Esmeralda County Nevada

Community Needs Assessment

and Opioid Plan

2023–2024

Approved: December 19, 2023

Acknowledgements

Acknowledgement and appreciation are due to the Esmeralda County Commissioners who approved the task group to utilize their expertise and commitment on behalf of Esmeralda County. Special thanks to the Esmeralda County Task Group members who came together on a series of integrated and aligned projects, including the opioid plan and needs assessment, a specialty court, and a rural opioid jail project. The group would like to thank the many government officials, stakeholders, and community members who participated in the assessment process.

Along with the local support, the Nevada Association of Counties (NACO) Public Health Coordinator, Dr. Amy Hyne-Sutherland, and William Teel, who is spearheading the Jail MOUD/Community Continuation of Care Program Pilot, provided support in the assessment process. Finally, Mercer Consulting provided guidance and technical assistance throughout the assessment and prioritization process, as well as detailed guidance on how to implement the identified community priorities.

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Executive Summary

The following is an executive summary for the Esmeralda County Opioid Needs Assessment and Plan and serves as a high-level overview of the results of the needs assessment/findings and priority areas addressed in the plan. A model from the statewide NV Needs Assessment was used as an example of an executive summary as well as for references and resources that this county used to obtain data for the needs assessments. Other county plans were also reviewed to assist in the development of this plan.

Background

On October 19, 2023, the Esmeralda County Commissioners held a special meeting to move forward with an opioid task group and planning. The task group also came together with a specialty court project and a rural opioid jail project. During November 2023, the local sheriff also approved moving forward with a presentation to the commissioners for the proposal involving the Jail Medications for Opioid Use Disorder (MOUD)/Community Continuation of Care Model and Pilot, and the local judge also has a timeline for planning on the specialty court into 2024. Members of law enforcement, schools, local government, judicial, district attorney, and other local, regional, and statewide stakeholders and community members continued meeting in November and December of 2023 to develop and finalize the plan. This group also evaluated the feedback and consulting, in addition to meeting the deadlines to move the three aligned projects along. The agencies and stakeholders listed below participated in the development of the opioid plan:

Esmeralda County Commissioners
Esmeralda County District Attorney
Esmeralda Justice of the Peace
Esmeralda County Emergency Management/EMS
Esmeralda County Schools
Esmeralda County Sheriff/Jail
NyE Communities Coalition, including the Tonopah Staff
Esmeralda County Community Members
NACo Public Health Coordinator
Coordinator for Jail MOUD-Continuum of Care Model for Rural Areas
Southern Regional Behavioral Health Coordinator

The 2021 Nevada Legislature passed Senate Bill 390 (SB390), an act relating to behavioral health: providing for the establishment of a suicide prevention and crisis hotline; establishment of the Fund for a Resilient Nevada; and establishing guidance for state, local, or tribal governmental entities to address the impact of opioid use disorder and other substance use disorders.

The Fund for a Resilient Nevada (FRN) was established in Nevada Revised Statutes (NRS) 433.712 through 433.744 and is specific to the State's portion of opioid litigation recoveries. It is administered by the Nevada Department of Health and Human Services (DHHS) Director's Office, as identified in NRS 433.732, utilizing the recoveries resulting from litigation concerning the manufacture, distribution, sale, or marketing of opioids. FRN monies are deposited through the Attorney General's Office from recoveries from opioid litigation, settlements, and bankruptcies. Pursuant to NRS 433.734, one of the DHHS's responsibilities is the development of the statewide needs assessment and a statewide plan to

identify priorities. FRN recoveries must be used to address risks, harms, and impacts of the opioid crisis on the state, using a data-driven and evidence-based approach.

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

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

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

This document serves as the county-level needs assessments and plan for the expenditure of opioid abatement funds.

Community Overview

These important details about the Esmeralda County community will set the foundation for the needs assessment and plan by putting into historical and current context the relevant background around demographics, geography, economics, industries, and health and behavioral health needs. Those needs and resources for the community include characteristics/sections but not limited to the following: *population characteristics (distribution of age, race, gender, education, employment status, income rates, poverty, health insurance status, presence of Indigenous tribes, and any notable changes over the years, etc.).*

Esmeralda, a Spanish and Portuguese word for "emerald," was named by an early California miner from San Jose named James Manning Cory. Cory named the mining district after Esmeralda, the Romani dancer from "The Hunchback of Notre Dame." Esmeralda is in the southwest portion of Nevada bordering California on the southwest side and Nye County on the north and east. Mineral County runs to the northwest. The Esmeralda area is a unique rural-frontier historic mining and "lush farming community" essentially half-way between Reno and Las Vegas on Highway 95. Interestingly, the county still has a radio station and promotes a local attraction called the International Car Forest of the Last Church, an open-air gallery comprised of over 40 cars just outside of Goldfield in the desert hills along the "tailing piles of the Last Great Gold Camp." Other, smaller rural communities are Dyer in Fish Lake Valley, Lida Junction, Siver Peak, and Gold Point. Esmeralda County originally included parts of Nye and Mineral Counties.[1]

Local industries and economics have varied significantly over the years. As noted earlier, the economy and population declined as the mining boom tapped out. The unemployment rate was 3.6% as of November 2022. Although there are still energy operations, such as lithium and gold mining, in addition

[1] https://www.accessesmeralda.com/

to the oil and gas industry, many residents who are employed commute outside the county to work in nearby communities like Tonopah. Agriculture (farming) is also a major industry for the county. Local government and the schools are the two other major employers. Aside from a planned truck stop, no other economic development is known or currently planned. The Esmeralda County School District has three elementary-middle schools that currently serve approximately 90 students. As of 2022, high school students are sent to Tonopah in northern Nye County. Because Esmeralda County does not have a high school, it is difficult to get information on that school demographic. District totals do not include state or district sponsored charter school data, and there is no such school in Esmeralda County.[2]

According to Wikipedia, the geographic area of Esmeralda County is approximately 3,589 square miles surrounded by "scenic mesas, rugged mountain wilderness, and vast open basins". The county, founded in 1861, has Goldfield as its seat. Although the county is now the least populated in the state, the population peaked at 20,000 people with the railroads and the historic mining boom of the 20th century. The estimated population of the county in 2021, according to the Nevada Rural and Frontier Health Data Book (NVRFH) Databook was 955, with projected declines to 861 in 2031, resulting in 9.8% decrease or close to 100 less people. Although population sources differ, the current population is less than 1,000 people. In Esmeralda County, 100% of the population lives in a low population density area (500 or fewer people per square mile and less than 2,500 people). Currently, there are 28.9 people per square mile in Nevada. Population density ranges from 0.3 persons per square mile in Esmeralda County to 396.8 persons per square mile in Carson City. Currently Esmeralda County shows .3 population per square mile and 3.3 percent of State Land Mass, according to the handbook. Regarding county demographics, Esmeralda County has been home for many thousands of years to numerous Indigenous nations; however, there are currently no official tribes listed in the county (Native Land Digital).

Demographic information from the 2021 Esmeralda County Population (Nevada Rural and Frontier Health Data Handbook, p. 21) is as follows:[3]

County	17 years and under	18 years–64 years	65 years and over
Esmeralda	89 or 9.3%	606 or 63.4%	261 or 27.3%

"Population by Selected Racial and Ethnic Categories (2021)":

- White: 787 (82.5%)
- Black: 0 (0.0%)
- Native American: 46 (4.8%)
- Asian Pacific Islander: 1 (.1%)
- Hispanic Origin: 120 (12.6%)
  Total: 954

Census Overview (2021): Median Age: 2000 – 45.8 / 2010 – 52.9 / 2019 – 55.4 (a significant increase over the years)

[2] https://en.wikipedia.org/wiki/Esmeralda_County,_Nevada

[3] Nevada Rural and Frontier Health Data Book (2021): https://med.unr.edu/statewide/reports-and-publications/nevada-rural-and-frontier-health-data-book

As noted in the NVRFH Data Book, in 2021, 10 rural and frontier counties in Nevada had more people aged 65 years and over than people 17 years of age and under. Esmeralda County had 27.3% of the total population age 65 years and older (p.13).[4] In 2019, among rural and frontier counties, the median age ranged from 34.1 years in Elko County to 55.4 years in Esmeralda County; by comparison, among urban counties, the median age ranged from 37.3 years in Clark County to 42.4 in Carson City.

The veteran population comprises 9.3% of the Esmeralda County population. Veteran Population by Age (2021): 70 of the 89 veterans are between the ages of are over the age of 65 years. As of 2021, the age distribution of the Esmeralda County veteran population follows in the table below:

Age Category	# of Vets
Under 45 years	7
45 years–64 years	12
65 years–85 years	59
Over 85 years	11
Total	**89**

The Incarcerated Population shows zero in 2020. Median family income in 2018 among rural and frontier counties of Nevada ranged from $45,417 in Esmeralda County to $102,390 in Lander County. Median household income among rural and frontier counties in Nevada ranged from $40,000 in Esmeralda County to $93,583 in Lander County in 2018. 2021 Per Capita Income for Esmeralda County stands at $25,006, about three-quarters of the amount in Nevada: $34,638. Also, in 2021, median household income for Esmeralda County is $31,667 which is about half the amount in Nevada: $65,686 and about half the amount in the United States: $69,021. The NVRFH Data Book 10th Edition – February 2021 indicates that in 2019, 48.7% of Esmeralda County residents came from Social Security, Other Retirement and Disability Income, 43.4% came from Medicare, Medicaid, and Other Medical Benefits, 5.9% came from Income Maintenance Benefits, and 2% came from Unemployment and Other Benefits.

Health Summary

Hospital Community Health Needs and Local Health Authority Assessments (CHNA/CHA) – The Patient Protection and Affordable Care Act of 2010 (ACA) requires tax-exempt hospitals to create a hospital community health needs assessment every three years. None of the hospital CHNAs listed for Nevada are in or near Esmeralda County. According to the NVRFH Data Book (Tenth Edition, 2021), "while most of the state's tertiary care centers are concentrated in the state's three urban counties, a diverse range of acute care hospital services, outpatient clinics, and medical services are scattered across twelve of the state's fourteen rural and frontier counties (exceptions are Storey and Esmeralda counties where there are no health care facilities)."[5]

Esmeralda County does not have a local health clinic or hospital but is sporadically covered by State and regional offices and community health nurses who provide immunization clinics on rare occasions or as requested. The Central Nevada Health District covers some counties in the region, including nearby Mineral County, but this regionalization of health districting does not currently cover Esmeralda County. Although there is no healthcare availability inside Esmeralda County, aside from emergency medical services (EMS) and community health clinics on occasion, the professionals and citizens are very

[4] https://med.unr.edu/statewide/reports-and-publications/nevada-rural-and-frontier-health-data-book
[5] https://med.unr.edu/statewide/reports-and-publications/nevada-rural-and-frontier-health-data-book

close-knit and supportive as a community. The closest hospitals are Mt. Grant General in Hawthorne (two hours and over 130 miles away) or Desert View in Pahrump (over four hours and 270 miles away). Tonopah does have a clinic but is also about 30 minutes or 30 miles from Goldfield, and there is no hospital in Tonopah. The nearest large metropolitan area where people can find hospitals, specialty medical care, and substance or mental health treatment is in Las Vegas (almost 3 hours and approximately 200 miles away) or in Reno (at over 4 hours and nearly 260 miles away).

Local stakeholders also report that there are no physicians or other medical staff, aside from EMS, in the county. Other reports suggest that there were no medical practitioners listed aside from a drop of 6 to 3 between 2010 and 2020 for licensed registered nurses, and a drop from 3 to 2 certified nursing assistants (CNAs). Presumably, these medical practitioners listed for the county are those that work outside the county. No dentists were listed. One licensed alcohol and drug counselor was listed in 2020. No social workers, no pharmacies, or pharmacists. One registered dietitian was listed in 2020. The county listed 13 emergency medical responders, 8 emergency medical technicians (EMTs), and five advanced EMTs in 2020. One lab assistant was listed in 2020.[6] Regardless of the accuracy of this data for previous years, the county does not currently have any medical doctors, clinics, or medical or healthcare facilities working in the county.

Regarding other health-related data taken from the Nevada Rural and Frontier Health Data Book, in general, the prevalence of adult diabetes has increased over the past decade, with rates slightly higher in rural versus urban counties. In 2017, diabetes prevalence rates were 4.3% for Esmeralda County. These same rates ranged from 7.0% in Washoe County to 10.0% in Clark County in urban areas. Over the past decade, the prevalence of adult obesity has increased in most counties of Nevada. In 2018, obesity prevalence ranged from 18.1% in Esmeralda County to 30.4% in Lyon and Nye Counties in rural areas and ranged from 23.7% in Washoe County to 32.5% in Carson City in urban areas. Over the past decade, the prevalence of adult obesity has increased in most counties of Nevada.

For Esmeralda County, there was no data available for "maternal health behaviors and birth outcomes in 2018 nor any data in 2020 for "childhood disability." However, the Nevada Opioid Needs Assessment and Statewide Plan 2022 indicated that "Between 2012 and 2016, self-reported use of heroin among pregnant women was highest in Nye and Esmeralda. Neonatal abstinence syndrome rates in Nevada were highest in Southern Nevada, with an incidence range of 8.2 per 1,000 hospital births." Mortality for all causes is also difficult to find in smaller, rural areas due to low numbers and difficulties with reporting.

According to Nevada County Health Rankings, health outcomes represent how healthy a county was at that time, in terms of length of life as well as quality of life. Esmeralda does not meet the criteria to be ranked for the year in question due to insufficient data because the county is too small to be ranked. Esmeralda County's population is designated as residing in health professional shortage areas (2021), e.g., primary, dental, and mental health. Also notable is the adverse impact for employment in health care and social assistance sectors. In 2020, in Esmeralda County, Nevada, 21% of adults reported that they consider themselves in fair or poor health. In Esmeralda County, Nevada, adults reported that their physical health was not good on 4.5 of the previous 30 days. Other relevant health and insurance data is listed below:

[6] Source: https://med.unr.edu/statewide/reports-and-publications/nevada-rural-and-frontier-health-data-book.

