Opioid Use/Misuse
NEEDS ASSESSMENT AND PLAN RECOMMENDATIONS

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EXECUTIVE SUMMARY

This document is a needs assessment and plan recommendations for addressing opioid use and misuse in Churchill County, Nevada.

- The Fund for a Resilient Nevada (FRN) was established to address the State's portion of opioid litigation recoveries.
- The Nevada Opioid Needs and Assessment Statewide Plan 2022 provides an overview of the current impact of opioids in Nevada and recommendations.
- The Statewide Plan also lays out where the State is allocating money to address the opioid use/misuse epidemic.
- Churchill County contracted with Winged Wolf Innovations, LLC, to conduct an opioid assessment, including a community survey and interviews.
- The county's population is 25,516 individuals residing in 9,595 households, with a population density of 5.2 inhabitants per square mile.
- The racial demographics of Churchill County include 83.3% White alone, 15.9% Hispanic or Latino, and 5.4% American Indian and Alaska Native.
- Naval Air Station Fallon has more than 3,000 Navy Personnel on the base at any time. Providing around 4,500 jobs to the local community.
- In 2020, the employment rate for the City of Fallon was 55.1%.
- The median household income in Churchill County is $69,922, with 4.8% of families living in poverty.
- 12% of the county's population is uninsured, and there has been a significant increase in Medicaid and Medicare enrollment.
- Churchill County is a Health Professional Shortage Area (HPSA) for primary medical care and mental health services.

<u>Methodology</u>

- The Churchill County NV Opioid Needs Assessment adheres to guidelines set by Nevada Revised Statutes (NRS) to evaluate the local opioid crisis comprehensively. The goals include assessing opioid use/misuse, identifying community needs, and formulating evidence-based recommendations.
- To gather data, the methodology employs Community-Based Participatory Research (CBPR) and a literature review. A survey instrument tailored to the community's needs was developed and administered via various channels, ensuring confidentiality. Efforts to improve response rates involves distributing flyers, sending reminders, leveraging key stakeholders, utilizing multiple communication channels, and conducting focus groups and interviews with stakeholders and individuals with lived experience.
- Survey answers and numerical information were analyzed to identify trends, patterns, and differences. By integrating stakeholder engagement and CBPR principles, actionable insights are generated to address the opioid crisis collaboratively.

Prescribing Rates in Churchill County

- In 2018, the opioid prescription rate in Nevada was the 2nd highest for hydrocodone and oxycodone, 4th highest for methadone, and the 7th highest for codeine.
- The majority of survey respondents' opioid use in Churchill County was prescribed by a physician for pain management.
- Opioid prescription rates in Churchill County have been decreasing since 2017 but are still significant.
- Methadone and buprenorphine prescription rates in Churchill County are relatively low compared to opioids.
- Women have a higher rate of opioid prescriptions than men in Nevada.

Opioid Dependency

- White Women have the highest rate of opioid dependency seen at Banner Churchill Community Hospital.
- Inpatient visits for opioid dependency in Churchill County have been decreasing since 2019.
- The Northern Behavioral Health Region, which includes Churchill County, has seen a decrease in emergency department visits for opioid dependency since 2016.
- The Northern Behavioral Health Region had the highest rate of inpatient visits for opioid dependency in Nevada from 2015 to 2020.

Opioid Poisoning

- The Northern Behavioral Health Region has seen a significant increase in substance-related poisonings in emergency departments since 2019.
- Opioid poisonings have consistently been higher than other substances in both emergency department and inpatient visits.
- Men, particularly younger white men, are more likely to suffer opioid poisoning in Churchill County.
- The Northern Region has the lowest rate of inpatient visits for opioid poisonings in the state.
- Suspected drug overdoses in Churchill County exceed the state average, with fluctuations over time.
- The total number of overdose encounters in Churchill County has been rising, with an increase in deaths in 2021 and 2022.
- There is a need to improve surveillance reporting, identify risk factors, increase naloxone availability, and create a suspected/street overdose response team.

