



Opioid Use/Opioid Use Disorder Community Needs Assessment

Douglas County, Nevada

Approved: April 6, 2023

Executive Summary

Douglas County already has a wide variety of agencies in place that support individuals at risk of opioid misuse, in crisis, and with mental health needs. This Needs Assessment has identified opportunities to enhance and support existing organizations.

After completing a series of focus groups and interviews and reviewing quantitative data, the Opioid Needs Assessment Stakeholder Group have prioritized the following eight actions:

1. Douglas County will prevent, intervene with, and treat opioid misuse by increasing the effectiveness of **case management**.
2. Douglas County will prevent and intervene with opioid misuse by increasing efforts related to **opioid prescription education**.
3. Douglas County will prevent and intervene with opioid misuse by supporting **Douglas County School District**.
4. Douglas County will intervene with opioid misuse by exploring opportunities for interventions in the **Douglas County Criminal Justice System**.
5. Douglas County will prevent, intervene with, and treat opioid misuse by creating an **education campaign for the general public**.
6. Douglas County will treat opioid misuse by **decreasing barriers for Individuals leaving detox and entering treatment (residential or outpatient)**.
7. Douglas County will treat opioid misuse by **supporting local aftercare/recovery capital services**.
8. Douglas County will prevent, intervene with, and treat opioid misuse by encouraging the growth of the **substance misuse treatment and case management workforce**.

Examples of how these priorities might play out in real life are described in hypothetical vignettes (see Appendix A).

It is being requested that the Douglas County Board of County Commissioners review and approve this Needs Assessment as a funding guideline for the One Nevada Opioid Settlement Funds and as a tool to facilitate the County's application for the Resilient Nevada Opioid Settlement Funds. The Opioid Needs Assessment Stakeholder Group will continue to meet regularly to establish policies, procedures, and monitor funding requirements.

Background

The 2021 Nevada Legislature passed [Senate Bill 390 \(SB390\)](#), an act relating to behavioral health.

This Needs Assessment is intended to be used as a plan for funding implementation (Sec. 9.9) identified in SB390.

Community Overview

Douglas County is the 7th largest county in Nevada with a population of approximately 50,000. Seasonal populations can exceed 65,000. Douglas County is governed by a 5-member elected Board of Commissioners. Douglas County has 3 unincorporated towns: Genoa, Minden, and Gardnerville, as well as the Washoe Tribe of Nevada and California. The County spans 751 square miles that includes a portion of the Lake Tahoe Basin.

As of 2019, Douglas County had a median age of 52, had an 8.72% rate of poverty, had a median household income of \$66,810, and an unemployment rate of 3.2%. The 5 largest ethnic groups in Douglas County are White (Non-Hispanic) (80.8%), White (Hispanic) (8.37%), Other (Hispanic) (3.07%), Two+ (Non-Hispanic) (2.19%), and American Indian & Alaska Native (Non-Hispanic) (1.7%).

Douglas County has major highway access via vehicle transportation with US HWY 395 and State Routes 88, 206, 756, and 207 that connects to HWY 50. These routes connect Douglas County to other rural Nevada counties, urban areas such as Carson City, Reno and to California.

Impacts of Opioid Use/Opioid Use Disorder in Douglas County, Nevada

Opioid misuse in Douglas County has impacted families, law enforcement, the healthcare system and the overall community.

- In January 2020, a Nevada Vulnerability Assessment was completed that ranked Douglas County 9th of opioid vulnerability out of the 17 counties.
- According to the Nevada Behavioral Health EPI Profile for 2019, drug related emergency department encounters in Douglas County were 135 opioid, 6 heroin, 27 cocaine, 133 methamphetamine and 496 marijuana. During that same year, drug related in-patient admissions were 291 opioid, 7 heroin, 25 cocaine, 222 methamphetamine, 359 marijuana, 2 hallucinogens per 100,000. These categories are not mutually exclusive and may represent a duplication in substance per individual.
- According to the Nevada Opioid Crisis Needs Assessment published by the Division of Public and Behavioral Health (DPBH) for 2014 through 2016 (partial year), the Emergency Management Services (EMS) administered Naloxone to 14 individuals who were experiencing an overdose event.

