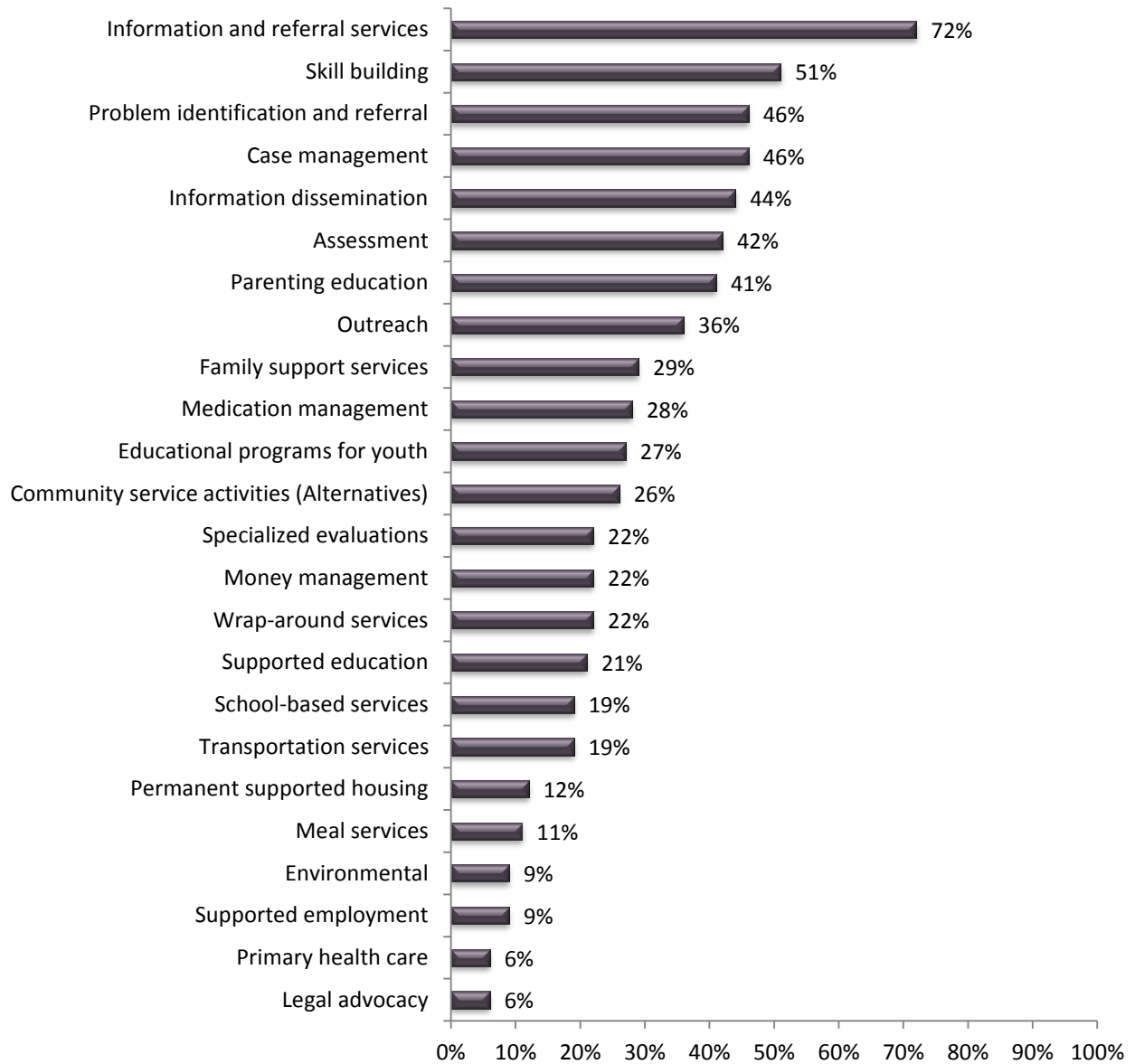


Table 6. Types of prevention programs, activities and education provided

	#	%
Substance abuse prevention for youth	39	46%
Mental health promotion for adults	39	46%
Mental health promotion for youth	36	42%
Substance abuse prevention for adults	33	39%
Suicide prevention for youth	29	34%
Suicide prevention for adults	25	29%

Table 7. Costs to clients for services

	#	%
Services are free	33	39%
Medicaid accepted	30	35%
Self-payment	30	35%
Private insurance accepted	28	33%
Sliding fee scale based on income	27	32%
No one denied service for lack of funds	23	27%
Other public insurance	17	20%
Military insurance	14	16%
Medicare accepted	13	15%
Employee Assistance Program	13	15%

Table 8. Typical Waiting Period

	#	%
No waiting period	29	34%
Less than one day	10	12%
1-7 days	14	16%
8-15 days	10	12%
16-30 days	3	4%
31-60 days	3	4%
More than 60 days	2	2%

Of prevention programs and activities, substance abuse prevention for youth and mental health promotion for adults were provided by the greatest percentage of organizations (46% each; see Table 6). Suicide prevention—both for youth and for adults—was provided by the fewest organizations (34% and 29%, respectively). Free services were offered to clients at 39% of the providers; sliding fee scale based on income was used at 32% of providers; and, no one denied service for lack of funds at 27% (see Table 7). One-third of the providers indicated there was typically no waiting period for clients (Table 8).

Of the providers completing the resource inventory, 29% were SAPTA Funded and 34% SAPTA Certified. The most common sources of funding were state of Nevada other than SAPTA (41%), the federal government (41%), SAPTA (32%), county government (28%), and donations (26%). The majority of providers (73%) indicated they collaborated with other service providers often or almost always. At 59% of the providers, Spanish was spoken in addition to English.

Needs Assessment and Gaps Analysis

Data from the Resource Inventory, Provider Survey, Client and Consumer Surveys, and Focus Groups were analyzed and used to develop an understanding of existing resources in the state, the needs that exist, gaps between the needs and available services, and potential strategies for addressing the gaps. There are many commonalities and overlap of barriers to accessing services amongst the topic areas; therefore, general client and community member perceptions of barriers to accessing mental health and substance abuse services are reviewed first.

Top Barriers to Receiving Needed Mental Health and Substance Abuse Services

Client and community survey respondents and focus group participants reported similar barriers to receiving needed mental health and/or substance abuse services; however, the rankings of barriers varied slightly. The highest ranked barrier for client/community survey respondents was cost, followed by lack of knowledge of resources (i.e., not knowing where to go for help); lack of transportation; and lack of insurance coverage. The lack of knowledge of resources was the top barrier for focus group participants, followed by lack of insurance coverage, stigma associated with needing services, and fear.

Table 9. Top Barriers to Receiving Needed Mental Health and/or Substance Abuse Services

Client and Consumer survey respondents		Focus Group Participants	
Barrier	Rank	Barrier	Rank
Cost	1	Lack of knowledge of resources	1
Lack of knowledge of resources	2	Lack of insurance coverage	2
Lack of transportation	3	Stigma	3
Lack of insurance coverage	3	Fear	4
Lack of available providers	4	Cost	5
Long wait lists	4	Perception that treatment wouldn't help	6
Fear	5	Took too much time to get services	6

Barriers by Location. A few differences in barriers by location were found in analyzing client and consumer survey responses. Transportation was an issue in particular for Clark County respondents. This was reflected in focus group participant comments as well. Some noted that services were spread out across the city, making it difficult for those who relied on public transportation and had limited funds. Compared to urban respondents, respondents from rural areas tended to indicate that it took too much time to get services; there were not enough providers available; and they were embarrassed to access services.

Barriers by Race. Some differences in key barriers also were evident among various respondent races. In particular, Latino respondents were more likely than those of other races to indicate the following barriers:

- Cost
- Lack of knowledge of resources
- Perception that services would not help
- Lack of available providers
- Services not available in their language
- Long wait lists

Furthermore, Latino focus group participants noted the difficulties undocumented individuals face when needing services—many of them are afraid to seek help for fear of being deported and many providers do not provide services to undocumented individuals. Latino focus group participants also mentioned a cultural barrier in that seeking mental health or substance abuse help is not viewed as acceptable in their culture. Both Latino and Native American survey respondents indicated the lack of services near them was a barrier, as well as the lack of transportation and fear associated with seeking services. Both Latino and white respondents were more likely than those of other races to indicate that lack of insurance coverage was a barrier.

Dual Diagnosis Population. A key population group that seemed to experience a great number of barriers was those with a dual diagnosis—both mental health and substance abuse diagnoses. Both mental health and substance abuse providers mentioned this as another population of need. Analysis of client/community survey data revealed that those with both mental health and substance abuse issues were more likely to report the following barriers to receiving services than either mental health only or substance abuse only clients:

- Lack of transportation
- Embarrassment
- Fear
- Lack of available services near them
- Lack of insurance coverage
- Perception that services would not help
- Lack of knowledge of resources
- Cost

Compared to substance abuse only clients, both dual diagnosis respondents and mental health only respondents were more likely to indicate that lack of providers was a barrier to their receiving needed services. Just 28% of survey respondents who indicated both mental health and substance abuse needs indicated that they had received dual diagnosis services; however, it may have been due to a lack of understanding of the term *dual diagnosis*. Three-quarters (76%) of those with both mental health and substance abuse needs indicated that they had received all the services they needed, although only 59% reported having received mental health services.

Mental Health Gaps Analysis

Providers and clients alike noted various strengths of mental health services in Nevada. The majority of client survey respondents (82%) indicated that they were receiving the mental health services they needed and that it had been easy to receive services. Focus group participants mentioned the high quality of care they were receiving, as well as the caring staff at the service providers. Provider responses echoed some of the same strengths—in particular, caring staff, availability of needed services, and a high quality of care. Other strengths of mental health services mentioned by providers included good case management, many low cost or free services, and the adoption of a “system of care” philosophy by the state.

Key Mental Health Services Strengths

- Good case management
- Good therapists
- Caring staff, Personal connection between staff and clients, trust
- Stable services
- Low cost or free services available
- Services covered by Medicaid, private insurance
- State adopting a “system of care” philosophy
- High quality of care
- Use of evidence-based practices
- Willingness of community to help
- Availability of wrap-around services
- Coordination of care

Mental Health providers were asked to prioritize the top three populations in need of mental health services from a list of nine populations. The most frequently chosen populations were *children with serious emotional disturbance (SED) and their families, adults with serious mental illness (SMI), individuals with mental and/or substance use disorder involved in the criminal or juvenile justice systems* and, *individuals with SMI or SED in rural areas*. Providers wrote in other populations facing significant unmet need. Some of those included dual diagnosis, homeless individuals, Latinos, Native Americans, Veterans, LGBT, and transition-age youth.

Top Populations in Need of Mental Health Services (Provider survey)

- Children with Serious Emotional Disturbance [SED] and their families
- Adults with Serious Mental Illness [SMI]
- Individuals with mental and/or substance use disorders involved in the criminal or juvenile justice systems
- Individuals with SMI or SED in rural areas

Other populations facing significant unmet need for mental health services (providers' written-in responses)

- Adolescents/youth
- Children
- Children and youth involved in criminal justice system
- Children exposed to violence
- Dual diagnosis
- Homeless individuals
- Latinos/Spanish-speaking
- LGBT
- Native Americans
- Older adults
- People in rural communities
- People with autism
- People with disabilities
- Transition Age youth
- Undocumented
- Uninsured or underinsured
- Veterans

Mental Health Service Gaps. Providers noted high need for children's mental health services, but a lack of children's mental health services is evident from the resource inventory assessment and provider surveys. Of all age groups, children and youth were served by the fewest providers, and no resource inventory respondents provide children's residential mental health treatment. Other top gaps in services from the provider perspective included crisis residential/stabilization; mobile crisis, intensive home-based services, and adult residential mental health treatment.

Top 5 Gaps in Services for Mental Health Consumers (Provider Survey)

- Children's residential mental health services
- Crisis Residential/Stabilization
- Acute Intensive Services: Mobile Crisis
- Intensive home-based services
- Adult residential mental health treatment

Nearly one-quarter of community survey respondents (23%) indicated that there was a time they had needed mental health treatment in the past 12 months but they did not get it. A major gap mentioned by focus group participants was the length/amount of treatment permitted by their insurance coverage versus the longer/greater amount of treatment they felt they needed to improve. Various clients mentioned that Medicaid had cut their hours of therapy. Latino clients mentioned the lack of Spanish-speaking mental health professionals, including psychiatrists, and the lack of information and resources in Spanish, as major gaps in service. Clients expressed a need for peer-support resources; however, only one-quarter of

resource inventory respondents offered peer support for recovery and none offered peer-based crisis services.

Additional Gaps in Mental Health Services

- Lack of services in rural areas
- Limited availability of case workers/case management/service coordinators
- Lack of co-occurring treatment
- Limited Spanish-speaking psychiatrists and other mental health professionals
- Limited mental health information and resources available in Spanish
- Reduced number of therapy hours/length of treatment available
- Lack of housing (affordable options; long-term facilities for mentally ill)
- Lack of inpatient services
- Lack of outpatient services
- Lack of services for youth
- Lack of transportation to services
- Lack of peer support services
- Lack of awareness of existing mental health resources
- Lack of information about mental health
- Lack of understanding of mental health by first responders—police, EMTs, and emergency room staff

Suggested Strategies to Fill Gaps in Mental Health Services

- Fund Community Health Workers and/or peer support specialists to fill some of the gap in case management and lack of awareness of resources
- Coordinate services into one-stop shops to limit the need for transportation to many different locations
- Expand use of telehealth to reach rural areas
- Coordinate with providers and community-based organizations to launch mental health education and awareness campaigns on social media
- Highlight examples of people who have mental illness to educate the community about it
- Launch ad campaigns about mental health resources and awareness in Spanish
- Coordinate with churches to reach Latino community with mental health programs
- Expand mobile crisis teams for after-hours emergencies

- Educate insurance providers and Medicaid regarding evidence-based length of treatment
- Provide more professional development regarding mental health to police officers, EMTs and emergency room staff
- Send mobile vans into communities to provide mental health and suicide prevention services
- Open more acute care beds in the State hospital to accommodate ill individuals, rather than jailing them
- Integration with primary care to address health issues and public health for screenings and immunizations
- Allow reciprocal licensing of MH professionals who move to Nevada from other States
- Expand programs in the schools to educate about mental health and suicide prevention
- Prioritize funding to expand residential services for children and adolescents
- Compile a comprehensive resource guide

Suicide Prevention Gaps Analysis

Some of the strengths noted with respect to suicide prevention in Nevada were the state Office of Suicide Prevention and several other organizations dedicated to suicide prevention. Other strengths were evidence-based programs and screenings implemented in several school districts; training programs; mobile crisis; and the suicide hotline.

Suicide Prevention Services Strengths

- | | |
|------------------------------------|---|
| • The Office of Suicide Prevention | • Use of evidenced-based programs that are culturally appropriate |
| • Coalition for Suicide Prevention | • SOS screenings in Clark County School District |
| • Suicide Prevention Network | • Suicide hotline |
| • The Crisis Call Center | • Mobile Crisis |
| • Mental Health First Aid courses | • Programs and screenings in Lyon County schools |
| • Training programs | |
| • In-school participation | |

One of the greatest barriers mentioned related to suicide prevention was a lack of information about resources and where to go for help. The stigma, fear and embarrassment associated with mental health were also factors that prevented people from getting needed services.

Participants in the survivors of suicide loss focus group noted these key barriers to receiving services:

- Lack of knowledge of resources;
- Stigma associated with mental illness and suicide;
- Fear;
- Lack of services in their area;
- Perception that it would not help; and,
- Embarrassment.

The need for suicide prevention is evident from the community survey results—59% knew someone who had attempted suicide; and 55% knew someone who died by suicide. Among white respondents, the percentages were even higher, 68% and 67%, respectively. Mental Health Education and Suicide Prevention were the top services community survey respondents felt more were needed in their areas. Providers prioritized children with SED and their families; adults with SMI; and individuals with SMI or SED in rural areas as top populations in need of suicide prevention services. Providers mentioned several other populations in need of suicide prevention services including LGBT, Native Americans, veterans, and older adults.

Top Populations in Need of Suicide Prevention Services (Provider survey)

- Children with Serious Emotional Disturbance [SED] and their families
- Adults with Serious Mental Illness [SMI]
- Individuals with SMI or SED in rural areas
- Individuals with mental and/or substance use disorders involved in the criminal or juvenile justice systems
- Individuals with mental/substance abuse disorders who are LGBT

Other populations facing significant unmet need for suicide prevention services (providers' written-in responses)

- People in rural communities
- Older adults
- Veterans
- LGBTQT
- Youth
- People with physical disabilities and injury, chronic pain
- Bullying victims
- Underinsured
- Homeless
- Transition age youth
- Native Americans
- Working class adults

Suicide Prevention Gaps

- Lack of training
- Lack of education and awareness in the community about suicide and resources
- Lack of implementation of detection programs in all schools
- Lack of crisis intervention
- Lack of parental awareness of signs of suicide

The most prevalent gaps in suicide prevention appear to be a great lack of awareness in the community about suicide and resources available to prevent it. Providers, community members and clients suggested a variety of strategies to improve suicide prevention in Nevada. Many of the suggestions focused on implementing evidence-based programs in the schools, launching education and awareness campaigns in the community, and training community members, parents and teachers in suicide alertness. Community survey respondents frequently suggested talking about suicide more often to raise awareness and increase the likelihood of individuals getting help when needed. Providers reported a variety of suicide prevention curricula in use in Nevada. Some of the most common ones included Signs of Suicide (SOS), SafeTalk, and ASIST.

Potential Strategies for Suicide Prevention

- We need a broad community education campaign and more information about existing or planned suicide prevention services.
- Make Signs of Suicide (SOS) mandatory for schools to implement
- Get to the people with depression - and dementia, and their caregivers soon.
- We need to look at other nonclinical sources for help - stress reduction, mindfulness, overall wellness.
- Increase outreach to all schools in the state. Promote walk in assistance at all schools, mental health agencies and hospitals in the state.
- Allow more members of community to receive suicide alertness training
- Adding the American Indian Life Skills Training
- Begin offering social and emotional learning programs to children before they entertain thoughts of suicide. We are waiting too long with kids.
- Fund Mobile Crisis Response Teams 7 days a week, 24 hours, across the State.
- Educate parents to be good listeners
- A coordinated effort to engage parents, families, schools in prevention and treatment topics would be powerful. As an example, the Suicide Safe app could be used as an opportunity to keep the topic in the media, both social and conventional.

Most Implemented Suicide Prevention Curricula (Provider survey)

- SOS Signs of Suicide
- Dialectic Behavioral Therapy
- Wellness Recovery Action Plan (WRAP)
- QPR Gatekeeper Training for Suicide Prevention
- American Indian Life Skills Development
- Attachment Based Family Therapy
- ASSIST
- Safe Talk

Least implemented Suicide Prevention Curricula (Provider survey)

- Dynamic Deconstructive Psychotherapy
- Kognito At-Risk for High School Students
- LEADS: For Youth [Linking Education
- United States Air Force Suicide
- Emergency Department Means Restriction Education
- Kognito At-Risk for College Students
- Kognito Family of Heroes
- PROSPECT
- Reduced Analgesic Packaging

Substance Abuse Treatment and Prevention Gaps Analysis

Top strengths of existing substance abuse services included drug court, use of effective, evidence-based services, client-centered services and qualified, caring staff. Client and community survey respondents and focus group participants who needed substance abuse services mostly reported receiving the services they needed and that it was easy to receive the services.

Providers indicated that the top populations in need of substance abuse services included adolescents with substance abuse and/or mental health problems, parents with substance use and/or mental disorders who have dependent children, and individuals with substance abuse disorders in rural areas. Other populations facing significant need include older adults, Latinos, Native Americans, African Americans, and veterans. Top populations in need of substance abuse prevention include older adults, Latinos, Native Americans, and youth.

Substance Abuse Services Strengths

- Drug court
- Effective, evidence-based services
- Client-centered services
- Qualified, caring staff

Top Populations in Need of Substance Abuse Services (provider survey)

- Adolescents with substance abuse and/or mental health problems
- Parents with substance use and/or mental disorders who have dependent children
- Individuals with substance abuse disorders in rural areas
- Women who are pregnant and have a substance use and/or mental disorder
- Unaccompanied minor children and youth

OTHER populations facing significant need of substance abuse treatment (provider survey)

- Older adults
- Homeless
- Native Americans
- African Americans
- Veterans
- Latinos
- LGBT
- Clients with Co-occurring disorders
- Military personnel
- Native Americans
- Working class adults

OTHER populations facing significant need of substance abuse prevention (provider survey)

- Native Americans
- Latinos
- Homeless
- Youth
- Mentally ill
- People in rural communities
- Children of substance abusers

Top Substance Abuse Treatment Gaps

- Youth residential substance abuse treatment
- Adult residential substance abuse treatment
- Recovery Supports: Peer support
- Community Support: Supported education
- Community Support: Recovery housing

Providers indicated that the top needs in services for substance abuse clients included residential treatment for youth and adults, peer support for recovery, supported education and recovery housing. Lack of inpatient beds was noted as a gap by both providers and clients. Some clients mentioned that it took getting into drug court or prison to get the treatment they needed. In the resource inventory, only 5% of respondents provided youth residential substance abuse treatment. Clients reported a high need for employment assistance and housing assistance since many were felons. Clients were also interested in peer support, noting the need to have a counselor who had experienced addiction. A significant barrier to receiving treatment was a lack of knowledge and information about available resources. Latino community members noted there is a lack of knowledge about what alcoholism even is in the Latino culture. Many Latinos are not aware that they have a problem since drinking alcohol is so acceptable and even expected in the culture. Another common barrier was the high cost of rehabilitation services.

Other Substance Abuse Service Gaps

- High cost of rehabilitation
- Lack of choice of rehab centers
- Lack of fulltime affordable treatment in some areas
- Lack of adequate space in inpatient rehab (long waiting lists)
- Lack of awareness that one has a substance abuse problem
- Lack of awareness about substance abuse resources such as detox centers
- Lack of activities in residential facility
- Lack of housing for felons
- Lack of child care
- Lack of family-based treatment
- Inadequate amount of therapy hours in rehab facility
- Lack of substance abuse services for pregnant women
- Lack of access to mental health services (co-occurring)
- Lack of employment opportunities for felons
- Lack of transportation
- Lack of insurance
- Lack of medical services
- Lack of programs in the schools for middle and high school students
- Lack of parent awareness of signs of drug and alcohol dependence

Many clients mentioned the importance of providing positive activities for people in recovery to help them stay in treatment. Some mentioned providing incentives for people to stay in treatment, such as education and job opportunities. Substance abuse clients and community members emphasized the need for positive activities for youth and adults in the community to help prevent substance abuse. Educational programs for youth about drugs and alcohol in schools was a frequently mentioned prevention strategy. Clients in recovery emphasized the need to have people who had experienced addiction talk to youth about substance abuse. Some clients recalled having learned about drugs in elementary school but felt the information needed to be reinforced again in middle and high school.

Potential Strategies for Addressing Substance Abuse Gaps

- Provide incentives for completing treatment (e.g., getting children back, education opportunities, job opportunities)
- Provide more mental health services to people in rehab
- Provide family-based treatment
- Provide more community and extracurricular activities to prevent substance abuse
- Educate children and youth about drugs in school with evidence-based programs
- Provide educational assistance
- Provide employment assistance
- Provide counselors who have experienced recovery, someone to relate to (peers)
- Increase availability of post-treatment support groups
- Launch ads about substance abuse resources on social media
- Halfway house for after treatment before finding a job
- Education about success stories
- Education about how to have fun living sober
- Increase positive community activities, such as nutrition programs, yoga, art programs, music, sports, fairs
- Education about drugs in schools—not just at young ages but throughout high school
- Make it easier to find treatment resources online
- Field trips and other activities to make treatment more enjoyable
- Provide education about life skills, such as creating a budget, shopping efficiently
- Offer tobacco cessation services or referrals to patients
- Educate youth in schools with people who have first-hand experience abusing
- Educate parents on the signs of alcohol and drug dependence in youth

Providers reported several substance abuse prevention programs that were commonly implemented in Nevada including DARE, LifeSkills Training, Positive Action, Communities that Are, Across Ages and All Stars. Some providers noted that more evidenced-based programs were needed in the schools. Also, there was a lack of programs available in rural areas.

Most Implemented Substance Abuse Evidence-Based Practices

- DARE
- LifeSkills Training
- Positive Action
- Communities that Care
- Across Ages
- All Stars

Least Implemented Substance Abuse Evidence-Based Practices

- Class Action
- Refuse, Remove, Reasons
- ATHENA
- ATLAS
- Stay on Track

Conclusion

Based on data collected from a variety of stakeholders including service providers and other organizations, clients and community members, this document has outlined and discussed the strengths, needs, and gaps in mental health treatment, suicide prevention, and substance abuse treatment and prevention services in Nevada and provides potential strategies for addressing the gaps. The purpose of this needs assessment is to guide the Nevada Division of Public and Behavioral Health as it develops its state plans for mental health and substance abuse, and suicide prevention and writes the SAMHSA block grant for the next funding cycle. The needs assessment revealed a number of strengths of the state systems, as well as numerous gaps in services. It is recommended that key stakeholders carefully review the gaps and suggested strategies in order to further prioritize them further as the state plans and block grant applications are developed.