Opioid Deaths

- Opioid-related deaths in Churchill County have remained relatively stable, with an anomalous spike in 2017.
- Opioids are the highest contributor to substance-related deaths in the Northern Behavioral Health Region.

Community-Based Indicators

- There is limited engagement (66.67%) between law enforcement and the community regarding the opioid crisis.
- Law enforcement in Churchill County has made arrests for possessing and selling opioids.
- Law enforcement is supportive but lacks resources for extensive community education.
- Suggestions from law enforcement to prevent opioid misuse include stricter enforcement of drug laws, enhanced collaboration with healthcare providers, and increased community education.
- Law enforcement identified challenges in tracking certain data, such as opioid withdrawals in jails or the number of residents obtaining high-dose prescriptions.
- 66.67% of law enforcement respondents reported not being equipped with naloxone in the event of an opioid overdose, highlighting a potential gap in emergency response capabilities.
- Suggestions from law enforcement focus groups included advocating for more laws requiring treatment center diversion, educating legislators on drug effects for enacting harsher penalties, increasing law enforcement empathy through education, and providing specific training and resources.
- Middle and high school students in Churchill County have shown low rates of non-medical prescription drug use.
- Perception of risk and disapproval of opioid use varies among parents, peers, and students.
- Treatment options and funding need to be expanded to address the opioid crisis in Churchill County.
- Mental health support services and accessible treatment centers are lacking in addressing opioid use in the community.
- There is a need for increased education and awareness about opioids and their risks in Churchill County. Churchill County lacks resources and support for individuals dealing with opioid use.

Community Response

- There's a split opinion within the community regarding the critical nature of opioid use and misuse.
- Participants expressed feelings of humiliation, stigma, and fear associated with seeking treatment for opioid addiction.
- Challenges such as fear of job loss, financial instability, and fear of losing custody of children were identified as barriers to seeking treatment.
- Childhood trauma, lack of activities, and familial influence were cited as causal factors for opioid use.
- 60% of survey respondents felt there weren't enough resources to address opioid use, while 20% were aware of available community resources.
- Suggestions for policy measures included increased funding for treatment programs, stricter prescription policies, harm reduction policies, and criminal justice reform.

- Community members advocated for bringing various stakeholders to the table, including military/naval bases, hospitals, tribes, and law enforcement.
- Community providers demonstrated moderate to strong collaboration, including sharing electronic health records, providing ongoing education, and implementing a team-based approach to patient care.
- However, challenges such as stigma and insufficient resources were identified as barriers to effective community support.
- Bureaucracy was identified as a barrier to addressing opioid use and misuse in Churchill County, potentially hindering the implementation of effective interventions.

Insights from Opioid Users:

- Stigma emerged as the primary barrier to seeking treatment, with participants expressing reluctance due to fear of judgment and societal perceptions.
- Other barriers included fear of job loss, financial instability, fear of losing custody of children, and challenges with admission criteria for treatment centers.
- Factors such as the severity of withdrawal symptoms, lack of support, and challenges in resisting the urge to use during stressful times or withdrawal symptoms hindered individuals from seeking treatment sooner.
- 80% of current or previous opioid users weren't seeking help, citing reasons such as fear of withdrawal, societal judgment, and lack of support.
- Opioid users felt misunderstood and unsupported by society, including family members, and faced challenges accessing treatment due to stigma and fear of consequences.

Clinical Indicators

- Churchill County had a utilization rate of 3.75% and treated more than 400 patients each year for mental health counseling.
- The number of unique clients served by state-funded mental health facilities in the Northern Region increased from 2,472 in 2011 to 2,725 in 2019.
- Providers face challenges in maintaining patient engagement, geographic barriers limiting access to support services, and funding limitations for follow-up programs.
- Challenges in providing opioid treatment include the limited availability of medication-assisted treatment (MAT) providers, the stigma surrounding MAT, stringent regulations, and limited awareness of MAT's effectiveness.
- Challenges in tailoring treatment plans include limited resources, logistical challenges in adjusting plans, and the complexity of addressing co-occurring conditions.
- Providers address misconceptions by taking a patient-centered approach, collaborating with peers, engaging in open discussions, and utilizing educational materials.
- Client focus groups unanimously agreed that opioid use results from mental illness and childhood trauma, with survey respondents supporting this notion.
- Respondents experienced negative consequences of opioid use, including a decline in overall mental and physical health, legal issues, and strained relationships.
- Opioid use affected work and academic performance, leading to challenges such as absenteeism and decreased productivity.