- In 2021 there were 64 reports received by Child Protective Services (CPS) that involved drug or alcohol abuse related characteristics and 6 substance exposed infants according to the CPS UNITY database.

Scope of Problem in Douglas County (Adults)			
Topic	Douglas County (or “northern region” check source)	State of Nevada	US
Monthly opioid prescription rates per 1,000 as of 11/2022 (Source: Nevada Drug Overdose Surveillance Monthly Report, November 2022, includes Carson, Storey, Douglas, Lyon and Churchill)	46.5 per 1,000 residents	35.6 per 1,000	433 per 1,000 (Source: Center for Disease Control (CDC))
Primary Substance Used for Clients at Substance Abuse Treatment Centers, 2017-2019 (SAPTA 2020 Epidemiologic Profile – Treatment Episode Data System publicly funded services)	Not Available	Heroin=6% Opioids=2% Of all unique clients served by publicly funded services in NV	Not Available
Suspected drug overdoses from opioid as of November 2022 (Source: Nevada Drug Overdose Surveillance Monthly Report, November 2022, includes Carson, Storey, Douglas, Lyon and Churchill)	21 per 1,000 residents	732 per 1,000 residents	Not Available
Monthly rates of suspected drug-related overdose Emergency Department visits as of November 2022 (Source: NV Opioid Response, includes Carson, Storey, Douglas, Lyon and Churchill)	1.1 per 100,000	1.9 per 100,000	Not Available

Scope of Problem in Douglas County (Youth High School Ages 14-18) (Source: Youth Risk Behavior Survey (YRBS) 2021)					
Topic	Douglas County	Desired Direction of Change	Percent Change from 2019	State of Nevada	US - 2019 (Source: CDC)
Percentage of high school students who ever used heroin (Source: Nevada YRBS, 2021)	3.2%	↓	↑ +68.4%	2.6%	1.8%
Percentage of high school students who ever took prescription pain medicine without a doctor's prescription or differently than prescribed (Source: Nevada YRBS, 2021)	16.1%	↓	↓ -11.5%	16.4%	14.3%
Percentage of high school students who thought it would be "fairly easy" or "easy" to get prescription pain medicine if they wanted some (Source: Nevada YRBS, 2021)	26.7%	↓	↓ -26.4%	25.6%	Not Available
Percentage of high school students who reported that they think people [are risking] "great" or "moderate" risk if they use prescription drugs that are not prescribed to them (Source: Nevada YRBS, 2021)	78.1%	↑	↓ -2.98%	75.5%	Not Available
Percentage of high school students who reported that their parents feel it would be "wrong" or "very wrong" for them to use prescription drugs not prescribed to them (Source: Nevada YRBS, 2021)	92.1%	↑	↓ -4.46%	89.3%	Not Available
Percentage of high school students who reported that their friends feel it would be "wrong" or "very wrong" for them to use prescription drugs not prescribed to them (Source: Nevada YRBS, 2021)	78%	↑	==	79%	Not Available

Participating Agencies/Organizations

Douglas County invited individuals from the District Attorney's Office, the Sheriff's Department, the Court System, the Juvenile Probation Office, and Douglas County Social Services as part of the Opioid Needs Assessment Stakeholder Group whose mission was to complete this Needs Assessment, set priorities, and monitor Douglas County's use of any opioid settlement funds.

Community-Based Participatory Research (CBPR) Methodology

Douglas County contracted with Impact Evaluation & Assessment Services to assist in the completion of their Opioid Needs Assessment. A supplemental report detailing the analysis of focus groups and individual interviews conducted in support of the overall Opioid Needs Assessment is available upon request.

The Opioid Needs Assessment Stakeholder Group met to identify representatives from each of the sectors recommended by SB390 §7-9.9.

