

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 polices, procedures, and monitor funding requirements.

Background

The 2021 Nevada Legislature passed <u>Senate Bill 390 (SB390)</u>, 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)							
Торіс	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	Percent Change) State of Nevada	US - 2019 (Source:		
		of Change	from 2019		CDC)		
Percentage of high school	3.2%		•	2.6%	1.8%		
students who ever used heroin		+					
(Source: Nevada YRBS, 2021)			+68.4%				
Percentage of high school	16.1%	Ļ		16.4%	14.3%		
students who ever took		•					
prescription pain medicine			-11.5%				
without a doctor's prescription							
or differently than prescribed							
(Source: Nevada YRBS, 2021)							
Percentage of high school	26.7%			25.6%	Not		
students who thought it would		•	•		Available		
be "fairly easy" or "easy" to get			-26.4%				
prescription pain medicine if							
they wanted some (Source:							
Nevada YRBS, 2021)							
Percentage of high school	78.1%	1	L	75.5%	Not		
students who reported that they					Available		
think people [are risking] "great"			-2.98%				
or "moderate" risk if they use							
prescription drugs that are not							
prescribed to them (Source:							
Nevada YRBS, 2021)							
Percentage of high school	92.1%			89.3%	Not		
students who reported that their			•		Available		
parents feel it would be "wrong"			-4.46%				
or "very wrong" for them to use							
prescription drugs not prescribed							
to them (Source: Nevada YRBS,							
2021)							
Percentage of high school	78%			79%	Not		
students who reported that their					Available		
friends feel it would be "wrong"							
or "very wrong" for them to use							
prescription drugs not prescribed							
to them (Source: Nevada YRBS,							
2021)							

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 Ioneliness 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

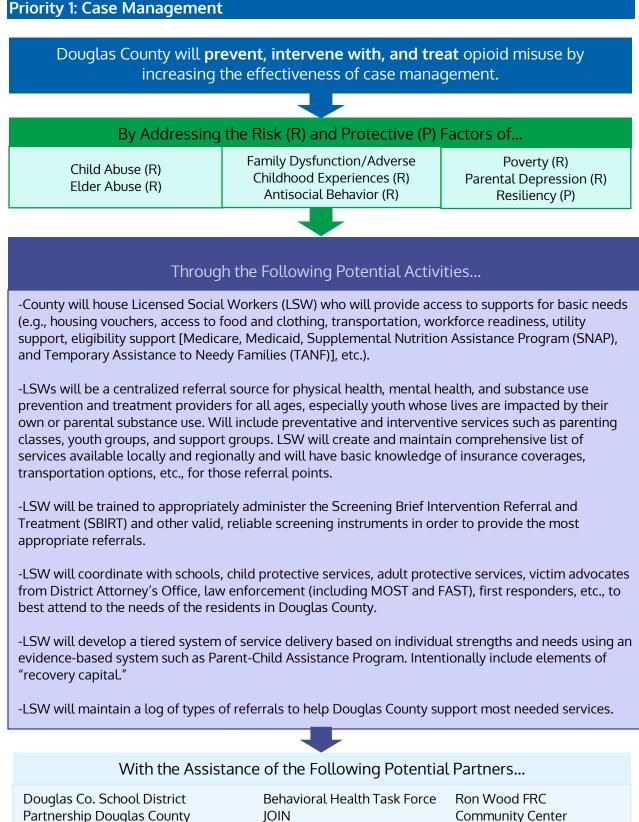
Residential Confusion about behavioral health holds Not enough availability

Aftercare/Capital Transitional housing

Funding and Implementation Plans

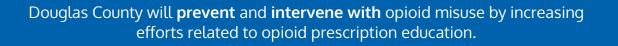
Douglas County will establish policies, procedures, and requirements for the use, administration and distribution of the settlement funds. The policies and procedures will align with the requirements described under SB 390 (1)(a)(c).

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



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





By Addressing the Risk and Protective Factors of...



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.

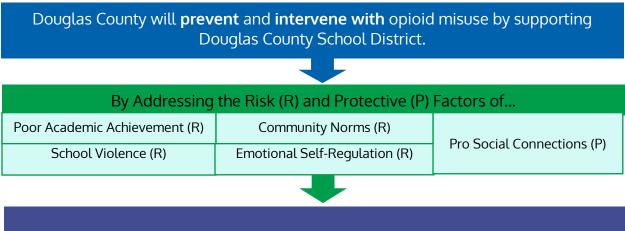
-Douglas County will work with pharmacies and medical providers to bolster education efforts at the time prescription is issued (first time and renewal).

-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



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).

