



# Doors to Recovery Community Asset Mapping Report Executive Summary

May 2015

## **Overview**

Although other reports and organizations have compiled various lists of local prevention, treatment and recovery support services, Doors to Recovery (DTR) initiated a community asset mapping effort to better understand how such services are coordinating and combining to provide care and support to individuals and families in Reno and Northern Nevada. In doing so, asset mapping activities allow Doors to Recovery, a newer organization, to make meaningful connections and create a holistic, more comprehensive inventory of prevention, treatment and recovery assets than has been previously available to those in need of such information. The goal is to create a dynamic inventory of assets that includes such details as: client fee scales and other costs, wait times, eligibility requirements, population, gender, ages served, availability of extended services and any other pertinent information which may aid in access to needed care and support. The DTR Asset Mapping Report is just a starting point. It is meant to be a catalyst to connecting people to resources and informing a network of coordinated care and support in and around Reno. It is only with this level of insight – the understanding of how individuals and families are trying to access or are moving in and out of services and programs - that advocacy efforts can target the right capacity-building efforts to address any gaps or barriers in pathways to recovery.

## **Methodology**

Asset mapping is a dynamic discipline for creating an inventory of the people, places and groups within a community that can combine to inform and shape capacity-building efforts. The discipline of asset mapping has roots in the practice of community design where local talents and gifts are mobilized to promote a healthy and thriving community of people. The true value of the mapping discipline is the creation of an ongoing process of outreach and relationship building. There are three main steps in community asset mapping. Below the steps are described.

### **Step 1: Preliminary Inventory**

Research and investigation was undertaken to create a preliminary inventory of the people, places, groups, programs and services (community assets) that are contributing to prevention, treatment and recovery efforts in and around Reno through secondary data collection. This preliminary inventory resulted in a list of 225 distinct assets.

### **Step 2: Dedicated Interviews with Influential Connections**

Cross-referencing of data sources and subsequent analysis was applied to identify 10-20 community-based assets that appeared to present themselves as prospective “influential connections” within the network of those working to provide prevention, treatment or recovery care and support in the Reno area. This identification came from an evaluation of perceived reputation, citations across data sets and representation on resource lists and directories. In total 20, interviews were conducted.

### **Step 3: Publication of Assets for Profile Creation**

Following the interview stage, data records were compiled in order to prepare to import a refined inventory of 304 community assets into the Capacitytype mapping web application (<http://tyr.capacitytype.com>). For influential connections in and around Reno, these asset records have been expanded to assign “Asset Owners” – those key contacts who can eventually update and modify records with next level data intended to create profiles to assist those seeking care and support for themselves or others. Additionally, asset records can expand to include related resources that can further enhance the ability to easily access and learn about services and programs in the area. The work is slated to be completed during the summer of 2015.

## **Observations from the Community Mapping Team Gaps in Research**

In total, 20 interviews were conducted during this asset mapping activity. There were a couple of organizations that were initially identified in the primary research; however, an interview could not be coordinated in a timely manner. Of note, interviews with Quest Counseling, Rural Health Partners, and WestCare are absent.

### **Public Service Emphasis**

This report emphasizes the services available to the broadest community or a typical Reno resident. It does not highlight those that may be available to the highly privileged.

### **Prevention in Schools**

The landscape of prevention in schools is far too variable.

### **Increased Attention to Behavioral Health**

Everyone interviewed talked about behavioral health, cognitive behavioral therapy and wrap-around services. This is a new era of health care in which people are treating the whole self. Everyone is trying to navigate this shift; for some professionals and organizations it can feel like a strain for others it can feel empowering.

### **The Justice System**

The vast majority of individuals navigating the prevention, treatment and recovery support landscape are a product of the justice system; and, the justice system in Reno is willing to serve juvenile and adult substance use-related offenders in a way that will help them on to the pathway to recovery.

### **Connections in the Community**

The professionals and organizations that are contributing to the prevention, treatment and recovery continuum of care are pretty aware of one another and the services that are offered.

### **To Accept Federal Funding or Not**

There appears to be a debate within almost every organization – will they or won't they accept federal funding. To accept the funds means greater stability but limits to the type of care that can be provided. To not accept them means greater provider freedom but likely requires increased attention fundraising. This is the debate and there are varying opinions in the community.

### **Challenges of Medicaid Expansion**

Many providers are currently in the process of reacting to Medicaid expansion. This has required new administrative processes that at present are tiresome to some organizations.

### **A Gap in Case Management**

Based on the interviews conducted, further research is needed to fully quantify and comprehend the gap in case management in Reno.

### **Optimism**

Overall, the professionals and organizations we spoke with were optimistic. No one said Reno and Northern Nevada's problems were too big to solve.