Two focus groups were held on November 7, 2022, with a total of 9 participants. Five key informant interviews were held subsequently with individuals who could not attend the focus groups.

It was decided that individuals who are either in recovery themselves or have lost a loved one from substance abuse were to provide input during key informant interviews rather than as part of a focus group. An additional 3 key informant interviews were held with this population.

All participants in qualitative data collection were provided with the same set of handouts to review. These handouts included definitions and quantitative data. After review, the following three questions were asked:

1. *Prevention: If our county had _____, fewer people would ever try opiates.*
2. *Intervention: If our county had _____, more people would stop use before they became addicted. Or fewer people at high risk would use.*
3. *Treatment: If our county had _____, more people would successfully enter long-term recovery from addiction.*

Representativeness of Sample



As a result of this methodology, input was received from all recommended community sectors other than Child Welfare and Faith-Based. The Opioid Needs Assessment Stakeholder Group had also identified First Responders and representatives from the Native American community as populations they wished to receive input from. Despite rigorous recruitment efforts, these community sectors are also missing.

Notes from focus groups and key informant interviews were first coded for their applicability to Prevention, Intervention, or Treatment. For the Prevention and Intervention categories, notes were further coded for their applicability to the domains of Community, School, Family, and Individual/Peer. For the Treatment category, results were further coded for their applicability to different types of treatment (detox, outpatient, residential, and aftercare/recovery capital).

The Opioid Needs Assessment Stakeholder Group met to review these results together with the results of the Resilient 8 Needs Assessment, the Partnership Douglas County Comprehensive Community Prevention Plan, and the Douglas County Social Services Strategic Plan to identify priorities.

Assets and Resources

The following are a list of current assets and resources in place to mitigate Opioid Use Disorder (OUD) and/or Substance Use Disorders (SUD) in Douglas County.

Douglas County utilize the following resources to develop and implement additional strategies:

Prevention

American Indian Life Skills (Native American Youth)
Carson Valley Medical Center
Carson Youth and Family
District Attorney (esp. victim advocate)
Douglas County Behavioral Health Task Force
Douglas County Community and Senior Center
Douglas County School District (health curriculum standards)
Douglas County Social Services
Family Support Council
Job Opportunities In Nevada (JOIN)
Juvenile Probation Officers (esp. parent project and 7th grade law education)
Loving Solutions
Me for Incredible Youth (Middle School and High School Athletes)
Mental Health First Aid
Mobile Crisis Outreach through the Department of Child and Family Services (DCFS)-Youth specific
Moxy Up
Partnership Douglas County
Pharmacies
Ron Wood Foundation (esp. differential response)
Tahoe Behavioral
Thrive a Certified Community Behavioral Health Clinic (CCBHC)
Too Good for Drugs (Empower Youth Program)
Weekly Talking Circles (Native American Youth)

Intervention

Alanon
Court Appointed Special Advocates (CASA)
Douglas County Behavioral Health Task Force
Douglas County School District (esp. Restorative Practices/Response to Use, Sheriff Resource Officers, School Social Workers, School Psychologist, Memorandum Of Understanding w/ Tahoe Behavioral Health)
Douglas County Social Services (esp. Loving Solutions)
Employee Assistance Programs
Family Support Council
Forensic Assessment Treatment Team (FASTT)
Juvenile Probation Officers (esp. outdoor programs, parent program)
Mobile Outreach Safety Team (MOST)
Moxy Up
Partnership Douglas County

Suicide Prevention Network
Support and Family Education (SAFE) program
Tahoe Youth & Family Services (esp. mentoring)
Thrive a Certified Community Behavioral Health Clinic (CCBHC)

Treatment

Detox

Carson City Community Counseling Center a Certified Community Behavioral Health Clinic (CCBHC)
Douglas County Behavioral Health Task Force
Mallory Behavioral Health Crisis Center
Peer Recovery Specialists
Thrive a Certified Community Behavioral Health Clinic (CCBHC)