Other Relevant Data from the NRFH Databook

- Health Insurance Coverage (2018): Uninsured Population (73 or 9.4%)
- Health Insurance Coverage for Population Under Age 65 (at or below 138% federal poverty level)(2018): uninsured (32) or 22.6%
- Medicaid Enrollment (2020): 148, an increase of 49 or 49.5% from 2013.
- Health Insurance Coverage (2018): Uninsured Population (73 or 9.4%)
- Medicaid Enrollment (2020): 148, an increase of 49 or 49.5% from 2013.
- Population in Poverty (2019): 120 or 13.8%. 2021 shows 13.4%.
- Supplemental Nutrition Assistance (SNAP) Program (2020): 81 or 8.2%
- Students Qualifying for Free and Reduced Lunch (2020): 45 of 75 students or 60%

Needs Assessment[7]

Methodology

This section describes the process for developing the needs assessment and plan, including the community-based participatory research methodology. As needed and applicable, there will also be a list of sources for secondary data consulted for the study in this section.

The Esmeralda County task group initially planned on holding a hybrid in-person event to discuss the plan and gather more information; however, due to time constraints on getting the plan completed and approved by the commissioners and to have time for technical assistance from Mercer, there was a decision to develop a survey and gather information from stakeholders, community members, and government officials. The community has several outlying smaller communities, and there was a significant challenge with coordination for the in-person (hybrid) multi-site meeting, especially given the holidays and time constraints. The group decided that to hold an online only meeting or one in-person meeting in the county seat of Goldfield would have made it prohibitive for those needing to travel or those relying on technology infrastructure, including broadband. The decision was made to push out the survey to social media groups, county, and school email databases, and to target the community resource distribution participants and other community events. Another target demographic for input was the regional service providers that do work in Esmeralda, especially since the county does not have in-county providers. Significant input was requested by the NyE Communities Coalition representing Nye, Esmeralda, and Lincoln Counties, and Tonopah staff and stakeholders who serve the region, and this information will be integrated in the planning and implementation.

Impact of Opioid Use/Misuse in Esmeralda County – Secondary Data OUD

For each of the following sections, this report will compare/contrast data (rates and case numbers) with similar counties or cities where available. If available, the plan will include rates/numbers over a few years, including prior to the pandemic and including any effects the COVID-19 pandemic may have had. These rates were explored in the statewide NV Needs Assessment as well as from the sources referenced in that document and in additional resources. Additional data was requested and provided

[7] *The state did provide a Community Overdose Preparedness and Response Plan from 2019 and a report from 2017 to give a historical context (see Appendix).*

from the Nevada Office of Analytics through NV DHHS as well as through NACO's Public Health Coordinator.

When filtering the data for Esmeralda, there was only 1 suspected overdose (OD) for the timeline; the assessment that Overdose Detection Mapping Application Program (ODMAP) data produced is a single result but is still an important datapoint.[8] The Nevada Opioid Crisis Needs Assessment published in December 2018 shows no opioid deaths. The local judge, who is also an EMS worker, reports that Goldfield ambulance has not had any confirmed opioid overdose deaths. The Nevada Opioid Needs Assessment and Statewide Plan indicated that the southern region, inclusive of Esmeralda County, has seen a 68% increase in drug-related overdose deaths, and a 103% increase in overdose deaths attributable to opioids. One challenging factor is that there are no treatment centers, hospitals, medical facilities, or clinics in the county, so it is unknown how any deaths of Esmeralda County residents that occur outside the county are counted. Nevada State EMS Database shows Esmeralda County at 27.5 (rate of suspected non-fatal opioid overdose EMS incidents by County in rural Nevada) – see Nye County Assessment.

Fentanyl and Psychostimulants on the Rise

Richard Jenkins from the National Institute on Drug Abuse noted in a PubMed.gov article (https://pubmed.ncbi.nlm.nih.gov/34482994/), "'The fourth wave of the US opioid epidemic and its implications for the rural US: A federal perspective' that we have 'entered a fourth wave which can be characterized as a stimulant/opioid epidemic, with mental illness co-morbidities being more evident than in the past'. These exact words could have come from law enforcement and treatment providers throughout rural Nevada. Several rural Nevada drug courts have noted throughout the opioid epidemic they continued to have large numbers of individuals enrolled due to the use of methamphetamine and other stimulants. OUD/SUD has overlapped with the COVID pandemic creating significant mental and behavioral health issues that are demonstrated by aggression and suicide and compounded with the use of psychostimulants and fentanyl."

Community-Based Opioid Use Indicators

In addition to prescribing rates, the opioid problem in a community can be estimated by looking at several other indicators for model-based prevalence estimates, including both prescription opioids (obtained legally and illegally) and street drugs such as heroin, when detailing the opioid-related data in each of the following categories:

- Illicit drug use past month
- Cocaine use past year
- Heroin use past year
- Methamphetamine use past year
- Prescription pain relief misuse-past year
- Illicit drug use disorder past year
- Prescription pain reliever use disorder this past year

Crime Statistics and Opioid Availability: OD Map — Rural Health Data Book

Esmeralda County had a total of six violent crimes as well as six reported property crimes reported in 2019. The data suggests a rate of 628.9 per 100,000 population for both violent and property crimes. The results should be viewed with caution due to the small population and low number of incidents.[9]

[8] Source: https://www.nvopioidresponse.org/wp-content/uploads/2020/01/nevada-opioid-crisis-needs-assessment-3.21.19.pdf

[9] Source: https://med.unr.edu/statewide/reports-and-publications/nevada-rural-and-frontier-health-data-book

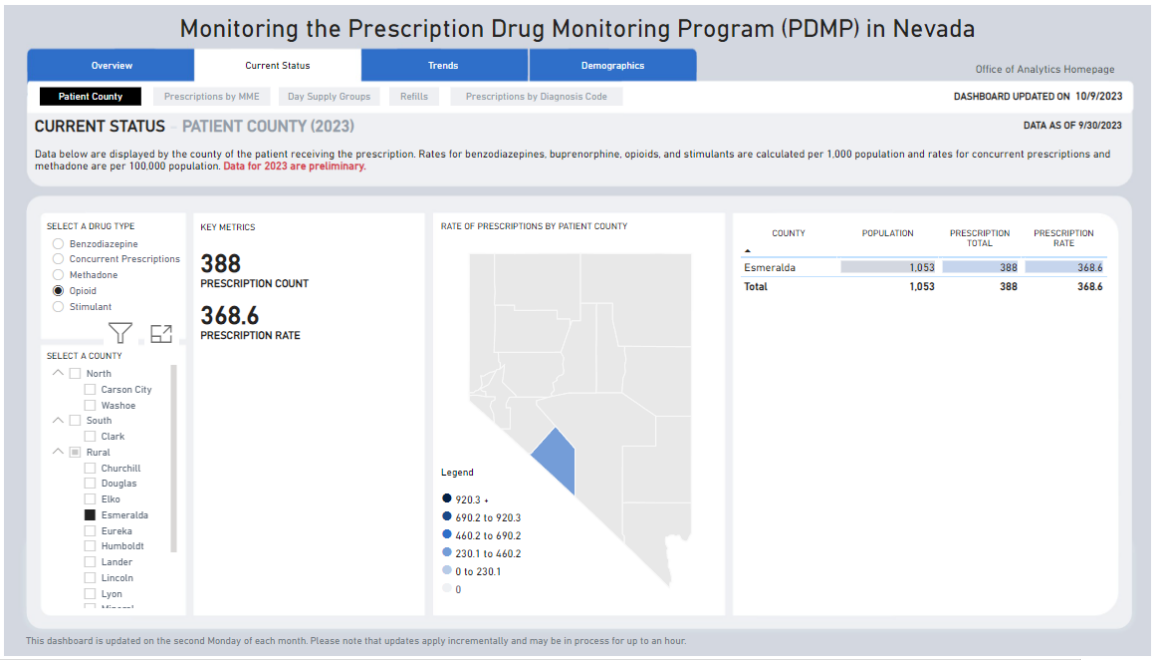
Emergency Services Utilization: State Dashboard

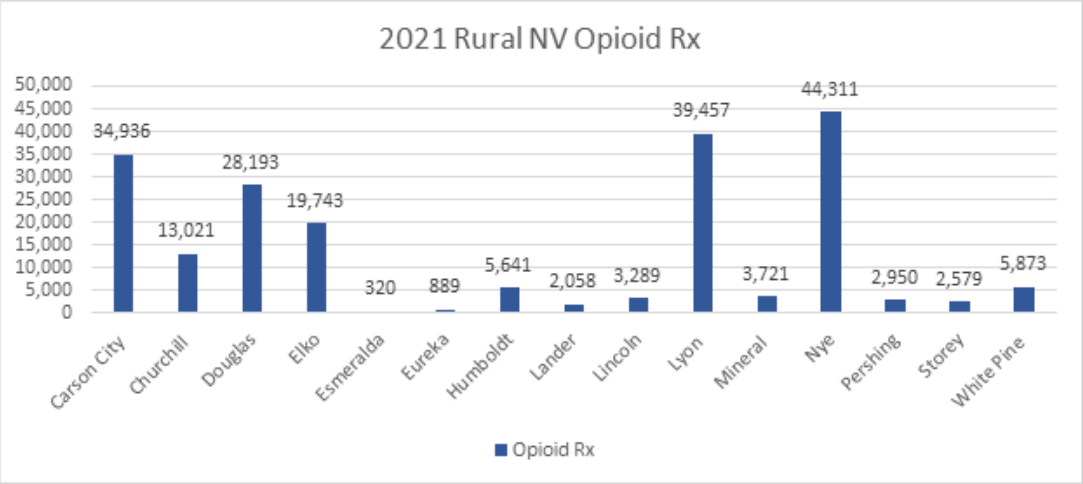
Data is not available on emergency room utilization and inpatient hospitalizations related to opioids. See the relevant section in the Statewide Needs Assessment for references/sources. Medicaid-funded utilization can be obtained from the State's Office of Analytics.

Opioid-Related Fatalities

Opioid Prescribing

This section reports on opioid prescribing rates over a few years, and counts will attempt to compare/contrast them with those of similar cities/counties, state rates, and national rates.
The Prescription Drug Monitoring Program (PDMP) shows Esmeralda County, out of a population of 1,053, a 388-prescription count total is listed at a prescription rate of 368.6. (Source: https://bop.nv.gov/links/pmp/)





The Opioid-Related Incidence Counts and Rates by County, Nevada Residents, 2021 report showing county comparison reflects utilization of emergency rooms for opioid-related issues and prescription rates (Source: Nye County Assessment).

Clinical Indicators

Qualitative and quantitative data from providers in the community can help define the opioid problem. The Statewide Needs Assessment may have additional county-level information or references to such information. The State's Office of Analytics may also have additional data, especially for Medicaid-funded opioid-related services for residents. Note, however, that privacy laws may limit the type of data that is available, especially if there is very little data such that individual cases could be identified.

Provider Input/Data

There are no providers that are based in Esmeralda County aside from EMS workers. Providers serving the county include limited and sporadic regional community health nurses and clinics. The NyE Communities Coalition, including Tonopah, provides services on an as needed and limited basis and has pledged future expansion of services and programming. No behavioral health providers operate inside or currently serve Esmeralda County.

Rates of Substance Use Disorders and Co-Occurring Mental Health Disorders

Rates of not only opioid or heroin use disorders, but also other substances and mental health disorders that commonly co-occur with opioid use disorders can be helpful in identifying prevention, screening, and treatment needs. ODMAP also provides suspected overdose data at the local level and can be consulted to determine local overdose trends. The NVRFH Data Book reported that in 2018, Substance Abuse and Mental Illness Among Population Aged 18 and over in Nevada by Region for rural and frontier areas (inclusive of Churchill, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Mineral, Nye, Pershing, Storey, and White Pine) were as follows:

- 5.7% of the population in that were diagnosed with an alcohol use disorder
- 13.7% had used an illicit drug in the last month
- 3.5% had used an illicit drug in the in the last year
- 20.3% had been diagnosed with a mental illness
- 5% had been diagnosed with a serious mental illness[10]

Co-Occurring Physical Health Conditions

Physical conditions resulting from opioid utilization (e.g., hepatitis and other infections resulting from IV drug use) or impacting opioid utilization (e.g., pain) are important indicators. While there is not data specific to Esmeralda County due to the small population and HIPPA law, the NVRFH Data book does indicate that there was an 18.2% increase in new cases of HIV for all NV counties, excluding Clark and Washoe Counties, a decrease in AIDS incidence (new cases) by 27.3%, and an overall prevalence rate of HIV and AIDS cases of 27.9%.

Opioid-Related Fatalities

As reported earlier, some reports suggest one opioid fatality and other reports suggest none; however, it is unclear whether deaths that occur in facilities outside the county are counted for the county of residence.

[10] Source: https://med.unr.edu/statewide/reports-and-publications/nevada-rural-and-frontier-health-data-book

Justice Data

The following data was requested and received by local law enforcement, district attorney, and justice: last two–three years, e.g., arrests, convictions, jail population census, crisis, substance use charges, including alcohol and opioids or other.

According to reports from local justice agencies, since 2019, there have been 34 criminal cases that involved arrests for a drug-related offense, including marijuana. In 2023, they reported at least 5 arrests that were mental health-related, four which included a drug offense. In response to request for local data, the following information was provided for 2023.

Sheriff's Office Input:
Total Number of Arrests in 2023 YTD through 11/10/23: 27 arrests.

Convictions: Of the 26 persons arrested from January 1, 2023, through November 10, 2023, only 1 person has been convicted. 1 person had the charges dismissed, in 2 cases the district attorney declined to prosecute, and in 5 cases, the person was released with time served. The remaining 18 cases are pending disposition.

Jail Population Census:
Following is a breakdown of the jail population by month for 2023: January (1), February (2), March (2), April (2), May (2), June (2), July (3), August (3), September (4), October (5), and November (4). The percentage of inmates with substance use including opioids or mental health issues has been reported at over fifty percent.

Types of Charges:

- 5 of 27 arrested for DUI only (19%)
- 5 of 27 arrested for drug-related offenses only (19%)
- 2 of 27 arrested for both alcohol/drug-related offenses (7%)
- 2 of 27 arrested with mental health issues as determined by staff (neither person had alcohol/drug-related offenses) (7%)
- 13 of 27 arrested for various non-alcohol/drug-related offenses (48%)
- Some of the people arrested had multiple charges, and if one of the charges was for alcohol or drugs, the arrest was captured as an alcohol- or drug-related arrest.