Adult and Youth Risk Factors

- Data from the UNR-NV YRBS survey shows a slight increase in high school students' use of non-prescribed medications from 2015 to 2021.
- Perception of risk among high school students decreased significantly in 2021, indicating a declining concern about the dangers of non-prescribed medication use.
    - Similarly, the perception of parental and peer disapproval decreased, raising concerns about increasing risky behaviors.
- Trends in middle school students' non-prescribed medication use mirrored those of high school students, with a steady increase observed from 2015 to 2021.
    - However, there was a slight increase in the perception of risk among middle school students, which is a positive trend.
- Heroin use among high school students saw an uptick in 2017 but has since decreased.
    - However, there have been fluctuations in usage among different grade levels over the years. There's a need to address the increasing trend of heroin use among middle school students, which has been consistently rising since 2017.
- There's a concerning trend of decreasing perception of risk and disapproval of non-prescribed medication use among both high school and middle school students, indicating a potential normalization of risky behaviors.
- The sources of opioids for youth include sharing among peers and obtaining them from family and friends, highlighting the need for intervention and prevention efforts at various levels.
- Changes in perceptions and attitudes, particularly among parents and peers, may influence youth behaviors regarding drug use.
- The lack of parental involvement and inconsistent rules contribute to youth drug use in Churchill County.
- An important consideration would be to include educating parents on drug prevention, providing affordable activities for youth, and addressing the stigma around treatment.
- The community should explore outreach programs, scholarships, and summer clubs to keep youth engaged and prevent substance use.
- Churchill County offers various drug education programs, but there is a need to address stigma and expand prevention efforts.

Drug Diversion

- Churchill County has implemented a drugs and sharps round-up program to help prevent recreational drug use and unsafe disposal of sharps.
- Prescription drug drop boxes are available 24/7 for residents to dispose of unneeded drugs, with plans for additional drop boxes in the future.
- The sharps exchange program allows residents to exchange full sharps containers for empty ones, reducing the risk to intravenous drug users and the community.
- New Frontier Behavioral Health Center offers Early Intervention Services for individuals at risk of developing substance-related problems, including DUI Education Courses.

- Recommendations include implementing clean exchange programs, safe injection sites, and harm reduction vending machines to further address drug use in the community.

Parental Diversion

- The focus groups highlighted a concerning trend of parents increasingly neglecting or ignoring signs of drug use among youth, contributing to the epidemic.
- This lack of parental involvement and inconsistency in setting rules exacerbates family conflicts, leading to youth taking on adult responsibilities prematurely.
- The Churchill Community Coalition (CCC) has struggled to engage parents in educational programs, with low voluntary participation leading to the discontinuation of classes.
- A stigma associated with seeking help from mental health providers further hampers efforts to address parental concerns.
- Suggestions for addressing parental diversion include launching outreach campaigns to raise awareness of youth drug use prevalence, promoting conversations between parents and children about opioid use, and offering resources for parents to support their children effectively.
- Concerns about potential increases in child abuse resulting from negative parental reactions to substance use highlight the need for careful implementation and support for any interventions.

Youth Diversion

- Limited affordable community events and activities leave youth with few alternatives to substance use, especially for those who cannot afford sports or dance programs.
- Focus group recommendations include expanding programs like community centers and outdoor activities to provide safe and constructive alternatives.
- Concerns about students attending school under the influence underscore the need for incentives promoting healthy behaviors and preventing substance use.
- Suggestions include incentivizing sobriety with cafeteria points the student can use for snacks or at a “school store” on something they want, creating youth groups and mentoring programs, and expanding Medicaid coverage to include memberships to public facilities.
- Proposed initiatives also include developing in-school sober awareness clubs, offering scholarships for low-income students to access recreational activities, and providing additional counseling and support groups within schools to prevent substance use among youth.
- Overall, both parental and youth diversion tactics emphasize the importance of community engagement, education, and support to address the root causes of substance abuse and provide constructive alternatives for youth.