Outpatient

Carson City Community Counseling Center a Certified Community Behavioral Health Clinic (CCBHC)
Carson Valley Medical Center (esp. Medication Assisted Treatment (MAT))
Douglas County Behavioral Health Task Force
Douglas County School District (esp. Memorandum of Understanding w/ Tahoe Behavioral)
Peer Recovery Specialists
Thrive a Certified Community Behavioral Health Clinic (CCBHC)

Residential

Carson City Community Counseling Center a Certified Community Behavioral Health Clinic (CCBHC)
Douglas County Behavioral Health Task Force

Aftercare/Recovery Capital

Peer Recovery Specialists
Carson City Community Counseling Center a Certified Community Behavioral Health Clinic (CCBHC)
Douglas County Behavioral Health Task Force
Alcoholics Anonymous (AA)/Narcotics Anonymous (NA)

Behavioral Health Support from the State

Northern Regional Behavioral Health Board and Coordinator

Douglas County is one of the fortunate counties that has Thrive CPLC, Nevada Inc., a Certified Community Behavioral Health Clinic (CCBHC). Thrive is a new clinic that once it is fully operational is required to provide 9 core services to address the community's behavioral health needs. The core services are: 1. Crisis mental health services; 2. Screening, assessment and diagnosis; 3. Patient centered treatment planning; 4. Outpatient mental health and substance use services; 5. Outpatient clinic primary care screening and monitoring; 6. Targeted case management; 7. Psychiatric rehabilitation services; 8. Peer support, counseling and family support; and 9. Intensive mental health care for those in the military and veterans. This clinic alone is not sufficient to meet the needs of the community. There is need for increased prevention, jail diversion programs, supportive housing, workforce support and educational opportunities to reduce stigma.

Douglas County also has a very active prevention provider, Partnership Douglas County (PDC). PDC provides an array of community support services through their drug and alcohol prevention programs, connection to health and resource needs with their Community Health Workers, tobacco education programs and connection to behavioral health needs. This resource has access to the County's youth through the schools, works closely with juvenile probation and law enforcement and is a great avenue to expand prevention.

Infrastructure and Program Gaps

Through the Community-Based Participatory Research process identified above, multiple gaps in Prevention, Intervention and Treatment were identified below. The following plan prioritizes the gaps identified.

Prevention

- Accessibility to drugs in general and through senior citizens
- Lack of cohesive case management
- Collaboration between agencies
- Medical professional training
- Law Enforcement, first responder, general community training
- Citizen community involvement/Isolation and loneliness
- Douglas County School District (esp. staffing shortages for extra student support)
- Low availability of Youth Mental Health First Aid
- Relatable guest speakers
- Lack of communication w/ Department for Child and Family Services, multi-disciplinary review team
- Caregivers of children dealing with substance use, mental health, poverty, domestic violence
- Substance use during pregnancy
- Lack of coping skills, conflict averse youth
- Education at time of initial prescription and renewal
- Options for non-opioid pain relief
- Intensive Family Therapy

Intervention

- Medical professional training
- Law Enforcement training
- Potential intercepts in Criminal Justice system
- Not enough availability for mentoring program
- Need more widespread distribution of Fentanyl test strips and Naloxone (Narcan)
- Screening Brief Intervention Referral and Treatment (SBIRT) or similar screening
- Limitations to Juvenile Probation Officers (JPO) due to recent legislation
- Repeat emergency calls for opioid overdose
- Information for families who are worried about youth use
- Barriers for families interested in attending classes/events (esp. childcare, transportation, time)
- Youth empowerment (esp. self-defense)
- Douglas County School District (esp. lack of easily available referral information)
- Lack of communication w/ Department for Child and Family Services, multi-disciplinary review team
- Lack of actionable information in an emergency

Intensive Family Therapy

Treatment

Detox

Case Management from Detox to Treatment, Treatment to Aftercare
Not enough availability

Outpatient

Not enough availability
Intensive Family Therapy

Residential

Confusion about behavioral health holds
Not enough availability

Aftercare/Capital

Transitional housing

Funding and Implementation Plans

Douglas County will establish policies, procedures, and requirements for the use, administration and distribution of the settlement funds. The policies and procedures will align with the requirements described under SB 390 (1)(a)(c).