Appendix A. Resource Inventory

Agency	Regions	Type of Agency	Types of Services
ABC Therapy LLC 730 N eastern # 130 Las Vegas, NV 89015 Abc1@lvcoxmail.com 702-598-2020	Clark Nye	Substance abuse treatment agency Mental health treatment agency Community-based organization	Individual therapy Group Therapy Family Therapy Information and referral services Case management Information dissemination Substance abuse prevention for adults Mental health promotion for adults
ACCEPT 2400 West 7th Street Reno, 89503 Gwent@acceptonline.org 775-786-5886	Washoe	Faith-based organization Community-based organization	School-based services Meal services Parenting education Educational programs for youth
American Lung Association in Nevada 3552 W. Cheyenne Ave. Ste. 130North Las Vegas, NV 89081 mmorrow@lungs.org 702-431-6333 www.lungs.org	Carson City Clark Nye Washoe	Community-based organization	Recovery Supports: Peer support Recovery support coaching Information and referral services School-based services Outreach Educational programs for youth Community service activities (Alternatives) Information dissemination Problem identification and referral
Amerigroup 9133 West Russell Las Vegas, NV 89148 7022281308 www.myamerigroup.com	Clark Washoe	Managed Care Company	Information and referral services Medication management Case management Primary health care Assessment Problem identification and referral Substance abuse prevention for adults Mental health promotion for youth Mental health promotion for adults
B.D. D. Counseling LLC 1516 E. Tropicana Ave #160 Las Vegas, NV 89119 info@bddcounseling.com 7023842960 bddcounseling.com	Clark	Substance abuse treatment agency	Substance abuse intensive outpatient Individual therapy Group Therapy Family Therapy Recovery Supports: Peer support Skill building Case management Money management Parenting education Assessment Community service activities (Alternatives) Substance abuse prevention for adults
Boys & Girls Clubs of Southern Nevada 2850 Lindell Rd Las Vegas, NV 89146 Info@bgcsnv.org 702-367-2582 www.bgcsnv.org	Clark	Community-based organization	Information and referral services Skill building Case management Family support services Wrap-around services Meal services Money management Parenting education Outreach Educational programs for youth Community service activities (Alternatives) Problem identification and referral Suicide prevention for youth
CARE coalition 6272 Spring Mountain, Suite 100 Las Vegas, NV 89146 anna@carecoalitionnv.org 7024631415	Clark	Coalition	Information and referral services Skill building Case management Supported education Wrap-around services

Agency	Regions	Type of Agency	Types of Services
www.carecoalitionnv.org			Community service activities (Alternatives) Environmental Information dissemination Problem identification and referral Substance abuse prevention for adults Suicide prevention for youth Suicide prevention for adults Mental health promotion for youth Mental health promotion for adults
Carson City Justice/Municipal Court 885 E. Musser Street, Ste 2007 Carson City, NV 89701 mcortes@carson.org (775) 283-7249 carson.org	Carson City	Court system	Crisis Residential/Stabilization Clinically-managed inpatient substance abuse Adult residential mental health treatment Substance abuse intensive outpatient Intensive case management Individual therapy Group Therapy Family Therapy Recovery Supports: Peer support Recovery support coaching Information and referral services Medication management Skill building Case management Supported employment Supported education Transportation services Family support services Primary health care Money management Parenting education Assessment Specialized evaluations Community service activities (Alternatives) Information dissemination Problem identification and referral Suicide prevention for adults Mental health promotion for adults
Carson Counseling and Supportive Services 1665 Old Hot Springs Rd Ste 150 Carson City, NV 89706 bbock@health.nv.gov (775) 687-0870	Carson City	Mental health treatment agency	Individual therapy Group Therapy Family Therapy Recovery Supports: Peer support Recovery support coaching Information and referral services Medication management Skill building Case management Supported employment Transportation services Money management Parenting education Assessment Specialized evaluations Outreach Problem identification and referral Substance abuse prevention for adults Suicide prevention for youth Suicide prevention for adults Mental health promotion for youth Mental health promotion for adults
Carson Tahoe Behavioral Health Services 1080 N. Minnesota St. Carson City, NV 89703 susie.whitman@carsontahoe.org	Carson City Churchill Douglas Elko Humboldt	Substance abuse treatment agency Mental health treatment agency Hospital	Acute Intensive Services: Mobile crisis Clinically-managed inpatient substance abuse Adult residential mental health treatment Substance abuse intensive outpatient Individual therapy

Agency	Regions	Type of Agency	Types of Services
775-445-7350 www.carsontahoe.com/behavioralhealth	Lyon Pershing Storey Washoe		Group Therapy Information and referral services Medication management Skill building Assessment Outreach Information dissemination Problem identification and referral Substance abuse prevention for adults Suicide prevention for youth Suicide prevention for adults Mental health promotion for youth Mental health promotion for adults
CCSD Safe and Drug Free Schools 4204 Channel 10 drive Las Vegas, NV 89128 7027998411 ccsd.net	Clark	School	Parenting education Educational programs for youth Information dissemination
Center for Emotional Health 6284 S. Rainbow Blvd. Suite 110 LAS VEGAS, NV 89118 pamelagoldberg@icloud.com 7025053668	Clark	Private practice	Individual therapy Group Therapy Family Therapy Information and referral services Medication management Skill building Family support services School-based services Parenting education Assessment Specialized evaluations Educational programs for youth Community service activities (Alternatives) Problem identification and referral Suicide prevention for youth Mental health promotion for youth Mental health promotion for adults
Central Lyon Youth Connections	Lyon	Substance abuse prevention agency	Individual therapy Group Therapy Family Therapy Information and referral services Skill building Supported education School-based services Parenting education Assessment Educational programs for youth Environmental Information dissemination Problem identification and referral Suicide prevention for youth Mental health promotion for youth
Children's Cabinet 777 Sinclair Street Reno, NV 89501 775-352-8090 http://www.childrenscabinet.org/	Clark Washoe	Community-based organization	Crisis Residential/Stabilization Intensive home-based services Intensive case management Individual therapy Group Therapy Family Therapy Information and referral services Skill building Case management Supported employment Supported education Transportation services Family support services School-based services Wrap-around services

Agency	Regions	Type of Agency	Types of Services
			Meal services Money management Parenting education Assessment Specialized evaluations Outreach Educational programs for youth Community service activities (Alternatives) Information dissemination Problem identification and referral Substance abuse prevention for adults Suicide prevention for youth Suicide prevention for adults Mental health promotion for youth Mental health promotion for adults
Choices Group, Inc. Providence Human Services Nevada 2725 E Desert Inn road #180 Las Vegas, NV provcorp.com	Clark Nye Washoe	Substance abuse treatment agency Mental health treatment agency	Therapeutic foster care Substance abuse intensive outpatient Intensive case management Individual therapy Group Therapy Family Therapy Recovery Supports: Peer support Recovery support coaching Information and referral services Medication management Case management Transportation services Family support services Wrap-around services Money management Parenting education Assessment Specialized evaluations Outreach Educational programs for youth Community service activities (Alternatives) Information dissemination Problem identification and referral Mental health promotion for youth Mental health promotion for adults
City of Henderson	Clark	Court system	
Clark County Parenting Project 3900 Cambridge St, #203 Las Vegas, NV 89119 702-455-5444 clarkcountynv.gov	Clark	Child welfare	Information and referral services Skill building Parenting education Substance abuse prevention for adults
Clark County Social Service 1600 Pinto Lane Las Vegas, NV 89106 Brooke.Page@clarkcountynv.gov (702) 455-3704 www.clarkcountynv.gov	Clark	Local County Government	Information and referral services Case management Permanent supported housing Transportation services Assessment Outreach Information dissemination Mental health promotion for adults
DBPH	Carson City Churchill Douglas Elko Lyon Storey	Mental health treatment agency	Individual therapy Group Therapy Family Therapy Recovery Supports: Peer support Information and referral services Medication management Skill building Case management Permanent supported housing

Agency	Regions	Type of Agency	Types of Services
			<ul style="list-style-type: none"> Transportation services Family support services Money management Parenting education Assessment Outreach Information dissemination Problem identification and referral Suicide prevention for youth Suicide prevention for adults Mental health promotion for youth Mental health promotion for adults
Desert Rose Counseling Group	Clark Nye	Mental health treatment agency	
DESERT TREATMENT CLINIC 1546 W. WARM SPRINGS RD 130 HENDERSON, NH 89014 HOLLY@DESERTTREATMETNT.COM 702-248-0000	Clark	Substance abuse treatment agency	<ul style="list-style-type: none"> Substance abuse intensive outpatient Individual therapy Information and referral services Primary health care Outreach
DESERT TREATMENT CLINIC Douglas County Community Health/Carson City Health and Human Services 900 E. Long Street Carson City, NV 89706 carson.org 775 887-2190	Carson City Douglas Lyon Storey Washoe	Health clinic	<ul style="list-style-type: none"> Substance abuse prevention for adults Information and referral services Case management Supported employment Permanent supported housing School-based services Outreach Educational programs for youth Community service activities (Alternatives) Environmental
Douglas County Juvenile Probation PO Box 218 Minden, NV 89423 775-782-9811 co.douglas.nv.us	Douglas	Court system	<ul style="list-style-type: none"> Youth residential substance abuse treatment Individual therapy Group Therapy Family Therapy Parenting education
DPBH-RCHS 1665 Old Hot Springs Road Suite 157Carson City, NV 89703 77-687-0911 www.dpbh.nv.gov	Carson City Churchill Douglas Elko Esmeralda Eureka Humboldt Lander Lincoln Lyon Mineral Nye Pershing Storey Washoe White Pine	Mental health treatment agency Community Health	<ul style="list-style-type: none"> Acute Intensive Services: Mobile crisis Intensive home-based services Intensive case management Individual therapy Group Therapy Family Therapy Recovery Supports: Peer support Information and referral services Medication management Skill building Case management Permanent supported housing School-based services Wrap-around services Primary health care Money management Parenting education Assessment Specialized evaluations Outreach Information dissemination Problem identification and referral Mental health promotion for youth Mental health promotion for adults
Elko Band Alcohol & Drug Program	Elko	Tribal	<ul style="list-style-type: none"> Clinically-managed inpatient substance abuse Youth residential substance abuse treatment Substance abuse intensive outpatient Intensive case management Individual therapy

Agency	Regions	Type of Agency	Types of Services
			<ul style="list-style-type: none"> Family Therapy Information and referral services Skill building Case management Supported education Family support services Outreach Community service activities (Alternatives) Substance abuse prevention for adults
Ely Counseling and Supportive Services 1675 Ave F Ely, NV 89301 775-289-1671	Eureka Lincoln White Pine	Mental health treatment agency	<ul style="list-style-type: none"> Intensive case management Individual therapy Group Therapy Family Therapy Information and referral services Medication management Skill building Case management Assessment Information dissemination Problem identification and referral
Expressions 2475 w Cheyenne Ave suite 170 North Las Vegas, NV 89032 ebhsi@icloud.com 702-619-6237	Clark Lincoln Washoe	Substance abuse treatment agency Mental health treatment agency	<ul style="list-style-type: none"> Individual therapy Group Therapy Family Therapy Recovery Supports: Peer support Information and referral services Medication management Skill building Case management Transportation services Family support services School-based services Wrap-around services Money management Parenting education Assessment Community service activities (Alternatives) Substance abuse prevention for adults Mental health promotion for youth Mental health promotion for adults
Fallon Counseling and Supportive Services 151 N. Maine St Fallon, NV 89406 775-423-7141	Churchill	Mental health treatment agency Primary medical care	<ul style="list-style-type: none"> Individual therapy Group Therapy Family Therapy Recovery Supports: Peer support Information and referral services Medication management Skill building Case management Parenting education Mental health promotion for youth Mental health promotion for adults
Foundation for Recovery 4800 Alpine Place, Suite 12 Las Vegas, NV 89107 datkinson@forrecovery.org 702-539-0225 www.forrecovery.org	Clark	Community-based organization	<ul style="list-style-type: none"> Recovery Supports: Peer support Recovery support coaching Information and referral services Skill building Legal advocacy Family support services Money management Parenting education Outreach Educational programs for youth Community service activities (Alternatives) Information dissemination Problem identification and referral Substance abuse prevention for adults

Agency	Regions	Type of Agency	Types of Services
			Suicide prevention for youth Suicide prevention for adults Mental health promotion for youth Mental health promotion for adults
Frontier Community Coalition PO Box 1460 1005 West Broadway Lovelock, NV 89419 director@frontiercommunity.net 775-273-2400 www.frontiercommunity.net	Humboldt Lander Pershing	Community-based organization	Information and referral services Skill building School-based services Parenting education Outreach Educational programs for youth Community service activities (Alternatives) Environmental Information dissemination Substance abuse prevention for adults Suicide prevention for youth Suicide prevention for adults Mental health promotion for youth Mental health promotion for adults
Group Six Partners, LLC	Clark	Private practice College/university	
Grover C. Dils Medical Center PO BOX 1010 700 North Spring Street Caliente, NV 89008 missie@gcdmc.org 775-726-3171 www.gcdmc.org	Lincoln	Hospital	Medication management
Healing Solutions Counseling Center	Clark	Private practice	Individual therapy Group Therapy Family Therapy Substance abuse prevention for adults Suicide prevention for youth Suicide prevention for adults Mental health promotion for youth Mental health promotion for adults
Healthy Communities Coalition 170 Pike Street Dayton, NV 89403 cmcgill@healthycomm.org 775-246-7550	Lyon Mineral Storey	Community-based organization	Information and referral services School-based services Meal services Outreach Educational programs for youth Community service activities (Alternatives) Environmental Information dissemination Problem identification and referral Suicide prevention for youth Mental health promotion for youth Mental health promotion for adults
HELP of Southern Nevada 1640 East Flamingo Las Vegas, NV 89119 krobson@helpsonv.org 702-369-4357 www.helpsonv.org	Clark	Non Profit housing Mental health treatment agency Substance abuse treatment agency Employment	Acute Intensive Services: Mobile crisis Youth residential substance abuse treatment Intensive home-based services Intensive case management Individual therapy Group Therapy Family Therapy Information and referral services Medication management Skill building Case management Supported employment Permanent supported housing Supported education Transportation services Legal advocacy Family support services

Agency	Regions	Type of Agency	Types of Services
			School-based services Wrap-around services Meal services Money management Parenting education Assessment Specialized evaluations Outreach Educational programs for youth Community service activities (Alternatives) Environmental Information dissemination Problem identification and referral Substance abuse prevention for adults Suicide prevention for youth Suicide prevention for adults Mental health promotion for youth Mental health promotion for adults
Human Behavior Institute	Clark Washoe	Mental health treatment agency	Acute Intensive Services: Mobile crisis Substance abuse intensive outpatient Intensive case management Individual therapy Group Therapy Family Therapy Information and referral services Medication management Case management Wrap-around services Parenting education Assessment Problem identification and referral Substance abuse prevention for adults Suicide prevention for youth Suicide prevention for adults Mental health promotion for youth Mental health promotion for adults
ICS/UNRSOM Mojave 4000 E. Charleston LV, Moana Reno & Las Vegas, NV 89104 mhowie@medicine.nevada.edu 702-968-5000 Mojave.org	Clark Washoe	Mental health treatment agency	Partial hospitalization (day MH treatment) Intensive home-based services Intensive case management Individual therapy Group Therapy Family Therapy Recovery Supports: Peer support Information and referral services Medication management Skill building Case management Family support services Wrap-around services Money management Assessment Information dissemination Suicide prevention for adults Mental health promotion for youth Mental health promotion for adults
Illuminations Counseling 2340 Paseo Del Prado D-108 Las Vegas, NV 89102 stevenbonn@gmail.com (702) 823-9043 http://www.illuminationscounseling.com	Clark	Mental health treatment agency	Individual therapy Family Therapy Information and referral services Medication management Skill building Parenting education Problem identification and referral
Innovative Focus 10161 Park Run Drive	Clark	Private practice Faith-based organization	Individual therapy Group Therapy

Agency	Regions	Type of Agency	Types of Services
Las Vegas, NV 89145 info@innovativefocus.net 888-351-1577 EXT. 101 www.innovativefocus.net		Community-based organization	Family Therapy Recovery Supports: Peer support Information and referral services Skill building Family support services Parenting education Educational programs for youth Information dissemination Mental health promotion for youth Mental health promotion for adults
Join Together Northern Nevada 505 S. Arlington, Suite 110 Reno, NV 89509 jennifer@jtnn.org 775-324-7557 jtnn.org	Washoe	Coalition	Information and referral services Outreach Information dissemination Problem identification and referral
Las Vegas Justice Court Lynne Daus evaluation center 421 Hill St. # 3 Reno, NV 89501 Jklmdausdavis@hotmail.com 775-348-7550	Clark	Court system	
Mesquite Police Department 695 Mayan Cir Logandlae, NV 89027 702-346-5262 Mesquitenv.gov	Clark	Law enforcement agency	
Music 4 Life, Inc. 2975 S Rainbow Blvd, Suite B Las Vegas, NV 89146 info@music4life.us 702-889-2881 www.music4life.us	Clark	Substance abuse treatment agency	Crisis Residential/Stabilization Clinically-managed inpatient substance abuse Adult residential mental health treatment Substance abuse intensive outpatient Partial hospitalization (day MH treatment) Intensive case management Individual therapy Group Therapy Recovery support coaching Skill building Supported education Wrap-around services Specialized evaluations Outreach Educational programs for youth Community service activities (Alternatives)
NAMI Nevada 1170 Curti Drive Reno, NV 89502 skstamates@gmail.com 7754205592 www.nami.org	Carson City Churchill Clark Douglas Elko Humboldt Lyon Nye Storey Washoe	Home	Recovery Supports: Peer support Information and referral services Information dissemination Mental health promotion for adults
National Youth sport Program UNLV Campus Las Vegas, NV	Clark	Community-based organization College/university	Skill building Supported education Transportation services School-based services Primary health care Educational programs for youth Suicide prevention for youth Mental health promotion for youth
NEIS	Clark Lincoln Nye	State agency	Intensive home-based services Information and referral services Skill building

Agency	Regions	Type of Agency	Types of Services
			Case management Supported education Family support services Money management Parenting education Assessment Educational programs for youth Information dissemination Problem identification and referral Mental health promotion for youth
Nevada Career Institute	Clark	College/university	
Nevada Coalition for Suicide Prevention 205 n Stephanie St Ste D-149Henderson, NV 89074 nevadacsp@gmail.com www.nvsuicideprevention.org	All Nevada counties	Suicide prevention agency	Information and referral services Skill building Outreach Educational programs for youth Community service activities (Alternatives) Information dissemination Problem identification and referral Suicide prevention for youth Suicide prevention for adults
Nevada Community Prevention Coalition 1022 Nevada HWY #214 1590 Foothill Dr Ste 9ABoulder City, NV 89005 info@nv-cpc.org 702.293.3313 nv-cpc.org	Clark	Substance abuse prevention agency	Information and referral services Skill building Parenting education Educational programs for youth Community service activities (Alternatives) Information dissemination Problem identification and referral Substance abuse prevention for adults Suicide prevention for youth Suicide prevention for adults Mental health promotion for youth Mental health promotion for adults Crisis Residential/Stabilization Adult residential mental health treatment Individual therapy Group Therapy
Nevada Department of Corrections P.O. Box 7101 Carson City, NV 89702 775-887-3285 doc.nv.gov	All Nevada counties	Correctional facility	
Nevada PEP 7211 W. Charleston Blvd. Las Vegas, NV 89117 pepinfo@nvpep.org NVPEP.org	All Nevada counties	Community-based organization	Recovery Supports: Peer support Information and referral services Skill building Supported education Family support services Wrap-around services Parenting education Outreach Educational programs for youth Information dissemination Problem identification and referral Suicide prevention for youth Mental health promotion for youth
Nevada Statewide Coalition Partnership P.O. Box 20732 Carson City, NV 89721 dlhlang@pyramid.net 775-882-6674	All Nevada counties	Community-based organization	Information and referral services Skill building Case management Supported education Family support services School-based services Wrap-around services Parenting education Assessment Outreach Educational programs for youth Community service activities (Alternatives) Environmental Information dissemination

Agency	Regions	Type of Agency	Types of Services
			<ul style="list-style-type: none"> Problem identification and referral Substance abuse prevention for adults Suicide prevention for youth Suicide prevention for adults Mental health promotion for youth Mental health promotion for adults
Nevada Urban Indians, Inc	Carson City Washoe	Indian health	
NVARNG	All Nevada counties	Military/VA	<ul style="list-style-type: none"> Individual therapy Family Therapy Information and referral services Skill building Case management Legal advocacy Family support services Money management Problem identification and referral
Nye Communities Coalition	Esmeralda Lincoln Nye	Community-based organization	
Nye County Health and Human Services	Nye	County Social Services	<ul style="list-style-type: none"> Information and referral services Case management Transportation services
Nye County School District 484 So. West St., Pahrump, NV 89048 775-727-7743 http://www.nye.k12.nv.us/	Nye	School	<ul style="list-style-type: none"> Information and referral services Family support services School-based services Meal services Parenting education Educational programs for youth Community service activities (Alternatives) Information dissemination Suicide prevention for youth Mental health promotion for youth
Pact coalition 3110 Polaris Ave, Suite 6, Las Vegas, NV 89102 jross@drugfreelasvegas.org 7025827228 www.drugfreelasvegas.org	Clark	Substance abuse prevention agency	<ul style="list-style-type: none"> Recovery Supports: Peer support Information and referral services Medication management Skill building Case management Supported employment Supported education Transportation services Family support services School-based services Wrap-around services Parenting education Assessment Specialized evaluations Outreach Educational programs for youth Community service activities (Alternatives) Environmental Information dissemination Problem identification and referral Substance abuse prevention for adults Suicide prevention for youth Suicide prevention for adults Mental health promotion for youth Mental health promotion for adults
Pahrump Valley Chamber of Commerce	Nye	Community-based organization	
Ridge House, Inc. 900 West First Street Suite 200Reno, NV 89503 sburt@ridgehouse.org	Washoe	Substance abuse treatment agency Community-based organization	<ul style="list-style-type: none"> Intensive case management Individual therapy Group Therapy Family Therapy

Agency	Regions	Type of Agency	Types of Services
7753228941 www.ridgehouse.org			Recovery Supports: Peer support Recovery support coaching Information and referral services Skill building Case management Supported employment Permanent supported housing Supported education Transportation services Family support services Wrap-around services Meal services Money management Assessment Specialized evaluations Outreach Information dissemination Problem identification and referral
Rural Clinics, State, Elko Counseling & Supportive Services 1825 Pinion Rd, Ste A Elko, NV 89801 775-738-8021	All Nevada counties	Mental health treatment agency	Substance abuse intensive outpatient Intensive case management Individual therapy Group Therapy Family Therapy Information and referral services Medication management Skill building Case management Permanent supported housing Wrap-around services Money management Parenting education Assessment Specialized evaluations Outreach Information dissemination Problem identification and referral Substance abuse prevention for adults Suicide prevention for youth Suicide prevention for adults Mental health promotion for youth Mental health promotion for adults
Senior Center of Boulder City	Clark	Community-based organization	Information and referral services Legal advocacy Meal services Outreach Information dissemination Substance abuse prevention for adults
Serenity Mental Health 1901 S. Jones Blvd Las Vegas, NV 89146 701-815-1500 www.serenity,entalhealth.org	Clark	Substance abuse treatment agency Mental health treatment agency	Substance abuse intensive outpatient Intensive home-based services Individual therapy Group Therapy Family Therapy Information and referral services Skill building Case management Transportation services Wrap-around services Assessment Specialized evaluations Outreach Problem identification and referral Substance abuse prevention for adults Mental health promotion for youth Mental health promotion for adults
Sierra Counseling and Neurotherapy 2874 N. Carson St., Ste 215	Carson City Douglas	Private practice	Substance abuse intensive outpatient Individual therapy

Agency	Regions	Type of Agency	Types of Services
Carson City, NV 89706 scncounseling.com 775-885-7717 www.scncounseling.com	Washoe		Group Therapy Family Therapy Medication management Parenting education Assessment Specialized evaluations Problem identification and referral Substance abuse prevention for adults
SNAMH Las Vegas, NV westcare	Clark Nye	Mental health treatment agency Suicide prevention agency Hospital	Crisis Residential/Stabilization Intensive home-based services Intensive case management Group Therapy Information and referral services Medication management Case management Permanent supported housing Assessment Suicide prevention for adults Mental health promotion for adults
Southern Nevada Health District PO Box 3902 Las Vegas, NV 89127 snhdpublicinformation@snhdmail.org 702-759-1000 www.southernnevadahealthdistrict.org	Clark	County health department	Information and referral services Supported education Information dissemination Suicide prevention for youth Suicide prevention for adults Mental health promotion for youth Mental health promotion for adults
Spring Mountain Treatment Center	Clark Nye	Hospital	Acute Intensive Services: Mobile crisis Crisis Residential/Stabilization Clinically-managed inpatient substance abuse Partial hospitalization (day MH treatment) Information and referral services Medication management Case management Assessment Substance abuse prevention for adults Suicide prevention for youth Suicide prevention for adults Mental health promotion for youth Mental health promotion for adults
State of Nevada Pahrump Behavioral Health 240 S Humahuaca Pahrump, NV 89048 775-751-7406	Nye	Mental health treatment agency	Individual therapy Group Therapy Family Therapy Information and referral services Medication management Skill building Case management Transportation services Money management Parenting education Assessment Specialized evaluations Information dissemination Problem identification and referral Substance abuse prevention for adults Suicide prevention for youth Suicide prevention for adults Mental health promotion for youth Mental health promotion for adults
Step 1, Inc. 1015 N. Sierra St. Reno, NV 89503 775-329-9830 www.step1inc.org	Washoe	Substance abuse treatment agency	Individual therapy Group Therapy Recovery Supports: Peer support
STEP2	All Nevada	Substance abuse treatment agency	Crisis Residential/Stabilization

Agency	Regions	Type of Agency	Types of Services
3700 Safe Harbor Way Reno, NV 89512 www.step2reno.org	counties		Clinically-managed inpatient substance abuse Adult residential mental health treatment Individual therapy Group Therapy Family Therapy Recovery Supports: Peer support Information and referral services Skill building Case management Supported education Transportation services Family support services Wrap-around services Meal services Money management Parenting education Assessment Specialized evaluations Problem identification and referral Substance abuse prevention for adults Mental health promotion for adults
Suicide prevention Network 1702 County Rd. A3 Minden, NV 89423 debbie@spnawareness.org 7757831510 www.suicidepreventionofdouglascoun ty.org	Carson City Douglas	Community-based organization	Information and referral services Suicide prevention for youth Suicide prevention for adults
Tahoe Youth and Family Services 1512 HWY 395 Suite #3 Gardnerville, NV 89410 admin@tahoeyouth.org 775-782-4202 www.tahoeyouth.org	Douglas	Substance abuse treatment agency Substance abuse prevention agency Mental health treatment agency Community-based organization	Substance abuse intensive outpatient Individual therapy Group Therapy Family Therapy Information and referral services Skill building Case management Family support services Outreach Mental health promotion for youth Mental health promotion for adults
The Life Change Center 1755 Sullivan Lane Sparks, NV 89431 John@Tlccreno.org 775-842-7436 Tlccreno.org	Carson City Douglas Lyon Nye Storey Washoe	Substance abuse treatment agency	Substance abuse intensive outpatient Intensive case management Individual therapy Group Therapy Family Therapy Recovery support coaching Information and referral services Medication management Skill building Case management Assessment Substance abuse prevention for adults Mental health promotion for adults
TMCC	Carson City Lyon Washoe	College/university	Individual therapy Recovery support coaching Information and referral services Skill building Supported education School-based services Money management Assessment Information dissemination Problem identification and referral Substance abuse prevention for adults Suicide prevention for youth

Agency	Regions	Type of Agency	Types of Services
			Suicide prevention for adults Mental health promotion for youth Mental health promotion for adults
TUFF Services	Clark Elko	Private practice	Acute Intensive Services: Mobile crisis Intensive home-based services Individual therapy Group Therapy Family Therapy Recovery support coaching Information and referral services Skill building Supported education Assessment Outreach Substance abuse prevention for adults Suicide prevention for youth Suicide prevention for adults Mental health promotion for youth Mental health promotion for adults
Turning Point Nevada 3630 N. Rancho. #107 Las Vegas, NV 89130 delltpn1@gmail.com 702-395-8768 www.turningpointnv.com	Clark	Substance abuse treatment agency Substance abuse prevention agency Mental health treatment agency Suicide prevention agency	Substance abuse intensive outpatient Partial hospitalization (day MH treatment) Intensive case management Individual therapy Group Therapy Family Therapy Recovery Supports: Peer support Information and referral services Skill building Case management Family support services Wrap-around services Parenting education Assessment Specialized evaluations Outreach Information dissemination Problem identification and referral Substance abuse prevention for adults Suicide prevention for youth Suicide prevention for adults Mental health promotion for youth Mental health promotion for adults
University of Nevada, Reno Police Services	Washoe	Law enforcement agency	
Vitality Unlimited P.O.Box 2580 Elko, NV 89803 vc_cfo@frontiernet.net 775-738-4158 www.vitalityunlimited.org	All Nevada counties	Substance abuse treatment agency	Clinically-managed inpatient substance abuse Youth residential substance abuse treatment Substance abuse intensive outpatient Individual therapy Group Therapy Family Therapy Information and referral services Medication management Skill building Case management Permanent supported housing Assessment
Washoe County Children's Mental Health Consortium and Sierra Regional Center Sierra Regional Center 605 S. 21st St. Sparks, NV 89431 cempaoli@src.state.nv.us 775-688-1930	Washoe	Community-based organization State agency Chair of consortia	Information and referral services Case management Supported employment Permanent supported housing Transportation services Family support services Wrap-around services Assessment

Agency	Regions	Type of Agency	Types of Services
ADSD			Specialized evaluations Outreach Information dissemination Problem identification and referral
Washoe County Department of Social Services Clinical Services	Washoe	State agency	Assessment Problem identification and referral
WCSD Family Resource Center 425 E Ninth Street Reno, NV 89512	Washoe	School	Information and referral services Family support services Parenting education Substance abuse prevention for adults
1038 Buckeye Road P. O. Box 218Minden, NV 89423 lcuddy@douglas.nv.gov 775-782-6247	Douglas	Court system	Information and referral services Case management Legal advocacy Information dissemination
Walter Dimitroff 860 Tyler Way Sparks, NV 89431 walt@accsnv.com 7753560371 accsnv.com	Carson City Elko Storey Washoe White Pine	Private practice	Substance abuse intensive outpatient Intensive home-based services Intensive case management Individual therapy Group Therapy Family Therapy Recovery Supports: Peer support Skill building Case management Supported education Parenting education Specialized evaluations Problem identification and referral Substance abuse prevention for adults Mental health promotion for adults
1061 E. Second Street Pahrump, NV jdwondra@suddenlink.net	Nye	Faith-based organization	Recovery Supports: Peer support Information and referral services Family support services Outreach Community service activities (Alternatives) Substance abuse prevention for adults

Nevada Mental Health and Substance Abuse Services Client Survey 2015



We are collecting information to help the state of Nevada understand what kind of behavioral health care services are needed to help people who live in Nevada. We are also trying to understand what keeps people who need help from getting the help they need. If you would prefer to answer this survey online, go to this link <https://www.surveymonkey.com/s/NVMHSAclient15> or scan the code. →

1. Which of the following best describes you? (Behavioral health includes mental health and substance abuse.) (Check all that apply)

- Current behavioral health care client
- Friend/family member of someone who has received behavioral health care services
- Parent of a child currently receiving behavioral health care services
- Someone in need of behavioral health care services
- Someone in recovery
- Not sure
- Other (please specify): _____

2. Which of the following behavioral health conditions or issues do you (or your family member/child) have? (Check all that apply)

- Depression
- Anxiety/Stress disorders
- Bipolar Disorder
- Schizophrenia
- Dementia
- Post-Traumatic Stress Disorder (PTSD)
- Obsessive Compulsive Disorder (OCD)
- Tobacco/nicotine dependence
- Drug dependence
- Alcohol dependence
- Other (please specify): _____

3. Have you received treatment or counseling related to any of the following? (check all that apply)

- Mental health
- Alcohol
- Drugs
- Tobacco/nicotine

4. Please check all the types of behavioral health services you have used:

- Inpatient care –Hospitalization
- Inpatient care –Residential treatment
- Outpatient Care –Community-based Services
- Psychiatrist, private therapist, social worker, psychologist
- Case management –support services to help with other needs
- Medication management
- Support group participation
- Dual diagnosis services
- Other (please specify): _____

5. Is it easy or hard for you to get the services you use?

- Easy
- Hard → 6. If it's hard, please tell us why. _____

7. Have you received all of the services that you need?

- Yes
- No → 8. If you answered 'No', what services do you need that you haven't gotten? _____

9. Why haven't you got them? (check all that apply)

- Couldn't afford it
- Didn't know where to go
- Didn't think it would help
- Not covered by insurance
- Took too much time
- Not enough providers available
- Services not available near me
- Services not available in my language
- Providers did not respect my culture
- Long wait lists
- No transportation
- I was embarrassed
- I was afraid
- Not applicable
- Other (please describe): _____

10. How could behavioral health treatment be improved in Nevada?

Gender:

- Female
- Transgender
- Male

Age on your last

birthday: _____ **years**

Are you a Veteran of the U.S.