Intervention- Community Treatment Capacity

- Drug Court programs provide assessment, treatment, and referrals for court-assigned individuals.
- Services are based on a restorative justice model and include incentives and sanctions.

- Motivation enhancement approaches are utilized to encourage behavior change.
- Activities are designed to benefit other people and promote positive behavior.
- Programs are phased with service intensity step-downs.
- Staff members model behavior for clients.
- The number of patients at New Frontier Behavioral Health Center increased for detoxification, residential, and outpatient services from FY2021 to FY2023.
- Different levels of outpatient services are available for adolescents and adults, including intensive outpatient and partial hospitalization.
- Recommendations include expanding and/or creating additional treatment options in the community.

SUMMARY OF RECOMMENDATIONS

The recommendations are intended to assist Churchill County and local agencies in the development of a local plan to address the use/misuse of Opioids in Churchill County. The recommendations have been presented in a manner that is in alignment with the goals and objectives of the 2022 Nevada Statewide Opioid Plan.

GOAL 1: ENSURE CHURCHILL COUNTY AND LOCAL AGENCIES HAVE THE CAPACITY TO IMPLEMENT RECOMMENDATIONS EFFECTIVELY AND SUSTAINABLY.

Increase data collection from various sources related to substance use, including schools, law enforcement, courts, and medical facilities.

GOAL 2: PREVENT THE MISUSE OF OPIOIDS.

Various objectives focus on educating the public, especially parents, on opioid prevention and treatment, breaking the stigma associated with substance use, and providing resources and support for families and youth.

- Identify risk factors for opioid misuse and overdose, including the distribution of drug testing equipment.
- Public education on opioid prevention and treatment, targeting parents and breaking the stigma around substance use issues.
- Educating parents and the public on recognizing adverse childhood experiences (ACEs) and preventing opioid misuse.
- Coordination of family-related efforts across agencies to support youth and adolescents who have experienced ACEs.
- Implement the broad use of prevention specialists, sober school programs, and awareness campaigns.

GOAL 3: REDUCE HARM RELATED TO OPIOID USE.

Objectives aim to increase access to naloxone and fentanyl testing supplies, support safe harm reduction behaviors, and distribute clean needles and safe injection sites.

- Increase the availability of naloxone and fentanyl testing supplies.
- Support of safe harm reduction behaviors among people using opioids, including the distribution of clean needles and safe injection sites.

GOAL 4: PROVIDE BEHAVIORAL HEALTH TREATMENT.

Objectives include expanding evidence-based programs in schools, increasing access to mental health counseling, expanding rehabilitation programs, and providing scholarships for those affected by the opioid epidemic.

- Increase training and implementation support for evidence-based practices, including suicide prevention programs and mental health counseling.
- Provide a scholarship fund to support individuals affected by the opioid epidemic, addressing various needs such as housing and bills.
- Increase treatment funding options for everyone, regardless of insurance status, and provide resources for those generally not permitted to access treatment.
- Increasing the effective utilization of telehealth, including teleMAT services and a mobile MAT program.

GOAL 6: PROVIDE OPIOID PREVENTION AND TREATMENT CONSISTENTLY ACROSS THE CRIMINAL JUSTICE AND PUBLIC SAFETY SYSTEMS.

Recommendations involve expanding drug courts, utilizing medication-assisted treatment (MAT) in jails, and diverting individuals to treatment instead of incarceration.

GOAL 7: INCREASE AVAILABILITY OF DATA FOR RAPID RESPONSE TO OPIOID TRENDS.

Recommendations focus on improving data collection and sharing across various institutions and collecting detailed demographic and institutional data to inform targeted interventions. Collaboration with the Nevada Division of Public and Behavioral Health (DPBH) is suggested to access specific data related to opioid deaths.