The projects to which Douglas County is proposing to allocate grant money are described as follows:

Priority 1: Case Management

Douglas County will **prevent, intervene with, and treat** opioid misuse by increasing the effectiveness of case management.



By Addressing the Risk (R) and Protective (P) Factors of...

Child Abuse (R) Elder Abuse (R)	Family Dysfunction/Adverse Childhood Experiences (R) Antisocial Behavior (R)	Poverty (R) Parental Depression (R) Resiliency (P)
------------------------------------	--	--



Through the Following Potential Activities...

- County will house Licensed Social Workers (LSW) who will provide access to supports for basic needs (e.g., housing vouchers, access to food and clothing, transportation, workforce readiness, utility support, eligibility support [Medicare, Medicaid, Supplemental Nutrition Assistance Program (SNAP), and Temporary Assistance to Needy Families (TANF)], etc.).
- LSWs will be a centralized referral source for physical health, mental health, and substance use prevention and treatment providers for all ages, especially youth whose lives are impacted by their own or parental substance use. Will include preventative and interventive services such as parenting classes, youth groups, and support groups. LSW will create and maintain comprehensive list of services available locally and regionally and will have basic knowledge of insurance coverages, transportation options, etc., for those referral points.
- LSW will be trained to appropriately administer the Screening Brief Intervention Referral and Treatment (SBIRT) and other valid, reliable screening instruments in order to provide the most appropriate referrals.
- LSW will coordinate with schools, child protective services, adult protective services, victim advocates from District Attorney’s Office, law enforcement (including MOST and FAST), first responders, etc., to best attend to the needs of the residents in Douglas County.
- LSW will develop a tiered system of service delivery based on individual strengths and needs using an evidence-based system such as Parent-Child Assistance Program. Intentionally include elements of “recovery capital.”
- LSW will maintain a log of types of referrals to help Douglas County support most needed services.



With the Assistance of the Following Potential Partners...

Douglas Co. School District Partnership Douglas County Douglas Co. Sheriff’s Office/JPOs Reg. Behavioral Health Coord. Mobile Crisis Outreach Thrive, Tahoe Behavioral,	Behavioral Health Task Force JOIN Senior Center Family Support Council Tribal Services Carson Valley Medical	Ron Wood FRC Community Center DCFS CASA/SAFE Carson Youth & Fam Moxy Up
--	---	--

Priority 2: Opioid Prescription Education

Douglas County will **prevent** and **intervene with** opioid misuse by increasing efforts related to opioid prescription education.

By Addressing the Risk and Protective Factors of...

Access

Through the Following Potential Activities...

- Douglas County will increase education efforts at the senior center to alert senior citizens to the dangers of keeping opioid prescriptions in their homes.
- Douglas County will support drug take back efforts.
- Douglas County will work with pharmacies and medical providers to bolster education efforts at the time prescription is issued (first time and renewal).
- Douglas County will promote non-opioid pain management techniques, e.g., yoga, meditation, etc.

With the Assistance of the Following Potential Partners...

Behavioral Health Task Force
Partnership Douglas County
Senior Center
Thrive, Tahoe Behavioral, Carson Valley Medical, etc.
Tribal Services
Community Center
Douglas Co. Social Services
Pharmacies
Public Health Clinic

Priority 3: Support School-Based Initiatives

Douglas County will **prevent** and **intervene with** opioid misuse by supporting Douglas County School District.



By Addressing the Risk (R) and Protective (P) Factors of...

Poor Academic Achievement (R)	Community Norms (R)	Pro Social Connections (P)
School Violence (R)	Emotional Self-Regulation (R)	



Through the Following Potential Activities...