Armed Forces? Yes No

Zip code where you

live: _____

Are you Hispanic/Latino?

- Yes
- No

Race:

- American Indian/Alaska Native
- Asian
- Black/African American
- Hawaiian/Pacific Islander
- White
- Other (please specify): _____

Annual household income from all sources:

- Less than \$10,000
- \$10,000 – 14,999
- \$15,000 – 24,999
- \$25,000 – 34,999
- \$35,000 – 49,999
- \$50,000 – 74,999
- \$75,000 – 99,999
- \$100,000 – 149,999
- \$150,000 or more

Thank you very much for your time!

(Vea la versión en español al reverso)

Encuesta para Los Clientes de los Servicios de La Salud Mental y Abuso de Sustancias de Nevada 2015

Estamos recopilando información para ayudar al estado de Nevada entender qué tipo de servicios de salud del comportamiento son necesarios para apoyar a los residentes de Nevada. También estamos intentando identificar qué es lo que impide que las personas reciban la ayuda que necesitan. Si prefiere contestar esta encuesta por el internet, vaya al enlace <https://www.surveymonkey.com/s/nvclientspan15> o use el código QR.



1. ¿Cuál de las siguientes lo describe mejor? (La salud del comportamiento incluye la salud mental y abuso de sustancias.) (Marque todas las que apliquen)

- | | |
|---|--|
| <input type="checkbox"/> Cliente actual de cuidados de salud del comportamiento | <input type="checkbox"/> Persona con necesidad de servicios de cuidado de salud del comportamiento |
| <input type="checkbox"/> Amigo/familiar de alguien que ha recibido servicios de cuidado de salud del comportamiento | <input type="checkbox"/> Persona en recuperación |
| <input type="checkbox"/> Padre de un niño que actualmente recibe servicios de cuidado de salud del comportamiento | <input type="checkbox"/> No estoy seguro |
| | Otra (Especifique, por favor): _____ |

2. ¿Cuál de las siguientes condiciones o problemas de salud del comportamiento tiene Ud. (o su familiar/hijo)? (Marque todas las que apliquen)

- | | | |
|--|--|---|
| <input type="checkbox"/> La depresión | <input type="checkbox"/> La demencia | <input type="checkbox"/> La dependencia de las drogas |
| <input type="checkbox"/> Los trastornos de ansiedad/estrés | <input type="checkbox"/> El trastorno de estrés postraumático (PTSD) | <input type="checkbox"/> La dependencia del alcohol |
| <input type="checkbox"/> El trastorno bipolar | <input type="checkbox"/> El trastorno obsesivo compulsivo (OCD) | <input type="checkbox"/> Otra (Especifique, por favor): _____ |
| <input type="checkbox"/> La esquizofrenia | <input type="checkbox"/> La dependencia del tabaco/la nicotina | |

3. ¿Ha recibido tratamiento o terapia relacionado con alguna de las siguientes condiciones? (Marque todas las que apliquen)

- La salud mental El alcohol Las drogas El tabaco/La nicotina

4. Por favor, marque todos los tipos de servicios de la salud del comportamiento que ha utilizado:

- | | |
|--|---|
| <input type="checkbox"/> Asistencia hospitalario – Hospitalización | <input type="checkbox"/> Administración de medicamentos |
| <input type="checkbox"/> Asistencia hospitalario – Tratamiento residencial | <input type="checkbox"/> Participación en grupos de apoyo |
| <input type="checkbox"/> Asistencia ambulatoria – Servicios basados en la comunidad | <input type="checkbox"/> Servicios de diagnóstico dual |
| <input type="checkbox"/> Psiquiatra, terapeuta privada, trabajador social, o psicólogo | <input type="checkbox"/> Otro (Especifique, por favor): _____ |
| <input type="checkbox"/> Manejo de caso –servicios de apoyo para ayudar con necesidades auxiliares | |

5. ¿Es fácil o difícil obtener los servicios que usa?

- Fácil Difícil → **6. Si es difícil, por favor, díganos ¿por qué?** _____

7. ¿Ha recibido todos los servicios que necesita?

- Sí No → **8. Si contestó que “No,” ¿cuáles servicios necesita Ud. que no ha recibido?** _____

9. ¿Por qué no los ha recibido todos los servicios que necesita? (Marque todas las que apliquen)

- | | | |
|--|--|--|
| <input type="checkbox"/> No tenía dinero para pagar | <input type="checkbox"/> No hay suficientes proveedores disponibles | <input type="checkbox"/> Falta de transporte |
| <input type="checkbox"/> No sabía a dónde ir | <input type="checkbox"/> Los servicios no están disponibles cerca de mí | <input type="checkbox"/> Me daba pena |
| <input type="checkbox"/> Pensaba que no iba a ayudarme | <input type="checkbox"/> Los servicios no están disponibles en mi idioma | <input type="checkbox"/> Tenía miedo |
| <input type="checkbox"/> No fue cubierto por seguro médico | <input type="checkbox"/> Los proveedores no respetaron mi cultura | <input type="checkbox"/> No es aplicable |
| <input type="checkbox"/> Tomó demasiado tiempo | <input type="checkbox"/> Largas listas de espera | <input type="checkbox"/> Otra (Describa, por favor): _____ |

10. ¿Cómo pudiera ser mejorado el tratamiento de la salud del comportamiento en Nevada?

Género:

- Femenino Transgénero
 Masculino

Edad en su cumpleaños más reciente : _____ años

¿Es veterano de las Fuerzas Armadas de los EE.UU.? Sí No

Código postal donde vive: _____

¿Es Hispano/Latino?

- Sí No

Raza:

- Indígena americano/Nativo de Alaska
 Asiático
 Negro/Afroamericano
 Hawaiano/Islands del Pacífico
 Blanco
 Otro (Especifique, por favor): _____

Ingreso anual por hogar de todas fuentes:

- | | |
|--|--|
| <input type="checkbox"/> Menos de \$10,000 | <input type="checkbox"/> \$50,000 – 74,999 |
| <input type="checkbox"/> \$10,000 – 14,999 | <input type="checkbox"/> \$75,000 – 99,999 |
| <input type="checkbox"/> \$15,000 – 24,999 | <input type="checkbox"/> \$100,000 – 149,999 |
| <input type="checkbox"/> \$25,000 – 34,999 | <input type="checkbox"/> \$150,000 o más |
| <input type="checkbox"/> \$35,000 – 49,999 | |

¡Muchas gracias por su tiempo!

(See English version on the other side)

Nevada Mental Health, Substance Abuse, and Suicide Prevention Community Survey 2015



Thank you for taking a few minutes to answer these questions to help improve mental health and substance abuse prevention and treatment and suicide prevention in Nevada. If you would prefer to answer this survey online, go to this link <https://www.surveymonkey.com/s/nvmhconsumer15> or scan the QR code. However, please only complete this survey one time.

1. During the past 12 months, was there any time when you needed treatment or counseling services related to these conditions but did not get it? (Check all that apply)

Mental health Drugs
 Alcohol Tobacco/nicotine

2. If there were any services you did not receive, why didn't you get them? (check all that apply)

Couldn't afford it Not enough providers available No transportation
 Didn't know where to go Services not available near me I was embarrassed
 Didn't think it would help Services not available in my language I was afraid
 Not covered by insurance Providers did not respect my culture Not applicable
 Took too much time Long wait lists Other (please describe):

3. Are there enough of these services and providers in your area?

Mental Health Services for adults	<input type="checkbox"/> More needed	<input type="checkbox"/> Enough	<input type="checkbox"/> Not sure
Mental Health Services for children & adolescents	<input type="checkbox"/> More needed	<input type="checkbox"/> Enough	<input type="checkbox"/> Not sure
Alcohol/ drug abuse treatment services for adults	<input type="checkbox"/> More needed	<input type="checkbox"/> Enough	<input type="checkbox"/> Not sure
Alcohol/drug abuse treatment services for children & adolescents	<input type="checkbox"/> More needed	<input type="checkbox"/> Enough	<input type="checkbox"/> Not sure
Crisis Intervention Services for Troubled Youth	<input type="checkbox"/> More needed	<input type="checkbox"/> Enough	<input type="checkbox"/> Not sure
Alcohol Abuse Prevention/Education	<input type="checkbox"/> More needed	<input type="checkbox"/> Enough	<input type="checkbox"/> Not sure
Drug Abuse Prevention/Education	<input type="checkbox"/> More needed	<input type="checkbox"/> Enough	<input type="checkbox"/> Not sure
Tobacco Abuse Prevention/Education	<input type="checkbox"/> More needed	<input type="checkbox"/> Enough	<input type="checkbox"/> Not sure
Mental Health Education	<input type="checkbox"/> More needed	<input type="checkbox"/> Enough	<input type="checkbox"/> Not sure
Suicide Prevention Education	<input type="checkbox"/> More needed	<input type="checkbox"/> Enough	<input type="checkbox"/> Not sure
Stress Management Education	<input type="checkbox"/> More needed	<input type="checkbox"/> Enough	<input type="checkbox"/> Not sure
Child Abuse Education	<input type="checkbox"/> More needed	<input type="checkbox"/> Enough	<input type="checkbox"/> Not sure
Domestic Violence Education	<input type="checkbox"/> More needed	<input type="checkbox"/> Enough	<input type="checkbox"/> Not sure

4. How comfortable are you talking about suicide with your family and/or friends?

Not at all Somewhat comfortable Very comfortable

5. Do you know someone who has attempted suicide? No Yes

6. Do you know someone who has died by suicide? No Yes

7. What do you think would be the best way to prevent suicide in your community?

8. What other programs and services are needed in your community for mental health?

9. What other programs and services are needed in your community for substance abuse prevention and treatment?

Gender: Female Transgender Male
 Age on your last birthday: _____ years
 Are you a Veteran of the U.S. Armed Forces? Yes No
 Zip code where you live: _____

Are you Hispanic/Latino? Yes No
 Race:
 American Indian/Alaska Native
 Asian
 Black/African American
 Hawaiian/Pacific Islander
 White
 Other (please specify): _____
 Annual household income from all sources:
 Less than \$10,000 \$50,000 – 74,999
 \$10,000 – 14,999 \$75,000 – 99,999
 \$15,000 – 24,999 \$100,000 – 149,999
 \$25,000 – 34,999 \$150,000 or more
 \$35,000 – 49,999

Thank you very much for your time!

(Vea la versión en español al reverso)

Encuesta de la Comunidad acerca de la Salud Mental, el Abuso de Substancias, y la Prevención del Suicidio



Gracias por tomarse el tiempo para contestar estas preguntas para ayudarnos mejorar la prevención y tratamiento de la salud mental y el abuso de sustancias y la prevención del suicidio en Nevada. Si prefiere contestar esta encuesta por el internet, vaya al enlace <https://es.surveymonkey.com/s/MHCommSpan15> o use el código QR. Sin embargo, por favor, solo complete esta encuesta una vez.

1. Durante los últimos 12 meses, ¿había una vez que necesitaba servicios de terapia o tratamiento relacionado con alguna de las siguientes condiciones? (Marque todas las que apliquen)

Salud mental Drogas
 Alcohol Tabaco/nicotina

2. Si fueron algunos servicios que no recibía, ¿por qué no los recibía? (Marque todas las que apliquen)

No tenía dinero para pagar No hay suficientes proveedores disponibles Falta de transporte
 No sabía a dónde ir Los servicios no están disponibles cerca de mi Me daba pena
 Pensaba que no iba a ayudarme Los servicios no están disponibles en mi idioma Tenía miedo
 No fue cubierto por seguro médico Los proveedores no respetaron mi cultura No es aplicable
 Tomó demasiado tiempo Largas listas de espera Otra (Describa, por favor):

3. ¿Hay bastante de estos servicios y proveedores en su área?

Servicios de salud mental para adultos	<input type="checkbox"/> Más requerido	<input type="checkbox"/> Hay bastante	<input type="checkbox"/> No estoy seguro
Servicios de salud mental para niños y adolescentes	<input type="checkbox"/> Más requerido	<input type="checkbox"/> Hay bastante	<input type="checkbox"/> No estoy seguro
Servicios de tratamiento para el abuso de alcohol o drogas para adultos	<input type="checkbox"/> Más requerido	<input type="checkbox"/> Hay bastante	<input type="checkbox"/> No estoy seguro
Servicios de tratamiento para el abuso de alcohol o drogas para niños y adolescentes	<input type="checkbox"/> Más requerido	<input type="checkbox"/> Hay bastante	<input type="checkbox"/> No estoy seguro
Servicios de intervención en crisis para los jóvenes que tienen problemas	<input type="checkbox"/> Más requerido	<input type="checkbox"/> Hay bastante	<input type="checkbox"/> No estoy seguro
Prevención y educación del abuso del alcohol	<input type="checkbox"/> Más requerido	<input type="checkbox"/> Hay bastante	<input type="checkbox"/> No estoy seguro
Prevención y educación del abuso de drogas	<input type="checkbox"/> Más requerido	<input type="checkbox"/> Hay bastante	<input type="checkbox"/> No estoy seguro
Prevención y educación del abuso del tabaco	<input type="checkbox"/> Más requerido	<input type="checkbox"/> Hay bastante	<input type="checkbox"/> No estoy seguro
Educación acerca de la salud mental	<input type="checkbox"/> Más requerido	<input type="checkbox"/> Hay bastante	<input type="checkbox"/> No estoy seguro
Educación acerca de la prevención del suicidio	<input type="checkbox"/> Más requerido	<input type="checkbox"/> Hay bastante	<input type="checkbox"/> No estoy seguro
Educación acerca del manejo de estrés	<input type="checkbox"/> Más requerido	<input type="checkbox"/> Hay bastante	<input type="checkbox"/> No estoy seguro
Educación acerca del abuso infantil	<input type="checkbox"/> Más requerido	<input type="checkbox"/> Hay bastante	<input type="checkbox"/> No estoy seguro
Educación acerca de la violencia doméstica	<input type="checkbox"/> Más requerido	<input type="checkbox"/> Hay bastante	<input type="checkbox"/> No estoy seguro

4. ¿Qué tan cómodo está Usted hablar acerca del suicidio con su familia y/o sus amigos?
 De ninguna manera Algo cómodo Muy cómodo

5. ¿Conoce a alguien que ha intentado suicidarse? No Sí 6. ¿Conoce a alguien que se suicidó? No Sí

7. ¿Qué piensa sería la mejor manera de prevenir el suicidio en su comunidad?

8. ¿Cuáles otros programas y servicios están necesitadas en su comunidad para la salud mental?

9. ¿Cuáles otros programas y servicios están necesitadas en su comunidad para la prevención y el tratamiento del abuso de sustancias?

Género: Femenino Transgénero Masculino

Edad en su cumpleaños más reciente: _____ años

¿Es veterano de las Fuerzas Armadas de los EE.UU.? Sí No

Código postal donde vive: _____

¿Es Hispano/Latino? Sí No

Raza: Indígena americano/Nativo de Alaska
 Asiático
 Negro/Afroamericano
 Hawaiano/Islands del Pacífico
 Blanco
 Otro (Especifique, por favor): _____

Ingreso anual por hogar de todas fuentes:
 Menos de \$10,000 \$50,000 – 74,999
 \$10,000 – 14,999 \$75,000 – 99,999
 \$15,000 – 24,999 \$100,000 – 149,999
 \$25,000 – 34,999 \$150,000 o más
 \$35,000 – 49,999

¡Muchas gracias por su tiempo! (See English version on the other side)

Appendix D. Focus Group Questions

Focus Group Pre-Survey

Thank you for participating in this focus group. Your participation will help improve health services in Nevada. Please fill out this brief survey before the focus group starts. Do not put your name on the paper. Your responses will remain anonymous.

1. **Gender** Male Female Transgender Male to Female Transgender Female to Male
2. **Age on your last birthday:** _____ years
3. **Are you a Veteran of the U.S. Armed Forces?** Yes No
4. **Race/Ethnicity:**
 American Indian/Alaska Native Hispanic/Latino
 Asian/Pacific Islander White/Caucasian
 Black/African American Other (please specify): _____
5. **Zip code where you live:** _____
6. **Annual household income from all sources:**
 Less than \$10,000 \$50,000 – 74,999
 \$10,000 – 14,999 \$75,000 – 99,999
 \$15,000 – 24,999 \$100,000 – 149,999
 \$25,000 – 34,999 \$150,000 or more
 \$35,000 – 49,999

Encuesta para el Grupo de Discusión

Gracias por participar en este grupo de discusión. Su participación ayudará mejorar los servicios de salud en Nevada. Por favor, complete esta encuesta breve antes que empieza la discusión. No ponga su nombre en la hoja. Sus respuestas permanecerán anónimas.

1. **Género** Masculino Femenino Transgénero Masculino a Femenino Transgénero Femenino a Masculino
2. **Edad en su cumpleaños más reciente :** _____ años
3. **¿Es veterano de las Fuerzas Armadas de los EE.UU.?** Sí No
4. **Raza/etnicidad:**
 Indígena americano/Nativo de Alaska Hispano/Latino
 Asiático/ Islas del Pacífico Blanco
 Negro/Afroamericano Otro (Especifique, por favor): _____
5. **Código postal donde vive:** _____
6. **Ingreso anual por hogar de todas fuentes:**
 Menos de \$10,000 \$50,000 – 74,999
 \$10,000 – 14,999 \$75,000 – 99,999
 \$15,000 – 24,999 \$100,000 – 149,999
 \$25,000 – 34,999 \$150,000 o más
 \$35,000 – 49,999

Suicide Prevention Group Questions

1. How much of a problem is suicide in your community?
2. Where would people go to get services and information about suicide prevention if they or someone they know needed help?
3. What makes it hard for people to get the help they need?
4. *What do you think would help people get the help they need for suicide prevention?
5. *What other services, resources, and information are needed for suicide prevention in your community?
6. *What kinds of programs and activities would help prevent suicide in your community?
7. What do you think might keep people in your community from participating in suicide prevention programs?

Substance Abuse and Mental Health Treatment Focus Group Questions

1. What has made it easy or hard for you to get the mental health and/or substance abuse services you need?
2. *What services do you need that you are not getting?
3. Some people who need substance abuse and mental health treatment services are not using them. Why do you think they are not using any services?
4. *What would help people who need mental health and substance abuse treatment to stay in treatment?
5. How can the state of Nevada and your local community better provide mental health and substance abuse treatment services?
6. *What kinds of programs and activities would help people in your community avoid abusing drugs and alcohol, improve their mental health and avoid suicide?

Mental Health Treatment Focus Group Questions

1. What makes it easy or hard for you to get the mental health services you need?
2. *What services do you need that you are not getting?
3. Some people who need mental health services are not using them. Why do you think they are not using any mental health services?
4. *What would help people who need mental health services to stay in treatment?
5. *How can the state of Nevada and your local community better provide mental health and suicide prevention services?

6. *What kinds of programs and activities would help improve mental health and prevent suicide in your community?

Substance Abuse Prevention and Mental Health/Suicide Prevention Focus Group Questions

1. Which are the biggest problems in your community related to mental health, substance abuse, and suicide?
2. Where do people in your community get services and information about mental health, suicide prevention and drug and alcohol abuse?
3. *What other services, resources, and information are needed to prevent and treat drug and alcohol abuse, mental health and suicide?
4. *What kinds of programs and activities would help people in your community avoid abusing drugs and alcohol?
5. *What kinds of programs and activities would help people in your community improve their mental health and prevent suicide?
6. What do you think might keep people in your community from participating in drug and alcohol abuse, mental health and suicide prevention programs?

Substance Abuse Treatment Focus Group Questions

1. What has made it easy or hard for you to get the substance abuse services you need?
2. *What services do you need that you are not getting?
3. Some people who are abusing substances are not using substance abuse treatment services. Why do you think they are not using any services?
4. *What would help people who need substance abuse treatment to stay in treatment?
5. How can the state of Nevada and your local community better provide substance abuse treatment services?
6. *What kinds of programs and activities would help people in your community avoid abusing drugs and alcohol?

Appendix E. Supplemental Tables and Open-Ended Responses

Provider Survey and Resource Inventory Data Tables and Complete Open-Ended Responses

Which Nevada counties are served by your organization/agency? (Check all that apply.)				
Answer Options	All Provider Survey Responses		Resource Inventory Organizations Only	
	Response Percent	Response Count	Response Percent	Response Count
All Nevada counties	10%	27	9%	8
Carson City	10%	29	16%	14
Churchill County	4%	12	6%	5
Clark County	45%	127	47%	40
Douglas County	9%	26	13%	11
Elko County	4%	12	8%	7
Esmeralda County	6%	16	2%	2
Eureka County	2%	6	2%	2
Humboldt County	10%	28	5%	4
Lander County	4%	12	2%	2
Lincoln County	8%	24	7%	6
Lyon County	7%	20	11%	9
Mineral County	4%	10	2%	2
Nye County	16%	44	19%	16
Pershing County	6%	16	4%	3
Storey County	6%	16	9%	8
Washoe County	20%	56	29%	25
White Pine County	3%	9	4%	3
<i>answered question</i>		283		85

3. What is your profession?		
Answer Options	Response Percent	Response Count
Substance Abuse Professional	7%	28
Mental Health Professional	7%	26
Psychiatrist	0%	0
Psychologist	1%	4
Therapist	5%	19
Counselor	6%	24
Social Worker	5%	18
Program Administrator	15%	55
Nurse	2%	9
Pharmacist	0.3%	1
Physician	0%	1
Physician Assistant	0%	0
Public Health Professional	0.3%	1

Health Educator	3%	10
Support Staff	8%	30
Teacher/Faculty	12%	44
Community Health Worker	2%	7
Law Enforcement Officer	1%	2
Judge	0.3%	1
Advocate	5%	18
Other (please specify)	21%	46
answered question		216

Other profession

- Administrator
- Advocate
- Agency director
- Behavioral health
- Business owner, facilitator
- Casa director
- Case manager (2)
- CEO - membership based organization
- Chair of Grass Valley Advisory Board
- Child care
- Clergy
- Clinical program manager
- Coalition coordinator
- Coalition director/community educator
- Coalition executive director
- Community coordinator
- Community liaison
- Contractor
- Controller/grant manager
- Developmental specialist (2)
- Developmental specialist iii
- Director of non-profit
- Director, social services
- Executive director (5)
- Family Peer Support
- Fire/emergency medical services
- Food security vista
- Fundraiser
- Grant coordinator
- Grant manager
- Grant writer/director
- Group facilitator
- Hospital administration
- HR director
- ICWA advocate
- Injury prevention coordinator
- Insurance provider
- Juvenile probation officer

- Law enforcement support personnel
- LCSW
- Licensed music therapist (through health division)
- Mental health educator
- Mental health technician
- MFT
- Nurse practitioner
- Pastor
- Peer recovery support specialist (3)
- President of Veterans Care Foundation
- Prevention specialist
- Professor
- Psychiatric case worker
- Psychiatric caseworker ii
- Rehabilitation bureau chief
- Retired
- Retired elementary school teacher
- Risk director
- Senior center director
- Signs of Suicide Specialist/Coordinator and Mental Health First Aid Instructor
- Special projects IC
- Specialty courts manager
- State juvenile justice specialist
- Substance abuse educator (2)
- Suicide prevention specialist
- Supervisor - ID
- Survivor of suicide loss - not a professional
- Teacher
- Volunteer - President, Board of Directors
- Workforce manager

4. What is your principal employment setting?		
Answer Options	Response Percent	Response Count
Substance abuse treatment agency	10%	23
Substance abuse prevention agency	9%	20
Mental health treatment agency	18%	42
Suicide prevention agency	3%	6
Private practice	5%	12
Primary medical care	0.4%	1
Hospital	3%	8
Health clinic	1%	3
Indian health	1%	2
Rural health clinic	0.4%	1
County health department	1%	2
Faith-based organization	1%	3
Community-based organization	22%	52

Correctional facility	2%	4
Law enforcement agency	2%	4
Court system	6%	13
Military/VA	0.4%	1
State agency	8%	18
College/university	3%	8
School	26%	60
Other (please specify)	18%	41
<i>answered question</i>		121
<i>skipped question</i>		32

Other

- & COMMUNITY HEALTH
- ASIST
- Career Counseling
- Chair of consortia
- Child Protective Services
- Child Welfare (2)
- church
- Coalition (3)
- County Social Services Department (2)
- Crisis Call Center
- Employment/WIA and Basic needs services
- Home
- Human Services
- Intellectual/Developmental Disability Agency (3)
- Legal
- Local County Government
- Local government
- Managed Care Company
- NAMi volunteer/work out of home
- Non Profit housing, MH, SA, Employment
- Not a professional - speak at schools, small groups, local college
- Outpatient mental health setting, located within a hospital
- Peer Recovery Support Center
- Peer Support Service Center
- recent college grad looking for employment, am a volunteer
- ROSC
- Rural prevention
- School District/Administration
- Social Services - Child Protective Services
- Substance abuse prevention coalition
- Treatment level foster care
- Tribal building
- Truancy Officer
- Urban organization
- We serve the residents of Pershing County in the Grass

Valley area.

5. Which of these topics is most closely related to your main role at your organization? (If more than one topic applies to your role or your organization provides a variety of resources, services, and/or referrals, choose the needs assessment topic you feel would benefit most from your expertise and experience. You will have the opportunity to add comments about the other topics at the end of the survey, if you wish.)