Overall, the recommendations emphasize the importance of comprehensive data collection, education, prevention, harm reduction, treatment access, and collaboration across agencies to address the opioid epidemic effectively in Churchill County.

SECTION 1: BACKGROUND

The Fund for a Resilient Nevada (FRN) was established under Nevada Revised Statutes (NRS) 433.712 through 433.744 specifically to address the State's portion of opioid litigation recoveries. Administered by the Nevada Department of Health and Human Services (DHHS) Director's Office, as mandated by NRS 433.732, FRN utilizes recoveries from litigation involving the manufacture, distribution, sale, or marketing of opioids. Funds are deposited through the Attorney General's Office from litigation, settlements, and bankruptcies related to opioids.

In 2022, the State of Nevada contracted Mercer to conduct a comprehensive statewide opioid needs assessment and action plan. The Nevada Opioid Needs and Assessment Statewide Plan 2022 (Nevada Statewide Plan) amalgamated information from over 50 source documents. It provides an overview of the current impact of opioids in Nevada, existing systems addressing opioid use, recommendations, and a detailed statewide plan. This plan includes a rating scale assessing the potential impact, urgency, feasibility, and alignment with legislative targets for each recommendation.

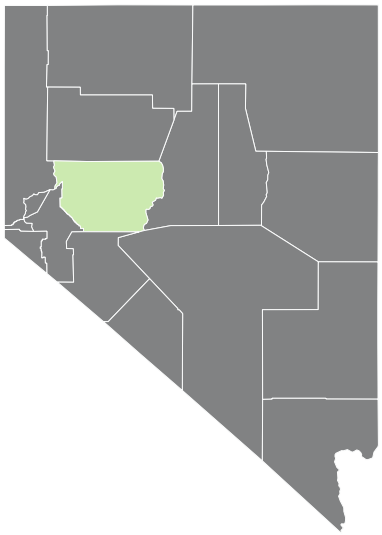
On March 2, 2023, the State issued a Notice of Funding Opportunity (NOFO) for the FRN Opioid Recoveries Treatment Programs. The NOFO stipulated that FRN funding must align with the Nevada Statewide Plan, excluding unspecified activities. State law mandates that government entities receiving grants under NRS 433.738(b) must conduct a new needs assessment and update their plan at least every four years or as directed by the Department of Health and Human Services.

Recognizing limited funding, the State allocated resources for each county or local, regional, or Tribal entity to utilize Mercer's technical support. The Nevada Association of Counties facilitated communication of this opportunity to counties. Churchill County (Churchill) coordinated with Mercer through the Nevada Association of Counties to improve their needs assessment and align recommendations with the Nevada Statewide Plan. Churchill provided Mercer with copies of the Churchill Community Coalition (CCC) Comprehensive Community Prevention Plan 2020–2023, which aims to prevent substance abuse and improve mental health wellness in Churchill County. The CCC focuses on supporting the psychological and physical wellness of youth, families, and adults to prevent negative behaviors related to substance abuse.

In the fall of 2023, Churchill County contracted with Winged Wolf Innovations, LLC, to execute an opioid assessment that included a community survey, interviews, and focus groups. This report is a compilation of the community survey and assessment process results and Mercer's recommendations.

Section 1.1: Community Overview

Figure 1.Churchill County, NV



The State of Nevada is in the Western U.S. and was the 36th State added to the Union. Churchill County stands out for its unique geographical features within the Northwest area of Nevada. Situated east of California, Reno, and Carson City, the county spans 5,024 square miles and encompasses a diverse terrain, including mountains, valleys, lakes, and ponds. The region is defined by its rugged mountainous ridges and abundant bodies of water, such as the expansive Lahontan Reservoir and the tranquil marshes of Little Mallard Pond. Notably, the county's highest point, Desatoya Peak, reaches 9,977 feet, while Mount Augusta is the most prominent peak at 9,970 feet. Highway 50, known as "The Loneliest Road in America," passes through Churchill County, connecting popular destinations like Lake Tahoe with rural and urban areas, positioning Churchill at the intersection of these environments.