- Douglas County will support Douglas County School District (DCSD) in supplementing or adopting evidence-based policies, programs, or practices that are designed to encourage academic achievement, emotional self-regulation, positive school environments, and foster pro social connections.
- Douglas County will support DCSD by providing an efficient, reliable referral and case management source for students and/or families who are identified as needing support (see Priority 1 – Case Management).
- Douglas County will support DCSD’s efforts to provide evidence-based education regarding health promotion and impacts of substance use on health.
- Douglas County will work with DCSD to remove barriers to family/caregiver or student involvement with school or enrichment activities (e.g., truancy enforcement, transportation, childcare, etc.).
- Douglas County will support DCSD’s adoption of restorative practices.



With the Assistance of the Following Potential Partners...

- Douglas County School District
- Partnership Douglas County
- Douglas County Sherriff’s Office School Resource Officer (SRO)
- Juvenile Probation Officers

Priority 4: Explore Opportunities for Interventions in Criminal Justice System

Douglas County will **intervene with** opioid misuse by exploring opportunities for interventions in the Douglas County Criminal Justice System.



Through the Following Potential Activities...

- Douglas County will expand staffing levels and training opportunities for MOST team.
- Douglas County will explore other opportunities to intervene with substance misuse throughout the criminal justice cycle for adults and juveniles (SBIRT or other valid, reliable screenings, referrals to behavioral health evidence-based education/intervention programs, etc.).
- Explore other opportunities for systemic intervention, including expanding existing behavioral treatment courts.

Examples of juvenile education/intervention programs: <https://web.3rdmil.com/>, Adventure-based (e.g., ropes course, collaboration with Community Center, etc. <https://cdc.thehcn.net/promiseppractice/index/view?pid=30261>).



With the Assistance of the Following Potential Partners...

Law Enforcement Officers
First Responders
All facets of criminal justice system
Behavioral health providers
Community Center
Healthy Kid Program

Priority 5: Education Campaign

Douglas County will **prevent, intervene with, and treat** opioid misuse by creating an education campaign for the general public.

By Addressing the Risk (R) and Protective (P) Factors of...

Community Norms (R)

Favorable Attitudes (R)

Family Dysfunction (R)

Through the Following Potential Activities...

-Clear, concise, actionable **prevention** messaging for families/caregivers focused on risk and protective factors.

-Clear, concise, actionable **intervention** messaging for individuals who are concerned about a friend, partner, or child's (adult or youth) substance use. Focus on treatment referral sources and support groups.

-Messaging that de-stigmatizes seeking **treatment** and provides referral information.

With the Assistance of the Following Potential Partners...

Douglas County School District
Partnership Douglas County

Priority 6: Detox to Treatment Transition

Douglas County will **treat** opioid misuse by decreasing barriers for Individuals leaving detox and entering treatment (residential or outpatient).



Through the Following Potential Activities...

- Douglas County will explore opportunities to enter into agreement(s) with residential treatment providers to ensure a certain number of beds are available for men, women, and youth per year.
- Douglas County will work to assign qualified Peer Recovery Support Specialists to individuals who are seeking treatment (any level).
- Douglas County will explore opportunities to enter into agreement(s) with detox and/or residential treatment providers to also offer outpatient treatment services in Gardnerville.



With the Assistance of the Following Potential Partners...

Carson City Community Counseling Center
Thrive, Moxy Up, Tahoe Behavioral, Carson Valley Medical, etc.
Peer Recovery Support Specialists

Priority 7: Aftercare/Recovery Capital

Douglas County will **treat** opioid misuse by supporting local aftercare/recovery capital services.



Through the Following Potential Activities...