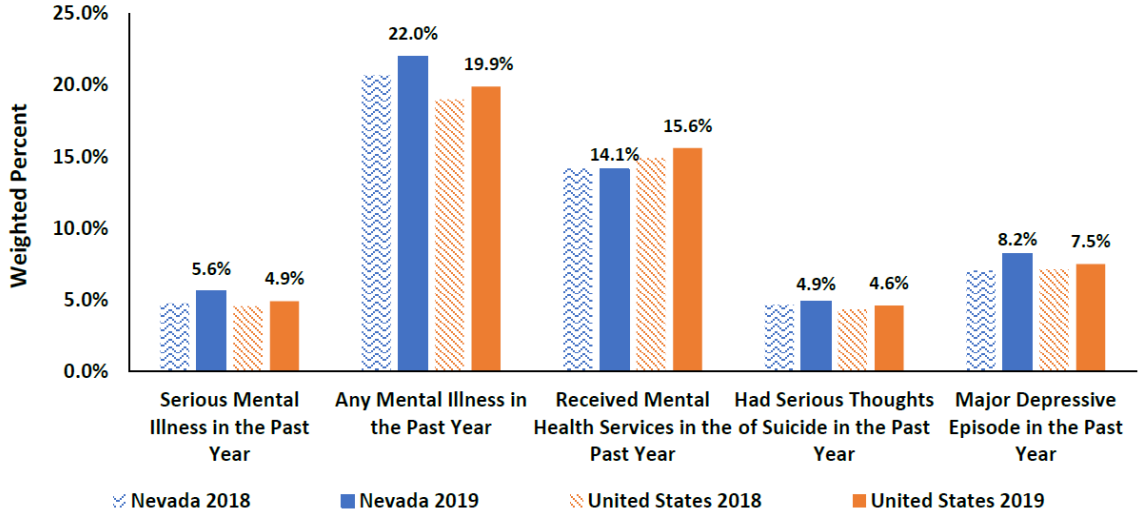
Other Relevant Justice and Crime Data (2019–2020):

- Reported violent crimes (2019): 6
- Property crimes (2019): 6
- Crime rate per 100,000 in 2019: 628.9 (As noted earlier in the reporting of data, since Esmeralda County has under 1,000 people, this reporting is difficult to correlate with actual numbers in smaller counties. Reporting "per 100,000" is more aligned to fit larger urban populations).
- The 5-year property crime trend was down from seven in 2019 to one in 2020, presumably due to reduction during the pandemic. No data was available for offense types and other specific information, including domestic violence and crimes against the elderly.
- Trial court statistics from the Supreme Court of Nevada show 4 criminal filings, 4 family filings, and no juvenile filings.

Youth and Adult Risk Factor Prevalence[11]

The Bureau of Behavioral Health, Wellness, and Prevention, Epidemiologic Profile for the Southern Region 2023 was used to gather the Youth Risk Behavior Survey (YRBS) and Behavioral Risk Factor Surveillance System (BRFSS) data to determine the risk factor prevalence for opioid misuse in the jurisdiction. According to the 2023 Southern Behavioral Health Profile, the rural region known as southern includes Esmeralda, Mineral, Lincoln, and northern Nye counties. For data purposes, Esmeralda County data is included in the Southern Region.

Figure 7. Percent of Mental Health Measures, Aged 18+, Nevada and the United States, 2018-2019.



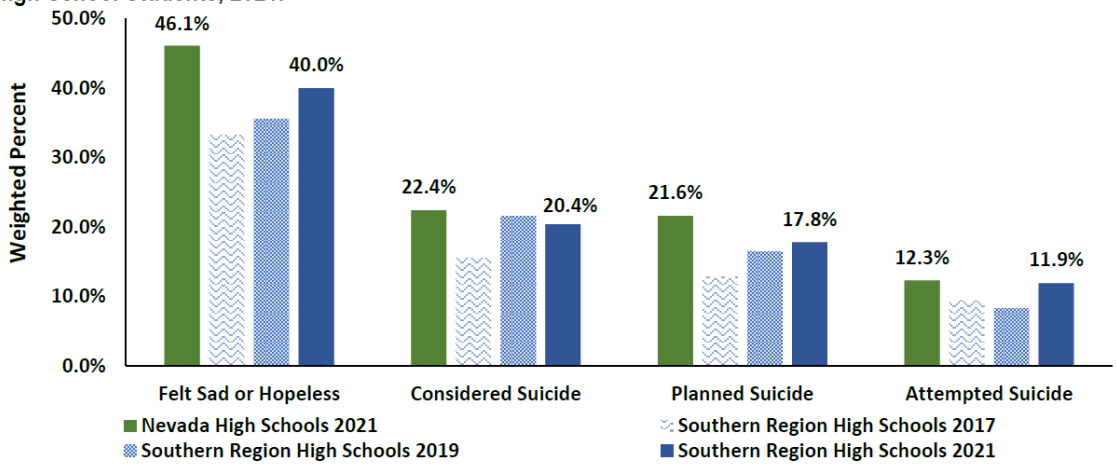
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2017-2018 and 2018-2019.
Chart scaled to 25.0% to display differences among groups.

"Nevada percents continue to be higher than the United States for 'serious mental illness in the past year,' 'any mental illness in the past year', and 'had serious thoughts of suicide in the past year'. Nevada had the same percent as the United States in 2018 for 'major depressive episode in the past year' but was higher in 2019" (12).

[11] Bureau of Behavioral Health Wellness and Prevention, Epidemiologic Profile for Southern Region, 2023: https://dhhs.nv.gov/uploadedFiles/dhhsnvgov/content/Programs/Office_of_Analytics/Bureau%20of%20Behavioral%20Health%20Wellness%20and%20Prevention%20-%20Southern%20Epidemiologic%20Profile%20-%202023.pdf

Youth Risk Behavior Survey (YRBS)

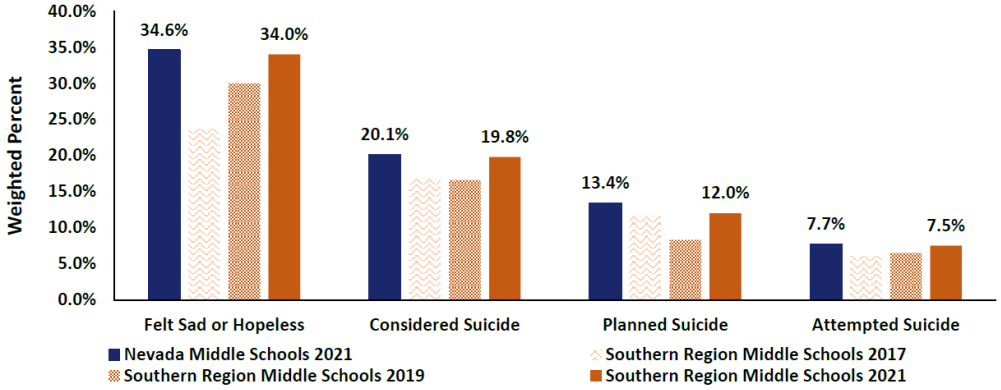
Figure 8a. Mental Health Behaviors, Southern Region High School Students 2017, 2019, and 2021, and Nevada High School Students, 2021.



Source: Nevada Youth Risk Behavior Survey (YRBS).
Chart scaled to 50.0% to display differences among groups.

"From 2017 to 2021, there has been a steady increase in the percent of Southern Region high school students reporting that they felt sad or hopeless or planned suicide. The percent who reported that they considered suicide increased from 2017 to 2019 followed by a decrease in 2021 (20.4%), while the percent who attempted suicide decreased from 2017 to 2019 followed by an increase to a percent higher than 2017 (11.9%). The percent for all mental health behaviors in 2021 among Southern Region high school students listed in Figure 8a above was lower than the 2021 Nevada high school percents" (p.13).

Figure 8b. Mental Health Behaviors, Southern Region Middle School Students 2017, 2019, and 2021, and Nevada Middle School Students, 2021.



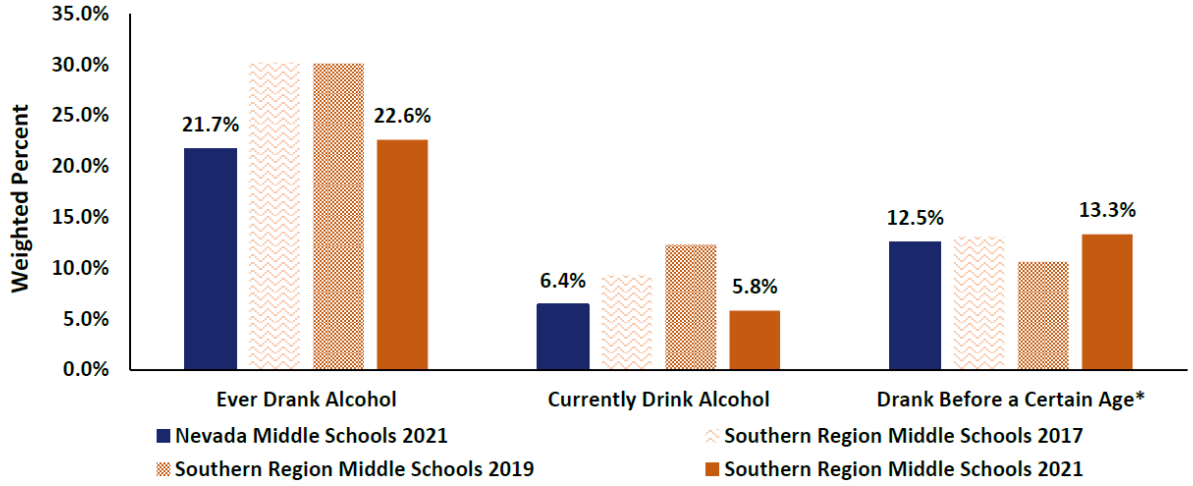
Source: Nevada Youth Risk Behavior Survey (YRBS).
Chart scaled to 40.0% to display differences among groups.

"The percent of Southern Region middle school students who felt sad or hopeless, considered suicide, planned suicide, or attempted suicide were all highest in 2021. However, these percents were lower than the 2021 Nevada high school percents" (p. 14).

Substance Use

"The percentage of Southern Region high school students who reported ever or currently using electronic vapor (E-vapor) products was highest in 2019 followed by a decrease in 2021. The percentage of Southern Region high school students who reported ever or currently using E-vapor products in 2021 are higher than the 2021 Nevada high school student percents, but not significantly higher" (p.29). "The percentage of Southern Region middle school students who reported ever or currently using E-vapor products was highest in 2019 followed by a decrease in 2021. The percentage of Southern Region high school students who reported ever or currently using E-vapor products in 2021 are higher than the 2021 Nevada high school student percents, but not significantly higher" (p.30).

Figure 31b. Alcohol Use, Southern Region Middle School Students, 2017, 2019, and 2021, and Nevada Middle School Students, 2021.

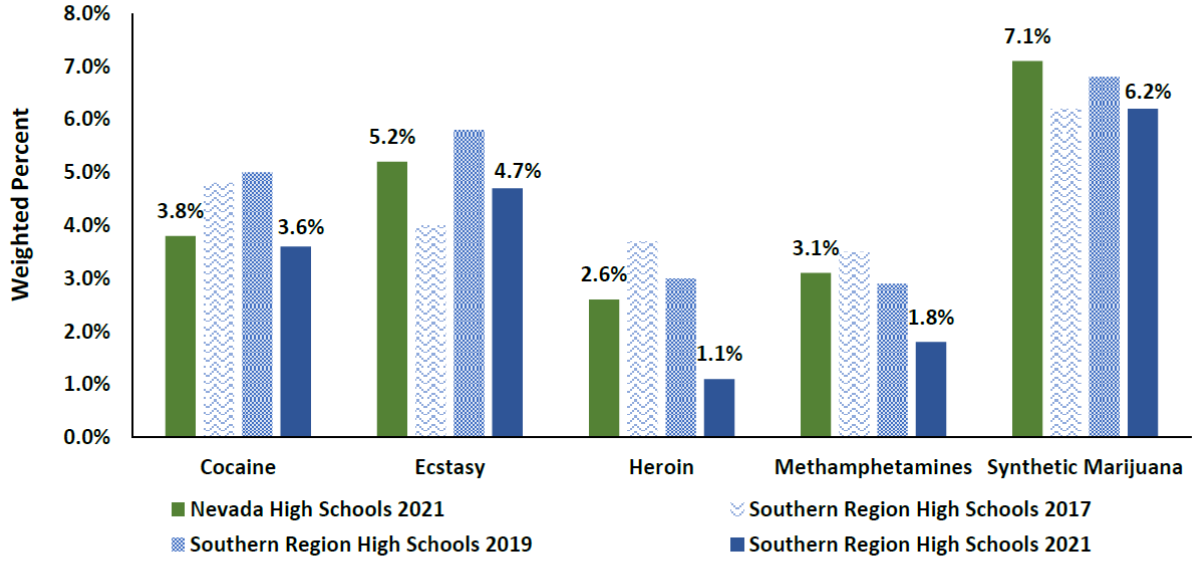


Source: Nevada Youth Risk Behavior Survey.
Chart scaled to 35.0% to display differences among groups.
**In middle school students, if they ever drank before age 11.*

"The percent of high school students in the Southern Region who drank alcohol has steadily declined from 2017 to 2021, while the percent who currently drink alcohol or who drank before a certain age was highest in 2021. The percentage of Southern Region high school students in 2021 who ever drank alcohol or currently drink alcohol are higher than Nevada high school students, but not significantly. The percentage of Southern Region high school students in 2021 who ever drank alcohol or currently drink alcohol are higher than Nevada high school students, but not significantly" (p.31).

"The percent of Southern Region middle school students who drank alcohol or currently drink alcohol was lowest in 2021, while the percent who drank before a certain age was highest in 2021. The percent of Southern Region middle school students in 2021 who ever drank alcohol or drank before a certain age were higher than the percent of 2021 Nevada middle school students, but not significantly. The percent of Southern Region middle school students in 2021 who currently drink alcohol was lower than the percent of 2021 Nevada middle school students, but not significantly" (p.32).

Figure 33a. Lifetime Drug Use, Southern Region High School Students, 2017, 2019, and 2021, and Nevada High School Students, 2021.



Source: Nevada Youth Risk Behavior Survey.
Chart scaled to 8.0% to display differences among groups.

"From 2017 to 2021, lifetime heroin and methamphetamine use among the Southern Region high school students steadily decreased. Lifetime cocaine, ecstasy, and synthetic marijuana use was highest in 2019 before decreasing in 2021. All categories of lifetime drug use listed in Figure 33a above among the Southern Region high school students in 2021 were lower than Nevada high school students in 2021, but not significantly" (p.34). "From 2017 to 2021, lifetime ecstasy uses among the Southern Region middle school students steadily decreased. Lifetime cocaine, ecstasy, methamphetamine, and synthetic marijuana use among the Southern Region middle school students in 2021 was higher than Nevada middle school students in 2021, while lifetime heroin use was the same" (p.34).