According to the 2020 United States Census Data, the county's population stood at 25,516 individuals residing in 9,595 households, 2,615 of which are families with children under 18. The population density was recorded at 5.2 inhabitants per square mile, with 11,015 housing units at an average density of 2.2 units per square mile.[i]

The following figure illustrates the racial makeup of Churchill County:

Figure 2. Churchill County Racial Demographics.

White alone, percent	83.3%
White alone, not Hispanic or Latino, percent	70.8%
Hispanic or Latino, percent(b)	15.9%
American Indian and Alaska Native alone, percent(a)	5.4%
Two or More Races, percent	5.1%
Asian alone, percent(a)	3.0%
Black or African American alone, percent(a)	2.9%
Native Hawaiian and Other Pacific Islander alone, percent(a)	0.4%

Source: United States Census Bureau 2020 Decennial Census
https://data.census.gov/profile/Churchill_County,_Nevada?g=050XX00US32001

In 2022, the median household income of Churchill County households was $69,922. Churchill County households made slightly more than Clark County households ($69,911) and Carson City/county households ($67,465). However, 4.8% of Churchill County families live in poverty. [ii]

The 2024 unemployment rate for Churchill County averages 4.1% compared to the rate in the state of Nevada, which is 5.2%.[iii] Churchill County's per capita income is $50,081, which is lower

than the average rural and frontier counties of $52,626, the urban region at $53,831, the state average of $53,720, and the U.S. average of 59,510.[iv] For Churchill County, 57% of the per capita income comes from net earnings, 27% from transfer payments (Social Security, Retirement, Unemployment, or other government payments), and 16% from dividends, pensions, interest, etc...[iv]

The Fallon Paiute Shoshone Tribe of the Fallon Reservation and Colony is a federally recognized tribe of Northern Paiute and Western Shoshone Indians in Churchill County, Nevada. The Fallon Paiute Shoshone Tribe has a tribal membership that is a descendant of the People of the Marsh-Toi Ticutta (Tule Eaters)-Northern Paiutes and Western Shoshones. The Tribe has an elected governing body called the Fallon Business Council (FBC). The FBC comprises a Tribal Chairman, Vice Chairman, Secretary, Treasurer, and three (3) Tribal Council Members that serve staggered four (4) year terms. The native culture is Northern Paiute (NUMU) and Western Shoshone (NEWE), and the native languages of the Tribe are Northern Paiute and Western Shoshone. The primary language spoken by tribal members is English. The Tribe has an estimated resident population of 1,461 individuals. The Tribe is comprised primarily of two communities – the Stillwater Reservation, about 8,500 acres. The reservation is located about 12 miles from the city of Fallon and the Fallon Colony, about 60 acres, and is located about one mile from the city of Fallon. The tribe operates several programs and services, including healthcare, education, cultural preservation, and natural resource management.[iv]

Churchill County is home to Naval Air Station Fallon (NAS Fallon), which is one of three military installations in Nevada. NAS Fallon is made up of nearly 250,000 acres of land, including multiple ranges for air-to-land training and the main base facilities. NAS Fallon houses more than 3,000 active-duty personnel at any time, with that population surging during “Air Wing Fallon” operations when entire carrier groups’ pilots are in Fallon, NV, for training. On base, family housing only accommodates about 53% of the family housing needs for the base, with the rest seeking housing in Churchill County and the City of Fallon. The same is true for single service members who do not qualify or were unable to secure an on-base barrack. In 2015, NAS Fallon generated $517 million for the local economy, with “$84 million in direct payroll for personnel working at the base in 4,586 jobs and created $22 million in state and local taxes.” As of 2014, it was estimated that NAS Fallon generated between 40 and 50 percent of the economic base for Churchill County.[v] [vi]

The City of Fallon is the only incorporated city in Churchill County, and it is 3.71 square miles in size. As of 2020, the population of Fallon was 9,327 people and 4,196 households. The median income in the City of Fallon is $63,490, with an employment rate of 55.1%. Approximately 6.9% of the residents in the City of Fallon are without health insurance.