- Douglas County will explore options for providing an evidence-based program for the families, partners, siblings, friends, and other loved ones of individuals working toward recovery. The program will educate loved ones about addiction and the best way to support the person in recovery. One example may be: <https://www.smartrecovery.org/family/>.
- Douglas County Licensed Social Workers (see Priority 1) will be trained to support individuals in recovery. For example: <https://r1learning.com/blog/2020/recoverycapital>
- Douglas County will explore options for providing sober living.
- Douglas County will work to match individuals seeking recovery to qualified Peer Recovery Support Specialists.



With the Assistance of the Following Potential Partners...

Carson City Community Counseling Center
Thrive, Moxy Up, Tahoe Behavioral, Carson Valley Medical, etc.
Peer Recovery Support Specialists
Douglas County Social Services

Priority 8: Recovery Workforce Development

Douglas County will **prevent, intervene with, and treat** opioid misuse by encouraging the growth of the substance misuse treatment and case management workforce.



Through the Following Potential Activities...

-Douglas County will publicize incentives for individuals interested in working in behavioral health and case management to live and work in Douglas County (i.e., Rural Housing Authority programs, student loan repayment, internship opportunities, etc).



With the Assistance of the Following Potential Partners...

Partnership Douglas County
JOIN
Douglas County Social Services

In addition to the priorities listed above, Douglas County will utilize a program evaluator to establish process and outcome measures and provide an evaluation report.

Douglas County will utilize the State's template for reporting and compliance with AB 374 to report all expenditures for all Opioid Litigation settlement and any other Opioid dollars biannually (1)(d).

Appendix A – Hypothetical Vignettes

Impact Evaluation & Assessment Services employed the anthropological tool of “the vertical slice” to demonstrate how Douglas County might interact with various groups of people (Stryker, et al). The following vignettes describe the likely experiences of hypothetical people. The vertical slice is continuum of substance use status and care (Source: Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs, and Health, 2016). The point of this exercise is to examine each step in the “continuum of care” and look around an individual 360° to learn how someone might interact with Douglas County’s prioritized approaches to prevention, intervention, and treatment. Any similarities to actual people or situations are purely coincidental.

Prevention

Heather is a senior at Douglas High School in Minden, NV. Heather lives with her mother and father. Her father works for the Bureau of Land Management and her mother works for the County. Heather has a reputation as being a rebel. She has had trouble controlling impulsive behaviors since she pulled the fire alarm in first grade. Heather’s friends are used to her coming up with crazy ideas, although they are not always sure they are good ideas. She got caught with alcohol last year and is still on probation.

Heather’s parents are never quite sure how to respond to the trouble she gets into. Her mom tends to want to punish her (e.g. ground her to the house, take away her phone, and restrict internet access). Her dad tends to say things like, “kids will be kids,” and thinks they should just let her figure things out on her own. Her dad sometimes works out in the field for days at a time. Her mom is usually in charge of discipline, but they frequently fight. From their perspectives, Heather’s parents really just wish someone would tell them what to do. Neither of them feels confident in their parenting decisions.

On one hand, Heather enjoys her reputation as a rebel and the fact that she is never really disciplined by her parents. On the other hand, she feels confused and frustrated in ways she can’t quite explain.

Heather suffered a knee injury playing soccer for her high school. She had surgery and was provided with a prescription for Oxycontin. She liked the way it made her disconnect from her frustration and confusion and was soon using it more than prescribed.

Douglas County’s priorities (#1, #2, #3, #5) have the opportunity to intervene in Heather’s situation as follows:

#1 – Case Management. Heather’s parents contacted the school social worker for a referral to parenting classes when she was in elementary school. This helped them support Heather as she learned to control her impulsive behaviors. The school used the centralized county-based Licensed Social Worker (LSW). The LSW followed-up with Heather’s family to ensure they were receiving the assistance they needed.

#2 – Opioid Prescription Education. Heather and her parents were provided written and verbal information about potential addiction and non-opioid pain options at the time Heather was first prescribed opiates. This education would be enhanced/repeated when Heather’s prescription was renewed. Heather is referred to some non-opioid pain relief techniques.