Answer Options	Response Percent	Response Count
Mental Health Treatment and Suicide Prevention	49%	133
Substance Abuse Treatment and Prevention	51%	136
answered question		269

6. Which populations are in most need of mental health services and suicide prevention programs/services? Please select your top three from the list below for mental health services and top three for suicide prevention.

Answer Options	Top 3 in need of mental health services		Top 3 in need of suicide prevention services	
Children with Serious Emotional Disturbance [SED] and their families	66	21%	62	22%
Adults with Serious Mental Illness [SMI]	50	16%	40	14%
Older Adults with SMI	14	5%	29	10%
Individuals with SMI or SED in rural areas	41	13%	37	13%
Individuals with SMI/SED who are homeless	30	10%	19	7%
Individuals with mental and/or substance use disorders involved in the criminal or juvenile justice systems	49	16%	37	13%
Underserved racial and ethnic minority	27	9%	19	7%
Individuals with mental/substance abuse disorders who are LGBT	10	3%	31	11%
Persons with disabilities	21	7%	13	5%
Total	308		287	

7. If mental health services are currently available to the populations you've selected above, what are the strengths of those services? (N=72)

- A dedicated staff that offers assistance to the very needy members of the community by providing services and guidelines. Medications and counseling services. Community resources and occasional assistance with transportation.
- Ability to treat underinsured
- Access
- Addressing the mental health and substance abuse problems in this area. Connecting people with the services and providers who can help them.
- Adult and child day treatment programs and those clinics and practices that provide wrap around services.
- At our agency quality and effective psychotherapies and medication management
- Availability
- Awareness

- Awareness of the need for training in appropriate interaction with SMI/SED individuals.
- Caring professionals and community willing to learn
- Caring well trained staff
- Clients are able to access the clinic when needed.
- Communicating with agencies/people that care.
- Community services are available.
- Counseling and psychiatric care available for these populations along with some wraparound services.
- Counseling services available, education, ability to serve populations in need
- Counseling, medication (with insurance)
- DCFS and NNAMHS provide quality treatment services and can offer TCM as well which is comprehensive and beneficial to service recipients.
- DCFS and the State adopting a "System of Care" philosophy for service delivery. The Mobile Crisis Response Team for children is a new but very promising service.
- Dedicated staff.
- Evidence-based treatment at NNAMHS (cognitive behavioral programs)
- Expenses are covered with health insurance. Valuable resource for those aware of the service.
- Facility is available, however, there is a waiting list to get it.
- For persons with disabilities, there are a variety of services available for improving quality of life, training, employment, etc.
- For suicide prevention, the expansion of safetalk and ASIST Trainings is beneficial. Project AWARE has increased the number of Youth Mental Health First Aid trainers reducing stigma and promoting access and direction to effective professional treatment.
- Great customer service while giving back to the community.
- Helping students to realize that they have something altered in their brain that is causing the issues they are dealing with and that help is available.
- Limited
- Many services work with Medicaid coverage and private insurance
- Medication management stabilization in crisis situations
- Medium level
- Not directly involved with delivering mental health services
- Not enough facilities/resources available
- On call staff to assist in Crisis Situations
FASTT, mental health services for inmates leaving the jail
- Passionate providers.
- Prevention, counseling, and group activities.
- Provide an array of mental health, co-occurring and supportive services
- Providing care to those who are newly insured via ACA; Providing Case Management and wrap services to the homeless population
- Quality of mental health professionals and suicide prevention administrators at the Office of Suicide Prevention.
- Referrals are made to local mental facility or practicing MFT.
- Several "PSR" providers
- Sliding fee scale, evidence base practices
- So limited, it is hard to really speak to this question. We do have one person that offers parenting classes and I have heard from parents how helpful those are.
- Some coordinated resources for SMI homeless, medication management, strong prison mental health services at most facilities
- Some of them offer free or reduced costs to the patients.
- Some rural health clinics have Spanish speaking clinicians. NNAMHS needs entry level bilingual personnel

- Some service providers are well trained, ethical and knowledgeable. Others are not. Serious access to care issues.
- Staffed by caring compassionate individuals
- Tenacity...they continue to provide services despite little support.
- The ability to coordinate care
- The passion and clinical expertise of the providers in rural Nevada.
- The quality of care is very good- it is just the scarcity of services provided.
- The State Mental Health system is fairly good considering the funds they have to work with. There are more, although not enough, providers in Clark and Washoe counties.
- The strengths are limited because staff and resources are limited.
- There are a lot of resources for adults.
- There is a limited variety of group individual and psychiatric services whose greatest strength is determination. These services are inundated with clients in need of a very high level of care and the many providers work through their potential because there are very limited resources for client in need of a high level of care.
- There is a willingness to help in the community.
- They are available, but hard to get and often waiting list and expensive for low income families.
- This professional believes that Motivational Interviewing should be the premise of all mental health services to persons and families who are experiencing chronic mental illness, emotional disorder which may also be co-occurring with substance abuse and addiction. Mental health services are strongest when the consumer and consumer families are met from their points of reference to the presenting problems in their lives and natural environments; and from a strengths based orientation, in order for the consumers to be empowered to define the treatment objectives themselves and determine how they will achieve their goals. Innovative and interactive sessions produce the best outcomes among the aforementioned populations; as I have experienced.
- To be able to have Mental Health Services available in Rural Areas.
- Typically the providers know the needs of the population. The providers are advocates for these populations
- Under utilized
- Unknown to any substantial degree
- Very few accessible services are available. For youth, and young adults, there are very few if any behavioral health support services.
- We have a child/adolescent therapist.
- We have a FASTT program, we have 1 Spanish Speaking therapist, we have 1 designated children & family therapist, our staff are skilled in meeting SMI/SED services
- We have a well-trained children's therapist
- We have only one local resource and their hours, services and response time are very inadequate for our needs.
- We offer multiple direct and referral services to children/youth and their families
- We provide good outpatient follow up services after our clients are discharged from our inpatient hospital setting. The problem is our clients hardly ever follow up with any of these services.
- When we are able to intervene appropriately, with both mental health and case management services, we are able to provide a stable environment to which individuals can begin to recover and become contributing members of society.
- Willingness to help

8. Which OTHER populations face significant unmet need for mental health services? (N=74)

- Adolescents ages 18-20
- All
- All children
- All or any
- ALL people. Why see race, finances, and location? See people.
- ALL STUDENTS
- Autism population.
- Children 4 - 12
- Children and adolescents, especially in underserved populations
- Children and adults with co-occurring mental health needs and developmental disabilities.
- Children and families, schools
- Children in the education system getting linked to community providers for ongoing treatment
- Children with difficult home situations including divorce.
- Children, young adults (up to age 25) especially those involved in the criminal justice system.
- Children/youth served under MCO Medicaid
- Co-occurring population...there is little scientifically based integrated treatment available
- Counselors in schools. Counselors are in need of more resources to help provide supports for parents. Parenting classes could be offered through schools if we had the resources to either teach a curriculum or have someone come in to do so. We need more resources for outside referrals and help.
- Elderly (3)
- Latinos
- Family support for those with children with serious emotional disorders
Adolescents need school depression screenings in all rural areas
- Geriatrics
- Handicapped
- Homeless individuals and children with disabilities. The bullying is horrible.
- I would separate the needs of children from adolescents. Adolescents do better in peer groups rather than individual therapy. There are very few of those groups in the rural areas or in Washoe County.
- Indigent populations have a difficult time with getting help and resources.
- Individuals whom are not covered by Medicare/Medicaid, or other insurances.
- Individuals with co-occurring SMI and substance abuse disorders
- Individuals with dual diagnosis of intellectual disability and mental health disorder
- Individuals with mental and/or substance abuse disorders and their families.
- Individuals within juvenile and adult parole and probation-
- Juveniles
- LGBT, Elderly and disabled. Have not developed specific programs targeted to their specific needs
- LGBTQIAA
Co-Occurring - esp Quadrant IV
- Lifespan without SMI
- Mental health services for Autism is severely limited.
- Middle and high school students
- Middle class insured people who do not know how to utilize their insurance. Middle Class men and women who need routine screenings for chronic disease prevention.
- More services and availability
- Multi-cultural group. Older and disabled. Transient and homeless.
- Native American Youth
- None Known

- Non-English speaking clients primarily Hispanic.
- Older adults and their family members
- Older people with depression and/or dementia and their caregivers
- Others listed above
- People covered by insurance are in desperate need as the providers in our area only take Medicaid and do not certify themselves to work with other insurance groups. People paying for their insurance are forced to drive 2 to 3 hours to receive service covered within their plan.
- People in rural communities with very few resources available to them.
- Persons with disabilities
- Rural individuals, non-American/non-Caucasian population
- Rural residents, Latino residents, and children and their families.
- SED children/families, older adults with dementia, services for Spanish-speaking individuals, services for transgender people.
- Seniors, LGBT
- Single parent households, students of low income, student who come from households with violence, bullied students
- Students "hiding" in classrooms because of overcrowded classrooms and overextended teachers without support.
- Teenagers under 18 are in need of services as far as suicide prevention and substance abuse programs. If we can reach them at a early age maybe we can prevent some of these issues when they get older.
- Teenagers whose families don't qualify for Medicaid, but may not have the means to pay for mental health services
- Teens
- Teens and Veterans
- The homeless and veterans.
- The homeless.
- The McDermitt Native population has significant unmet needs for mental health services - and a deficit in services that are culturally sensitive as well. There is also a significant portion of eco-socially disadvantaged persons whom have needs that are underserved. Few resources are available to those at the poverty level or unemployed.
- The populations that I see need more services are children and adolescence that need mental health services. It is difficult not having a child psychiatrist in rural areas. Many families cannot travel to Reno. It would be nice to have parenting classes for struggling parents.
- There is a great need for services for SMI/SED clients who need more intensive services (IOP, quasi-residential services)
- Those people who transition from incarceration to freedom.
- Transition Age Youth 16-24 exiting systems of care to include juvenile justice, foster care, and LGBTQ youth.
School aged children of divorced parents.
- Undocumented, uninsured, under insured.
- Unknown
- Veterans - our agency offers help but has a difficult time with barriers put in place by other institutions that makes reaching veterans very difficult.
- Veterans and Spanish Speaking populations are currently our most difficult populations to reach; and this is due to a lack of access to Spanish Speaking professionals in the mental health culture; and narrow access into partnership with the VA.
- Victims of domestic violence
- Young adults who have inadequate insurance and limited financial resources.
- Youth ages 8-12
- Youth in general

9. If suicide prevention programs/services are currently available to the populations you've selected above, what are the strengths of those suicide prevention services? (N=66)

- A well versed and dedicated staff that strives to assist those that are in danger.
- Again, there are resources for adults.
- Average
- Can be focused on screening, linking to services, inclusion of family. Not enough being done.
- Clients are able to access the clinic when needed.
- Connecting clients to the right people support services
- Crisis stabilization with patient and family
- Dedicated staff.
- Development of SOS screenings and education in CCSD schools as well as the mental health transition program being initiated through CCSD.
- Education
- Education and communication
- Educational programs and mental health screenings in all Lyon County middle and high schools.
- Expenses are covered with health insurance. Valuable resource for those aware of the service.
- Help programs while having safe place clinics for those in need of safety.
- Helping students find an outlet and realize the value of their lives
- I think awareness of available services is very important.
- I think bringing in trainings for suicide prevention is so huge and that is something that is already being done.
- Identifying people at risk to get them the help they need before they take action
- I'm not aware of any suicide prevention programs available besides individual counseling.
- I'm not sure.
- In school participation.
- Inpatient assistance, safety plans, community education and supports
- Mental Health First Aid (MHFA) courses for adults and youth are very valuable. The Crisis Call Center located in Sparks.
- NAMI Basics teaches parents / caregivers of children and adolescents with serious mental health problems
NAMI Basics should be promoted for suicide prevention
- No suicide prevention programs are in place, nor holding centers until a spot opens elsewhere. Persons with suicide prevention risk are retained in the Emergency department generally for longer than is recommended; delayed care and attention is the result. There are no holding beds protocols for rural residents at the NAMHS or other state facilities so the needs of the rural facilities often go unmet.
- Not enough programs available
- Offering classes
- On call staff for Crisis Situations
Suicide Prevention network doing outreach in the community
- Once again group counseling, this has an extreme effect on children. They see that they are not the only individual who is contemplating suicide, and that life is worth living and things will get better.
- One to one evaluations for those who have access to care
- Outreach
- Passionate providers.
- Poor
- Same as above

- School district reaches a lot of kids.
- School willing to begin to address this issue
- Service providers are mandated to report any individuals that are intent on hurting themselves or someone else.
- Several "PSR" providers
- Some prevention programs are available but they are sporadic and not systemic.
- SOS provides awareness and screening and is a comprehensive intervention
- Staffed by caring compassionate individuals
- Suicide and Suicide prevention is a topic of focus in all assessments and follow up care appointments- There is also increase awareness about suicide and self-injurious behavior within our schools-
- Suicide hot line is easily accessible
Acute care hospital (West Hills) can provide immediate assistance if the person can access the service based on insurance.
Mobile Crisis is a great new resource that is responsive and does not have the barrier of insurance/payment requirements.
- The ability to differentiate those that need hospitalization from those that need more supportive services.
- The initiatives and the fueled passion of the Nevada Office of Suicide Prevention, and its Coalition for Suicide Prevention are an absolute bright spot for the communities identified above.
- The Office of Suicide Prevention works efficiently to meet the needs of the community. However, they are seriously hampered by funding. They spend too much time trying to identify funding when this time would be better spent actually engaged in the community working to prevent suicide.
- The SOS program being implemented in some schools across Nevada is good. However, there is no mandate or requirement to implement the program with fidelity or to implement it in all schools.
- The strengths are the program is using evidence based programs that are culturally appropriate
- There are mental health services available for these populations which assist clients.
- There is a protocol for dealing with suicide. This helps put a structure in place when a suicide watch is suggested.
- There is great training and support in the community
- These are never enough. We can never do enough.
- They are only available to the younger people - after high school people are supposed to deal on their own, Many cannot afford counseling
- They provide comprehensive counseling and coping skills for students in distress.
- Tiered training programs
- Trained staff
- Training available to community members and others in how to recognize and intervene when someone is in distress.
- Training in suicide awareness, prevention and intervention. Legal 2000's.
- Understanding and validating the major stresses in those experiencing suicidality and finding ways to create hope in the future
- Understanding....such as those who answer hot line phones
- Unknown
- Unsure of specific suicide prevention services
- Very few programs are available.
- We are able to give them a platform to which they can speak freely about their fears or plans and we can then have the chance to intervene.
- We do have crisis hotlines and outpatients services to assist with people feeling suicidal. Most of our clients just need someone to talk to when they are feeling suicidal. Someone who will listen to them and guide them in right direction.
- We have a Suicide Prevention Network which is a private non-profit

10. Which OTHER populations face significant unmet need for suicide prevention services? (N=64)

- Additionally, underinsured persons and families with significant mental health needs are often unmet. Those persons are being directed through State HMO Plans that present Recipients with sometimes long delays before receiving treatment and service limitations that do not empower the professional or consumer to address complex and chronic illnesses; contributing to co-occurring disorders, biological, environmental and transgenerational components of substance abuse and addiction histories; NV (unique) accessibility to harmful weapons (illegal and controlled substances incl.), etc. Lastly, I would assert that persons with physical disabilities and injury develop significant mental health problems; accompanied by the introduction of prescription medications into the physical, emotional and mental systems of the body. I propose mandated psychoeducation to individuals and families in the community, so that accessibility to treatment resources is equal or greater than the accessibility to harmful weapons as I've defined them herein.
- Adolescents
- Adolescents
- Adults in the workforce (30-55 years old)
- All of these populations are at risk, but particularly children at the middle/high school levels and those questioning sexual orientation and gender.
- All or any
- ALL people. Why see race, finances, and location? See people.
- Children/youth served under MCO Medicaid
- Chronic Pain, Chronically Homeless, teenagers
- Depressed students, HG students, students with learning disabilities, students who suffer from health issues including behavior issues.
- Elderly (2)
- Elderly living in poverty or homeless.
- Elders in the Native American population
- GLBT children and adolescents
- High schoolers or teenagers who are dealing with cyberbullying or bullying.
- Homeless
- I am unable to identify any others
- I believe most populations face significant unmet need for suicide prevention in rural areas.
- If services/outreach for veterans are available in the rural areas, I am not aware of them.
- I'm not sure. (2)
- Immigrants from war torn countries
- Individuals on disability for physical illness, who are prescribed pain medication-
- Individuals who do not think they have the financial resources to come to our office and ask for help.
- Individuals with mental and/or substance abuse disorders and their families.
- Juveniles
- Kids who are involved in bullying behavior. Kids with higher functioning Autism who get bullied are at risk to go ballistic and smart enough to cause all sorts of chaos
- LGBTQ, Veterans/Military
- Middle and High aged school youth victims of bullying.
Transition Age Youth 16-24 exiting systems of care to include juvenile justice, foster care, and LGBTQ youth.
- Middle-age and older men in very rural area; Veterans
- Need facilities or support groups that those at risk can go to without judgment, ridicule or shame.
- None Known

- Older adults
- Once again, the homeless students seem to face difficulty in securing appropriate counseling and help.
- Others listed above
- Our clients who have substance abuse issues. We need more substance abuse programs especially in Las Vegas. Over half the clients we serve have substance abuse issues and they use our facility as well as local emergency rooms as shelters because they really have nowhere else to go.
- People in rural communities where resources are limited.
- People that are out of high school, and don't have money to get counselling. Also finding counselors in rural areas is hard. Homeless population needs help. Older people need help. Need more help with depression as well as suicide.
- Poverty
- Problem gamblers.
- Racial and ethnic minorities.
- Rural elderly and rural adolescents
- School aged children and youth
- Schools in Churchill County are difficult if not impossible to access.
- Schools, general population, stigma on mental health problems
- Seniors (2)
- Seniors are very resistant to mental health education.
- Students in difficult home life situations, such as divorced or currently divorcing parents.
- Teenagers who do not have major mental disorders, but have minimal coping skills
- Teens and Elder adults
- Teens. Working middle class individuals.
- The insured population has few resources for therapy or for suicide prevention. They are not chronic patients so they continue without service way too long.
- The military.
- The Native population at McDermitt reservation. In particular children and teens at high risk are not served well.
- Unemployed, those with severe learning disabilities
- Unknown
- Veterans (3)
- Young adults with inadequate insurance and limited financial resources - particularly those who are not in college since college students have access to some care on campus.
- Young children and the elderly
- Youth, particularly middle school.

11. Which specific interventions do you feel are most needed and least accessible for mental health consumers in your area? Select only five to prioritize the most significant unmet need.

Answer Options	Response Percent	Response Count
Acute Intensive Services: Mobile Crisis	36%	33
Acute Intensive Services: Peer-based crisis services	10%	9
Crisis Residential/Stabilization	37%	34
Adult residential mental health treatment	30%	27
Children's residential mental health services	42%	38
Therapeutic foster care	16%	15
Partial hospitalization (day MH treatment)	22%	20
Intensive home-based services	31%	28

Intensive case management	21%	19
Recovery Supports: Peer support	12%	11
Recovery Supports: Recovery support coaching	14%	13
Community Support: Medication management	27%	25
Community Support: Skill building	20%	18
Community Support: Case management	19%	17
Community Support: Supported employment	23%	21
Community Support: Recovery housing	20%	18
Community Support: Permanent supported housing	29%	26
Community Support: Supported education	11%	10
Community Support: Transportation	23%	21
Outpatient Services: Individual therapy	27%	25
Outpatient Services: Group therapy	16%	15
Outpatient Services: Family therapy	25%	23
answered question		43

12. What do you feel are barriers to clients accessing any of the mental health services listed above?(N=76)

- 1. Transportation.
- 2. Quality services.
- Adults with Psychiatric disabilities have little if any advocacy, meaningful community support, safe affordable housing.
- Availability, awareness, transportation, cost
- Available providers
Transportation challenges in rural communities
- Community Support Medication Management-Prescriber shortage and poor Medicaid reimbursement for services. Housing-funding resources. Intensive case management-resources, reimbursement. Peer based Intensive services-Training and funding
- Confusing system of care, provider capacity, lack of providers, lack of trained providers, panels full.
- Crisis Residential: only 3-5 days
Residential: nothing between Therapeutic foster care and Residential
Intensive home-based services: limited service providers
Intensive case management: WIN can only serve FFS Medicaid youth
- Don't know what they all are, and if they are available in town. Can't get to meetings etc. Denial that people have a problem.
- Facilities not available
- Fear of seeking help, coupled with lack of insurance coverage. Also, individuals whom are unaware of the sliding scales we provide.
- Fear, accessibility, knowledge of services available.
- Finances
- Finances - work schedule - lack of information
- Financial barriers, transportation barriers
- Funding
- Funding. Also, very specifically, a Community Health Worker (CHW) or peer support specialist who can help encourage ongoing engagement in mental health services.
- I almost marked transportation because it is always an issue in the rurals. Availability is the other issue - the services just aren't available.
- I think there is a stigma attached to anything associated with mental illness and mental health. More programs could be integrated into the normal working structures of everyday facilities. There should be

a natural integration of support for all people in society. Give incentives for employers and schools to develop their own mental health care infrastructures. Education about mental health is important as well. Break the walls of stigma.

- Insurance and lack of qualified professionals and open housing
- Insurance and MCO rules that demand clients move in certain directions regarding available providers
- Insurance coverage, distance, and transportation.
There needs to be more qualified providers and there needs to be residential centers to take the chronic so that everyone can receive service.
- Intensive services not available in Carson
- Lack of a quality workforce, lack of funds to support the development of quality services, lack of accountability of services systems to actually support a positive outcome for their clients.
- Lack of available placements and financial resources
- Lack of funding at all levels, difficulty of some SMI clients following rules and meeting program criteria
- Lack of information and access to services. Lack of services, particularly to Medicaid clients. Lack of available affordable housing.
- Lack of in-State children's residential MH services; No Evidenced Based Practice (EBP) Supported Housing; Lack of EBP Supported Employment; Lack of Partial Hospitalization programs. General lack of EBP services and inadequate number of Doctors, Psychologists, and other MH professionals.
- Lack of insurance, very limited or no capacity for these services in the community.
- Lack of knowledge of where to obtain services. Lack of knowledge of medical coverage for services available through insurance providers.
- Lack of knowledge re: services that are available. Unable to understand and get through the "red tape" involved. Long wait list due to staff shortages.
- Lack of providers and continuity of care throughout the continuum
- Lack of providers in the area to provide individual family and group therapy, difficulty accessing appropriate transportation/ lack of transportation, lack of mobile crisis teams for after hours emergencies, lack of employment options to promote self-sufficiency when applicable
- Lack of public transportation. Lack of pediatricians. Lack of crisis intervention.
- Lack of services to those that cannot pay
- Lack of staff, difficult to fill positions at the Fallon Clinic
- Lack of staff. Low salaries for therapists
- Lack of transportation and housing
- Long waiting lists and not able to get immediate help
- Money
- Money and lack of services within the community
- Most do not exist in the rural areas. Lack of infrastructure and workforce
- Motivation.
- N/A
- Need to find support groups to provide these services
- No access
- No residential facilities within 200 miles which means the family and social supports aren't available, no mobile response or placement of a state worker within the local service area that responds 24 hours daily, no holding beds for rural residents at the NAMHS and other facilities so we can move our MH patients from ED watch to treatment efficiently and no effective community case management focused programs in the northern Nevada area.
- Not available, too expensive
- Not enough hospitals, clinics, mental health facilities. Not enough mental health care specialists. Cost. Insurance. HIPPA.
- Not enough Mental Health Providers
- Not enough resources or funds to provide these services.

- Often money and transportation. Also availability of services in area. If is across town it is hard to access services
- Our clients need more support from the staff assigned to work with them. Some of our staff are quick to give up on our clients when they have a relapse or any other setback.
- Parents unwilling to help their children.
- Presumptive eligibility for children who show up in eds has just begun but we do not have any numbers yet. Not enough certified mental health practitioners for both children and adults.
- Primarily affordable insurance.
- Services are either unavailable in our area entirely, or inaccessible to those in need due to insurance restrictions.
- Services do not exist within 100 miles.
- Stigma
- Stigma and ignorance about mental illness
- Stigma, affordability, lack of ER services, prejudice about poor people,
- The lack of services in rural areas. Families are not aware of services that are available. Individuals being resistant to receiving counseling services.
- Their illness may impede their ability to function in a manner that is necessary to be able to navigate the system. Drug use.
- There are limited to no services. Long wait periods little to no acute care, issues with access to RX, transportation, issues - HUGE - navigating the medial system, getting appointments, getting insurance / Medicaid to pay
- There are not enough clinicians to handle the need
- There are not long term housing facilities for those with mental illness and substance abuse problems.
- They are given resource phone numbers, such as Medicaid, and nobody returns their calls
- They are not available.
- They either don't exist or only serve a small portion of the need.
- This professional believes that economics (and basic needs) still pose significant barriers to consumers accessing mental health services. Abilities to afford transportation, child care, co-payments, etc. Prevent consumers from making appointments with mental health professionals. Consumers prefer in home and community based services however, in home treatment is becoming more of a liability as it blurs the lines of the professional relationship; and as the climate of natural environments can quickly escalate from mildly resistant to hostile towards non members penetrating, and promoting change. I also believe that language and literacy continue to present as obstacles for consumers in accessing mental health services. This professional is a huge supporter and passionate about (psycho)education. Educational interactions need to be developmentally appropriate as it is person-centered; but also be presented in a language and on a level of literacy that is familiar to the consumer.
- Too few mental health professionals; transportation barriers.
- Too few psychiatric prescribers to meet the population needs-
- Transportation, lack of confidentiality.
- Transportation, lack of services offered, advertising - no one knows where to go for help.
- Transportation, stigma
- Unknown
- We need more parenting classes, more resources for referring students and families to outside counseling. When we call DCFS we need to have confidence that something will be done and that are families will receive help!

13. What are the unmet needs of your clients that are NOT already identified in the questions above on this page? (N=56)

- 1. Residential/acute treatment for meth abuse/addiction.
- 24-7 peer support warm lines
- Ability for actively ill individuals to be hospitalized rather than jailed because of symptoms of their illness.
- Ability to get in quickly when they are using insurance. The process takes too long and is dangerous
- Adding a sixth selection: peer based services
- Adequate living arrangements, space, food, clothing nutrition
- After hours therapeutic services (mental health).
- Comfortable environment for Native American, Latinos and LGBT to engage in recovery/peer community
- Community awareness of knowledgeable referral services
- Community support programs to decrease isolation who live outside of "town". Client in these areas have difficulty receiving basic services relating to mental health as well as actions of daily living (getting groceries, seeing a pcp)
- Comprehensive resource guide
- Denial that they have a problem, no one to care for them or notice a problem, can't get to treatment, treatment not available.
- Detox and residential for co-occurring disorders and step down
- Emergency Housing, peer supports, children's therapist
- Expedited entry to services and more intensive interventions that better meet presenting need
- Family support
- Follow up services
- HIPPA laws make it extremely difficult to help an adult family member. They need to be reevaluated so the family can cooperatively work with mental health professionals and law enforcement to support a mentally ill/suicidal adult.
- Housing, Housing, housing
- I believe there are students who do not feel safe and supported in many classrooms and many schools. With many many growing pressures on teachers, it becomes more challenging to be all that is expected and required to support these young people dealing with rigorous demands of the 21st century.
- Inpatient substance abuse programs and partial hospitalization/day tx for substance abuse
- Insurance
- Isolation in rural community - no public transportation.
- Lack of psychiatrists in the area.
- Lack of staff to provide services
- Literacy training should be more involved and accepted as a part of cognitive treatment plans. The industry needs more incentives and training programs for professionals to become bilingual; and specialized.
- Many are in need of wrap around case management and a model with which to apply it that encourages independence.
- Medication, life skills training
- More culturally appropriate evidence based programs
- N/A (2)
- No support group or community - isolation
- None known
- None.
- Overall health and dental issues. Family separation due to housing crisis.
- Parenting classes

- Planned Respite for children with significant disabilities with mental health needs. Trained respite providers and adequate funding to support the development of a quality workforce.
- Please see the above. We have unmet needs for both in home intensive therapy and in terms of recovery support.
- Psychiatric care and continuity of care; discharge planning.
- Psychiatric services for adults and adolescents.
- Qualified and properly trained providers
- Residential co-occurring disorder treatment, quality substance abuse treatment.
- Resources to assist those at risk with the tools and resources to rebuild their lives
- Same as above response. We need more resources. If an abused child is going to be returned to the origin of abuse there has got to be some support structures and resources that are going to improve that environment.
- Screening and initial intervention
- Substance abuse treatment centers, and more job training services.
- SUD treatment, having beds for treatment not just detox readily available, food, shelter, transportation. Integration with DETR to provide onsite retraining and job placement. Partnership with primary care, Health Homes to ensure medical issues addressed along with MH issues. More integration with Public Health for Health screenings and Immunizations
- The ability to access affordable healthcare and adequate psychiatric mental health treatment.
- The opportunity to visit, bond and support one another in a Day TX Center or at least space for making contacts and creating relationships.
- Therapy providers with flexible insurance
- They don't have access and/or are unaware how to access services
- Too much technology and not enough true communication and affection. Parents need to be taught.
- Transportation and housing
- Unknown
- We have a wait list due to lack of staff.
- When case management and therapeutic intervention are combined with effective individuals working in those realms, the needs of the client can be fulfilled to provide the right supportive environment for healing and success.