Youth (Adverse Effects)

"The percent of high school students in the Southern Region who ever had sex, had sex before age 13, had sex with four or more persons, and were currently having sex were highest in 2017. All percents of sexual behaviors listed above in Figure 45 among Southern Region high school students in 2021 are higher than Nevada high school students in 2021, but not significantly.

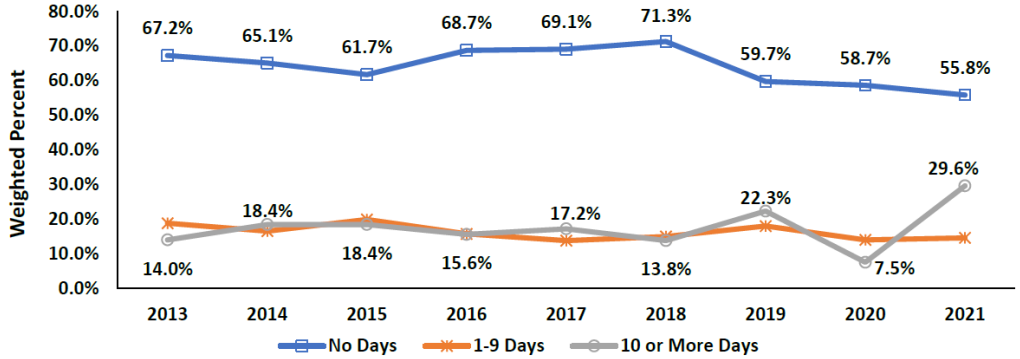
The percentage of high school students in the Southern Region who did not go to school because they felt unsafe was highest in 2017 and 2021 (21.1% and 21.8%, respectively). The Southern Region percent in 2021 was higher than among Nevada high school students in 2021, but not significantly" pp. 43–44).

"The chronic absenteeism rate is the percentage of students who miss 10% or more of enrolled school days per year either with or without a valid excuse. The Southern Region reported the lowest rate of 12.5% during the 2020–2021 accountability year, and the highest rate during the 2021–2022 accountability year, at 34.0%. The chronic absenteeism rate was not collected for the 2019–2020 school year, due to the US Department of Education Covid-19 waiver" (p.44).

Adult Behavioral Risk Factor Surveillance System[12]

"There was an increase in adults who had more than 10 days of poor mental and physical health from 40.1% (2020) to 48.9% (2021), but these percents are lower than the high of 60.2% in 2013. There are more adults in the Southern Region experiencing 10 or more days of poor mental or physical health compared to those with less than 10 days of poor mental or physical health" (15).

Figure 10. Percent of Adult BRFSS Respondents Whose Mental Health was Not Good by Number of Days Experienced in the Past Month, Southern Region Residents, 2013-2021.



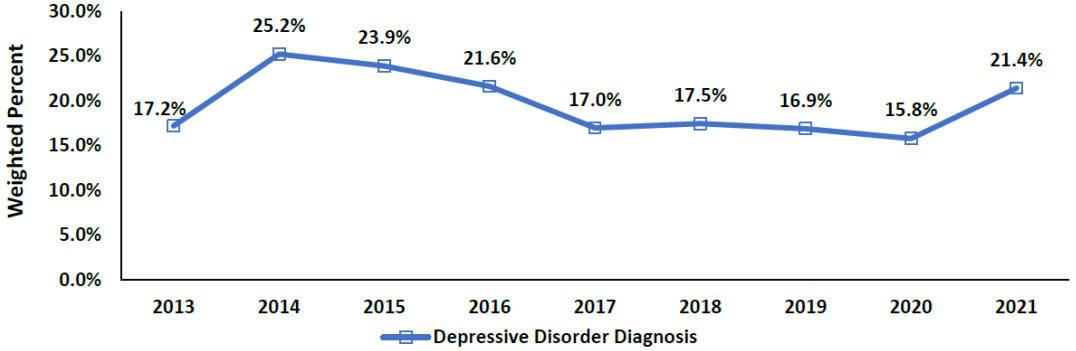
Source: Behavioral Risk Factor Surveillance System.
Chart scaled to 80.0% to display differences among groups.
Specific question asked in survey: "Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?"

"There has been a steady decrease in the percent of adult BRFSS respondents in the Southern Region who reported no days in the past month in which their mental health was not good, from a high of 71.3% in 2018 to a low of 55.8% in 2021.

The percent of adult BRFSS respondents in the Southern Region who reported one to nine days in the past month in which their mental health was not good has been fairly consistent from 2013- 2021." The percent who reported 10 or more days in which their mental health was not good has fluctuated over the years, reaching a high of 29.6% in 2021 (p.15). "Over 21% of Southern Region adult BRFSS respondents have been told they have a depressive disorder in 2021, which is lower than the high of 25.2% in 2014" (p.16).

[12] Bureau of Behavioral Health Wellness and Prevention, Epidemiologic Profile for Southern Region, 2023: https://dhhs.nv.gov/uploadedFiles/dhhsnvgov/content/Programs/Office_of_Analytics/Bureau%20of%20Behavioral%20Health%20Wellness%20and%20Prevention%20-%20Southern%20Epidemiologic%20Profile%20-%202023.pdf

Figure 11. Percent of Adult BRFSS Respondents Who Have Ever Been Told They have a Depressive Disorder, Including Depression, Major/Minor Depression, or Dysthymia, Southern Region Residents, 2013-2021.



Source: Behavioral Risk Factor Surveillance System.
Chart scaled to 30.0% to display differences among groups.
Specific question asked in survey: "(Ever told) you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?"

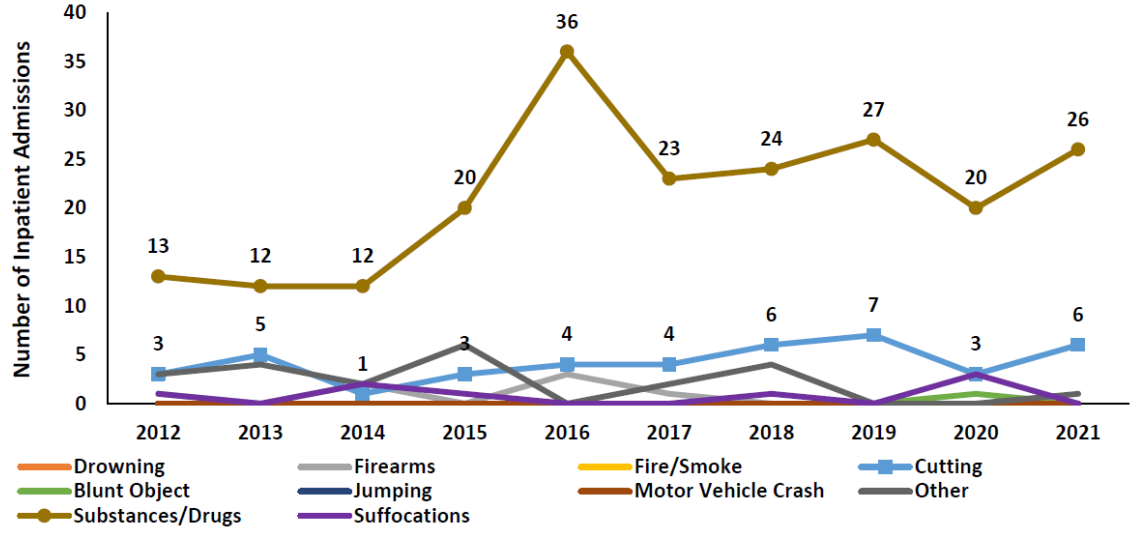
Hospital Inpatient Admissions

"Anxiety has been the leading diagnosis for mental health admissions among Southern Region residents since 2016, surpassing depression" (p. 17). Esmeralda County has the lowest state mental health clinic utilization at 1.7% or 237.5 rate per 10,000 (p.19). Although this is partly due to the lowest population rate, it is presumably also because it is one of the only two counties without a clinic.

Suicide

When asked 'Have you seriously considered attempting suicide during the past 12 months,' 6.0% of Southern residents responded, 'yes' in 2021, which is lower than the high of 7.5% in 2017" (p.22).

Figure 21. Suicide Attempt Inpatient Admissions by Method, Southern Region, 2012-2021.



Source: Hospital Inpatient Billing.
ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.
A person can be included in more than category and therefore the counts above are not mutually exclusive.

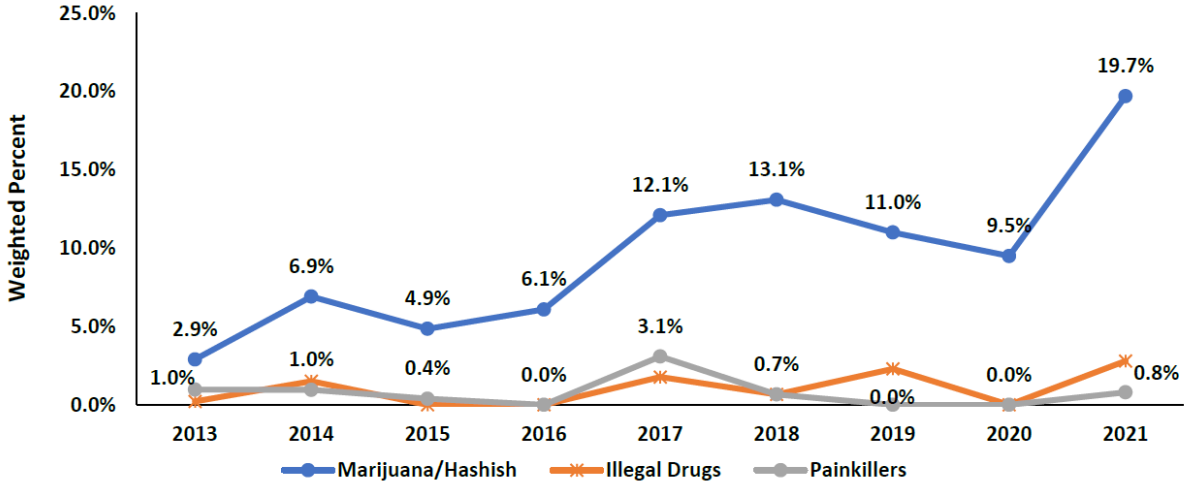
"Inpatient admissions for attempted suicide where the patient was admitted and did not expire at the hospital have increased where the method was substances or drugs. Inpatient admissions related to drug overdoses increased from 13 admissions in 2012 to 26 in 2021 with a high of 36 during 2016" (p.23).

Substance Use

"Although Nevada reported higher percents among adolescent illicit drug use than the United States in every year from 2012–2019, Nevada has remained within 3% of the United States each year, with 10.6% in 2019, compared to the United States at 8.4%. Nevada percent has remained steady, with a high of 11.2% in 2012 and a low of 9.6% in 2014" (p.26).

"For perceived risks, the higher the percent, the more the person perceives there is a risk from it. Nevada adolescents aged 12–17 perceived risk in 2019 is lower than the United States for most alcohol or substance use, including using cocaine once a month at 51.7% and the United States at 54.0%" (p.27).

Figure 34. Percent of Adult BRFSS Respondents Who Used Marijuana/Hashish, Illegal Substances, or Painkillers to Get High in the Last 30 Days, Southern Region Residents, 2013-2021.



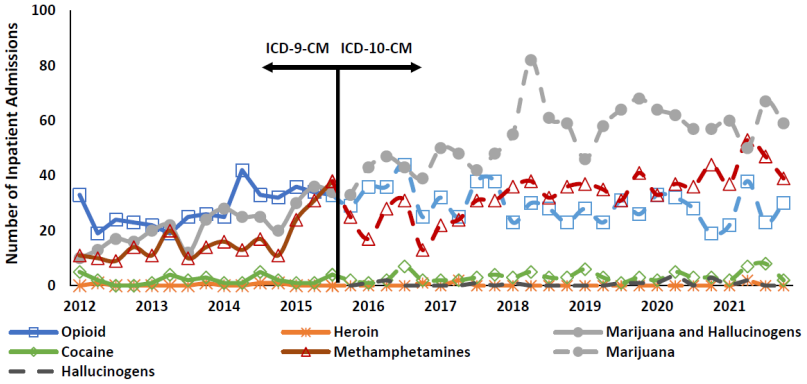
Source: Behavioral Risk Factor Surveillance System.
Chart scaled to 25.0% to display differences among groups.
Specific question asked in survey: "During the past 30 days, on how many days did you use marijuana or hashish/any other illegal drug/prescription drugs without a doctor's order, just to "feel good," or to "get high"?"

"In 2021, 19.7% of Southern Region adults have used marijuana in the past 30 days, an increase from 9.5% in 2020, and over a 59% increase from 2013 (2.9%). Marijuana use is expected to increase as marijuana was legalized in Nevada in 2017. Of Southern Region adults surveyed, approximately 0.8% (on average) used painkillers to get high in the last 30 days and 2.8% used other illegal drugs to get high in the last 30 days" (p.35).

"Drug-related admissions were similar to alcohol-related admissions until 2016 when drug-related admissions become the most common admission type" (p.39). "Hallucinogens and marijuana were grouped together for ICD-9-CM, but in 2015 were separated into different groups in the ICD-10-CM codes. Marijuana-related inpatient admissions have increased steadily from 2016 to 2018 when the

number of admissions decreased until 2019 and has since increased through 2021. However, during the second quarter of 2021, despite overall growth, methamphetamines surpassed marijuana for total admissions" (p.40).

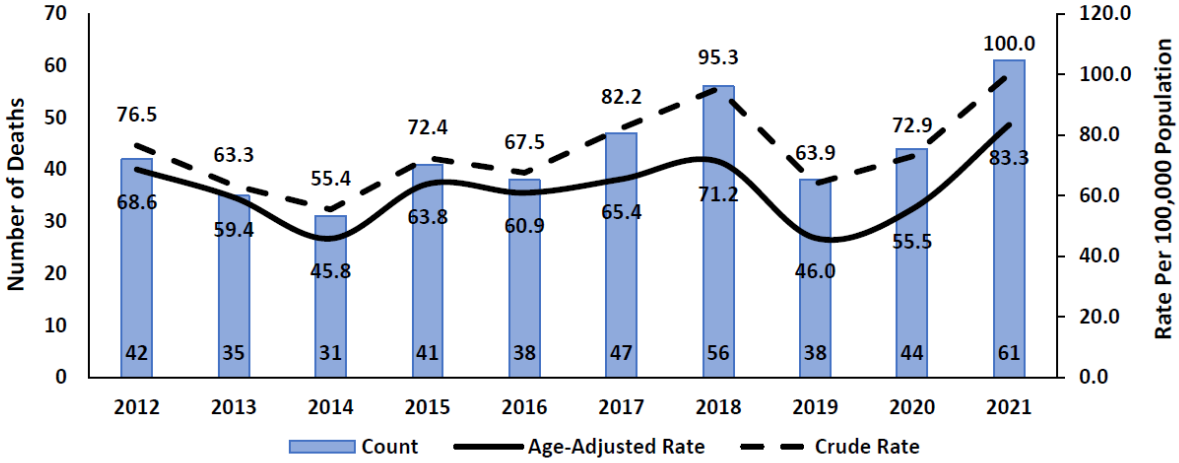
Figure 40. Drug-Related Inpatient Admissions by Quarter and Year, Southern Region Residents, 2012-2021.