#3 – Douglas County School District. Heather has been provided evidence-based, age-appropriate education about substance use since she entered the first grade. Heather’s parents have been provided information as well. They are well aware of the dangers of opiate use. The school’s programs have helped Heather curb her impulsive tendencies over the years.

#5 – Public Education Campaign. Heather and her parents have seen public education campaigns alerting them to the dangers of opiate misuse. They have an open conversation with Heather about these potentials and closely monitor her use. If they have concerns about her use, they know there are local resources that can assist them.

If these action steps are effective, Heather and her family will be better prepared to help her safely use her necessary opiate prescription.

Intervention

Courtney is 23 years old and lives outside Gardnerville on a ranch with her family. Courtney hurt her back while baling hay six months ago. She underwent surgery and was prescribed Oxycontin.

Courtney has never displayed any signs of anxiety or depression. She doesn’t drink alcohol or use any other drugs. Courtney was never in trouble in school and has never been arrested or caused her parents any concern.

Courtney’s parents began to notice some changes in Courtney’s behaviors shortly after the surgery. She seemed fixated on when she could take her next pill and worried about whether or not her doctors would give her a refill. They

don't have any experience with substance abuse or misuse so they aren't sure what is going on.

Douglas County's priorities (#1, #2, #5) have the opportunity to intervene in Courtney's situation as follows:

#2 - Opioid Prescription Education. Courtney and her parents were made aware of the danger of addiction, both verbally and through print material, at the time she received her first prescription and at the time her prescription was renewed. She was referred to non-opioid treatment options.

#5 – Education Campaign for General Public and #1 – Case Management. Courtney's parents have heard information about opioid addiction on the radio and have an open conversation about their concerns with Courtney. At her next appointment, Courtney shares with her healthcare provider that she might not be in a good place with her need for the opiates. Her provider refers her to Douglas County Social Services for an SBIRT screener. The results of the SBIRT indicate that Courtney may benefit from brief intervention. The LSW makes a referral to a local provider and follows through to make sure Courtney receives the treatment she needs.

These action steps would effectively support Courtney and her family in their desire to avoid opiate use escalating to full addiction.

Treatment

Bill is 22 years old and works at a restaurant in Stateline. He loves to ski and hike and party with the Stateline tourists.

Bill was pulled over and arrested for DUI. During the course of his arrest, the Deputy found that Bill was in possession of 5 Oxycontin pills without a prescription.

Bill is released from jail following his arrest. He attends his first court appearance and enters into a plea agreement. He pays some fines and continues to party. His use escalates and he begins to commit additional crimes to support his habit.

Douglas County's priorities (#1, #4, #6, #7, #8) have the opportunity to intervene in Bill's situation as follows:

#1 – Case Management and #4 – Douglas County Criminal Justice System. The MOST Team recommends that Bill be screened for substance misuse disorder. At the time of his arrest, he is feeling particularly vulnerable and thinks this is a

good idea. The MOST Team provides Bill with referrals, the LSW follows through with Bill to make sure he is receiving the appropriate screening and treatment.

#6 – Decreasing Barriers from Detox to Treatment and #1 – Case Management. Bill screens positive for having an opiate misuse disorder. Part of his plea agreement includes him seeking treatment. The LSW helps Bill arrange a detox bed and a residential treatment bed.

#7 – Support Local Aftercare/Recovery Capital and #1 – Case Management. Once Bill leaves residential treatment, the LSW refers him to aftercare services, including transitional housing and peer recovery support.

#8 – Substance Misuse Treatment and Case Management Workforce. All of this is possible because Douglas County has worked to bolster a well-trained workforce.

With Douglas County’s priorities in place, Bill will be more likely to achieve and maintain long-term sobriety. He will be less likely to continue to commit crimes.

To reiterate, the object of looking at these vertical slices is to take a 360° view to brainstorm where and how people might interact with Douglas County’s prioritized steps. The exercise should help Douglas County to better understand the structures and systems in place and where they might best fit in.