14. How can mental health services be improved in your area? N=74

- A clinic would need to be opened.
- After hours mental health on-call personnel, more staff & lower caseloads.
- Allow reciprocal licensing of MH professionals who move to Nevada from other States. Open more acute care beds in the State hospital to accommodate ill individuals, rather than jailing them. Fund Community Based providers to allow better treatment to lower the incidence of acute illness, which requires hospitalization.
- Availability of more services free or low cost
- Availability of public transportation, increase crisis intervention services, increase availability of pediatricians.
- Better cooperation between public and private providers
- Better funding.
- Break down the stigma around mental health
- Breaking down the barriers that stigmatize mental health treatment.
- By providing more free services to those whom are not covered by insurance or enrolled in the system so that the case manager can work more effectively to get individuals enrolled and achieve the diagnosis necessary to work with them.

- By providing support clinics or partnerships with counselors, faith based organizations
- Collaboration between providers to find targeted areas where each group can fill in the gaps to address a person as a whole, not just "mental health". Ways of identifying frequent users of emergency rooms for mental health care and linking those people to community partners.
- Continuum of care and shared or wrap around services.
- Courses for parents so they see the possible outcomes of their style of parenting or lack thereof.
- Court ordered referrals, treatment rather than jail,
- Crisis response team
- Development of standards of care, a system of accountability to those standards, adequate oversight of quality and positive outcomes.
- Education, proper training, knowledge, and quality of persons in the profession.
- Fill vacant positions is a challenge due to lack of interest in working/living in Fallon
- Funding (3)
- Greater access through marketing campaigns to de-stigmatize receiving mental health treatment.
- I think it would help if they advertise the services that are available - maybe articles in our local paper about mental health. A long time ago mental health partnered with local schools. School counselors and mental health staff met and discussed needs and we worked together with children and families in need of extra help. One mental health psychologist offered parenting classes in the school. At one time we hoped to have mental health individuals come to the schools and work with our severe mental health students if parents were unable to get them to the mental health office.
- If we can treat our clients for what they are really suffering from. If its substance abuse then we should treat them for that. If it's mental illness then we should treat them for that. Better evaluation of our clients so clients who are malingering can stop using our facilities as a shelter.
- Improved coordination and communication of services to the public
- Improved coordination between providers - more case management or ability to access a variety of services at one time
- Improved regulation by relevant state boards to encourage credentialing in mental health services. Licensing laws and regulations need to be reviewed and updated.
- Improved staffing
- Increase community support services
- Increase in available providers by examining licensing board requirements, adequate compensation for providers, referrals to psychotherapy versus "holding arrangements,"
- Increase providers by paying prevailing wages.
- Increase providers, lower caseloads
- Increase the amount of psychiatric medication prescribers, HOUSING, telemedicine, increase use of long acting injectable medication
- Increase the number of providers (especially Medicaid HMO) and improve accessibility so the service can be accessed quickly and individuals are not stuck on wait lists for long periods of time.
- Increased accessibility, availability and affordability of services.
- Increased awareness of the number of people in crisis and how it impacts entire communities.
- Increased staff with existing providers. Public transportation.
- Increased supportive housing, mental health clinic closer to homeless services
- Increased training, improve infrastructure so that televideo services are more accessible, increased availability.
- Integration of Public, Primary, and MH services. Partnerships with SUD Tx Centers
- Introduction of more services.
- Lower level less profitable community support is needed
- Make cheaper or free services available, have a way to get there and home.
- Mental health services can improve by accepting insurance that covers the necessary and full treatment of a variety of mental illness. Inpatient needs to become available for the chronic so that there is more

room for people who are not getting services now. More qualified mental health providers need to accept all insurances.

- Mental health services professionals working more closely with the individual's support team.
- More accessible programs
- More affordable housing. More psychiatrists who accept Medicaid.
- More clinicians
- More counselors, wait time for appointments are too long, children need someone consistent to confide in (not a revolving door of counselors that are only seen through teleconference)
- More facilities, long term care
- More mental health providers
- More mental health providers willing to partner with other organizations to provide services.
- More NAMI education and supports, particularly in the rural areas
- More resources/facilities
- More service providers i.e. West care to serve co-occurring population
- More staff and less difficulty serving individuals and groups who do not necessary have to jump through all of the red tape to be admitted for services.
- Much more accessible, affordable and knowledgeable mental health/substance abuse/suicide prevention care is needed. The mental health, law enforcement and community agencies need to work together with families and individuals for appropriate and timely treatment.
- Need more mental health practitioners at all levels.
- Often, a client will establish a supportive care network but the care network is abruptly removed due to a switch in insurance. For example, a client is switched from HPN to Amerigroup and the client is forced to seek out new providers; this creates inconsistencies in care, case tracking, and therapeutic rapport. A plan should be developed/adopted to address this issues.
- Provide services for immediate help without waiting lists.
- Providing the community with more mental health providers from psychiatrist, nurses, mental health techs, counselors, peer to peer, community resource providers. Transportation is in a crisis situation. Many clients do not have the means to attend their required apts. Due to lack of transportation. It limits their ability to be self-sufficient.. A better building would be greatly beneficial so as to accommodate the growing staff.
- Recruit more psychiatric prescribers; Offer agencies incentives to provide transportation to clients to and from appointments; Develop more intensive-outpatient services to reduce ER visits
- The system needs to be more accessible and easier for people to use. A community-based mental health clinic for walk-ins is needed.
- This professional believes that mental health services may be improved, by adding incentives to professionals (entities) who seek and achieve membership in quality service networks and coalitions. The objectives of these networks would be to improve the communication and exchange of information, referral and follow up processes; which would thusly improve service delivery. Too often, I hear from other professionals that they are unsure and lack confidence in where to refer consumers and thusly; inhibiting our ability to assign viable resources and members to make up the assertive community team. Consumers are negatively affected by the professional disconnect, and cases are too often fallen through the cracks which re-emerge as more complex (and expensive) issues.
- Trained workforce, no wrong door, coordinated care, strength based, family and child focused care.
- Understanding and funding.
- Use of a care management model
- We need 24 hour access to crisis counseling that is responsive. We need a residential facility for children and teens. We need apportionment of funds to provide MH Emergency room security for the 72 hour holds so we can reduce risk of persons held in the ED and begin the safe assurance process.
- We need more of them! The rural areas are so under served and in so much need. Children should not have to stay in unhealthy environments because there isn't anywhere else for them to go or anyone

there to help improve and educate parenting.

- We need more practitioners and we need them in the schools to assist kids before they have to be hospitalized
- When patients are sent to the emergency departments for car accidents, DUI's, any kind of "accidents" they should be thoroughly assessed for suicidation. I've seen too many of these patients discharged with nothing.
- Work with local agencies already in the community to support outreach services.
- Wow where to start. Primarily we need more mental health providers - workforce development

15. Which specific suicide prevention curricula are currently being implemented or being planned at your organization or other organizations in your area? Please identify ALL programs that, to your knowledge, are currently being implemented or are being planned in your area.

Answer Options	At my organization		At other organizations	
American Indian Life Skills Development	4	4%	6	7%
Attachment Based Family Therapy	8	8%	3	3%
Brief Psychological Intervention after Intentional Self-Poisoning	6	6%	3	3%
CAST (Coping and Support Training)	3	3%	1	1%
Dialectic Behavioral Therapy	23	23%	19	21%
Dynamic Deconstructive Psychotherapy	1	1%	1	1%
Emergency Department Means Restriction Education	0	0%	1	1%
Kognito At-Risk for College Students	0	0%	0	0%
Kognito At-Risk for High School Students	1	1%	1	1%
Kognito Family of Heroes	0	0%	0	0%
LEADS: For Youth [Linking Education	1	1%	1	1%
Lifelines Curriculum	0	0%	5	5%
Model Adolescent Suicide Prevent	4	4%	4	4%
QPR Gatekeeper Training for Suicide Prevention	4	4%	7	8%
PROSPECT	0	0%	0	0%
Reconnecting Youth: A Peer Group Intervention	4	4%	4	4%
Reduced Analgesic Packaging	0	0%	0	0%
SOS Signs of Suicide	26	26%	26	29%
Sources of Strength	1	1%	2	2%
United States Air Force Suicide	0	0%	2	2%
Wellness Recovery Action Plan (WRAP)	13	13%	5	5%
Total	99		91	

Other

- Applied Suicide Intervention Skills Training (ASIST) (10)
- Suicide Alertness For Everyone (SafeTALK) training (6)
- Safe Talk and ASIST trainings for Gun Shops and Range employees
- cognitive/behavioral intervention
- I'm not aware of any of these programs in our rural area.
- I'm not sure - lack of education or knowledge.
- IMR, ACT, TRAUMA INFORMED CARE
- Local SOS are now educating in our local schools.
- Mental Health First Aid

- NONE - we don't have info on these programs
- PMT, PCIT, ACT, Co-Occurring, Seeking Safety
- SBIRT, Suicide Risk Assessments LOCUS
- Substance Abuse Awareness Program
- Training's are held but need to be brought in from the state
- Unknown
- Youth Mental Health First Aid Training

16. How can suicide prevention services be improved in your area? N=64

- Accessibility to immediate support with appropriately trained professionals in times of crisis. More holds and hospitalizations. Less incarceration. Follow-up! Improved HIPPA laws.
- Adding the American Indian Life Skills Training
- Additional funding support
- Allow more members of community to receive suicide alertness training
- Availability, low cost
- Begin offering social and emotional learning programs to children before they entertain thoughts of suicide. We are waiting too long with kids. This needs to be addressed.
- Better staff training
- Bring some of these programs to the rural area and if these programs are in the rural area we need more advertising.
- By providing for organizations willing to go out into the community with training
- Continue with getting the community trained in SOS
- Educating the entire community about the problem and reducing the stigma attached to it.
- Education, resource sharing
- Funding
- Funding and reaching out to the general public -- More speakers in the school and letting people know of the resources available before it is too late.
- FUNDING for advertisement, pamphlets, workshops, crisis intervention, financial assistance to clients.
- Further training on the programs above.
- Get to the people with depression - and dementia, and their caregivers soon.
- Greater access
- I believe the services to be pretty good in Washoe County and cannot think of any improvement, except to fund the participant manuals for MHFA Adult and Youth.
- I don't even know if we have suicide prevention services here.
- Implement the SOS program in all school districts with fidelity.
Fund Mobile Crisis Response Teams 7 days a week, 24 hours, across the State.
- Improve availability and access to the training
- Improved communication regarding available services
- Increase support staff and FTE's in Southern Nevada Office of the Office of Suicide Prevention.
- Increasing availability of mental health professionals to provide related services.
- Install a suicide prevention program counseling station that is a hub for the schools beyond the routine school counselor. Educate teachers on warning signs and make measurable goals related to encounters for identified occurrences. Install a day program for adult suicide local counseling and peer support program. Install an evening intervention residential program for teens at risk for suicide and runaway.
- Integration of more services and resources.
We need to look at other nonclinical sources for help - stress reduction, mindfulness, overall wellness
- Knowledge, education, sensitivity training.

- Make SOS mandatory for schools to implement
- Marketing and support staff.
- More community/school involvement.
- More consistently offered within more organizations
- More finances to support programs and trainings. The school district allowing suicide prevention testing such as SOS.
- More identification
- More people to reach those in need
- More programs
- MORE public education
- More screening and linkage to services.
- More screenings at both school level and in the community - other than once a year.
- More services for our clients.
- More training scheduled for staff members
- More trainings. More awareness of available resources.
- Not sure what is available, so probably need more outreach to let other know
- Opening Senior centers to mental health education, currently resistant
- Paid prevention and intervention that exceeds education.
- Public Campaign, information and Resources
- Public service announcements
- Rapid response - with mobile crisis, the responsiveness will likely improve for children. Detection programs have been rolled out but are not implemented in all schools. Increase outreach to all schools in the state. Promote walk in assistance at all schools, mental health agencies and hospitals in the state.
- Residential treatment for adults and adolescents and more staff and community based resources.
- School outreach and involvement
- Suicide prevention is doing well and continues to improve
- Talking about coping skills more.
- Teach parents, teacher, students about the need to feel heard and to use our voice. Put technology down.
- The school district has been reluctant to include mental health professionals
- This professional believes it will be helpful to increase the suicide prevention resources, and to communicate the availability of those resources to public and private providers who are licensed; enrolled with insurance panels and certified to provide mental health counseling.
- Training interested persons so that local people can get the word out, improved crisis services availability for the local area (versus state accessibility)
- Unknown
- We could always use more funding to fill needs.
- We do an annual walk, but more funding to raise awareness might help.
- We have no training...train us
- We have two to three presentations and gatherings a year, education needs to be ongoing and effective models must be placed to not only bring attention to the issue but to teach even the layman to identify and effectively assist.
- We need a broad community education campaign and more information about existing or planned suicide prevention services.
- With support groups for survivors of suicide (family members) and increased community awareness.
- Yes, need SOS in schools but have no infrastructure for treatment in Carson community.

30. If you have ideas to share about mental health treatment and/or suicide prevention populations and/or needs, please do so at this time: N=39

- As stated above, a holistic approach to prevention and intervention is best. Coordinate screenings and services between substance abuse AND mental health professionals. This needs to occur at the state level and in the larger urban areas of Nevada. Rurals are collaborating already.
- Community Health Workers, Peer Support services, Peer Support coaching. Peer drop in services.
- Contact Judith Pinkerton regarding effective mood problem music therapy programs to dissolve acute problem moods effectively with research-based scientific music therapy methods.
- Educate populations on these issues
- Funding and marketing
- I have nothing to share at this time.
- I think the prevention programs and treatment services in Nevada need support through various outreach media and mediums. A coordinated effort to engage parents, families, schools in prevention and treatment topics would be powerful. As an example, the Suicide Safe app could be used as an opportunity to keep the topic in the media, both social and conventional.
- I'm in support of the efforts by different organizations to assess children at younger ages for mental health issues and suicidal ideation but also want to make sure that there are enough providers to treat these kids as they are identified.
- In our community suicide one of the big issues, most families go without getting counseling after so that they could deal with losing a loved one, or to try to understand which may not be possible but at least it may put their minds at ease.
- Increase the idea/education that to have thoughts of suicide are important to share with professionals, including educating parents to be good LISTENERS of their children of all ages.
- It would be wonderful if more funding was directed towards prevention. What is currently being discussed is the use of the Adverse Childhood Experiences (ACES) tool being used for prevention services. Most counseling services that are funded/billable happen when a diagnosis is given. ACES has been used as a reactionary method towards a client that is already struggling addiction and/or mental illness. If we can use it before someone begins using or before mental illness has taken hold (and make it billable for counselors) then we can serve a lot of good.
- Just being able to give hope with an ability to be nonjudgmental, and listen to people who are trying to change their lifestyle of drug dependency.
- More funding to provide education and prevention about suicide rates and substance abuse
- More people attending mental health first aid classes, more access to mental health services in the rurals - not having to go so far away and wait so long to access services
- N/A
- N/A
- Need more beds to send mental health patients to.
- No ideas at this time
- Prevention, family, intervention and support can provide the barrier that an addict need to get in a recovery situation. Essentially the basic road back would be for the addict to fall and not have an enabler to help or hinder them. Another, form of recovery is peer counseling along with mental health treatment working along with this community. Suicide prevention is centered around having peer counseling giving the mental health part of the person the admonition to come out of the dismal state.
- Rural Nevada has no effective mental health system. Clients are seen sporadically via telemed....and referred to providers out of the area if needed. The nearest inpatient facilities are over 150 miles distant. Primary care providers are overburdened and under-trained to help most patients with mental health issues. Patients are prescribed medication, with little or no follow-up, no lab testing, and when the one-size fits all approach fails, are left with no recourse.
- Same as above (all)
- Schools need this as well.

- So badly needed.....
- Teaching skills of awareness and compassion
- Tele medicine
tele therapy
tele everything
- There are too many students who have no idea who they are or where they are going. They get lost in the shuffle of parents not being home due to work issues, parents who are drug/alcohol users, abusive family members, I have been asked by students to sponsor a self-esteem club next year after school, which I agreed to do.
- There is a critical need in our community for co-occurring care (substance abuse and mental health). An expansion of those clinicians offering DBT (Dialectical Behavior Therapy) would be most helpful.
- This is a huge area of need, limited services are available now.
- Tobacco dependency is killing more people in the behavioral health and recovery communities than their behavioral health problems or drugs of choice, some 200,000 deaths per year in the US, yet cessation services are not routinely offered to clients in treatment even when readily available.
- Utilize and pay for community health workers and peer support specialists. We also believe that people need to be educated on how to get a primary care provider and have a trusting relationship with them. This will reduce risk factors.
- We are now working on an AWARE and School Climate Transformation grants, but before now we had very little services and a lot of youth and adults that were not identified of having a problem.
- We are underserved in Rural Nevada and we need options for services and support. Our rural hospital is often used for "mental health" and substance abuse, we are not equipped or able to manage these patient's for any length of time.
- We have a crisis intervention gap in providing assessments for suicidal ideation for both youth and adults. We are also in need of more community after hours and school-based mental health services.
- We have a desperate need for mental health services for children as young as 5. Some are violent, some are in need of intensive services. There is an unwillingness for providers to accept cases involved with the courts which is not helpful to judges who need mental health and substance abuse evaluations.
- We have no psychiatric providers in our community so there is not a source of medication for those that have been diagnosed with a treatable illness.
- We need more treatment centers and funding for the agencies doing the work already in their community. The following agencies need more State & Local government funding;
ACCEPT 775-786/5886 prevention for youth
Quest Counseling-treatment for Youth (775) 786-6880
- We need to focus more on mental health and its correlation to substance abuse.
- With such a large percentage of the substance use population being co-occurring, all of the previous areas of concern reach this entire population. From my perspective at least 35 -40% of the substance use population is co-occurring and the number is growing dramatically every year. We need to get better services quickly or we risk losing far more people to the disease than we have to lose. I'm talking about deaths to addiction.
- Yes.

18. Which populations are in most need of substance abuse services? Please select only three from the list below.

Answer Options	Response Percent	Response Count
Persons who are intravenous drug users (IVDA)	19%	23
Adolescents with substance abuse and/or mental health problems	75%	92

Women who are pregnant and have a substance use and/or mental disorder	29%	35
Unaccompanied minor children and youth	26%	32
Parents with substance use and/or mental disorders who have dependent children	67%	82
Military personnel (active, guard, reserve, and veteran) and their families	16%	19
American Indians/ Alaska Natives	7%	8
Individuals with tuberculosis or HIV or other communicable diseases	2%	2
Persons living with or at risk for HIV/AIDS and who are in need of mental health or substance abuse early intervention, treatment, or prevention services	5%	6
Individuals with substance abuse disorders in rural areas	43%	52
answered question		122

19. If substance abuse services are currently available to the populations you've selected above, what are the strengths of those substance abuse services? N=75

- 24 hr hotline; weekly unused prescription drug collection by police around the county; ongoing educational seminars for families, educators, police
- A comprehensive multi-disciplinary approach.
- Availability
- Availability through personal and telehealth services.
- Because we are in such a rural area we can only depend on Indian Health Services and these services are limited.
- Counseling, education based programming, collaborative support from other agencies.
- Direct contact
- Dk
- Drug court seems to be the only effective treatment for drug abusers.
- Education on where to turn for help. Education on other choices that can be made for entertainment or escape from home abuse.
- Evidence-based services are provided by professional and para-professional staff. Small group size allows for more transparency.
- For those who qualify, treatment for military personnel is available through the VA Healthcare System. Generally, these services are limited and, in many ways substandard. The VA is currently working to improve these services. We do not know when we will see improvement. Securing treatment for ivdas is extremely challenging. Most of them need some inpatient treatment services. However, funding is limited and many of them cannot get through the Drug Court program without some inpatient services.
- Funding to provide awareness and education leading to prevention
- Have to transfer for treatment
- I do not have enough knowledge to discuss strengths - as currently I do not see many strengths to the existing system of care.
- I'm not familiar enough with the specific programs addressing the populations above to be able to talk about their strengths or weaknesses.
I know that an overall strength of helping these populations is avoiding neglect and abuse, helping raise productive members of society, and keeping families together or repairing families that have been broken by addiction.
- In Northern Nevada we have very effective therapeutic community using evidenced-based forms of therapies.

- In rural Nevada are resources are extremely limited. Our nearest treatment facilities are in Elko or Reno...more than 2 hours away.
- Intervention and prevention
- Medicaid insurance and transportation
- Meeting needs Availability
- Not aware of any services
- Not enough insurance coverage and the difficulty getting coverage. Insurance providers not taking the real time actions needed when working with substance abuse.
- Not represented in this area.
- Not sure about strengths no matter what population access to services ALWAYS seems to be LIMITED!
- Offering music therapy to mitigate problem moods triggering addiction
- Our court program participants have access to comprehensive outpatient services and intensive outpatient services, which include groups, individual sessions, drug/alcohol testing, and community partnerships with ancillary service providers to address co-occurring issues. These are definite strengths for all of our counties.
- Our program is purely prevention and education based. Through education, the goal is to keep students from making high risk choices now and in the future.
- Peer to Peer mentoring and supportive guidance. Life/Recovery planning and development. Job and Housing searches. Resume building
- Prevention programs focusing on parenting classes, empowerment, professionals with the skills to provide Mental Health First Aid
- Prevention services are available through the Coalition.
- Prevention
 - Outpatient and Inpatient Treatment
- Provide information where anyone can go for knowledge, resources and assistance.
- Provides preventions strategies to youth.
- Qualified and professional staff, culturally competent and caring staff, Evidence Based Therapeutic Treatment, additional support services that our agency can provide, referral services.
- Quest does an excellent job of working with the adolescents we serve who have substance use and co-occurring disorders
- Rural treatment center in our community.
- Safe and Drug Free schools offers a Substance Abuse and Awareness class for adolescents and their parents. This program helps students and parents become familiar with the signs and symptoms of drug, and strategies on how to get back on track with goal setting and positive communication.
- Services are available to all students at the university at no or very little cost
- Services are client centered
- Services may be available, but I don't think people are aware of the services.
- Skeletal staff is overwhelmed in rural Clark County
- Some community-supported programs, i.e. Crossroads
- Some services are local in the rural areas. Not enough to meet the need, but there are some services
- Strong community focus and dedicated staff.
- Substance abuse prevention, intervention and treatment for teens and adults. TYFS offers group and individual counseling and education programs at our offices and at local schools. TYFS values and builds upon a client's identified strengths, abilities, resiliencies and talents, encouraging clients to determine their own path toward recovery.
 - Outpatient drug and alcohol treatment services for adolescents and adults:
 - o Individual counseling
 - o Family counseling
 - o Group counseling
 - o Case Management

o Prevention and early intervention services (Project Alert)

o Aftercare services

Substance abuse treatment services consist of outpatient level of care for adolescents and adults (per the American Society of Addiction Medicine Patient Placement Criteria) incorporating individual and group sessions depending upon the need of the client. Tahoe Youth & Family Services believes in tailoring the treatment episode to the individual by assessing the severity and intensity of the issues based on the driving dimensions of ASAM PPC 2-R criteria.

- That there are a few to choose from, they accept insurance, private pay, and some Medicaid
- That they are specific to that population rather than an unqualified general therapist
- That they make priority to these populations.
- The ability to help those without resources.
- The available substance abuse services are typically private. They offer excellent abstinence based treatment programs, but are expensive and out of the reach of most of the population.
- The common core among all three populations served that, I believe, are in most need of substance abuse services are the children/youths. They are our future and should have services in place to assist them while they are developing emotionally, physically, spiritually and so on; especially having to deal from issues such as drug abuse, prescription or illicit and mental health.
- The Life Change Center has comprehensive Medication assisted treatment, has the capacity to serve more individuals, has culturally specific treatments for Native Americans and is expanding to increase accessibility to rural populations
- The program can open their eyes, in a sense, to the dangers involved with substance abuse.
- The services are adequate at this time but more and more people are coming in and needing services every day and we need to find funding sources now so we don't lose people when we don't have enough Peer Coaches to help we will see these people relapse and possibly die when they can't get the help they need.
- The strength is when you call someone is at the other end of the phone who can tell you specifically where you can apply or get the help you need to make a change immediately.
- The strengths would be that there are a variety of services available for treatment, peer support, that there are coalitions that perform some environmental strategies and provide funding for prevention programs
- The substance abuse services being provided are vital. The provider specializes in dual diagnosis and mental disorders.
- The very few programs we have for these individuals are ok
- There are a few that really care about helping people. Seems that most are more concerned about the money they get to help people.
- There is residential and outpatient services offered
- They are in place
- They are open to anyone that wants the help.
- They are very effective just not enough of them
- Time and communication given and between the teacher and group
- Total supportive group of three AA meetings per week and three NA meetings a week.
- Urban areas have some resources available for these populations but the populations I checked are all under served by the current treatment system.
- Very little resources available in the rural areas.
- Vitality Unlimited's continuum of care
- We currently have a 90-120 day in-patient drug and alcohol treatment program for youth that is excellent in providing them with the tools needed to live a sober lifestyle!
- We have very few services, but one strength is the small community setting which allows personal help
- We offer co-occurring services to meet the needs of both mental health and AOD clients
- We offer yearlong residential treatment services to dependent mothers and their children. We also

offer at Veteran's Treatment Court for Vets with legal charges. We also offer various drug/alcohol problem solving courts for individuals with addiction.

- We provide substance abuse prevention Services for youth ages 9 & 10 at Low income Title 1 schools
- While still many gaps the services are expanding

20. Which OTHER populations face significant unmet need for substance abuse treatment? N=78

- Adolescents (5)
- Juvenile offenders
- Adolescents. The Court program is only available to adults in the criminal justice system.
- Alcoholics
- All adolescents regardless of mental health
- All age groups of the homeless population
- All of our population face significant unmet needs because of the limited availability to abstinence based treatment and its cost. Veterans and Adolescents top the list.
- All of the other factors not checked
- All populations face a significant unmet need for tobacco cessation services, but especially low SES, African American, Hispanic, LGBT, behavioral health and recovery communities.
- All populations face significant unmet need in the communities throughout Nye, Lincoln and Esmeralda counties.
- ALL populations face unmet need for substance abuse treatment.
- ALL populations in rural counties face unmet needs. Our current rural clinic system is laughably underfunded and overextended.
- All unchecked populations from above
- Also, inpatient treatment providers are needed.
- American Indians and Parents with substance abuse and/or mental disorders who have dependent children
- Children of all ages
No agency in Grass Valley, need to use Winnemucca, Lovelock or Reno. Not much representation in Winnemucca or Lovelock.
- Clients with co-occurring disorders.
- Co-occurring (adult mental health with an addition component)
- Criminal Justice Population, both pre-release in-custody therapeutic communities and post release transitional programs, both with the intention of reducing recidivism, from both criminal behavior and substance abuse.
- Elder population
- Elderly
- Elders/ seniors
- Every population above needs SA TX
- Fathers who are dependent and are seeking to reunify with their children.
- High school aged kids/schools
- Hispanic population
- Hispanic population and middle class families whom do not make enough to pay for treatment, but too much to receive federal or state assistance.
- Hispanic, black or rural communities whereas is urban or rural.
- HIV positive individuals & clients with mental health issues
- Homeless (5)
- Homeless women.