Source: Hospital Inpatient Billing.
Categories are not mutually exclusive.
ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

"Alcohol-related and/or drug-related age-adjusted rates among Southern Region residents have fluctuated from a high of 100.0 per 100,000 population in 2021 to a low of 55.4 per 100,000 population in 2014" (p.40). Alcohol-related age-adjusted rates have fluctuated from a high of 65.6 per 100,000 in 2021 to a low of 33.7 per 100,000 in 2016. The highest number of alcohol-related deaths was in 2021, with 40 deaths" (p.41)

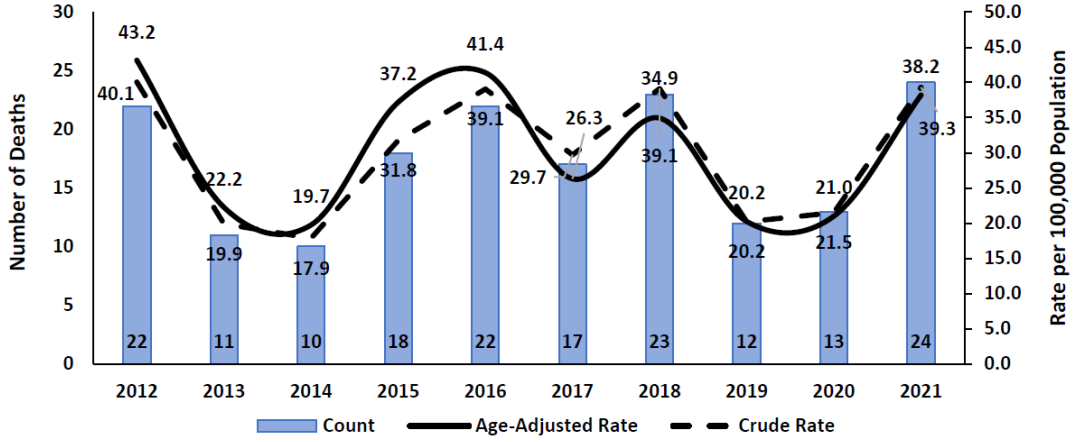
Figure 41. Alcohol-Related and/or Drug-Related Deaths and Rates, Southern Region Residents, 2012-2021.



Source: Electronic Death Registry System.

"Drug-related age-adjusted rates have fluctuated from a high of 40.1 per 100,000 in 2012 to a low of 17.9 per 100,000 in 2014. The age-adjusted rate for 2021 was 39.3 per 100,000. The highest number of drug-related deaths occurred in 2021, with 24 deaths" (p. 42).

Figure 44. Drug-Related Deaths and Rates, Southern Region Residents, 2012-2021.



Source: Electronic Death Registry System.

Maternal and Child Health

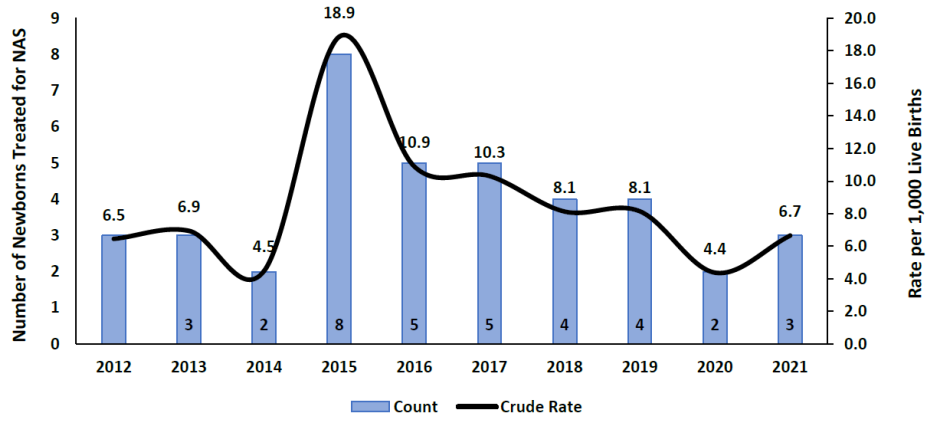
Substance Use Among Pregnant Women (Birth)

"Of the self-reported substance use during pregnancy among Southern Region persons who gave birth between 2012 and 2021, the highest rate was with marijuana use in 2021, at 46.6 per 1,000 live births. Since 2015, the marijuana use rate has surpassed the alcohol use rate, which was 2.2 per 1,000 births in 2021. In 2019, a rate of 10.2 per 1,000 live births was reported for meth/amphetamines, which is higher than 2012 at 2.2 per 1,000 live births. Polysubstance use (more than one substance) has increased from 2.2 per 1,000 live births in 2016 to 10.9 per 1,000 live births in 2020" (p.46).

Neonatal Abstinence Syndrome

"Neonatal abstinence syndrome (NAS) is a group of conditions that occur in a newborn who was exposed to addictive, illegal, or prescription drugs while in the mother's womb. Withdrawal or abstinence symptoms develop shortly after birth."

Figure 50. Neonatal Abstinence Syndrome, Southern Region Residents, 2012-2021.



Source: Hospital Inpatient Department Billing and Nevada Electronic Birth Registry System.
ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

The rate of inpatient admissions for NAS decreased from a high of 18.9 per 1,000 live births in 2015 to a low of 4.4 per 1,000 live births in 2020. In 2021, the rate of NAS increased to 6.7 per 1,000 live births among Southern Region residents" (p.47).

In summary, the prevalence estimates of health risk behaviors in 2021 for Southern Region residents vary in relation to other regions. Although those "seriously considering attempting suicide during the past 12 months" were lower (5.2%) than other rural areas, they were higher than the urban areas and Nevada (4.8%). "General Health being poor or fair" was higher in the Southern Region (22.4%) than all other regions and Nevada in general (20.9%). In the category of "ten or more days of poor mental or physical health kept from usual activities," the Southern Region was higher than all other regions (29.1%) including Nevada in general (22.9%). Regarding "use of illegal drugs in the last 30 days," the Southern Region (2.3%) was higher than Nevada (1.9%) and all other regions except for Washoe (3.1%). Interestingly, the Southern Region was the lowest for "used prescription drugs/pain killers to get high in the last 30 days." The Southern Region was highest (10.8%) for "difficulty of doing errands alone because of a physical, mental, or emotional condition" but lowest in the "serious difficulty concentrating, remembering, or making decisions because of physical, mental, or emotional condition" (9.4%) See Table 2: Prevalence Estimates of Health Risk Behaviors by Region, Nevada Adults, 2021 (p.50).

Source: as noted above, the following information can be found in more depth in the Bureau of Behavioral Health Wellness and Prevention, Epidemiologic Profile for Southern Region, 2023: https://dhhs.nv.gov/uploadedFiles/dhhsnvgov/content/Programs/Office_of_Analytics/Bureau%20of%20Behavioral%20Health%20Wellness%20and%20Prevention%20-%20Southern%20Epidemiologic%20Profile%20-%202023.pdf

Other Relevant Information

According to the Department of Health and Human Services, Office of Analytics, the "Drug or Alcohol Abuse Tracking Characteristics Associated with Child Protective Services (CPS)" shows that Esmeralda County had 15 reports with "at least one drug or alcohol abuse-related" in CY 2012-2021 (5 for alcohol abuse and 11 for drug abuse). Regarding "Substance Exposed Infants Associated with CPS, Esmeralda County had one instance listed in the CY 2012-2021.

Community-Based Participatory Research

Overview

Community-based participatory research (CBPR) actively engages individuals and key stakeholders impacted by OU/OUD in qualitative research. Community stakeholders in Esmeralda County collaborated to determine specific problems/issues specific to OU/OUD to address and research comprising questions the community would like to answer. The agencies/organizations that contributed to the community needs assessment are listed in the opening of this report and follow, as much as possible, the legislative requirements. When conducting the needs assessment in Esmeralda County, "community-based participatory research methods, or similar methods, were used to conduct outreach to groups impacted by the use of opioids, opioid use disorder, and other substance use disorders, including, without limitation":

(1) Persons and families impacted using opioids and other substances
(2) Providers of treatment for opioid use disorder and other substance use disorders
(3) Substance use disorder prevention coalitions
(4) Communities of persons in recovery from opioid use disorder and other substance use disorders
(5) Providers of services to reduce the harms caused by opioid use disorder and other substance use disorders
(6) Persons involved in the child welfare system
(7) Providers of social services
(8) Faith-based organizations
(9) Providers of health care and entities that provide health care services
(10) Members of diverse communities disproportionately impacted by opioid use and opioid use disorder

The input has come from the Esmeralda County Task Group working on the opioid plan and other projects, in addition to the feedback from the actual survey. The survey questions will be outlined below and are listed at the following link: https://nvbh.org/pdf-preview?id=5016.

Esmeralda County Opioid Needs Assessment Community Survey

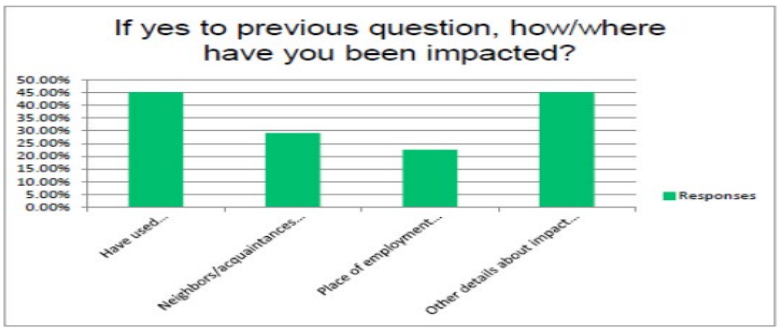
Survey recommendations offered a list of potential problem areas for people to check off which are true for their community, in their experience. Questions about residential treatment options and services, inpatient detoxification, lack of healthcare providers, housing, and workforce were either limited or not used at all because they are not as applicable or available regarding Esmeralda County. These issues related to substance use/misuse, mental health, and opioids are beyond the scope of possible solutions and are not available inside the county and are often hundreds or more miles away and often not applicable or feasible for smaller rural communities to address. In the case of housing, there are no shelters or sober living, and limited housing is available. Program evaluation was also omitted from the survey because the county has little or no programs, resources, or providers currently operating in Esmeralda.

Question 1: There was a total of 68 Total Responses with almost 43 percent (29 people) suggesting they have been impacted by the opioid epidemic or other substance use/misuse.

Question 2: If yes on impact, then how and where impacted?

If yes to previous question, how/where have you been impacted?

Answer Choices	Responses	
Have used opioids/substances or family member or friend has used	45.16%	14
Neighbors/acquaintances impacted by substances	29.03%	9
Place of employment impacted	22.58%	7
Other details about impact by opioids/substance use*	45.16%	14
	Answered	31
	Skipped	37



Question 3:

Q3: What are the problem areas you see in your community? Please mark 'This is an issue for my county' for all that apply. For the top three most urgent problems, please also mark 'This is one of the top three issues in my county'. If you have no opinion, please select 'I don't know'.

Answered: 57 Skipped: 11

Topic	Issue	#	Top 3	#
Too easy to get opioids	42%	21	10%	5
People are dying from overdose	13.73%	7	9.9%	5
Incarcerated, homeless, or hospitalized	48.08%	25	9.62	5
Children and teens don't know risks	47.27%	26	21.82%	12
Adults don't know the risks	50%	26	11.54	6
Community has less access to healthy activities	44.44%	24	33.33%	18
Parents struggle to understand risks to protect	48.08$	25	11.54%	6

Q3: What are the problem areas you see in your community? Please mark 'This is an issue for my county' for all that apply. For the top three most urgent problems, please also mark 'This is one of the top three issues in my county'. If you have no opinion, please select 'I don't know'.

Answered: 57 Skipped: 11

Topic	Issue	#	Top 3	#
Treatment-Crisis Services not available or accessible	49.09%	27	29.09%	16
Incarcerated can't get treatment	25.93%	14	11.11%	6
Stigma as a barrier for treatment	41.51%	22	3.77%	2
Resources-services not available	42.31%	22	26.92%	14
Children experience negative childhood experiences	42.31%	22	25%	13
Too many babies born with mother and opioids	16.33%	8	2.04%	1
Other responses: 11				

***Summary and individual input from the "impact" and "problem area" questions of the survey are as follows:** 68 total responses, with almost 43 percent suggesting they have been impacted by the opioid epidemic or other substance use/misuse. Forty-five percent of individuals who took the survey suggested that they have used opioids or other substances or have a family or friend that have. Almost thirty percent said that a neighbor or acquaintance has been impacted by substances including twenty-two percent who have had impacts at their place of employment. Interestingly, over half of the respondents skipped this question about impact, with 37 people out of 68 not answering the question. Other comments from over 45 percent of respondents on the "impact" question have been listed below, along with 11 respondents on the "problem areas":

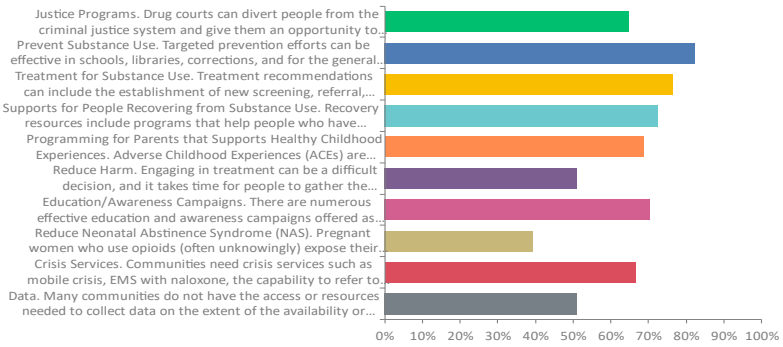
- Individuals talked about being taken advantage of, allowing trust and kindness, and being deceived by people using substances, and how they needed to disassociate from them to protect themselves, setting boundaries, and not being too co-dependent.
- Pain and health issues lead them to needing opioids but also the concerns about control, and people stealing and abusing substances, and the fear and emotions involved.
- Difficulty with having legitimate prescriptions given and filled due to the excess scrutiny.
- Suffering involved in serious health or terminal issues that is compounded because they could not get pain relief and that having a family or friend advocate is important.
- Some mentioned the ramifications of family members or children being addicted to substances, including opioids and the harmful effects on everyone.
- So, conflicting reports that some cannot get what they legitimately need and others being over-prescribed, which may imply that there is inconsistency in providers and prescribing.
- Other reports of lost jobs, workplace costs, and family effects.
- Feelings of being treated like substance misusers because they had prescriptions and needed pain relief, so there was stigma about people who were not misusing like those who were.
- "Everyone in the county is affected" because people who misuse substances are not able to work and do not contribute productively to the community.
- Methamphetamines are a prevalent issue that contributes to theft and crime.
- Reports suggest that the community activities have been adversely affected by substance use and related issues, including apartment complexes, rentals, and landlords, including tenants with substance misuse.