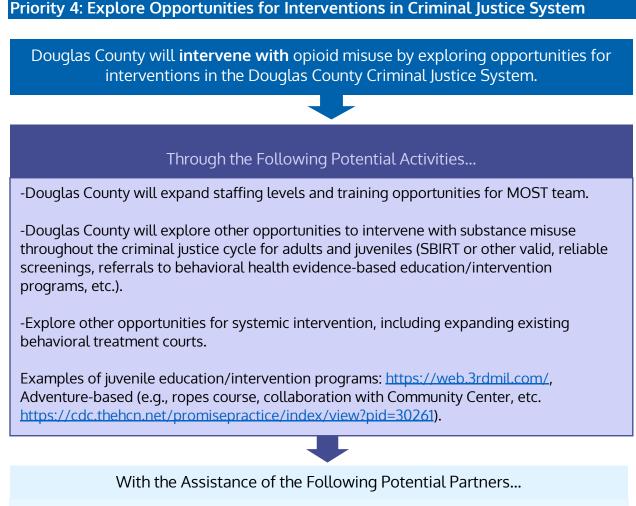
-Douglas County will support DCSD's efforts to provide evidence-based education regarding health promotion and impacts of substance use on health.

-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.).

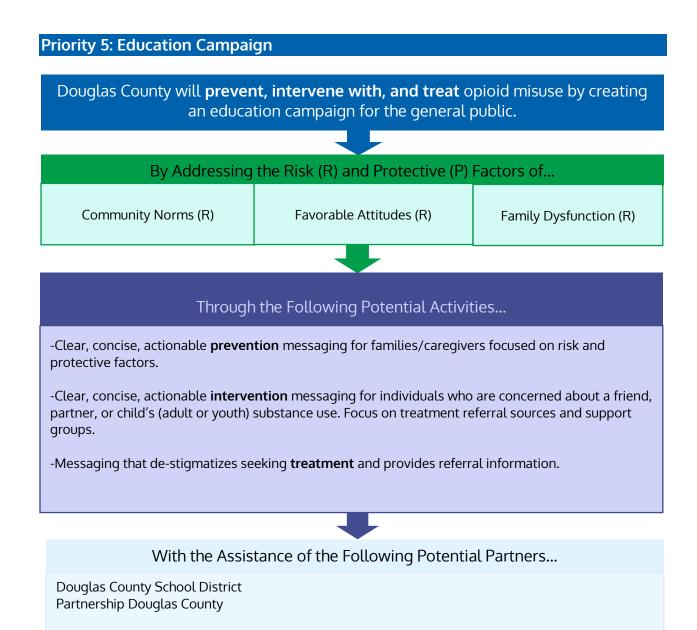
-Douglas County will support DCSD's adoption of restorative practices.

With the Assistance of the Following Potential Partners...

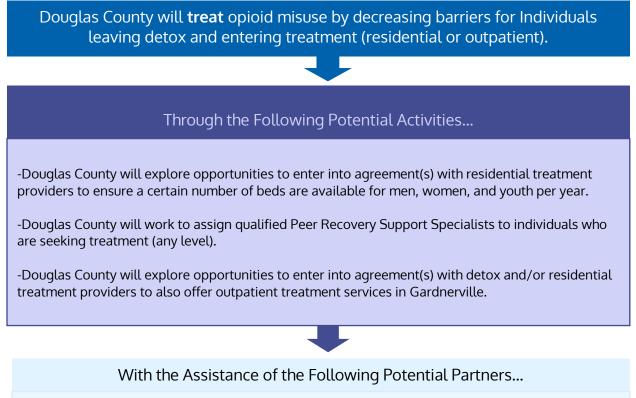
Douglas County School District Partnership Douglas County Douglas County Sherriff's Office School Resource Officer (SRO) Juvenile Probation Officers



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

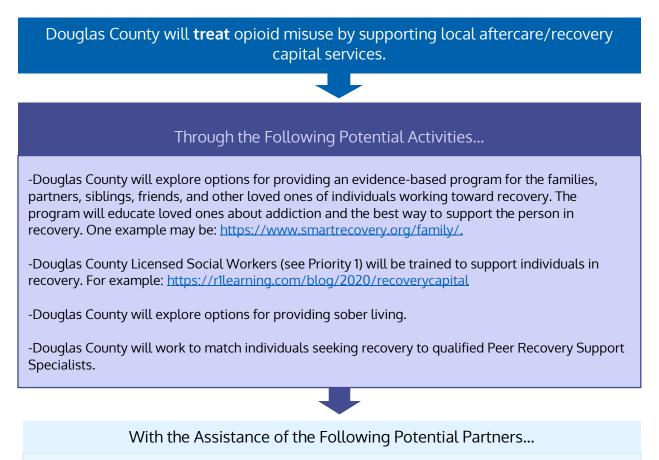


Priority 6: Detox to Treatment Transition



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





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



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.