- Homeless, early recovery and treatment community populations.
- veterans
- youth ages 16-29,
- I believe that pregnant women need more resources to address their substance use disorder. We have very limited resources, which are located in Washoe County and are used by many other jurisdictions. It would be beneficial if more resources existed for those in rural areas.
- Individuals that have not applied for Medicaid, or do not qualify for Medicaid, or don't have private insurance and can't afford treatment. Intravenous drug users, Parents with Substance abuse and/or mental disorders with dependent children.
- Individuals with co-occurring disorders.
- Inner city youth.
- Justice system involved homeless populations, individuals with co-occurring mental health and substance abuse disorders, and domestic violence offenders with substance abuse disorders.
- Latino populations
- Low income homes with no parent supervision
- Mental health referrals.
- Military
- Military personnel and medical personnel
- Minorities still have harder times accessing care due to financial disparities and cultural barriers
- N/a (3)
- Native Americans
- None
- Parents of children
- Parents who have dependent children.
- People with chronic pain, adults with mental health problems
- Persons without insurance or Medicaid
- Rural residential treatment
- Seniors
- Seniors especially with RX abuse
- Single males under 29
- Single women with children
- Teenagers
- The Caucasian population in all financial strata
- Those with HIV/AIDS.
- Those who have legal/criminal issues
- Those with an co-occurring diagnosed mental health problem.
- Treatment in rural areas
- Unemployed young adults
- Veterans
- Veterans; Native Americans; severe low-income people
- White middle class (and up) adolescents and adults
- Working poor
- Young adult, males with low or no income
- Young adults age 18 to 26 or so with a diagnosis of opiate dependence - either pain pills or heroin
- Young adults, ages 18-29
- Young people between the ages of 18-25 who have found heroin
- Youth, reentry population

21. Which OTHER populations face significant unmet need for substance abuse prevention? N=73

- Adolescent populations
- Adult alcoholics need a program other than AA
- Ages 10 - 15
- All populations
- ALL populations face unmet need for substance abuse prevention.
- ALL populations in rural Nevada
- All populations need to understand prevention
- American Indians
- American Indians and persons who are IVDA
- Children ages 6-12
- College aged students
- Co-occurring mental health/substance abuse.
- Dependents of abusing parents.
- Elderly
- Elder's
- Elementary children and their families
- Elementary-age children
- Every population needs prevention
- Everyone
- High income families with no parent supervision
- Hispanic community and displaced populations.
- Homeless
- Homeless, early recovery and treatment community populations.
- I am treatment, not familiar with prevention needs.
- I believe that there are a fair amount of prevention resources for children and teens, but there is always room for more. Especially in cases where the parents are active drug users, it would be beneficial to have more resources to provide support and prevention services to youth.
- I don't think we work with high school age kids as much as we should because we either think they've gotten the information at a younger age or its too late and they're already experimenting
- Incarcerated youth and adults.
- Individuals who are depressed, no education, no jobs, no reliable transportation.
- Individuals who are not in the criminal justice system.
- Individuals with mental health disorders that turn to street drugs and/or at risk of misusing prescribed medication to reduce their symptoms.
- Inner city youth
- Low income families with no Health insurance. Low income African Americans & Hispanic families
- Mentally ill
- Military personnel who have not served aboard don't qualify for Veteran services.
- Military veterans
- Minor youth face a significant unmet need for tobacco use prevention programs in the schools.
- N/A (3)
- None others that aren't listed in #6
- Older men and women who are on prescription medication.
- Other family members, friends of family members
- People who are destructive toward themselves by being a victim or placing blame.
- Prevention - younger children

- Prostitutes
- Public school students
- Same as above
- School aged children in the 4th and 5th grade. Prevention before middle school is imperative!
- Seniors
- Seniors are unintentionally overdosing and need better medication management practices.
- Seniors who do not coordinate medications
- Single parents
- Spouses for those who are using
- The elderly
- The entire community actually.
- The homeless
- The military personnel; some have a lot of issues they have to deal with: ptsd, families, employment, to name a few. They may not be aware of available support services or there is not any at all.
- The schools don't have enough time for providing prevention even when there is an agency or organization willing to provide it.
- Those with economic disparities and only able to access Medicaid supported services.
- Transients
- Unaccompanied minor children and youth
- Urban Native American Indians, Parents & Adolescents at high risk and those with mental health problems. Individuals with TB, HIV or other Communicable Diseases.
- Veterans
- Working poor
- Young children in elementary school. 4th and 5th grade students.
- Younger youth- junior high level
- Youth (3)
- Youth living in rural communities in poverty with no transportation.
- Youth, families and schools in general should have access to prevention services through coordinated efforts.

22. Which specific interventions do you feel are most needed and not accessible for substance abuse consumers in your area? Select only five to prioritize the most significant unmet need.

Answer Options	Response Percent	Response Count
Acute Intensive Services: Mobile Crisis	18%	20
Acute Intensive Services: Peer-based crisis services	20%	22
Crisis Residential/Stabilization	25%	27
Clinically-managed inpatient substance abuse	25%	28
Adult residential substance abuse treatment	32%	35
Youth residential substance abuse treatment	49%	54
Intensive home-based services	16%	18
Intensive case management	15%	16
Recovery Supports: Peer support	31%	34
Recovery Supports: Recovery support coaching	22%	24
Community Support: Skill building	25%	28
Community Support: Case management	24%	26
Community Support: Supported employment	25%	27

Community Support: Recovery housing	27%	30
Community Support: Permanent supported housing	17%	19
Community Support: Supported education	29%	32
Community Support: Transportation	24%	26
Outpatient Services: Individual therapy	20%	22
Outpatient Services: Group therapy	11%	12
Outpatient Services: Family therapy	25%	28
answered question		110

23. What do you feel are barriers to clients accessing any of the substance abuse services listed above? N=88

- \$\$\$\$\$
- Accessibility. The nearest location for most of these services is 200 miles away.
- Advertising
- Availability
- Available services and affordable services
- Barriers include availability of services and/or lack of Medicaid funding for these services. SAPTA needs to pick up funding for these services, all of which are considered recovery oriented systems of care (ROSC).
- Cost and ability to get there/maintain going
- Cost and transportation
- Cost, transportation, children
- Culture
 - Shame
 - Parental controls
- Desire to go. Friends and peer groups
- Finances
- First and foremost, having the financial means to seek service. Secondary is transportation to get to the services that are needed especially, if it's out of town/out of the area.
- Funding
- Funding and availability of services.
- Funding, available counselor who have expertise, lack of caring from leaders in communities
- I think that available funding is the biggest barrier to people accessing these services. Either there isn't enough money to educate the community on the importance and availability of these services, or there isn't enough money to expand the services to be able to service the amount of people who need the services.
- In rural Nevada inpatient services or recovery housing is not available.
- In rural Nevada transportation can be a barrier
- Insufficient state, county staffing for mental health / tele medicine / tele therapy
- Insurance not covering detoxification services
- More facilities which provide treatment, knowledge and support to younger addicts.
- Lack of availability
- Lack of availability, low income.
- Lack of grassroots personnel to bring the services to the urban streets.
- Lack of knowledge of available services (6)
- Lack of money
- Lack of providers, funding to provide more services
- Lack of public transportation.

- Lack of support from family members
long waiting list for low incoming housing
no recovery housing once individuals complete treatment
- Lack of the resources in the service area, driving distance to resources, waiting lists at existing agencies for limited resources that are provided for multiple jurisdictions.
- Lack of transportation
Lack of family/significant support
- Lack of workforce in some areas of the state and lack of services being provided by the state in rural Nevada.
- Limited number of providers and costs
- Limited or no funding.
- Little education of all age populations of community, family, and peer support services
- Living in a rural area, 74 miles from the nearest town.
- Money and no insurance, and Medicaid only pays for limited amount of services, i.e., 26 substance abuse sessions total!
- Money and transportation
- Money to get into treatment, substance abuse takes all their effort just to stay well which takes every penny they can put together by any means necessary.
- Money, motivation and transportation
- Most Lyon County communities do not have full time affordable treatment services.
- N/a
- Nearest facilities are 2 hours travel time
- No residential treatment in area.
- Not able to pay fees required to access interventions, not enough community supported education available,
- Not availability for detox and follow up tx
- Not available
- Not enough funds for the one who actually care and are doing something
- Not enough inpatient beds
- Not enough services. West are is the only one offering any of these, there's no real inpatient services for youth that focus on substance abuse and there is no support after treatment for most of these people.
- Not enough treatment providers for the need, transportation, child care, financial
- Not having awareness of available options. Having more options.
- Not knowing the services exist and the lack of conversation, as a whole, regarding substance abuse
- Not thinking they have a problem
- Our area doesn't have the resources and if we do, we don't market them to the population who needs the services
- Our community in Las Vegas faces limited residential treatment services that are affordable and willing to service indigent population.
- Our rural location being half way between Las Vegas and Reno, Nye Regional Medical Centers past mismanagement, getting the word out about resources that are available in town
- Parents of Youth with substance abuse issues struggle with getting resources to assist with treatment
- Providers and transportation
- Stigma, education, lack of providers, new Medicaid, two biggest insurance companies send you to their one provider agency and it takes too long to get an appointment even if in crisis.
- Stigma, financial support for those providing services and ignorance to the positive effects on the community
- The barriers are knowledge where these the resources are located and the limited places where clients can get therapeutic counseling. Also, the patterns of pride and uneducated perimeters in the family

structure.

- The lack of parental support
- The lack of transportation or funding.
- The people are not aware of the services
- The short fall appears to be in housing and true effective case management. The services currently either do not work well together or there is simply not enough.
- The stigma placed upon those seeking treatment
- There are limited resources in our community overall.
- There are little to no services available for youth. Peer based services are limited and funding for those services is non-existent.
- There are not enough programs with these services available
- There are not enough providers or agencies; We don't have enough grant monies to assist all of the clients that need help and can't afford treatment. Clients don't have insurance or \$ to pay for services and haven't applied (or are not yet eligible) for Medicaid. The MCO HPN will not accept our agency or other proven providers agencies on their panel. Therefore 30% of clients that seek our services have to pay their own fees, go without treatment or if they chose they will wait until they can switch from HPN to Amerigroup as their MCO. No Transportation \$.
- There are not enough quality (licensed & monitored) programs in the northern nevada area to serve the need.
- They don't know the services exist
- They need to be made aware of that the services exist.
- This community is very limited and needs more services to help people with substance abuse.
- Transportation (8)
- Lack of insurance
- Inability to pay for services, too few providers take Medicaid.
- Too many eligibility requirements, lack of follow through in some organizations
- Unawareness
- We don't have them in the community. Clients must go to Las Vegas for these types of services.

24. What are the unmet needs of your clients that are NOT already identified in the questions above on this page? N=56

- Access to healthcare, dental and vision care for early recovery populations that are indigent.
- Accessibility to mental health services.
- Basic understanding-Drug Education
- Being supportive to families who try to keep the closet of the drug addicted family member.
- Better funded after school programs for youth, youth leadership skills/training, peer to peer community health worker case management
- Combine with medical treatment.
- Community comprehensive wrap around services
- Convenient resources, accessibility after 5:00 pm
- Cost
- Detoxification centers. Not nearly enough detox beds in this area either.
- Employment opportunities. Many people who are new in recovery have spotty work histories and some have criminal backgrounds.
- Employment services.
- Family inpatient treatment programs. Those that exist seemed to provide limited services and limit children of certain age.

- Funding for medication management for co-occurring disorder and substance detox
- Funding to provide a variety of services at a number of sites/times so it is more accessible in rural settings.
- Funds to help in treatment and housing. If we can detox people and have a place for them to live and have peer support to help them in their recovery we can help a lot more people to be productive members of society
- Group support, AA, NA for young people.
- Housing
- Housing, education, life skills counseling, access to services. Top of the list would be transportation to achieve access.
- I have no idea.
- Involuntary treatment for youth, given the guardians consent.
- Job or trade building
- Lack of services that meet the client where they are at
- Low cost mental health services and evaluations
- Medical... Financial
- Mental health services / tele health / tele therapy
- Mental health services across all ages in conjunction with substance abuse prevention, intervention, and treatment.
- N/A (5)
- No beds
- No individual therapy for alcoholics available in our area that is cost free.
- No tobacco cessation services offered in residential or clinical or outpatient behavioral health and recovery programs.
- None (3)
- One to one supportive help
- Permanent affordable housing
- All that are listed are reactive; we need to be proactive.
- Prevention services. (3)
- Proper instructions on mixing medications and medications and alcohol by physicians
- Recovery Supports - both Peer support and Recovery support coaching.
- Sober living homes and a way to pay for the services.
- Supported education
- The need for confidentiality, so persons will express their fears
- The unmet needs would be specific to limited funding in governmental programs.
- There are many unmet needs in Las Vegas because of the number of individuals from all walks of life that need substance abuse assistance.
- Those with mental health issues and an addition problem
- Too many suffering compared to those that can give help. Outnumbered.
- Under the youth residential treatment need, Quest has a 10 bed facility for boys but there's not a comparable service for girls anywhere in No. NV
- Unknown
- Vocational training and placement, job coaching
- Youth peer to peer, honesty in language used when relating to youth

25. How can substance abuse treatment services be improved in your area? N=77

- 1/2 way housing for individuals who completed treatment out of state, more outpatient services - male counselors
- Access to tele medical services
- Access to treatment quicker and then actually have beds available, instead of potential clients having to wait months to get admitted.
- Accessible to everyone regardless of insurance
- Additional State/Federal funding needs to be allocated for residential treatment services of indigent residents.
- All those listed in #12
- Assessment
- Availability
- Awareness of substance abuse treatment services
- Better communication and collaboration among treatment providers.
- Better educations about drugs
- Bring services into the rural areas- recruit highly qualified staff and compensate appropriately
- By allowing substance abuse agencies to accept Medicaid making it more affordable to clients
- By having services available.
- By providing more peer based assistance programs that have resources available to assist clients seeking help.
- Community awareness
- Community awareness of programs
- Develop inpatient programs
- Educated and understanding the population of which we work with, barriers and challenges that must be overcome
- Employee peer support specialists and community health workers, bus passes or some other free/reduced transportation. Many patients have to travel more than 20 miles to obtain services.
- Family inpatient treatment programs and services to those in the military no matter their service status.
- Family resource programs are not using LADCS for therapy for substance abusers. The competent providers do not take insurance or Medicaid. Would like to see more Medicaid providers.
- Field assessment surveys
- Full time services with peer support for adolescents in outpatient or coming out of juvenile facilities/ substance abuse or mental health inpatient services.
- Funding for quality programming and peer support services.
- Funds to train and hire peer coaches so we have a sustainable coaching system to meet the needs of our community.
- Good question.
Screenings/high school level
Increased beds in inpatient facilities in northern Nevada
Safe place to stay while waiting for a mental health legal 2000 hold room
- Have each school have some sort of substance abuse treatment program/class available to the students and their parents/guardians.
- Have more available subsidized treatment and detox.
- Have more residential beds available
- HONESTY, get the word out about drug use in a straightforward manner, advertise the problem, make it ok to talk about, remove the stigma
- I don't feel treatment should be insurance or income based. Anyone who wants help should be able to get it!

- If we are able to have substance abuse treatment services provided it would be wonderful to have the backing of the community.
- Increase funding and availability of services to rural areas.
- Increase in availability of services.
- Increase Medicaid reimbursement for medication assisted treatment
- It is very limited now, more offerings
- Make more widely known
Make sure help is given
Home visits
- More abstinence based services based on a chronic disease model, affordable/free detox availability.
Long term mid-level affordable housing to stabilize recovering people. Job availability.
- More free services and more prevention opportunities
- More funding
- More funding so that the current LAC would be able to do more outreach and to provide more activities for the local community members other than drinking and gambling....
- More funding to expand services that are working
- More funding to reach a larger audience.
- More funding, more access funding, more prevention education and more programs to meet underserved populations
- More inpatient facilities for youth and adults
- More money would allow providers to serve more people.
- More programs
- More providers, better quality providers, more beds that are unrestricted.
- More providers; more funding sources for prevention
- More qualified clinicians
- More support from administrators in providing personnel to meet the needs
- N/A (3)
- Need more services overall. Need services to be affordable and based on income level. Ability to offer services to indigent consumers.
- Non Profit Agencies need more funding to hire qualified staff to provide treatment for all of the people that seek our services. We also need the professional qualifications of counselors that have an appropriate degree/s and years of successful treatment experience counted for appropriate licenses or certification's by the BOE and HPN.
- Offer tobacco cessation services or referrals to every patient. 80% of patients say that they would like to receive tobacco cessation services upon entering treatment, but it isn't offered, even though this is the population that is most heavily impacted by tobacco use and morbidity.
- One office location that house all of the treatment organization in one place, this would help with each organization communicating what gaps they can help fill
- Open facilities in the community we live in.
- Open more beds for social detox
- Private service availability in addition to public.
- Provide more local resources. Incentivize mental health professionals to work in the rurals.
- Provide more peer supported residential services for various communities, especially for the mentally challenged community and cultural populations which can identify with the peer.
- Provide transportation
- Residential care is our highest unmet need. Clients sitting in jail pending placement.
- Stop funding the bad ones and give the money to the good ones
- Substance abuse treatment services can be improved with more funding to the community based on drug addiction and mental health.

- Talk about it!!!
- The current services are strong, but it would be stronger with the above resources.
- The funding mechanisms (primarily Medicaid and SAPTA) are so difficult to navigate that it makes it hard for providers. Also, most funders do not pay what it actually costs to provide the service so that's an additional burden.
- The installment of campus police
- Very few counselors and no residential centers - need some
- We are in desperate need of recovery housing and services for recovering individuals.
- We need more substance abuse prevention and treatment in our area and we need a community change in attitude
- Work with sheriff's office to promote family participation in addressing problem
- Yes

26. Which specific substance abuse evidence-based practices are currently being implemented or being planned in your organization and/or in your area? Please identify ALL programs that, to your knowledge, are currently being implemented or are being planned in your area.

Answer Options	In my organization		In my area	
Across Ages	7%	10	7%	10
Alcohol Literacy Challenge	5%	7	7%	9
All Stars	7%	9	7%	10
ATHENA	0%	0	1%	1
ATLAS	0%	0	1%	2
Class Action	1%	1	1%	2
Communities that Care	5%	7	10%	13
DARE	8%	11	31%	42
Guiding Good Choices	4%	6	1%	2
Keepin' it Real	4%	5	8%	11
LifeSkills Training	17%	23	15%	20
PALS	2%	3	8%	11
Positive Action	11%	15	16%	21
Project ALERT	4%	6	7%	10
Project Towards No Drug Abuse	4%	5	7%	9
Reconnection Youth	4%	6	3%	4
Refuse, Remove, Reasons	1%	1	1%	2
Residential Student Assistance Program	1%	2	2%	3
SPORT Prevention Plus Wellness	5%	7	5%	7
Stay on Track	0%	0	1%	1
Students Taking a Right Stand [STARS]	1%	2	2%	3
Teen Intervene	4%	6	4%	6
Too Good for Drugs	2%	3	4%	5
		135		204

Other (N=27)

- Active Parenting - NCPC funded,
- Alcohol: True Stories - NCPC funded,
- Brain Power - NCPC funded,
- Drugs: True Stories - NCPC funded,

- Project Venture - NCPC funded,
 Managing New Seasons - NCPC Funded
 G.R.E.A.T. Program - NCPC funded
- BASICS, STEPS, SHIFT, OnTrac
 - CLAAD/CORE PROGRAM
 - Freedom From Smoking (adult cessation) and Not-On-Tobacco (youth cessation). Teens Against Tobacco Use (youth prevention)--all in my organization.
 - Girls Circle, The Council, Thinking for a Change
 - Great
 - Great Program
 - I also implement a program called 'Play by the Rules".
 - Managing New Seasons
 - N/A
 - Not sure which of these is being implemented.
 - Nurturing Parents
 - ABC,s of Parenting
 - Triple P /Teen Triple P
 - Baby Care
 - Smart Moves
 - Smart Leaders
 - Smart RX
 - DITEP
 - SBIRT
 - Mental Health First Aid
 - Youth Mental Health First Aid
 - Parenting classes, youth and parents in crisis group interventions, SBIRT, als pals, youth speakers bureau, WISE, smart moves, mental health first aid for adults and youth, smart rx, champs,
 - Parenting Wisely
 - Parenting Wisely offered by my agency for court mandated men & women who need parenting classes
 - Parents On Board, AVANCE
 - positive action
 - Project MAGIC
 - Project SUCCESS
 - S.T.O.P. Youth Program
 - Seeking Safety
 - SMART Moves is a national Boys & Girls Clubs program we currently implement
 - STATUS--Students Taking Action to Terminate Unlawful Substances
 - SADD--Students Against Dumb Decisions
 - Student Alcohol and Awareness Program (SAAP)
 - There are many, many other EB programs being offered across the state but I don't have a full list at my disposal. The state has the entire list begin supported by prevention dollars.
 - Triple P, Nurturing Programs
 - Wellbriety; Behavioral Modification, Community Logic Model,

27. What do you feel are barriers to clients accessing any of the programs listed above? N=67

- Access
- Advertising
- Again assistance in being transported to meetings
- Availability and publicity for programs. I have not heard of most of them.

- Availability
- Awareness
- Awareness and funding
- Awareness and Lack of Education
- Awareness of programs and/or inability to access programs
- Awareness of their existence
- Better access to schools
- Community awareness, transportation, child care, lack of agency collaboration
- Don't feel comfortable with the provider or not familiar with the area or culture, not enough providers or programs for the diverse populations that live in Las Vegas.
- Enough funding to operate programs
- Expensive curriculums and training.
- Funding
- Funding for the programs.
- Funding
limited availability of programs
- I am not aware of which of these are available
- I guess awareness of the programs.
- I have not heard of most of those programs at all?
- It is difficult to access the school system with youth tobacco cessation and prevention programs. It is difficult to access behavioral health and recovery programs with adult cessation and prevention services.
- It's challenging to get some of these programs into the schools. The principals and other administrators can be barriers.
- Knowledge of availability, leverage to ensure attendance, transportation, single parent responsibility.
- Lack of cost effective training for providers
- Lack of information, placement of information.
- Lack of public transportation.
- Lack of State & Federal Funding. & local foundation funding
- Money
- More services, more access, just not enough services in Clark county for 2 million people.
- Most are in low income areas, not available to all students.
- Most programs are centered around at risk youth
- N/a (2)
- Need to bring DARE back in the schools
- No free care
- Not aware of services
- Not being aware of the programs.
- Not enough information out in the community so people have a choice
- Not having any programs available to the community that needs or wants it.
- Not here that I now of-don't exist
- Only people in the system know what is available
- Peer supported.
- Rural areas do not have most of these available
- Some barriers are if people have general knowledge that the program is available. Others are transportation and housing costs during a recovery period.
- Student population and need are greater than services provided.
- Sufficient time (due to early late bus call) and student/parent schedules. Otherwise, it's open and available to all.

- The barriers can be conflicted when a place is there however, based on culture, community and family disposition the remedy for the resolution is depicted on the person who need the help.
- The community doesn't recognize any problem and people seeking treatment are stigmatized.
- The DARE program is only being provided to the school aged children. No other programs are being utilized in this area.
- The lack of financial resources/funding
- The lack of funding to offer the programs
- They do not know about them, & people are individuals, not "data"
- They do not know anything about them
- They don't know they exist unless they are participating in a program already
- Time and transportation
- Time, transportation, and commitment.
- Transportation, program accessibility that fit a general population need, eligibility requirements.
- Transportation
- Transportation for the young people
- Transportation
- Peer pressure
- Transportation, cost
- Transportation, not enough services in schools
- Transportation, parent involvement
- Um. We don't have them. Or if we do, they are not promoted enough.
- Unaware of program availability
- Unknown

28. What are the unmet needs of substance abuse prevention clients? N=59

- Acceptance of self and inability to share fears of substance abuse
- Access to and knowledge of the services. Limited services in rural areas of state. Lack of screenings for youth.
- Accessibility to agencies
- Transportation
- Activities that promote healthy living and fun without the influence of drugs or alcohol.
- Addressing mood problems
- Advertising of programs available
- Answers and solutions.
- Better aftercare programs
- By the time they reach our program, they are experimenting
- Case management and follow up care and resources to help them stay clean
- Child care for parents in treatment
- Common barriers are access to care, such as transportation
- Community support groups for parents of teens who are experimenting with drug s and alcohol
- Continual and transition support groups
- Denial within the client.
- Education and support
- Education, training and support.
- Employment, family counseling, parent involvement
- Evidenced-based programming. Schools are still using DARE, really? It has been discounted for years.

- Financial/ materials
- Financing
- Follow up tracking
- Funding and training for staff.
- Getting substance abuse clients into treatment centers that will meet their needs.
- Healthy food choices
- Hearing the message but lacking ability to change.
- Housing & transportation
- Housing to make people feel they belong to the community
- Housing, in home services
- Housing, treatment, peer services, etc.
- I have no idea.
- I'm not sure parents (especially Spanish speaking parents) are getting enough information about signs, symptoms, etc related to drugs and drinking
- Lack of adequate funding and resources limits reaching clients, coordinated efforts, consistent message (environmental), better communication on available resources so that they can be accessed
- Limited funding available.
- Mental health services, peer support, social media outreach
- Mental health, financial, legal
- More activities - More events to occupy time
- More parenting coaching, more primary prevention, more prevention in the elementary school set.
- N/a (2)
- Need more case management, kids need more incentives, kids need transportation
- Need preventative programs
- No prevention
- Not enough access to services in the schools
- Not information about resources
- Part- time services in some areas. Also in Lyon County our recreation department was dissolved years ago.
- Programs that work
- Reinforcement
- Residential Treatment Facilities trained to assist this population.
- School aged children
- Support system
- The only thing offered is AA
- Transportation and funding for fees.
- Transportation and getting the participation of parents
- Treatment center locally
- Unknown
- We need in home programs and programs for youth and families
- We need more time to cover all of the topics in the All Stars curriculum. Otherwise, it's a good program.
- Wrap around services to include housing

29. How can substance abuse prevention services be improved in your area? N=66

- Additional funding for more programming.
- Awareness & financing
- Better communication to meet individual needs.
- Better community collaboration among organizations

- By funding it more so that it can be available to to teach to elementary students and middle students.
- Child care for parents in treatment
- Do something more than just DARE
- Education of the problem and effective programs
- Education, knowledge and therapeutic clinics can give proper insight to an addict hitting the bottom. Timing could be everything.
- Education, programs, and support
- Equitable funding between urban and rural
more funding for training, such as mental health first aid, signs of suicide, etc. I think every coalition should have multiple community health workers that target various disadvantage populations
- Expand music therapy offerings
- Expanded provisions and treatment opportunities for those seeking help
- Family involvement funding
- Follow up assessment of clients
- Funding to make more available programs
Funding for additional outreach
Funding for additional education
- Get more community involvement on the front lines ,we hear a lot of talk on how to fix the problem of housing in our community, why not take some of the empty properties around the city and turn them into places people can rent at a low cost for a 6 month period or even a year because without an address you can't apply for a job or any other services except the shelters and they are not a very safe place to be and you can't leave anything there.
- Give money to the people who are actually doing things and not give money to the ones who really only look good on paper. More indepth checks! Everyone can make themselves look good on paper and they make up the numbers on the reports.
- Give more inf to the community about the illness
- Have the Board of Examiners for alcohol, drug, and gambling provide FREE trainings like NAADAC. We pay \$250.00 for recertification and get no FREE training again like NAADAC. The board seems to use some of naadacs testing curriculum why not the FREE training.
- Have them be research based best practices
- Have them here
advertise/free services
- Include all of these: mental health, legal advice and job skill preparation or job finding
- Increase in home based services and prevention education for youth
- Increase number of programs
- Increase the services we already have and publicity of such services
- Installment of Campus police at the high school level
- Keep giving out the literature because you never know when someone will listen.
- Make it more affordable to clients and allow them to attend their place of choice
- Make them available.
- Mental health services, peer support, social media outreach, tele health services
- Money to market/advertise.... To target kids in an impactful age. To provide activities
- More advertising
- More collaboration with school districts - schools don't have time for such programs
- More community support, less stigma/stereotypes regarding substance abuse and mental health
- More funding to have more people working to reach a larger population.
- More funding to provide more interventions.
- More help and services throughout the schools.
- More outreach, psas, information in general...