Question 4 - Potential Community Solutions: What the community needs

Several program options and solutions were offered on the survey in detail. The full description of these options will be outlined in the Appendix, and the headers will be listed below with the responses.

Q4: Which of the following supports are needed in Esmeralda County to better serve individuals and families with substance use challenges? Please select all of the supports you believe the community needs.

Answered: 51 Skipped: 17



Powered by SurveyMonkey

A synopsis of those findings on supports needed to address community needs is listed below:[13]

- Justice Programs: 64.71% or 33
- Prevention: 82.35% or 42
- Treatment: 76.47% or 39
- Recovery Supports: 72.55% or 37
- Parent Programming and Health Childhood: 68.63% or 35
- Harm Reduction: 50.98% or 26
- Education and Awareness Campaigns: 70.59% or 36
- Reducing Neonatal Abstinence Syndrome (NAS): 39.22% or 20
- Crisis Services: 66.67% or 34
- Data: 50.98% or 26

Other (additional information or suggestions for solutions to mitigate the opioid crisis):

- Stricter jail time and punishment and too lenient sentences and consequences[14]
- Long waits between arrest and court disposition and consequences
- Effects of substance misuse, drug dealing on children and families in the community
- Need more services and law enforcement
- Concerns about the financial or economic costs of solving the problem
- Asking for help and spreading education and public awareness

Question 5: In order to ensure participation and input from across he community, various sectors were reached as follows: individuals and family impact by the use of opioids and other substances; treatment providers, child welfare, and social services; law enforcement, corrections, justice, EMS; person in recovery; school staff; agricultural and mining industry; faith-based organization; veterans; tribal members; and senior citizens.

Summary of CBPR Findings

This section contains the Emeralda County local summary of the trends/themes identified from the CBPR interviews and survey. According to local and regional sources, there does not seem to be a major issue with substance use-misuse aside from alcohol and methamphetamine; however, the survey noted concerns about the impact of opioid and other substance effects on individuals, families, and the community. Although marijuana use may be widespread, it is also legal and often seen as a least of community concerns aside from the impact on accessibility by youth and modeling by adults, much like alcohol. There is the belief or perception that the community does not have an "opioid issue" with "substances like fentanyl, oxycontin, morphine, heroin, and hydrocodone." According to the Justice of the Peace, who has also been an EMS worker for twelve years, there have been no deaths in the county due to opioids. Even though they have had few individuals known to be using opioids or overdosing, they have been able to utilize Narcan on several instances. Alcohol and DUIs are also a concern, and they reiterated that alcohol and other drug arrests are often involving those from out of town. Officials report that they are here for a very short time and released, usually a week or less, and consequently, it is difficult to find good data for reporting. Reports also seem to suggest that at least some of the arrests are from people traveling though the community and have included opioids. Reports also vary on

[13] See Appendix I for full details of Community Solutions.

[14] This could be associated with not understanding the brain disorder or disease concept and the connection between accountability and support and being willing and/or able to change behavior, which implies a need for education around stigma.

whether there have been any opioid deaths, possibly one according to State data. Other factors include the inability to collect data and people who are transported or are voluntarily going or moving out of the community for medical services and treatment, and temporary supportive or permanent housing. Residents that require assisted living, supportive housing, or in-patient medical or behavioral healthcare, including treatment, must necessarily utilize services outside the county.

Current Community Efforts to Address Opioid Use

Prevention

One potentially useful resource for communities is the Strategic Prevention Framework. From the Statewide Needs Assessment: "The SAMHSA recommends five steps and two guiding principles within its Strategic Prevention Framework ("Framework") that should be applied when planning prevention interventions and programs to decrease substance use-related risks and harm. The Framework's five steps include assessment, capacity, planning, implementation, and evaluation. Cultural competence and sustainability should be considered key principles in the five steps. The Framework offers areas a systematic approach to identifying and prioritizing specific problems, affected populations, protective factors, and resources; building community awareness, engagement, and capacity; selecting appropriate interventions and developing comprehensive project plans; implementing programs with fidelity and appropriate adaptations; and evaluating prevention programs." The prevention referred to in the guide linked above encompasses primary and secondary prevention. Recommendations suggest using the framework as communities work through the needs assessment and especially the planning and prioritization. This will more likely ensure any available prevention experts in the community, region, and state become involved in the assessment and planning process.

Prevention-Specific Data — Nevada's Nonprofit Community Coalitions are required to conduct Comprehensive Community Prevention Plans (CCPPs) with substance use prevention and other localized data every three years. Community coalitions are also a resource to gauge the current landscape of opioid programs and services currently offered as well as identify the local gaps and needs of each jurisdiction. Esmeralda is served by the NyE Communities Coalition (Nye, Lincoln, and Esmeralda Counties); however, there is no coalition based directly in Esmeralda County.

Primary Prevention: Preventing Misuse and New Cases of OUD

The primary prevention community in the county would be the schools. Although Esmeralda County high school students attend school outside the county, there are various prevention activities in the elementary and middle schools in Esmeralda County. The long-term plan would include surveying these prevention programs and expanding upon them both in the schools and in the community at large through providers in the area and region who would be willing to work inside the county and with those older youth attending schools in other counties.

Secondary Prevention: Early Identification of Misuse and Opioid Use Disorders and Overdose Prevention

The community does have some faith communities and churches and holds "commodities days" for the citizens and does have outside support from neighboring towns and counties, namely the Tonopah Coalition and the NyE Communities Coalition based in Pahrump. This robust south-central organization, called NyECC, added the "capital E" to its name to signify a dedicated effort to include Esmeralda County. Officials also report that there is still a need for prevention and services for those who might be

at risk of overdose to prevent death. Harm reduction education was also discussed as an option due to potentially high hepatitis c cases or injection-IV drug use, so Tonopah Coalition staff suggested they can bring Trac B resources and training to the Esmeralda and Goldfield communities.

There is an interest in Naloxone training for the community and possibly an ATOD presentation in the future, according to the Tonopah Coalition. The Deflection Team from NyECC could be a resource to work with law enforcement in Esmeralda County to start providing services in the jails. Other NyECC staff could possibly provide adult and youth mental health first aid classes. Peer support staff and community health workers provide services to the Esmeralda County citizens by helping them complete their Medicaid, SNAP, Temporary Assistance to Needy Families (TANF), and any other information they ask for. Esmeralda County would benefit from an expansion of these types of services. These Tonopah Coalition staff can also provide telehealth support as well as video calls. Reports also suggest there are people from Goldfield attending the Alcoholics Anonymous/Narcotics Anonymous meetings based at Westcare in Tonopah. The Tonopah Coalition has an F14 grant that could pay to transport peers/clients to rehabilitation facilities of their choice.

The NyE Communities Coalition, which includes Tonopah holds multiple monthly meetings, and this includes Northern Nye and Esmeralda individuals. They partner with Esmeralda County School District for prevention programming even though they often have difficulty embedding it into the school day as they are understaffed with teachers, and often the coalition comes in to deliver programming short term. The coalition also delivers workforce programming in the community and food and other support to the food pantries in Esmeralda Counties and distributes information through that food system.

Other Reports on the NyE CC regarding Esmeralda County

- **Sheriff's office**: drug take back, med-return bid, Narcan training, fentanyl test strips, and car seat events (before covid). They are planning to collaborate on more drug and alcohol prevention.
- **Commodities:** provide fresh produce and support food pantries
- **Road department:** have done OJTs and sent clients to CDL school
- **Library:** first in state incumbent worker training (several years ago)
- **School District:** setting up a meeting with Superintendent and staff in January to talk about partnership opportunities.
- Working on bringing additional Narcan training, Narcan boxes and additional drug and alcohol prevention activities to Esmeralda County.

The community would benefit from cataloging overdose prevention efforts across the county. Additional strategies and data sources can be obtained through the Opioid Overdose Prevention Toolkit, Nevada Opioid Response Overdose Data to Action program and resources listed in the Statewide Needs Assessment. Also, Esmeralda will benefit from reviewing the NyECC Comprehensive Prevention Plan (2021–2024) and the Nye County Opioid Needs Assessment and Plan, both listed in the Appendix.

Tertiary Prevention: Reducing Harm and Restoring Health Community Treatment Capacity

There are few, if any, available treatment resources in Esmeralda County, including those focused on other substances and on mental health due to high comorbidities with opioid use disorders. Outpatient treatment, medication-assisted treatment (MAT), buprenorphine offered by physicians, inpatient resources, and any other treatment programs do not exist in the community. Treatment capacity can be addressed by indicating total and available capacity for each service when and if these services are

implemented. Scarcity and gaps in services can be identified and expanded by comparing the community resources to those listed in the Statewide Needs Assessment and in national best practice resources such as the SAMHSA Evidence-Based Practice Resources website. Data analysis should reflect the impact of OU/OUD on behavioral health services across the behavioral health continuum of care. Examples of services to include in community treatment capacity include the following:

- Certified Community Behavioral Health Clinics (CCBHCs)
- Crisis Stabilization, Crisis Call Centers, and Crisis Intervention Team Training Programs
- MAT providers
- Mental health treatment providers/co-occurring disorders for adults/youth
- Mobile crisis teams (adults and children)/mobile outreach safety teams
- Substance use primary prevention programs, school-based health centers
- Community health workers; jail and prison reentry programs; specialty courts
- Treatment providers (OP, IOP, transitional living, residential, detox, inpatient)

Social Determinants of Health

Significant factors that are social determinants of health, such as homelessness, unemployment, domestic abuse, poverty, lack of education, etc., are risk factors for opioid misuse and opioid use disorders as well as barriers to recovery. An inventory of the major social issues in Esmeralda County identifies few, if any, resources available and highlights significant gaps and needs in this area.

Community Recovery Support Options

Recovery supports are community-based resources that promote sustained recovery after treatment goals are achieved. These can include programs to get people back to work, Narcotics Anonymous, and peer support services. These programs are non-existent in the county but could be expanded in the community in addition to surveying surrounding county and communities for availability and access to these programs and supports.

Harm Reduction

Harm reduction refers to a broad array of activities that seek to decrease the negative consequences of substance use, be they physical, social, or other consequences. Overdose prevention, including naloxone distribution, physical health, and infectious disease prevention, encouraging safer use, abstinence, and managing use, are all potential harm reduction strategies. While some harm reduction strategies are controversial, most communities engage in some level of harm reduction, even if it is integrated into outpatient treatment. Aside from the application of Narcan by emergency responders and jail staff, there are currently no significant harm reduction services or activities being provided by agencies in the county. The NyE communities Coalition has provided some harm reduction support and could be a source for expansion in the future. The community would benefit from reviewing the following websites on harm reduction:

Nevada State Opioid Response
National Institute on Drug Abuse
Harm Reduction Coalition

Plan for the Use of Funds for the Mitigation of Opioid Impact

The following excerpt from legislation sets out the requirements for the plan. The Statewide Needs Assessment and Plan, especially the methodology, plans, and recommendations sections, to aid in the brainstorming and prioritization of elements of the plan were considered for the Esmeralda Plan. As noted, districts can develop a comprehensive plan, with prioritization and explicit categories that align with the legislative requirements as detailed in the methodology section. The Statewide Needs Assessment provides a way to rate each element of the area's plan according to its potential impact, feasibility, and urgency, with additional points added for elements that meet one of the three State legislative targets (prevention of overdoses, addressing disparities, and prevention among youth). Jurisdictions can produce additional scoring elements that are important to their communities to help with prioritization decisions.

Jurisdictions can also limit the plan to only a few high priority items. Either way, it is strongly recommended that the plan explicitly shows which allowable category to which each element of the plan applies. **Please reference NRS 433.742 regarding requirements and procedure for regional, county, local, or tribal needs assessment AND NRS 433.744 requirements for regional, county, local, or tribal plan for use of grant; authorized uses of grant money.**

Relevant Correlations from the Nevada Statewide Opioid Needs Assessment and Plan

According to the statewide report,[15] "despite efforts over the past several years, the opioid epidemic and other substance use-misuse including alcohol, continues to be a problem of significant proportion in Nevada, especially pervasive in low income and rural settings. This was evident in the findings of the focus group interviews in state and regional input, as stories and recollections of current users, past users, and family members continued to demonstrate common themes alluding to a lack of both resources and education within the community and the rural and frontier region. From these discussions, five key themes were revealed among all participant interviews:"

1. Harm reduction methods are used differently in different areas (including and especially in Esmeralda County), and only on a limited basis, and they are generally not accessible in the community or the jail, except for EMS;
2. MAT and other residential and community-based treatment is helpful but unavailable in Esmeralda, and access is often hours away, with long wait times;
3. Stigmatization of opioid and substance use is a big problem for people who are in recovery and in the community in general;
4. Limited access to other services hinders recovery; and
5. Dispersal of community awareness is needed.

Each of these overlying themes is addressed in further detail below.

"Harm reduction methods are not widely used and accessible in the county. Statewide, among both urban and rural settings, there was a consensus that harm reduction methods are highly beneficial, if

[15] Nevada Opioid Needs Assessment and Statewide Plan – 2022: https://dhhs.nv.gov/uploadedFiles/dhhsnvgov/content/Programs/Grants/Advisory_Committees/ACRN/Updated_NV%20Opioid%20Needs%20Assessment%20and%20Statewide%20Plan%202022_FINAL_R%20KH%20121222(1)(4).pdf

they are accessible. Although harm reduction locations near bus stops would improve accessibility, Esmeralda County, like other rural and frontier areas, does not have public transportation. Transportation to these resources is a recurrent barrier for individuals for various reasons. In the statewide report, participants also felt that, due to varying political views on harm reduction methods, marketing and awareness is limited, especially for those without access to electronics or the internet."