12% of Churchill’s population is uninsured, higher than other rural areas, at 11%. From 2011 to 2021, Churchill County saw a significant Medicaid enrollment increase at 85%, with 25% of the population receiving Medicaid. This enrollment rate is higher than the remaining rural and frontier counties but less than the state average. From 2013 – 2022, Churchill County saw a

significant Medicare enrollment increase at 22%, with 22% of the population receiving Medicaid. This is less than the remaining rural and frontier counties but higher than the state average.[iv]

Below are statistics that may impact Churchill County's ability to address the opioid crisis: [iv]

- The percentage of the military veteran population was 11% in Churchill County compared to 7.5% in urban areas.
- Churchill is the 5th largest Rural and Frontier County with a projected growth rate of 10% by 2033.
- Churchill is one of the least healthy counties in Nevada, alongside Lander, Mineral, and Nye.

The availability of healthcare to address the opioid crisis is an essential factor in being able to address the situation effectively. Regarding healthcare availability in Nevada[iv]:

- On average, Nevada's 14 rural and frontier hospitals, serving an estimated population of 287,228 residents scattered over 95,431 square miles, are 56 miles from the nearest hospital and 109 miles from the nearest tertiary care hospital.
- Churchill County has been identified as a Health Professional Shortage Area (HPSA) in Nevada for primary medical care and mental health services.
- In 2023, there were 7,259 licensed community hospital beds in Nevada, including 245 licensed community hospital beds in rural and frontier counties. Banner Churchill Community Hospital is located in the City of Fallon and is the only community hospital in Churchill County with 25 community hospital beds. This hospital is 27 miles from the next nearest incorporated town, Fernley, and 56 miles from the next closest hospital, 63 miles from the nearest tertiary hospital, and 64 miles from the Office of Rural Health in Reno.
- In 2023, there were 2.1 licensed community hospital beds per 1,000 population in Nevada, .8 licensed community hospital beds per 1,000 population in rural and frontier counties compared to a rate of 2.2 in urban counties. The top 5 types of hospital admissions in rural areas were COVID-19, newborn deliveries, septicemia, heart failure, and pneumonia.
- Two rural health clinics serve Churchill County: Banner Health Center – Fernley and Banner Health Clinic – Fallon. There is also the tribal medical clinic and health center, the Fallon Tribal Health Clinic.

Churchill County has benefited from a stable economy due mainly to key community assets, including the mainstay agriculture industry, a unique renewable energy production industry, and the military/government stimulus that is Naval Air Station Fallon, featuring the famous TOPGUN and SEAL training centers. Thanks to its renewable green energy resources, the county is a net exporter of green energy. The newest addition is the Churchill Hazen Industrial Park (CHIP), which is a new economic development opportunity that is flat land adjacent to U.S. Highway 50A and 20 miles to Tahoe Reno Industrial Center (Tesla Gigafactory, Switch, Google, Apple, and many other world-renowned companies). According to the Governor's Office of Economic Development, Churchill County is expected to grow 12.61% by 2035. Planned residential developments are under construction, with 9,878 acres zoned commercial/industrial. [vii]

SECTION 2: NEEDS ASSESSMENT

Section 2.1: Methodology

The Churchill County NV Opioid Needs Assessment is in alignment with the guidelines set forth by the Nevada Revised Statutes (NRS), aimed to evaluate the current opioid crisis in Churchill County, identify the specific needs of the community, and develop actionable recommendations to address the opioid epidemic effectively. The goals of the Assessment were to:

- Assess the use/misuse of opioids in Churchill County, including overdose rates, related social and economic impacts, trends in opioid use, overdose rates, and related health and social consequences.
- Identify the specific needs and challenges faced by the Churchill County community in addressing the opioid crisis, including determining the availability and accessibility of opioid addiction treatment and recovery services within the county.
- Develop evidence-based recommendations to address the identified needs, focusing on prevention, treatment, harm reduction, and community support.