- More prevention services funding. Less restrictions on funding.
- More programs
- More schools with prevention programs
- More services needed.
- More State, Federal & local foundation funding
- More widespread, maybe try an evening series that covers the information and topics.
- N/a
- N/a
- Need more
- Offer more in patient programs
- Parental involvement
- Prevention programming geared toward the population and the environment, more substance prevention education in the school district.
- Public service messages - having groups/community agencies get involved and support the cause.
- See #16 Also, we need more therapists who can do substance abuse evaluations. There is an agency doing them now that is not competent to do them
- See above
- Students being made aware of these programs and location
- Support funding for prevention, more coordination between providers, use social media to promote available resources and activities for families and youth
- The state could fund more programs
- There are no active prevention efforts in our area.
- They can be blended with mental health services to address the full needs of the clients. The environmental strategies approach to prevention can be supported, not just "in the box" evidence-based programs that only reach a small portion of the population. Screenings can be supported starting in elementary school.
- To have the resources available to provide the services, manpower, infrastructure, financial, etc.
- Unknown
- Use of Community Health Workers
- We are seeing improvement with grant funded partnerships between the schools and communities. However, small non-profits do not have prevention grant money that covers administration costs, therefore it is difficult to stay in business. It would be beneficial to explore prevention services that can be reimbursed.
- We need mental health providers
- With the proper funding we could get our clients into treatment centers for a period longer than 45 days, this is just not enough time if you are seriously looking at the needs of the clients.
- Yes

17. If you have anything to share about substance abuse treatment and prevention populations and/or needs, please do so at this time: N=40

- A dedicated staff with excellent transportation and funding options would benefit the community at large. Being able to go to distant areas and provide information and assistance to youth, adults, families and the community in general. Law enforcement to prevent the advance of hard core drugs to the community.
- Accidental overdoses with heroin and opiates. Knowledge of what drugs and substances are being used on the street. Access to substance abuse treatment at no cost. Doctors who prescribe excessive controlled substances should be reprimanded. Pharmacies should be regularly queried by substance abuse service providers.
- All BH programs should at least meet criteria as co-occurring capable.

- An absolute commitment on behalf of the state to do everything reasonable and possible to reduce administrative barriers to support the good work in the community. An open minded understanding that increasing the opportunities for intervention and screening are closely tied with routine primary medical and dental care. The state should support the leadership of those in the community if the state is not itself able to provide leadership.
- Because of the lack of enough facilities, programs, professionals, etc., in the Mental Health field, perhaps teaming with such organizations as TWOLA, I'm Alive, AA, NA, etc. Might help to some extent. Also, teaming with NAMI, AFSP, SAVE, the VA, etc. Churches. Just the way regular community members are trained in CPR/First Aid/AED, train them in suicide awareness, intervention & prevention. First responders, also.
- Co-occurring populations are extremely vulnerable. Treatment limits by HMO's and grant sources need to be extended
- Encouraging more behavioral based models for youth substance abuse recovery
- I feel that sometimes substance abuse can be a means of self-medication when a person is unable to cope. The reasons can vary, but might be a way to deal with stress, brain functioning challenges, family issues, or in the case of young people - extreme boredom. I think all people want to be active, engaged, and involved. We need to be sure that there are outlets for energy, creativity, and productivity. And all the while, the environment is one of safety and support.
- I think the court and juvenile system could be better educated about people's needs for SA and Mental health. There needs to be better follow-up and case mgmt through the court system.
- Increase the number of substance abuse treatment facilities and use of evidence based models of tx. More education and outreach in middle school and high schools.
- Just to reiterate; this professional believes psychoeducation is needed; on the various effects of controlled substance use; helping families and consumers of prescription medications identify patterns of dependency and addiction; and empower those consumers with access to community treatment resources. Additionally, there seems to be a lack of treatment programs that target the co-occurring disordered population. Programs either target the mental illness OR the addiction; and rarely do they treat the individual who is experiencing both; and there is too little communication between mental health and addictions counseling providers.
- Less emphasis on 12 Step programs
- Mental illness often leads to addiction which exacerbates mental illness and creates chronic life circumstances that do not benefit the individual. Early, effective identification and treatment along with substance abuse prevention efforts can stop the cycle. Often even in recovery these people cannot effectively cope with their symptoms and without inpatient options find themselves thinking about suicide.
- More education. I have had people involved in drug court respond that it needs to be longer to be more effective and helpful for them. We have parents involved in this program and it is so important that they receive support and it is so helpful for us knowing that these parents are being monitored and that the children are in a somewhat improved environment.
- Most students say that they feel alone and that they have no friends. Oddly, I see them with friends all the time. What they need is substance. How do we get them this?
- N/a
- National Youth Sports Program offers a comprehensive program that touches not only on prevention of substance abuse and suicide, but strives for student have a more positive outlook on life. Even in the most difficult of situations, there is always help, don't be afraid to get involved, report your problems, there is always an adult that will listen.
Dr. Troutman believes that a positive program brings a positive outlook.
- Need residential co-occurring treatment and step down treatment
- Nevada needs to implement the Evidence Based Practice of Integrated Dual Diagnosis Treatment to treat the approximately 50% of individuals who have both a mental illness and a substance abuse disorder.

- Never enough available beds, affordable Tx available locally. Clients less likely to travel 60-120 miles to get help. Current Co-Occurring program too large to effectively Tx consumers.
- None.
- Not enough quality programs at this time. Depletion of quality providers.
- Not my expertise
- Pahrump Behavioral Health staff is beginning to implement the screens/assessments/treatment of Co-occurring Disorders
- SMI clients do not fit into traditional substance abuse treatment programs, need more resources tailored to clients with co-occurring disorders.
- So many are self-medicating while needing mental health individual and/or group mental health therapy.
- The substance abuse counselors need to coordinate treatment on parents with the child's therapists!
- There are limited programs in the rural areas for youth with substance abuse issues
- There are no residential treatment facilities in Lyon County; lack of quality treatment providers; no Alateen groups.
- This is part of the comprehensive wellness of an individual and goes hand in hand with mental health
- Too many youth in CCSD are experimenting with substance abuse and not enough educational treatment is being offered.
- Trained workforce development
- We are at temping to work more closely with New Frontier Treatment Center, we are also interested in providing co-occurring treatment but are having a difficult time filling an open position for mental health /addictions therapist.
- We are currently unable to provide very much co-occurring disorder treatment, again because of low staff.
- We have a severe lack of capacity for substance abuse treatment in our community, especially quality residential programs, especially for youth (girls!). We send lots of Washoe County residents out to rural Nevada for residential treatment because of the lack of beds here. The shift to Medicaid funding looks good on paper but in practice it has further disrupted what little services we had and it's becoming increasingly more difficult to access treatment. And much of that treatment is not evidence-based. We use the jail for detox far too much. We need a complete overhaul of substance abuse treatment in Washoe County and throughout the state.
- We just need more providers. The current providers are overtaxed and need more support to meet the actual need.
- We need more substance abuse treatment facilities, and programs.
- We need support for growing and training Master's Level licensed substance abuse counselors to treat individuals with COD
- We need to stop promoting the glory of substance abuse and alcoholism that is a cornerstone of casino life. We hand out the bullets that in turn cause the injury that we try to helplessly treat.
- We seem very limited with substance abuse treatment and prevention in rural areas.

List of Organizations Participating in Provider Surveys

- ABC Therapy LLC
- ACCEPT
- All Stars Drug Prevention Program
- American Lung Association in Nevada
- Amerigroup
- ATAP
- B.D. D. Counseling LLC

- Basic High School
- BEC Environmental, Inc.
- Big Brothers Big Sisters of Northern Nevada
- Boulder City Hospital, Partial Hospitalization Program
- Boys & Girls Club
- Boys & Girls Clubs of Southern Nevada
- Bureau of Vocational Rehabilitation
- Caliente Youth Center
- CARE Coalition (8)
- Carson City Health and Human Services (3)
- Carson City Justice/Municipal Court
- Carson Counseling and Supportive Services (2)
- Carson Tahoe Behavioral Health Services
- Casale Consulting Solutions
- Center for Emotional Health
- Central Lyon Youth Connections
- Children's Cabinet
- China Spring Youth Camp
- Choices Group, Inc. Providence Human Services Nevada
- Churchill County School District
- City of Henderson
- City of North Las Vegas municipal court
- Clark County Parenting Project
- Clark County School District (8)
- CCSD Safe and Drug Free Schools
- Clark County School District: Reconnecting Youth
- Clark County Social Service
- Community Counseling Center of Southern Nevada
- Counselor/SAAP Instructor
- Desert Rose Counseling Group
- DESERT TREATMENT CLINIC
- Division of Health Care Financing & Policy
- Division of Public and Behavioral Health (7)
- DPBH/RCSS
- DPBH-RCHS
- Douglas Counseling and Supportive Services
- Douglas County Community Health/Carson City Health and Human Services
- Douglas County Juvenile Probation
- East Fork Fire District
- Eighth Judicial District Court
- Elko Band Alcohol & Drug Program
- Ely Counseling and Supportive Services
- Eureka County Juvenile Probation
- Expressions
- Fallon Counseling and Supportive Services (2)
- Fort McDermitt Paiute-Shoshone Tribe (2)
- Foundation for Recovery (7)
- Frontier Community Coalition - Humboldt County (2)
- Grass Valley Advisory Board

- Great Basin College Winnemucca
- Greenspun Junior High School (All Stars Prevention)
- Group Six Partners, LLC
- Grover C. Dils Medical Center
- Healing Solutions Counseling Center
- Healthcare Partners
- Healthy Communities Coalition
- HELP of Southern Nevada
- HGH
- Hope Healthcare Services
- Hughes Middle School
- Human Behavior Institute
- Humboldt County Sheriff's Office
- Humboldt County School District (3)
- Humboldt General Hospital (3)
- Hyde Park Middle School Clark County School District (19)
- Illuminations Counseling
- Innovative Focus
- Join Together Northern Nevada
- Lander County
- Las Vegas Indian Center, INC
- Las Vegas Justice Court
- LCAT
- Lincoln Communities Action Team
- Lincoln County Sheriff's Office
- Lynne Daus evaluation center
- Maple Star Nevada
- McDermitt Combined Schools
- mental health
- Mesquite Behavioral Health Center (2)
- Mesquite Police Department
- Middle School
- Mojave Child and Adult Mental Health (2)
- Music 4 Life, Inc.
- N.Y.S.P.
- NAMI Nevada
- NAMi WNV
- National Youth Sports Program (4)
- NEIS
- Nevada Career Institute
- Nevada Coalition for Suicide Prevention (4)
- Nevada Community Prevention Coalition (5)
- Nevada Department of Corrections
- Nevada Partners
- Nevada PEP
- Nevada Small Business Development Center
- Nevada Statewide Coalition Partnership
- Nevada Urban Indians, Inc. (2)
- New Frontier Treatment Center

- NNAMHS
- NVARNG
- Nye Co Juvenile Probation Dept
- Nye Communities Coalition (11)
- Nye County Health and Human Services
- Nye County School District (2)
- NyECC (3)
- Olsen's Corner Drug Store
- PACT Coalition (6)
- Pahrump Counseling and Supportive Services -DPBH
- Pahrump Valley Chamber of Commerce
- Pioneer Territory CASA, Inc.
- Pleasant Senior Center
- Prevention/Treatment
- Quest Counseling and Consulting, Inc.
- R House Community Treatment Home
- Reno Justice Court
- Reno Municipal Court
- Reno Sparks Tribal Health Center
- Ridge House, Inc.
- Rural Clinics, State, Elko Counseling & Supportive Services
- SAAP (2)
- Safe and Drug Free Schools (5)
- Safe and Drug Free Schools - Hyde Park MS
- Senior Center of Boulder City
- Serenity Mental Health
- Sierra Counseling and Neurotherapy
- Sierra Regional Center (6)
- Sixth Judicial Specialty Courts
- SNAMH
- Southern Nevada Health District
- Spring Mountain Treatment Center
- St of NV
- State of Nevada Dept. of Health and Human Services
- State of Nevada Pahrump Behavioral Health
- Step 1, Inc.
- STEP2
- Substance abuse prevention/ treatment (2)
- Suicide prevention Network (2)
- Survivors of Suicide of Northeastern Nevada
- Tahoe Youth and Family Services (2)
- The Life Change Center
- The Police Athletic League, Inc., of Southern Nevada
- The Ridgeview Group
- Truckee Meadows Community College (2)
- TUFF Services
- Turning Point Nevada (2)
- University of Nevada, Reno Police Services
- UNLV NYSP (2)

- Veterans Care Foundation
- Virgin Valley Family Services, Inc.
- Vitality Unlimited
- VVHS
- Washoe County Children's Mental Health Consortium and Sierra Regional Center
- Washoe County Department of Social Services (6)
- WCSD Family Resource Center
- WestCare (2)
- Western Regional Drug and DUI Court
- White Pine County School district
- Winnemucca Counseling & Supportive Services
- Winnemucca Domestic Violence Services (2)
- Winnemucca Grammar School
- Winnemucca UMC
- WrapAround in Nevada

Resource Inventory Responses

Which of these age groups does your organization currently serve? (check all that apply)		
Answer Options	Response Percent	Response Count
0-5 years	35%	30
6-14 years	69%	59
15-17 years	72%	61
18-25 years	88%	75
26-59 years	84%	71
60+ years	75%	64
<i>answered question</i>		85

Which of the following gender(s) does your organization primarily serve? (Check all that apply)		
Answer Options	Response Percent	Response Count
Women	94%	80
Men	94%	80
Transgender	47%	40
<i>answered question</i>		85

Which races/ethnicities are represented among your clients? (Check all that apply)		
Answer Options	Response Percent	Response Count
African American/Black	87%	74

Asian Americans/Pacific Islanders	74%	63
Caucasian/White	93%	79
Hispanic/Latino	94%	80
Native American/Alaska Native	78%	66
answered question		85

Which of these populations does your organization currently serve? (Check all that apply).

Answer Options	Response Percent	Response Count
People with disabilities	62%	53
Children and youth who are at risk for mental, emotional, and behavioral disorders, including, but not limited to, addiction, conduct disorder, and depression	58%	49
Individuals on parole or probation	54%	46
People who are homeless	54%	46
Gay/lesbian/bisexual/transgender/questioning (LGBTQ)	53%	45
Individuals in need of primary substance abuse prevention	47%	40
Undocumented individuals	44%	37
People with HIV and/or AIDS	42%	36
Military personnel (active, guard, reserve, and veteran) and their families	40%	34
People who are intravenous drug users (IVDA)	38%	32
Re-entry populations	34%	29
Incarcerated individuals	31%	26
Unaccompanied minor children and youth	26%	22
Individuals with tuberculosis and other communicable diseases	18%	15
None of these	5%	4
answered question		85

Which of these populations does your organization currently serve? (Check all that apply).

Answer Options	Response Percent	Response Count
Adolescents with mental health problems	47%	40
Parents with mental disorders who have dependent children	47%	40
Adults with Serious Mental Illness [SMI]	44%	37
Children with Serious Emotional Disturbance [SED]	40%	34
Families of children with SED	40%	34
Women who are pregnant and have a mental disorder	36%	31
Older Adults with SMI	34%	29
Individuals with SMI or SED who are homeless	32%	27
Individuals with SMI or SED in rural areas	28%	24
None of these	25%	21
Other	15%	13

Total

85

Other

- As a community service provider we typically do not have this information
- Community members with alcohol and drug issues
- Families of adults with any type of mental illness, including co-occurring substance abuse
- General population
- Individuals with Dual Disorders
- Individuals of all economic strata whose lives are generally shattered because of substance abuse
- Kids ages 10-16 of the urban population
- Parents who need parenting classes. Most parents now referred to ACCEPT by the court system for mandated parenting classes.
- Those with intellectual disabilities and related conditions.
- We do not individually serve anyone but referrals, although any population who calls are spoken to. When a call is made to our office we give them referrals. We are the liaison.

Which of these populations does your organization currently serve? (Check all that apply).

Answer Options	Response Percent	Response Count
Adults with substance abuse problems	67%	57
Parents with substance use problems who have dependent children	62%	53
Older adults with substance abuse problems	59%	50
Adolescents with substance abuse problems	54%	46
Women who are pregnant and have a substance use problem	41%	35
None of these	12%	10
Other	4%	3
<i>answered question</i>		85

Other

- 9 & 10 year old low - income children at risk for substance abuse (we do prevention for these children)
- Adults with mild-moderate severity of mental illness, more severe substance abuse disorder.
- same as above

Approximately how many clients does your organization serve annually?

- 10-15
- 100 (2)
- 100 plus
- 100,000
- 1000
- 11,000
- 11000
- 1300
- 1330
- 175
- 18,000
- 190
- 190000
- 2,000 (2)
- 200 (3)
- 200-300
- 2000
- 22,000
- 220
- 250-300
- 250-500
- 2500, trained
- 3,000 (2)
- 300 (2)
- 300-500 (2)
- 3000+
- 3500
- 3800
- 40
- 400
- 425
- 4500
- 4800

- 500 (4)
- 5000
- 550
- 600 (2)
- 750+
- 80-100
- 9,000
- coalitions don't have clients
- Depending on the service - between 12 and 150,000
- est 1200
- More than 150 calls are made through this office
- no clients - we disseminate info to over 4,000 people a year,
- Not applicable (2)
- Over400
- Unclear, individual practitioners. 7 full time therapists in practice.

Categorized Approximate Number of Clients Served	#	%
Less than 100	2	4%
100-499	12	26%
500-999	11	23%
1000-4,999	14	30%
5000 or more	8	17%
Total	47	

Which of the following acute intensive, residential treatment or intensive support services does your organization provide? (Check all that apply)		
Answer Options	Response Percent	Response Count
Acute Intensive Services: Mobile crisis	7%	6
Acute Intensive Services: Peer-based crisis services	0%	0
Crisis Residential/Stabilization	8%	7
Clinically-managed inpatient substance abuse	8%	7
Adult residential mental health treatment	6%	5
Youth residential substance abuse treatment	5%	4
Children's residential mental health services	0%	0
Therapeutic foster care	1%	1
Substance abuse intensive outpatient	19%	16
Partial hospitalization (day MH treatment)	5%	4
Intensive home-based services	11%	9
Intensive case management	19%	16
None of these	49%	42
answered question		85

Other

- Evaluations and assessments for treatment
- Family Peer Support and Advocacy
- Low intensity long term residential for reentry populations.
- My program is the referral source
- Outpatient
- Outpatient Mental Health Services; Street Outreach for At-Risk Youth up to the age of 24

- We are a 20 bed transitional living facility with outpatient substance abuse counseling.
- We are a preventive health clinic based service
- We don't provide the service per se we contract with providers who provide these services
- We provide assessment and TCM and work with several contracted providers in the community.
- We refer clients to treatment facilities or Substance Abuse and Family Counselors

Which of the following outpatient and recovery support services does your organization provide? (Check all that apply.)

Answer Options	Response Percent	Response Count
Individual therapy	47%	40
Group Therapy	42%	36
Family Therapy	40%	34
Recovery Supports: Peer support	25%	21
Recovery support coaching	12%	10
None of these	33%	28
answered question		85

Other

- Couple counseling, case management, Medication management
- Evaluations for court and assessments for treatment
- Family Peer Support and Advocacy
- HIV Health Education Risk Reduction (HERR) biweekly group sessions
- In-group cessation clinics.
- Our Psychological Services Dept. provides some direct service to individuals served at SRC.
- peer support for the Hispanic community to access health and wellness care
- Same as #26
- School-based SAP Program
- Supportive employment, education and transitional and permanent supportive housing; transportation and targeted case management for reentry populations.
- Talking Circles at the request of family AA meetings

Which of the following community support and engagement/primary prevention services does your organization provide? (Check all that apply)

Answer Options	Response Percent	Response Count
Information and referral services	72%	61
Medication management	28%	24
Skill building	51%	43
Case management	46%	39
Supported employment	9%	8
Permanent supported housing	12%	10
Supported education	21%	18
Transportation services	19%	16
Legal advocacy	6%	5
Family support services	29%	25
School-based services	19%	16
Wrap-around services	22%	19

Primary health care	6%	5
Meal services	11%	9
Money management	22%	19
Parenting education	41%	35
Assessment	42%	36
Specialized evaluations	22%	19
Outreach	36%	31
Educational programs for youth	27%	23
Community service activities (Alternatives)	26%	22
Environmental	9%	8
Information dissemination	44%	37
Problem identification and referral	46%	39
None of these	7%	6
answered question		85

Other

- All of the above have made calls to our office
- Education on mental illnesses for adults with mental illness and for their family members, partners and friends
- for leisure skill building: recreation music center
- Social and emotional learning classes for children and teens
- sports programs

Which types of prevention programs, activities and education does your organization provide?

Answer Options	Response Percent	Response Count
Substance abuse prevention for youth	46%	39
Substance abuse prevention for adults	39%	33
Suicide prevention for youth	34%	29
Suicide prevention for adults	29%	25
Mental health promotion for youth	42%	36
Mental health promotion for adults	46%	39
Other (please specify)		
	answered question	85

- None of the above
- none
- drum circles
- We are treatment, not prevention.

What are the costs to the clients for the services you provide? (Check all that apply)

Answer Options	Response Percent	Response Count
Services are free	39%	33
Sliding fee scale based on income	32%	27
No one denied service for lack of funds	27%	23
Private insurance accepted	33%	28
Medicaid accepted	35%	30
Medicare accepted	15%	13
Other public insurance	20%	17
Military insurance	16%	14
Self payment	35%	30
Employee Assistance Program	15%	13
Other (please specify)		

85

- federal government
- flat fee - sometimes paid by the courts
- Free for Positive Action program for youth. We charge a \$40.00 fee for the computer based Parenting Wisely class
- Free to students
- Grants pay for the services
- Most Trainings are free of charge
- N/A
- treatment center contracts
- Volunteered Services when necessary

What is the typical waiting period for clients/patients?

Answer Options	Response Percent	Response Count
No waiting period	34%	29
Less than one day	12%	10
1-7 days	16%	14
8-15 days	12%	10
16-30 days	4%	3
31-60 days	4%	3
More than 60 days	2%	2
Other	13%	11

answered question

85

Waiting period other responses

- 1-7 days for OP. Residential beds are coordinated 3-6 months in advance, but it's not a wait list per se.
- Depends on the program
- Depends, for psychiatric services 3 months, for therapy 1 week
- For residential services.
- inpatient treatment depends on the availability of placement
- N/A
- No more than 90 days to get into a class of their choice
- Not sure
- No waiting for TCM
- Not applicable
- Variable

Which of these apply to your organization? (Check all that apply)

Answer Options	Response Percent	Response Count
SAPTA Funded	29%	25
SAPTA Certified	34%	29
Neither SAPTA-funded nor SAPTA Certified	13%	11
Does not apply	35%	30
		85

Which of the following are sources of funding for your organization?

Answer Options	Response Percent	Response Count
Substance Abuse Prevention Agency of Nevada (SAPTA)	32%	27
Other state of Nevada	41%	35
Federal government	34%	29
County government(s)	28%	24
City government(s)	8%	7
Private foundations	14%	12
Donations	26%	22
Other (please specify)		
		85

- Client funded
- Grants from Nye Communities Coalition
- NONE
- Only self pay and insurances including Medicaid
- Private practice, no other funds.

- Sales, Fundraising
- SAMHSA
- Self pay (2)
- State HHS Ryan White funding via HRSA
- substance abuse treatment centers' contracts
- Various grants

How often does your organization collaborate with other service providers related to substance abuse prevention and treatment, mental health, and/or suicide prevention?

Answer Options	Response Percent	Response Count
Almost never	0%	0
Rarely	8%	5
Sometimes	14%	9
Often	41%	27
Almost Always	38%	25
	Mean = 4.1	66

Which language(s) in addition to English are spoken at your organization? (Check all that apply)

Answer Options	Response Percent	Response Count
Spanish	59%	50
Tagalog	5%	4
Chinese	4%	3
Other (please specify)		
		85

- Only English
- Interpreters available on request
- VIETNAMESE, KOREAN, RUSSIAN
- Many others
- we have a language line for all languages
- English only
- None

Mental Health, Substance Abuse and Suicide Prevention Client Survey Results

481 Respondents

47% female; 52% male; 0.4% transgender

Mean Age = 39 years Age range=15 years to 72 years

6% veterans

Race/Ethnicity

14% Hispanic/Latino
 4% Native American
 4% Asian/Hawaiian/Pacific Islander
 11% Black/African American
 61% white
 6% Mixed race

98% of the surveys completed in English; 2% in Spanish

Annual household income from all sources:		
	#	%
Less than \$10,000	214	57%
\$10,000 – 14,999	39	10%
\$15,000 – 24,999	35	9%
\$25,000 – 34,999	24	6%
\$35,000 – 49,999	24	6%
\$50,000 – 74,999	17	5%
\$75,000 – 99,999	9	2%
\$100,000 – 149,999	6	2%
\$150,000 or more	10	3%
Total	378	

Respondent Zip codes

90 different Nevada zip codes represented
 9 Counties

County of Residence:		
	#	%
Carson City	6	1%
Churchill	3	0.6%
Clark	271	56%
Douglas	19	4%
Elko	9	2%
Lyon	15	3%
Mineral	2	0.4%
Nye	24	5%
Washoe	85	18%
No response	47	10%
Total	481	

Type of respondent	#	%
Current behavioral health care client	300	62
Friend/family member of someone who has received behavioral health care services	50	10
Parent of a child currently receiving behavioral health care services	28	6
Someone in need of behavioral health care services	68	14
Someone in recovery	191	40
Not sure	26	5

Behavioral Health Conditions		
	#	%
Depression	264	55
Anxiety/Stress disorders	277	58
Bipolar Disorder	143	30
Schizophrenia	84	18
Dementia	5	1
Post-Traumatic Stress Disorder (PTSD)	113	24
Obsessive Compulsive Disorder (OCD)	66	14
Tobacco/nicotine dependence	171	36
Drug dependence	165	34
Alcohol dependence	131	27

Other

- Attention deficit disorder (ADD) (3)
- ADHD (4)
- Autism
- Behavior
- Behavior mental health
- Behavioral issue
- Borderline personality disorder (2)
- MPD and high functioning autistic
- Never been diagnosed
- No longer self-medicate
- None
- Open head injury
- Relationship issue
- Sleep disorder
- Tbi
- Thought disorder
- Voices
- When a kid

Treatment or counseling received

N=480		
	#	%
Mental health	316	66
Alcohol	195	41
Drugs	223	47
Tobacco	60	13

Types of behavioral health services used

N=480		
	#	%
Inpatient care--Hospitalization	175	37
Inpatient care—Residential treatment	171	36
Outpatient care—Community-based services	277	58
Psychiatrist, private therapist, social work, psychologist	263	55

Case management	173	36
Medication management	216	45
Support group participation	214	45
Dual diagnosis services	66	14

Other

- Aa
- Bst
- Counselor
- Cps
- Current behavioral health care
- Detox
- Family member
- Have been waiting for two months for a bed
- Lied upon by Caucasian police officer for the sake of race!!!
- Medical problem
- Medical rehab
- No services for TBI
- Only now
- Parenting classes (2)
- Talk to counselor
- Therapy
- Therapy classes
- Yoga and mental meditation

Is it easy or hard for you to get the services you use?