The statewide report shows the following:

"Harm reduction in rural settings is limited and sporadic and seen as controversial. Needle exchange sites and test strips are less frequently available in rural settings, prompting several requests to increase access to these resources as many of the interviewees were never educated on, or aware of, harm reduction methods until at the time of the focus group discussions. In the rarity that vending machines are accessible (and currently not available in Esmeralda), rural communities reported increased levels of fear and apprehension with use due to both a lack of privacy and potential for law enforcement to use that location for patrolling. Clean needles are also being confiscated by the police in these settings. Several participants in rural communities detailed their experiences of the introduction to opioids through the medical system; specifically, they discussed issues such as living with chronic pain or illness and having very little resources or education regarding the severity and addictiveness of these medications. They became addicted, and once access to prescription medication was denied, they found other sources of access. If harm reduction methods were available, they believe it would be the first step toward reducing the burden in their communities. Multiple participants noted that people who are addicted to opiates and other substances are going to use, and continue to use, by any means necessary. Many community-based programs are now providing a safe place to use that has a nurse or other professional available who is trained in overdose and medication-assisted treatments (However, this is not currently available in Esmeralda County). It was agreed that this type of setting may not work in a rural community due to the inherent nature of low population sizes and subsequent stigmatization (and available funding and resources). Despite this, many interviewees requested this service if it were in a setting that was able to maintain anonymity. This infrastructure, participants agree, would be much more feasible in larger communities such as Reno and Las Vegas, if it did not become a target place for the criminal justice system."

Esmeralda County Opioid Fund Plan

It will be critical when considering ways to use opioid settlement funding to support Esmeralda County to ensure that the residents are closely involved at every step of the process. Esmeralda County is the smallest county in the State of Nevada, and prides itself on taking care of its own. Attempts to implement programs without community involvement could result in those programs not succeeding, even if the community needs and wants that service. Attempts should also be made to utilize any existing resources in the county prior to bringing in external programs.

Another consideration is how potential programs can support each other. With the small county population, a new program could run into sustainability problems quickly if they are only focusing on one program or population. The county should consider how potential program staff could serve across more than one program. For example, peer workers in the drug court program could also provide community health worker supports. A school counselor in the elementary school can be trained to

implement and oversee the Fast Track intervention[16] (prevention). The ability to leverage technology should also be weighed into potential programs. Esmeralda County should consider telemedicine and telehealth to ensure that residents have access to services and supports.

Consider Implementing Drug Court Programs

While justice programs came in at seventh for community supports, concerns and frustrations regarding substance use-related crimes was a constant thread throughout the assessment. Residents stated:

- "People who have been arrested for drug paraphernalia on their person or in their vehicle need to be incarcerated, not let free for months and months while their court cases drag on and on."
- People using substances "break in homes and steal cars, but nothing is done."
- "It just does not seem that there is enough being done to crack down on the drugs and thievery associated with drug addictions. I have been aware of many acquaintances having things stolen."
- People using methamphetamines "are constantly stealing."

Drug courts are a treatment avenue available in all 50 states and has demonstrated effectiveness in five independent meta-analyses reducing crime by an average of eight to twenty-six percent, with the potential crime reduction up to 35% in well-administered drug courts when compared to traditional case dispositions.[17] The National Institute of Justice found that drug courts may also significantly lower costs, with the Stanford Network on Addiction Policy citing that a typical drug court program costs between $2,500–$4,000 per offender annually versus $20,000–$50,000 per person per year for incarceration.[18] Using opioid funding to establish and sustain a drug court program in Esmeralda County aligns with the Nevada Opioid Needs Assessment and Statewide Plan — *Expand drug court treatment availability as well as treatment protocols to include treatment for multiple substances, including stimulants***.** Funding could be used to provide training to existing and future staff, to cover the cost of staff needed to provide drug court services, and other operational costs. The National Treatment Court Resource Center has publications as well as events to support starting and sustaining a drug court program. More information can be found at https://ntcrc.org/. Per the NV Opioid Needs Assessment and Statewide Plan, a funding recommendation supports the expansion of "drug court treatment availability as well as treatment protocols to include treatment for multiple substances, *including stimulants.*"

Consider Expanding Available Treatment Options

Treatment was the second highest response in the Esmeralda County Opioid Assessment. The NV RFH Data Book indicated that in 2020, Esmeralda County had:

- 0 licensed allopathic physicians (MDs and DOs)
- 0 licensed primary care physicians (MDs and DOs)
- 0 licensed physician assistants
- 0 licensed advanced practice nurses
- 3 registered nurses

[16] The Fast Track Project is a "comprehensive intervention which includes parent training, home visiting/case management, social skills training, academic tutoring, and teacher-based classroom intervention that is designed to prevent conduct problems among high-risk children" (https://www.cebc4cw.org/program/fast-track-project/).
[17] https://obamawhitehouse.archives.gov/ondcp/ondcp-fact-sheets/drug-courts-smart-approach-to-criminal-justice
[18] https://addictionpolicy.stanford.edu/drug-courts-alternative-incarceration.

- 0 licensed practical nurses
- 2 CNAs
- 1 licensed alcohol and drug counselor
- 13 emergency medical responders
- 8 EMTs
- 5 advanced EMTs

Some considerations that could support Esmeralda County in getting treatment options in the county with the current resources available, that also align with the NV Opioid Needs Assessment and Statewide Plan include:

- Engage non-traditional community resources to expand treatment access in rural areas. For example, encouraging churches and community centers to serve as spokes in the MAT hub-and-spoke model
- Partner with a behavioral health provider in a neighboring county to establish a mobile MAT treatment program, which could additionally provide access to therapy, case management, physical health care services, and services in the jail.
- Partner with a TeleMAT service provider to expand access to MAT
- Expand the availability of peer recovery support services
- Increase provider rates for treatment in rural areas to incentivize providers to serve rural communities — *this recommendation could be helpful if considering partnering with a behavioral health provider to establish a mobile MAT program, utilizing telehealth/telemedicine, expanding the availability of peer recovery services, and expanding the hub-and-spoke model into Esmeralda County*

Again, it will be critical that any treatment options brought into the county have the support of the community. Consideration should be made for attempts to engage providers and agencies that have experience working with frontier and rural communities and are sensitive to the unique culture and needs of frontier communities.

Consider Implementing Prevention Programs in One or More Esmeralda County Schools

While over 55% of Esmeralda County residents are over the age of 55 years, the concern for the well-being and safety of the children in the county was strongly evident in the community assessment. Adults are worried that children and adolescents are being exposed to, and potentially offered, substances and possibly other unsafe situations. There are currently three schools located in Esmeralda County:

- Dyer School:
    - Grades: PreK through eighth
    - Estimated total enrollment: 40
    - Estimated percentage of economically disadvantaged students: 100%
    - Estimated student diversity:
        - 15% White
        - 72.5% Hispanic/Latino
        - 10% American Indian or Alaska Native
        - 2.5% Two or more races

- Goldfield School:
    - Grades: PreK through eighth
    - Estimated total enrollment: 33
    - Estimated percentage of economically disadvantaged students: 100%

    - Estimated student diversity:
        - 81.8% White
        - 9.1% Two or more races
        - 6.1% Black of African American
        - 3.0% Hispanic/Latino

- Silver Peak School
    - Grades: PreK through eighth
    - Estimated total enrollment: 5
    - Estimated percentage of economically disadvantaged students: n/a
    - Estimated student diversity:
        - 80% White
        - 20% American Indian or Alaska Native

A review of the Esmeralda County School District shows that many staff fill multiple roles at their school. There is a district school nurse, but no district school counselor. They do have a "behavioral interventionist." When considering prevention, educational, and awareness programs, it is important to look at the evidence and outcomes of the programs being considered. For example, Drug Abuse Resistance Education (DARE) is a well-known, widespread education and awareness program for middle and high school students. However, when looking at the outcomes of DARE, research has found it to be minimally effective.[19]

Note, this research was completed on the original/old DARE model, and not on the revised 2001 model.[20] Additionally, programs should be developed for elementary and middle school students since there is no high school in Esmeralda County. Some programs that could be considered include:

- LifeSkills Training: This curriculum includes elementary and middle school substance use and violence prevention programs that increase personal self-management skills, general social skills, and drug resistance skills. There are also digital programs for students to complete that focus on preventing bullying, cyberbullying, substance use, and violence https://www.lifeskillstraining.com/.
- One Circle Foundation: this strengths-based approach focuses on positive youth development, ages nine years and older(https://onecirclefoundation.org/).
- Strengthening Families Program (SFP): https://strengtheningfamiliesprogram.org/

Another consideration is supporting the provision of school counseling services through telehealth. School counselors fill a valuable role in identifying social determinant of health needs, assessing, and addressing mental health needs, supporting education staff in addressing behavioral problems, and supporting students' overall academic development. Funding could be leveraged to procure telehealth equipment and a qualified school counselor to provide services. When considering using funding to support the implementation of prevention programs in the school, Esmeralda County should consider engaging school staff early and ensuring they are closely involved in the program selection process.

[19] https://ajph.aphapublications.org/doi/full/10.2105/AJPH.94.6.1027
[20] https://www.sciencedirect.com/science/article/abs/pii/S0091743596900614

School staff are acutely aware of supports that could benefit their students, resources needed to implement any new programs, and potential barriers that new programs might encounter.
Mercer focused on three potential considerations and encourages Esmeralda County staff to start small, continue to engage the community in the process, and leverage existing resources as well as telehealth/ telemedicine to bring resources into the county. Trying to do too much too fast or not having the community's buy in and support could result in well-intentioned and needed programs not being used and eventually ending prematurely. Many of the survey responses demonstrated that there are Esmeralda County residents that could benefit from substance use services and supports.

Data Collection and Reporting

Data collection measures have been surveyed for this report and plan and will continue to be a significant source for expansion, collection, managing, and evaluating in relation to the implementation of this plan. In alignment with the One Nevada Agreement, County reports are due yearly via a template from DHHS.

Data, whether for population or other information about the county, often presents complex concerns that are often estimates, varied, inaccurate, "reportedly negligible," under-reported or under-collected, and sometimes lumped in with other counties or regional numbers. Some information is also not reported due to identifying information and the small numbers, especially for substance use and opioid reporting. For this reason, it is difficult to get a good understanding of the reality, even though this information would be highly valuable and helpful in understanding the true needs of the citizens of Esmeralda County.

Conclusion

This document outlines the efforts and plans of Esmeralda County, particularly in response to the opioid crisis. The Esmeralda County Commissioners initiated a special meeting on October 19, 2023, focusing on opioid-related projects, including the formation of an opioid task group, a specialty court project, and a rural opioid jail project. Stakeholders such as law enforcement, schools, local government, and others collaborated to develop a comprehensive plan. The initiative is aligned with the 2021 Nevada Legislature's Senate Bill 390 (SB390), addressing behavioral health, and establishing a FRN to utilize opioid litigation recoveries. The FRN is administered by the Nevada Department of Health and Human Services, with a focus on data-driven and evidence-based approaches to address the opioid crisis. The document provides an overview of the Esmeralda County community, including its history, demographics, and economic landscape. Esmeralda County, a rural-frontier area, faces economic challenges with declining population, diversified industries, and a predominant reliance on agriculture. The county's unique characteristics, geography, and population distribution are detailed in this report. Esmeralda County has a predominantly older population, with 27.3% aged 65 years and older in 2021. The veteran population constitutes 9.3% of the total population, with a significant portion over the age of 65 years. Esmeralda County's income levels are lower than state and national averages, with a reliance on Social Security and other retirement benefits. The plan emphasizes principles such as spending funds to save lives, evidence-based decision-making, youth prevention, racial equity, and a transparent allocation process. This plan and conclusion will address the unique challenges and characteristics of the community.

Esmeralda County faces significant healthcare challenges as it lacks local health clinics or hospitals, with the closest medical facilities being hours away. The absence of healthcare providers within the county is notable, with limited data on medical professionals, including physicians, nurses, dentists, and pharmacists. EMS workers are the primary but limited resource in the full continuum of healthcare and medical services. Community health clinics operate sporadically, providing limited coverage. Health factors such as the prevalence of adult diabetes (4.3%) in Esmeralda County and adult obesity rates (18.1%) indicate a concerning health trend (2018). Data on maternal health behaviors and birth outcomes in 2018 and childhood disability in 2020 are unavailable. According to the Nevada Opioid Needs Assessment and Statewide Plan 2022, “between 2012 and 2016, self-reported use of heroin among pregnant women was highest in Nye, Esmeralda. Neonatal abstinence syndrome rates in Nevada were highest in Southern Nevada, with an incidence range of 8.2 per 1,000 hospital births.”

Mortality rates for all causes are challenging to determine in smaller rural areas due to low numbers and reporting difficulties. At times, Esmeralda data collection and reporting is unavailable because of the size or aggregated with regional statistics.

The county's health outcomes and factors do not fully meet criteria for ranking, and its population resides in health professional shortage areas, particularly in primary, dental, and mental health. Other significant factors to consider are the poverty rate (13.8% in 2019), fair or poor health (21% of the population in 2020), along with other relevant health and insurance data involving uninsured population (9.4% in 2028) and increasing Medicaid enrollment (49.5% in 2020). Esmeralda County's adverse impact on employment in the healthcare and social assistance sectors further complicates its healthcare landscape. The document emphasizes the challenges faced by the county in accessing healthcare services, the prevalence of specific health issues, and the impact on the overall well-being of the population.

The Bureau of Behavioral Health, Wellness, and Prevention, Epidemiologic Profile for the Southern Region, 2023 was utilized for focusing on YRBS and BRFSS data. The Southern Region includes Esmeralda County. Regarding youth risk behavior and mental health, high school students in the Southern Region reported increased feelings of sadness, hopelessness, and suicidal thoughts from 2017 to 2021. Middle school students also experienced a peak in these mental health indicators in 2021. Stakeholder reports in rural regions suggest that vaping continues to be a concern in communities of youth, even in children as young as elementary age. The southern region profile suggests adverse effects of sexual behaviors and school absenteeism, with rates peaking in 2017 and 2021. Chronic absenteeism increased in the 2021–2022 school year, reaching 34.0%.