N=464		
	#	%
Easy	386	83
Hard	78	17

If it's hard, please tell us why.

- A little difficult finding someone who accepts my insurance, Health Plan of Nevada
- A lot of hoops to jump through
- Access to healthcare and good vouchers
- Appointments, scarce appointments
- Because I get scared to go
- Because I have to walk for four hours
- Because of the language
- Being married but not together
- Bipolar support group needed as well as case management
- Bus transport
- Cost, transportation
- Cost; no pediatric services available
- Counseling is easy. Finding long term inpatient services in Nevada is impossible. There is huge need for residential services
- Cut hours
- Cut my service
- Depends

- Disability
- Doctors a Mojave inquiry list
- Doctors are backed up
- Extensive wait list
- Fam issues/support/hard to get help
- Getting referrals
- Hard to get psyc, med
- Have no income
- Have to leave work early; ride bus for 2 hours
- I do a lot of treatment but Day Treatment can't help me
- I have the wrong insurance -Amerigroup
- I was on a list for 8 months and then I fell through the cracks
- I was on the wait list
- Impossible to find a place for rehab
- Insurance
- Insurance not eligible
- It was very difficult for me to get the mental health help I needed upon moving to Nevada.
- It's a lot easier than I thought. Mental health has been a blessing!
- It's almost impossible to get a place or bed for a person who needs inpatient care
- It's only hard when I suffer minor episodes of depression. Made minor cause of meds which help alleviate my major depression
- Keep cutting time
- Logisicare calls put you on hold or don't give info
- Lots of footwork
- Medium
- Money, availability
- Money! Lack of motion due to protocol
- More complicated bst
- N/a
- Need medication now
- Need shelter, money
- No body can't deal with it.
- No TBI
- No transportation
- Not enough in area
- Not enough money; I have a hard time getting around.
- Panic attacks for appts.
- Panic attacks, anxiety, many health problems
- Riding the bus
- Short staffed
- Someone pick me up
- Sometimes don't know where to find information
- Sometimes insurance and sometimes the services; not everybody has what I need
- States ""In between
- Transportation
- Transportation issues
- Transportation, access, scheduling

Have you received all of the services that you need?

N=481		
	#	%
Yes	385	82
No	84	18

If you answered “No,” what services do you need that you haven’t gotten?

- All that are at Douglas County Mental Health
- Anti-depressants
- Case management and support group (2)
- Childhood trauma
- Counseling
- Dental
- Disability
- Disability review
- Family/marriage counseling
- Food assistance
- Foot
- Got to explain
- Help apply for SSI
- Housing (2)
- Housing assistance
- Housing assistance, behavioral health, transportation
- Housing, medical (dental)
- Housing, transportation
- I don't know where to go
- I get them but I wish I had more choices for therapy and doctors
- I need to keep my services at Mojave
- I would like to talk to a case manager.
- In process
- Inpatient treatment--no beds
- Med management
- Medical and housing assistance
- Medical and psych
- Medication
- Medication management
- Mental health-insurance medication issue
- Mental health, medical, dental
- More counseling (2)
- More counseling hours
- More mental health
- Need medical doctor
- Need nurse so I can get medications
- Need regular mental health doctor
- Need to be re-diagnosed
- No I am and am very grateful.
- No TBI
- Not enough food stamps
- Not everyone has what I need

- Outpatient after care
- Prior to coming here
- PTSD therapy
- Refused group therapy for day treatment
- Same and medical
- Single father that need's help to support him
- Some of them I haven't
- Still in progress but I am receiving them; it's working
- Still in recovery
- Still need ID, birth certificate and food stamps
- Teeth
- Too lenient, passive
- Transitional housing
- Transportation
- We had a 17 yr old who needed in-patient care and supervised education and neither were available. We were basically told to wait until she assaulted someone so she could go to detention and then get services.
- When my relative was willing to go, we tried getting a bed and it was impossible. Now she's doing worse than ever.

How could behavioral health treatment be improved in Nevada?

- A quick fix drug
- Actually properly treating mental disorders
- Be more accessible and more providers accept Medicaid
- Better access to medical care and transportation
- Better access to medical care and transportation and food
- Better and more inpatient rsus or csus. NNAHMS sucks
- By extending services to any and all who need treatment and improve the wait time.
- By other patients be supported by extended insurance
- Care more about people
- Communication
- Continue to learn from each other and apply the positive means
- Decriminalize all drugs
- Easier access; cheaper
- Easier walk-in treatment
- Ensure that all of the staff keep a professional demeanor and heal all patients with respect and care
- Establish more long-term in-patient residences so teens can get help before they the law
- Faster and more behavioral health services
- For me, so far okay
- Funds
- Good in Douglas county but I don't know about elsewhere
- Have a real doctor here in Pahrump instead of a "video" doctor
- Have more inpatient facilities
- Have more than one facility
- Have not really been through the system to offer an opinion
- Help with cost, transportation and housing
- Helping people that cannot pay or are not eligible; make a program
- I am sure there are ways, but since my needs are met I don't really know. I am thankful for you all.
- I believe we could use more inpatient options and sober living facilities

- I don't know
- I don't know this is my first time in treatment. Letting us smoke or go for smoke breaks
- I have no complaints about behavioral health services in Nevada at this time.
- I have only experienced West Care and I think it's a great program.
- I need insurance
- I think it is already good.
- I think it needs to be more available to people before it gets too bad for them. I think there is too much of a stigma towards mental health and people need to know it's okay.
- I think it's okay
- I think it's pretty good. All facilities should be licensed to provide medication (Elko)
- I think the system is great. Especially the no charge factor to receive help from a professional. Thank you immensely!
- I'll write an agenda, not conscious enough
- Improve access to medical care and transportation services
- Increase availability
- It could be able to low income people
- It takes a while to start treatment which I think may be because more therapists are needed
- It's all good
- It's pretty great
- Make it readily available, more convenient
- Making it easier when an addict wants to get in rehab
- Mohave hours expanded
- More accessible to more people with less of a stigma attached to it?
- More accessible
- More attention for veterans
- More beds for inpatient treatment
- More behavioral health workers available to help at agencies
- More candy
- More clinics, more providers, better residential services
- More counselors
- More detailed information on different types of behavioral issues
- More educational opportunity
- More facilities (3)
- More facilities especially for women
- More family oriented
- More friendly staff
- More funding to support people like me (i.e. Serious mental illness)
- More help with transportation
- More hours for treatment
- More hours fort treatment on clients
- More information on status of coverage and updates on coverage or changes made
- More knowledge to resources for community
- More money
- More outings people learn more when they go places!
- More outreach, more funding, more providers
- More program/activities provided
- More providers closer to patient's address
- More resources
- More services made available to those who need them
- More SSI cash/income

- More understanding of mental illness
- More ways to pay for people that can't pay for it
- More word of mouth and ads
- More work
- More workers, and day treatment
- Move day programs, better hospitals, more help with benefits
- Need behavioral hospitals, more medicine, doctors for all issues
- Need more help for homeless and shut-ins
- Need more specialists
- Nevada needs more facilities like westcare
- Not sure (2)
- Nothing
- Offer to more people and more peer driven resources and services; more peer advocacy
- Open more mental health places
- Perhaps some kind of outreach program for people who should be coming here
- Possibly more training for all who give help with treatments in dealing with people with mental illness
- Reach out to those that need help that don't know how to get help
- Shorten waiting lists
- Shorter waiting time for treatment
- So far I think it is fine
- So far since I found this place in 2012, it has been a lifesaver. My moods because of the meds are much more stable.
- Stop cutting DTX,BST, PSR hours
- The case manager could be nicer to the homeless people!
- Time management could be better
- Too inexperienced to comment; I am happy
- Too lenient, passive, no control
- We need psychiatrist services in the area. The hospital was just recently shut down.
- Work with the patients schedule with appts.

Mental Health, Substance Abuse and Suicide Prevention Community Survey Results

262 Respondents

66% female; 31% male; 3% transgender

Mean Age = 42 years Age range=14 years to 81 years

9% veterans

Race/Ethnicity

19% Hispanic/Latino

10% Native American

3% Asian/ Hawaiian/Pacific Islander

3% Black/African American

62% white

3% mixed

92% of the surveys completed in English; 8% in Spanish

Annual household income from all sources: N=216		
	#	%
Less than \$10,000	48	22
\$10,000 – 14,999	27	13
\$15,000 – 24,999	13	6
\$25,000 – 34,999	17	8
\$35,000 – 49,999	27	13
\$50,000 – 74,999	27	13
\$75,000 – 99,999	17	8
\$100,000 – 149,999	25	12
\$150,000 or more	15	7
Total	216	

Respondent Zip codes

48 different Nevada zip codes represented
12 Nevada Counties

County of Residence:		
	#	%
Carson City	33	13%
Churchill	42	16%
Clark	16	6%
Douglas	3	1%
Elko	6	2%
Humboldt	9	3%
Lander	8	3%
Lyon	84	32%
Mineral	9	3%
Pershing	1	0.4%
Washoe	32	12%
White Pine	1	0.4%
No response	18	7%
Total	262	

During the past 12 months, was there any time when you needed treatment or counseling services related to these conditions but did not get it?

Community Survey Respondents N=262		
	#	%
Mental health	59	23
Alcohol	40	15
Drugs	30	12
Tobacco	18	7

Barriers to receiving services

	Community Survey Respondents N=262		Client Survey Respondents N=481		Combined Community and Client Survey Responses N=743	
	#	%	#	%	#	%
Couldn't afford it	50	22%	56	13%	106	14%
Didn't know where to go	29	13%	65	15%	94	13%
Didn't think it would help	14	6%	26	6%	40	5%
Not covered by insurance	29	13%	44	10%	73	10%
Took too much time	14	6%	28	6%	42	6%
Not enough providers available	33	14%	35	8%	68	9%
Services not available near me	16	7%	25	6%	41	6%
Services not available in my language	13	6%	2	1%	15	2%
Providers did not respect my culture	6	3%	1	.02%	7	1%
Long wait lists	23	10%	45	10%	68	9%
No transportation	23	10%	55	13%	78	10%
I was embarrassed	18	8%	26	6%	44	6%
I was afraid	19	8%	31	7%	50	7%
Not applicable	80	34%	94	21%	174	23%

Are there are enough of these services and providers in your area?

	More needed		Enough		Not sure	
	#	%	#	%	#	%
Mental Health Services for adults	131	52	66	26	57	22
Mental Health Services for children & adolescents	139	55	60	24	52	21
Alcohol/ drug abuse treatment services for adults	116	46	68	27	69	27
Alcohol/drug abuse treatment services for children & adolescents	132	53	54	22	64	26
Crisis Intervention Services for Troubled Youth	129	52	60	24	61	24
Alcohol Abuse Prevention/Education	119	47	78	31	58	23
Drug Abuse Prevention/Education	121	48	81	32	51	20
Tobacco Abuse Prevention/Education	113	44	83	33	59	23
Mental Health Education	144	57	56	22	53	21
Suicide Prevention Education	143	56	53	21	58	23
Stress Management Education	134	53	60	24	60	24
Child Abuse Education	136	53	58	23	61	24
Domestic Violence Education	127	50	65	25	64	25

Suicide prevention (Community Survey)

Level of Comfort Talking about Suicide with Family and Friends		
N=250	#	%
Not at all comfortable	50	20
Somewhat comfortable	96	38
Very comfortable	104	42

Personal Connection to Suicide

	#	%
Know someone who has attempted suicide	150	59
know someone who has died by suicide	138	55

What do you think would be the best way to prevent suicide in your community? N=136

- A harder stance at the schools!
- Address bullying issues effectively.
- All (3)
- Awareness
- Awareness from a young age
- Awareness, education, BULLYING
- Be more open with each other
- Be more watchful of those who might be suicidal, don't look the other way.
- Being able to recognize signs actually talking about
- Being more open in the community about signs and where to go to get assistance.
- Being more proactive and providing prevention services. Need to provide more education on the subject.
- Being open about the issues people young and old face. Offering resources for help.
- Better education about warning signs and how to talk to a troubled person
- Better education and support
- Change the culture around the perspective of suicide
- Continued education; tv and radio spots; in high schools and colleges
- Conversation
- Counselor available, family support system
- Different in all cases. No answer.
- Early identification symptoms
- Early intervention
- Early screening and adolescent services
- Educate the public about the widespread nature of suicide.
- Educate, empower, and have access to quality Mental Health Services nights/weekends/holidays. Suicide does not fit an 8 - 5 schedule.
- Educating families about the warning signs. Encouraging parenting classes for parents of troubled kids.
- Educating the community about what and how to be available to help
- Educating the community more about the subject, family members, etc.
- Education (3)
- Education about other ways to cope with stress instead of suicide.
- Education and intervention
- Education and mental health services
- Education and mental health support
- Education and more discussion about it making it not such a secret.
- Education and open forums. Trainings with youth and those that work with youth. Adult only sessions would be great too. Veterans also need to be considered.
- Education and resources; educating individuals about suicide as well as the resources available to help if a crisis or situation arises
- Education and support that is widely available and accessible
- Education in the schools

- Education of the opportunity to address the issues.
- Education, prevention, programming
- Education; public service announcements; workshops
- Encourage citizens to pay attention to their peers--support and encourage those in need to seek help
- God
- Have an individual trained in Safe Talk and ASSIST
- Have more services and education in the schools, the home, and at work.
- Have some mental health services available ASAP instead of months off appointments. Have more jobs in the community
- Having more services available for people to access. Medical appointments are booked 6-8 weeks out. If someone had depression issues, the first step would be to go to a medical health care provider. There is not enough crisis intervention help.
- Having more suicide prevention walks and talks
- Having someone who can understand what they're going through with no criticism and to talk with certain ages
- Hotline
- I think parents need to talk with their sons about that problem.
- Identify the risk factor for suicide and the signs of someone who is possibly suicidal. Then getting that person the help they need.
- Knowing the signs of suicide and who to report it to
- Knowing where to get assistance, without going thru more agency bureaucracy.
- Less drugs
- Listen to them talk
- Make it not a shameful topic of discussion.
- Making people aware of the signs that someone may be having issues that could lead to suicide
- Mental and emotional health support; affordable and accessible
- Mental health services
- Mental health services made available, facilities to help manage
- Minimizing stigma, raising awareness, and engaging communication.
- More alcohol, drug and mental health services locally
- More attention on why there are suicides in Native American country
- More billboards
- More communication in my language (Spanish)
- More counseling not from family
- More education (4)
- More education about mental health
- More hotlines
- More mental health support
- More open discussion and education
- More outreach, free counseling
- More places for teens, especially, to feel comfortable seeking help
- More programs
- More programs focused on solving mental health problems before they develop into a close-to-suicide situation
- More providers
- More resources
- More services
- More services and information made available to public. More information on where to obtain help in crisis situations especially for youth.

- More services available to prevent someone from getting the place where they are desperate and feel there is no other alternative.
- More services needed for people in our community
- Need help when no one is on call on Saturdays and Sundays
- Need more
- Needs more
- Needs to be more programs
- Neighborhood support groups, parenting classes for parents of all children ages, a child care center associated with the high school to help teen mothers and educate teens about the rigors of child bearing, religious organizations working together to support the marginalized in the community, businesses in the community paying a livable wage so that single parents can afford child care, affordable local child care, affordable local counseling services, a State Legislature that allows licensed psychological professionals a reasonable way to practice in Nevada to help heal the immense number of psychologically impaired persons who have nowhere to turn other than a doctor who hands them a prescription, etc. In other words, suicide is a symptom of an ailing community that DOES NOT CARE for its most vulnerable members. It takes ALL OF US to make a community that thrives. Oh gosh, did I just step up on my soap box?
- None. It is a family and/or a church matter, not a community problem. I'm tired of my tax dollars being used for every feel good program. Tax and spend has to stop. Not everyone gets a handout. Life isn't always fair. Go talk to your family...One male Father and one female Mother.
- Not sure
- Open communication; peer training
- Outreach programs that appeal to various age groups, highlighting on the feelings associated with suicide....hopelessness, feeling alone, etc.
- People need to get more involved
- Positive social network, lots of ways to connect to help. Reducing access to lethal means (guns).
- Pow wow and traditions
- Prevention messaging
- Provide the needed crisis and prevention services that are sorely lacking in this area.
- Providing a local 24 hr hot line
- Quit publicizing it when a youth attempts or succeeds so that the youth see it as a way to get attention. There needs to be honest discussions with the youth and adults that suicide is not something to get attention. It not only affects you but those around you. And what are the complications of suicide attempts. They need to know that they can say how they are feeling and it be kept confidential which there is very limited of in this town.
- Recognize and treat depression.
- Reduction of glorification of suicidal victims, reduction of scholarship funds in their names
- Remove stigma, more services, less drugs
- Safe person to talk to
- Show these people that are troubled, more positive activities (big brothers or big sisters). These people need a change in their life.
- Stop the meth and better parenting
- Stronger families with traditional values
- Suicide outreach
- Suicide prevention awareness, ready access to mental health services
- Suicide prevention education
- Support
- Support groups at school for teens

- Taking this seriously
- Talk
- Talk about it (2)
- Talk about it and be open to community help
- Talk about it more and look for warning signs
- Talk about it; have more programs in the schools
- Talk about it. Stop pretending it doesn't happen and stop ""saving face"" because you're embarrassed.
- Talk to one another; communication
- Talk to someone
- Talk to the person; be open minded
- Talking more about it to the community and youth
- Teach the importance of the value of every life being different and that IS exactly the intent of Creation.
- Through education and awareness
- To raise awareness about the connection between mental illness and suicide
- To remember tomorrow will be different
- Unknown (2)
- We need more mental health support in classrooms and schools; counselors; peer mentoring; classroom aids; parent education
- We need more services to help people

What other programs and services are needed in your community for mental health? N=125

- - Counseling - mental health treatment - access to care for mental health for the homeless - money
- Access and follow up
- Access to doctor and medication
- Additional providers to allow for quicker treatment
- Affordable psych doc
- Alcohol treatment center
- All (6)
- All of the above
- All of them.
- All; have more programs in the schools
- Any and all
- Autism awareness
- Baby sitter
- Babysitters
- Batterer's treatment groups
- Behavior health
- Better services for veterans
- Both inpatient and outpatient for mental health.
- Child care
- Community providers
- Concerted campaign to inform citizens of how to become involved and their "brother's keeper"
- Counseling and education
- Counseling providers
- Day services group homes
- Dire need of psychiatrists
- Don't know

- Education
- Education and treatment
- Everything listed in question 3 (a variety of evidence-based services that meet the needs of our community)
- Family and teen therapy on drugs and alcohol and RX drugs
- Free access
- Full staffing at Elko Counseling and Supportive services
- Good on that
- Have no idea.
- Housing for homeless; more shelters
- I am not sure.
- I am not too sure.
- I don't know
- I think our community need more programs that info the population.
- Individual and group therapy, med clinics, parent training classes
- IOP, more providers that deal with the seriously mentally ill.
- It's not a matter of do we have enough, it's how effective are they and how available to all our evaluations have to be done four hours away. None here. Domestic violence, how to reenter; severe mental health problem children
- Life skill training; educating counselors
- Long term recovery support
- Long-term treatment center
- Managed work program for mental disabled who could work but due to condition can't hold regular employment
- Mental Health through the ED
- Mental health, acute mental services, on call psychiatric providers for evaluations and treatment, after hours emergency mental health, medication management providers.
- More
- More accessibility. There are long waiting lists for mental health treatment with Fallon Mental Health Services. We have a lot of clients that need to be treated much faster.
- More affordable counseling services & an intervention program for at-risk youth.
- More centers of medical attention to reach low income families
- More counselors/psychologist
- More education (2)
- More education about mental health.
- More mental health providers for veterans
- More places
- More programs for adults
- More programs for youth
- More programs that have a sliding scale for payment and less wait time. Also education about how this is an illness and not any different form a physical illness.
- More providers
- More providers so waiting lists aren't so long
- More psychologists and therapists
- More services that help people that are easy to access and that have low perceived stigma
- More services to meet all ages
- More teen programs
- More youth programs
- N/a (2)
- Need more group therapy options.

- Needs more
- None. It is a family and/or a church matter, not a community problem. I'm tired of my tax dollars being used for every feel good program. Tax and spend has to stop. Not everyone gets a handout. Life isn't always fair. Go talk to your family...One male Father and one female Mother.
- Not sure (6)
- Not sure. Research through nmhi
- Nurse practitioner or psychiatrist
- Our community has so few resources that anything could help. There's nowhere for troubled youth to go
- People need to get more involved
- Programs and services at the school
- Providers (social workers, psychologists, etc.) In town
- Psychiatric other than Rural Mental Health that accepts Medicaid.
- Qualified therapist
- Quality mental health services - nights, weekends, holidays.
- Schools as a referral source
- See above.
- Services are being pulled back to Carson City, it means our town which has 58% of the households on welfare, have no car can't get treatment without driving 2 hours, it's not safe for others on the road and not safe for the citizen.
- Services for children and families with reputable providers
- Services for mentally ill adults
- Severe mental health issues must be referred to Reno for evaluation and treatment
- Specifically for seniors, Dementia.
- State Mental Health to have on call personnel for emergencies after hours and weekends. In addition to needing this for during normal business hours. The local State of Nevada Mental Health office as transformed over the years from handling emergencies and patients, to only handling scheduled appointments. People do not schedule a mental health emergency and the ER Doctors training is not primarily aimed at mental health, but rather at physical health.
- Strengthening a self-awareness program and improve self esteem
- Substance abuse
- Suicidal
- Support groups that don't gossip
- Support groups; better insurance coverage
- Supportive counseling, for those you lack self esteem, confidence, and lack of goals.
- That there would be services in my language; translated into Spanish
- Therapists
- Therapists and counselors, plus programs and activities for kids and adults.
- There are good program but not enough providers.
- There are now some great services being provided I think, but I am not sure if one place can carry the load for everyone.
- There needs to be more licensed psychologists and counselors. People have to wait a long period of time to be seen. That is a clock ticking when it comes to suicidal thoughts.
- Too many to list. Everything
- Traditional ways
- Transportation
- Transportation assistance in rural areas.
- Transportation to the services offered
- Treatment and support networks for chronically mentally ill; support in Dayton Valley for

families of mentally ill and Alzheimer's

- Unknown (2)
- We are lacking, we need many services
- We need psychiatrists!! There are none in Fallon!
- We only have two and it is not good for teens
- Youth activities.

What other programs and services are needed in your community for substance abuse prevention and treatment? N=95

- Programs in schools
- - Counseling - substance abuse treatment/prevention programs * especially for those at risk - access to care for substance abuse for the homeless - money
- A functional substance abuse program with credible and knowledgeable staff, evaluators and treatment providers
- AA programs for teens
- Adult classes, parents, for new drug awareness in formation and data
- Again transportation assistance in rural areas.
- All (5)
- Alternative activities to occupy users
- Any and all
- Autism help
- Babysitters
- Better AA programs
- Better communication about the programs that already exist
- Better law enforcement
- Better services for veterans
- Bus, transits to get to services
- Continued prevention and parent information (ie what do I do if my child is on drugs, etc.
- Drug abuse and alcohol programs
- Drug testing for anyone receiving any public assistance every 30 days
- Education
- Everything listed in question 3 (a variety of evidence-based services that meet the needs of our community)
- Financial support for families who can't afford care
- Gang prevention
- Good on that
- Have DARE come back. Drug court
- Have no idea.
- Have none available for treatment; we have only AA/NA meetings
- Higher level mental health services so children and families don't have to travel long distances for evaluation and treatment no follow-up for kids who go through a program and then come home; need a reentry program; need anger management program for youth and adults; 26 week program available in Elko and Winnemucca but they must travel there weekly; we have all these services available; it's not a matter of having enough--it's a matter of "are they effective?" are they being used! Severe issues must be referred to Reno
- I am not sure
- I don't know of any programs other than in schools for these assistance.
- I would say our rehabilitation resources are definitely lacking. What I hear of the current services is not good and I know there are people that get stuck in jail sentenced to rehab that

either cannot get a spot in rehab or do not have the funding. That is unacceptable and totally inefficient. I'd like to see more, or at least, a really good rehab place locally, that works with the drug court here.

- In/our patient facility.
- Inpatient Detox and or long term residential treatment centers with less regard to what insurance you have and more concern of the patient that needs help.
- Kida and Drugs
- Long term care facility, transitional
- Long term recovery support
- Many
- Medical detox / active providers at current treatment
- Medicine and outreach
- More
- More access to treatment options that are rural focused and based
- More awareness of available services.
- More centers
- More community centers for low income, education of the families
- More counseling facilities that specialize in substance abuse. Need agencies in the school educating the youth & able to dispel the myths around substance abuse.
- More education
- More education.
- More for kids
- More info through the schools
- More inpatient treatment facilities
- More intensive treatment programs for adolescents and adults. Additionally inpatient for families would be great
- More meetings
- More needed
- More of the existing
- More outpatient services
- More programs for teens and under
- More providers
- More school programs to educate youth; family support programs
- More services
- More services for adult men
- More services that help people that are easy to access and that have low perceived stigma; outreach and messaging about substance use and abuse and how to get help; more data (and distribution of information) about the effects of marijuana on the developing brain; groups and campaigns that normalize very responsible use or no use of drugs and alcohol
- More services to meet all ages; more prevention for youth; confidentiality
- More training for youth and adolescents at the youth center at school
- More treatment availability
- More treatment centers
- More understanding what chemicals can do to you in the long run as well as the short
- More young people learning about the dangers of substance abuse.
- Need an inpatient youth substance abuse facility in Churchill County.
- Need for people to be better parents; be good role models
- Needs more
- None. It is a family and/or a church matter, not a community problem. I'm tired of my tax dollars being used for every feel good program. Tax and spend has to stop. Not everyone gets a

handout. Life isn't always fair. Go talk to your family...One male Father and one female Mother.

-
- Not sure (3)
- Not sure There is a treatment center here in Fallon also NA and AA groups meet all the time.
- Not sure I can address this
- Not sure; have not had to seek out
- Our community need more programs because I don't know neither program in my community.
- People need to get more involved
- Programs for meth addicts
- Quality substance abuse services - nights, weekends, holidays.
- Really serious kids who need help now and here; not having to go elsewhere; no youth court; no diversion program; chronic truancy; no help for them, no follow up to help when they come back; need reentry program for children and adults
- Rehabs
- Same as above. Most SMI individuals are co-occurring.
- See above.
- Support groups
- Support structures for our youth and alternative activities for them to participate.
- There needs to be a youth inpatient substance abuse program.
- Too many to list. Everything
- Unknown
- Youth programs

Mental Health, Substance Abuse and Suicide Prevention Focus Group Demographics

Demographics

162 Participants

51% female; 49% male; 0% transgender

Mean Age = 40 years Age range=12 years to 71 years

4% veterans

Race/Ethnicity

22% Hispanic/Latino

4% Native American

4% Asian

13% Black/African American

1% Hawaiian/Pacific Islander

54% white

3% mixed

Annual household income from all sources:		
	#	%
Less than \$10,000	88	58%
\$10,000 – 14,999	20	13%
\$15,000 – 24,999	10	7%
\$25,000 – 34,999	6	4%
\$35,000 – 49,999	7	5%
\$50,000 – 74,999	5	3%
\$75,000 – 99,999	3	2%
\$100,000 – 149,999	2	1%
\$150,000 or more	5	3%
Total	151	

Respondent Zip codes

57 different Nevada zip codes represented

6 Nevada Counties

County of Residence:		
	#	%
Carson City	7	4%
Clark	86	53%
Elko	6	4%
Lyon	2	1%
Mineral	1	1%
Washoe	44	27%
No response	16	10%
Total	162	