Regarding adult behavioral risk factors and mental health in the Southern Rural Region, the percentage of adults with more than 10 days of poor mental and physical health increased from 40.1% in 2020 to 48.9% in 2021. There was a decrease in the percentage of adults reporting no days of poor mental health in the past month from 71.3% in 2018 to 55.8% in 2021. Regarding substance use, marijuana use among adults increased in 2021. The percentage of adults using painkillers or other illegal drugs in the past 30 days remained relatively low. Regarding hospital admissions, anxiety was the leading diagnosis for mental health admissions. Esmeralda County had the lowest state mental health clinic utilization, partly due to the lack of clinics. Inpatient admissions in the region related to drug overdoses increased from 13 in 2012 to 26 in 2021. Marijuana use during pregnancy increased in 2021, surpassing alcohol use. Rates of meth/amphetamine use also increased. The rate of inpatient admissions for NAS increased from 4.4 per 1,000 live births in 2020 to 6.7 per 1,000 live births in 2021. In conclusion, the prevalence of health risk behaviors among Southern Region residents in 2021, which includes Esmeralda County

residents, varied compared to other regions. While some indicators showed improvements, such as a decrease in suicidal thoughts among youth, there were concerning trends in mental health, substance use, and maternal substance use during pregnancy. The findings highlight the need for targeted interventions and support in mental health and substance use prevention and treatment including opioids.

Regarding the methodology and key findings of a needs assessment related to opioid use and its impact in Esmeralda County, the task group conducted CBPR methodology, with a shift from an initially planned in-person event to a survey-based approach due to time constraints and logistical challenges. A Summary of CBPR Findings is listed below:

1. Community engagement and stakeholder involvement: The CBPR actively engaged various stakeholders in Esmeralda County, including persons and families impacted by opioids and substances, treatment providers, prevention coalitions, persons in recovery, social service providers, faith-based organizations, child welfare system members, and healthcare providers. About collaboration, the Esmeralda County Task Group and survey participants collaborated to identify and address specific issues related to OU/OUD.
2. Survey recommendations and scope of survey: The survey excluded questions related to residential treatment options, inpatient detoxification, lack of healthcare providers, housing, and workforce due to their limited applicability in Esmeralda County. Recommendations in the survey included questions about the impact of opioids, substance use, and related issues on individuals, families, workplaces, and communities.
3. Survey results and response rate: There were 68 total responses, with nearly 43% indicating an impact by the opioid epidemic or substance use. Forty-five percent reported personal use or having family/friends affected. Regarding impact areas, respondents reported diverse impacts, including issues of trust, pain management, difficulty obtaining legitimate prescriptions, family effects, job losses, and community-wide consequences. The problem areas noted by respondents identified problem areas related to substance misuse, theft, crime, and adverse effects on community activities, housing, and landlords.
4. Potential community solutions and program options: The survey offered detailed program options for community solutions in justice, prevention, treatment, recovery support, parent programming, harm reduction, education, reducing NAS, crisis services, and data.
5. Regarding community needs and input, stakeholders mentioned considerations for the effects on children and families, increased services, law enforcement, and public awareness. This education and awareness will be centered around harm reduction, stigma around mental health and substance misuse, as well as improved understanding of substance uses as a brain disorder and addiction as a disease.
6. Regional stakeholder sources initially reported a perception that substance misuse issues mainly focused on alcohol and methamphetamine. Marijuana use, though prevalent, was considered less concerning most likely due to legalization and changing attitudes around cannabis use. There was a perception that the community did not have a significant "opioid issue" with substances like fentanyl, oxycontin, morphine, heroin, and hydrocodone; however, the survey results suggested that community members reported concerns around the impact of opioids and other substances.
7. Limited data collection hindered accurate reporting on substance misuse. Opioid-related deaths were reported as minimal, and arrests often involved non-residents passing through according to local stakeholder reports.

8. Service utilization: Residents requiring assisted living, supportive housing, or inpatient healthcare often sought services outside the county, impacting data accuracy and reporting.

The impact of opioid use/misuse in Esmeralda County is also explored using secondary data, including statistics on prescribing, emergency services, healthcare utilization, fatalities, criminal justice data, and more. While some sources suggest minimal opioid-related incidents, the lack of treatment facilities in the county poses challenges in accurately assessing the situation. In the US at large, fentanyl and psychostimulants are identified as rising concerns, aligning with a broader trend noted in the fourth wave of the US opioid epidemic. The PDMP shows Esmeralda County, out of a population of 1,053, a 388-prescription count total is listed at a prescription rate of 368.6 (Source: https://bop.nv.gov/links/pmp/). Community-based indicators, crime statistics, emergency services utilization, opioid-related fatalities, and clinical indicators are assessed to provide a comprehensive overview. The project utilized qualitative and quantitative data from local stakeholders and providers to define the opioid problem. The lack of behavioral health providers in Esmeralda County is significant. A significant percentage of the jail population is reported to have substance use or mental health issues. The text also notes challenges in correlating crime rates due to the small population size of Esmeralda County. The needs assessment emphasizes the complexity of the opioid issue in Esmeralda County, highlighting the challenges posed by the lack of local treatment facilities, the rise of stimulants especially methamphetamines, and the need for comprehensive data to inform prevention, screening, and treatment strategies. The CBPR findings highlight a nuanced perspective on substance misuse in Esmeralda County, emphasizing the importance of community engagement, accurate data collection, and targeted solutions addressing the unique challenges faced by the community. The survey results provide valuable insights into the impact of opioids on individuals and communities, informing the development of comprehensive programs and interventions.

Current and Recommended Community Efforts to Address Opioid Use and Key Themes:

1. Prevention:

Strategic Prevention Framework (SPF): The SAMHSA-recommended SPF should be seriously considered for prevention interventions, emphasizing assessment, capacity building, planning, implementation, and evaluation. Cultural competence and sustainability are key principles. Comprehensive Community Prevention Plans (CCPPs): Nonprofit community coalitions, such as NyE Communities Coalition, conduct CCPPs every three years in Nevada. These plans inform the current landscape of opioid programs, identify gaps, and assess local needs.

2. Primary Prevention:

School-based prevention: Prevention activities in Esmeralda County's elementary and middle schools form the primary prevention community. Long-term plans include surveying and expanding prevention programs in schools and the broader community, especially through regional providers and those willing to do work inside Esmeralda County consistently.

3. Secondary Prevention:

Community support: Faith-based communities, churches, and other local external organizations, like Tonopah Coalition and NyE Communities Coalition, provide support. Efforts include Drug Take Back Days, food distribution, Naloxone training, harm reduction education, and potential collaborations with law enforcement for services in jails. Deflection team and telehealth support: NyE CC's Deflection Team

and staff may be able to expand and offer support, including Medicaid, SNAP, and TANF assistance. Telehealth support and video calls will be necessary.

4. Tertiary Prevention:

Treatment accessibility and resources: MAT and other resources are helpful but unavailable in Esmeralda, leading to long wait times and accessibility issues. Esmeralda County faces a shortage of treatment resources for opioids, other substances, and mental health. Currently, there are no outpatient treatment, MAT, or inpatient programs within the community.

Capacity assessment: A comprehensive assessment of treatment capacity is needed, comparing local resources to statewide and national best practices. The analysis should cover services like CCBHCs, crisis stabilization, MAT providers, mental health treatment providers, mobile crisis teams, and more.

5. Social Determinants of Health:

Identifying social issues: Lack of resources for major social issues, such as homelessness, unemployment, domestic abuse, and poverty, is identified. Gaps and needs in addressing these social determinants of health are apparent.

6. Community Recovery Support Options:

Nonexistent programs: Recovery support programs, including twelve step, community support programs, and peer support services along with community health workers, are nonexistent in Esmeralda County. Exploring neighboring counties and communities for program availability and access is strongly suggested.

7. Treatment, Harm Reduction, and Stigma:

Community awareness: Dispersal of community awareness about opioids and substance use is insufficient.

Limited access to services: Access to various services is restricted due to travel outside the county, long waits for evaluations, and other transport and transportation issues that are barriers and gaps in many rural communities. All of this hinders treatment and recovery efforts.

Stigmatization: Like many rural communities, stigmatization of opioid and substance use is prevalent in recovery and the community, especially around the idea that harm reduction and addiction as a brain disorder and not a moral issue that can be punished away through increased incarceration.

Limited harm reduction: Harm reduction methods are limited and controversial, with varying accessibility in rural settings according to the State Plan.

Limited services: Harm reduction services, aside from Narcan application by emergency responders and jail staff, are currently nonexistent. Exploring harm reduction strategies and resources is strongly recommended, drawing insights from relevant websites, resources, and regional providers.

Collection and reporting and complexities of data: Data collection poses challenges due to estimates, inaccuracy, under-reporting, and privacy concerns. Small population size in Esmeralda County further

complicates data accuracy. Data collection and reporting will be crucial for plan implementation, with yearly reports following the One Nevada Agreement.

This comprehensive overview provides insights into the current state of opioid-related efforts in Esmeralda County, emphasizing the need for targeted evidence-based interventions across prevention, treatment, and recovery support. The identified gaps and challenges underscore the importance of community collaboration, resource mobilization, and strategic planning for effective mitigation of opioid impact. Two significant sources are the National Association of Counties (NACo) Opioid Solutions Center and SAMHSA Opioid Resources, both listed in the Appendix. One other resource stood out in the research for the Esmeralda County Plan, "*Fentanyl and Psychostimulants on the Rise" by* Richard Jenkins from the National Institute on Drug Abuse noted in a PubMed.gov article (https://pubmed.ncbi.nlm.nih.gov/34482994/). Finally, this plan and implementation going forward should seriously consider collaboration and integration of two vital and emerging projects in the county: the Jail MOUD/Community Continuation of Care Program Pilot and the Specialty Courts Projects which will both be key components in the continuum.

Appendix I: Community Solutions Summary from Survey

- Justice Programs. Drug courts can divert people from the criminal justice system and give them an opportunity to access treatment, leading to recovery and reengagement in lawful community life. Additionally, screening, assessment, and referral to treatment in jails and prisons can address opioid use disorders prior to individuals moving back into the community.
- Prevent Substance Use. Targeted prevention efforts can be effective in schools, libraries, corrections, and for the public. They can also include reaching out to people at risk of opioid use disorders and those currently using opioids.
- Treatment for Substance Use. Treatment recommendations can include the establishment of new screening, referral, detoxification and treatment services, improvement of existing services through the establishment of evidence-based therapies, as well as the expansion of existing resources. Innovative mobile treatment opportunities can increase reach to rural areas.
- Supports for People Recovering from Substance Use. Recovery resources include programs that help people who have completed treatment transition to the community and become productive members of the community by obtaining work and housing and by being supported in their recovery needs (e.g., peer supports).
  Programming for Parents that Supports Healthy Childhood Experiences. Adverse Childhood Experiences (ACEs) are categories of childhood experiences that research has firmly established greatly raise the risk of a child experiencing substance use (as well as mental health problems and serious health conditions) as they grow up. Implementing screening and referral to treatment, prevention programs focused on preventing child abuse for very young children, and other efforts to strengthen families and help improve school-aged childhood experiences can decrease ACEs.
- Reduce Harm. Engaging in treatment can be a difficult decision, and it takes time for people to gather the motivation to do so. In the meantime, efforts to reduce harm among those who are currently using opioids can both keep them alive so that they can make it to treatment and result in positive interactions with service providers that could increase the likelihood of seeking treatment. Such efforts can include an increase in education and availability of naloxone in the community. Naloxone can reverse potentially fatal opioid overdoses.
- Education/Awareness Campaigns. There are numerous effective education and awareness campaigns offered as ready-to-use programs by the Substance Abuse and Mental Health Services Administration. These can include stigma reduction campaigns, opioid-related public awareness campaigns targeted at adults, children/adolescents, and/or families. These can be rolled out in schools, justice settings, and for the public.
- Reduce Neonatal Abstinence Syndrome (NAS). Pregnant women who use opioids (often unknowingly) expose their unborn children to the opioid, resulting in NAS at birth. Screening pregnant women, offering them treatment, and education and awareness campaigns focused on women of childbearing age can decrease NAS in the community.
- Crisis Services. Communities need crisis services such as mobile crisis, EMS with naloxone, the capability to refer to opioid treatment, and walk-in crisis resources. Without these resources, the chances of engagement in treatment are lessened.
- Data. Many communities do not have the access or resources needed to collect data on the extent of the availability or consequences of opioids. Some recommend financial resources be dedicated to personnel or systems that can collect and analyze the data to help identify the scope and nature opioid problem and provide data-informed solutions.
- Other Options from Survey (Additional information or suggestions for solutions you would like to see implemented in Esmeralda County to mitigate the opioid crisis): see report body.

Appendix II: References, Sources, Resources, and Documents

- Esmeralda County: https://www.accessesmeralda.com/
- Esmeralda County, Nevada (Wikipedia): https://en.wikipedia.org/wiki/Esmeralda_County,_Nevada
- Goldfield, Nevada (Wikipedia): https://en.wikipedia.org/wiki/Goldfield,_Nevada
- Esmeralda County Schools: https://www.esmeraldacountyschools.com/en-US
- Esmeralda Schools (Wikipedia): https://en.wikipedia.org/wiki/Esmeralda_County_School_District
- Census Reporter: https://censusreporter.org/profiles/05000US32009-esmeralda-county-nv/ https://censusreporter.org/profiles/05000US32009-esmeralda-county-nv/
- Regional Resources: https://nvbh.org/pdf-preview?id=4944
- Regional Behavioral Health Appendix: https://nvbh.org/pdf-preview?id=4963
- Voices of the Opioid Epidemic – Perspectives of Those with Lived Experience in Nevada, Nevada Minority Health Coalition (4.5.22): https://nic.unlv.edu/wp-content/uploads/2023/03/Voices-of-the-Opioid-Epidemic_FinalReport_4.25.22.pdf.
- Nevada Rural and Frontier Health Data Book: https://med.unr.edu/statewide/reports-and-publications/nevada-rural-and-frontier-health-data-book and https://nevada.box.com/shared/static/nlr137231qip73vi18gt6ernlvohpdmu.pdf.
- Esmeralda County - Community Overdose Preparedness and Response Plan – 2019: https://nvbh.org/pdf-preview?id=5017
- Esmeralda County Data Report - 2017: https://nvbh.org/pdf-preview?id=5018
- Office of Analytics: https://dhhs.nv.gov/Programs/Office_of_Analytics/OFFICE_OF_ANALYTICS_-_DATA___REPORTS/
- NyECC Comprehensive Community Prevention Plan (2021-2024): https://nyecc.org/community-comprehensive-prevention-plan/
- National Association of Counties (NACo): https://www.naco.org/program/opioid-solutions-center
- SAMHSA: https://www.samhsa.gov/medications-substance-use-disorders/medications-counseling-related-conditions/opioid-overdose