The Opioid Survey Assessment methodology sought to comprehensively gather stakeholder information and engage in Community-Based Participatory Research (CBPR) to address the opioid crisis effectively. Initially, a literature review of existing data occurred to identify gaps and identified information that would be helpful in assessing the opioid issue. The Community Leadership Group reviewed the draft survey instruments to ensure the research questions were reflective of what was needed to address the opioid issue in Churchill County. A survey instrument was developed to gather quantitative and qualitative data on various aspects of the opioid crisis with survey questions tailored to the specific needs and characteristics of the community.

The survey was administered using multiple methods to reach diverse participants, including online surveys, the distribution of paper surveys, focus groups, and interviews. The survey process ensured the confidentiality and anonymity of survey responses to encourage honest and open participation. The following activities occurred in order to improve the response rate:

- Created a flyer with a QR code, emailed it, and posted it in different facilities.
- Sent several survey reminder emails to everyone and requested everyone send them to their contact list to encourage survey completion.
- Requested that the survey link be added to the appropriate websites.
- Identified key stakeholders and influencers within the community to help promote the survey, including high-ranking officials who could send out the link and encourage participation.
- Used a variety of communication channels such as social media, community newsletters, meetings, and local events.
- Printed hard copies of the survey were placed at different locations and distributed during the Point in Time Count.

Focus groups and interviews were held in person with people with lived experience and community stakeholders. Efforts to get responses from people with lived experience and family members of such individuals include paper surveys distributed and collected with the drug treatment facility, Frontier, as well as other community agencies. Community partners also encouraged their clients, colleagues, and contacts to complete the survey. The Community Partnership group represented in this collaborative effort included:

- Access to Health
- ADSD - Rural Regional Center
- Banner Churchill Community Hospital
- Banner Health
- Central Nevada Health District
- Churchill Community Coalition
- Churchill County
- Churchill County Human Services
- Churchill County Juvenile Probation
- Churchill County School District
- Churchill County Sheriff's Office
- Churchill County Social Services
- City of Fallon / CART / Coalition for Seniors
- Department of Child and Family Services
- Department of Health and Human Services
- Department of Welfare and Supportive Services
- Fallon Paiute Shoshone Tribe
- Fallon Police Department
- Fallon Rural Clinic
- Fallon Tribal Health
- Family Navigation Network at the Nevada Center for Excellence in Disabilities
- Nevada Department of Veterans Services
- New Frontier Behavioral Health Center
- Oasis Academy
- Pregnancy Center
- Veterans' Healthcare Champion
- Winged Wolf Innovations, LLC

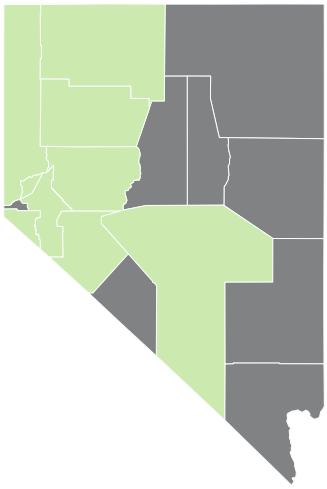
The survey answers and numerical information were analyzed to identify trends, patterns, and differences related to the use of opioids, treatment, and preventive actions. At the same time, a detailed review of qualitative data was carried out to reveal common themes, experiences, and perspectives shared by the participants. By integrating stakeholder engagement and CBPR principles into the opioid survey assessment methodology, the research created actionable insights. It empowered Churchill County to address the opioid crisis with a collaborative action plan.

Section 2.2: Impact of Opioids on Churchill County

SECTION 2.2.1: Prescribing Rates

Nevada, like most states in the US, has seen an increase in opioid and other substance use and misuse in the 21st century. According to the *State of Nevada Plan to Reduce Prescription Drug Abuse,* as of 2018, Nevada was among the highest States for Prescription Painkillers sold and for drug overdose deaths on a per capita basis.[viii]

Figure 3. The Drug Enforcement Administration map for 894 zip code



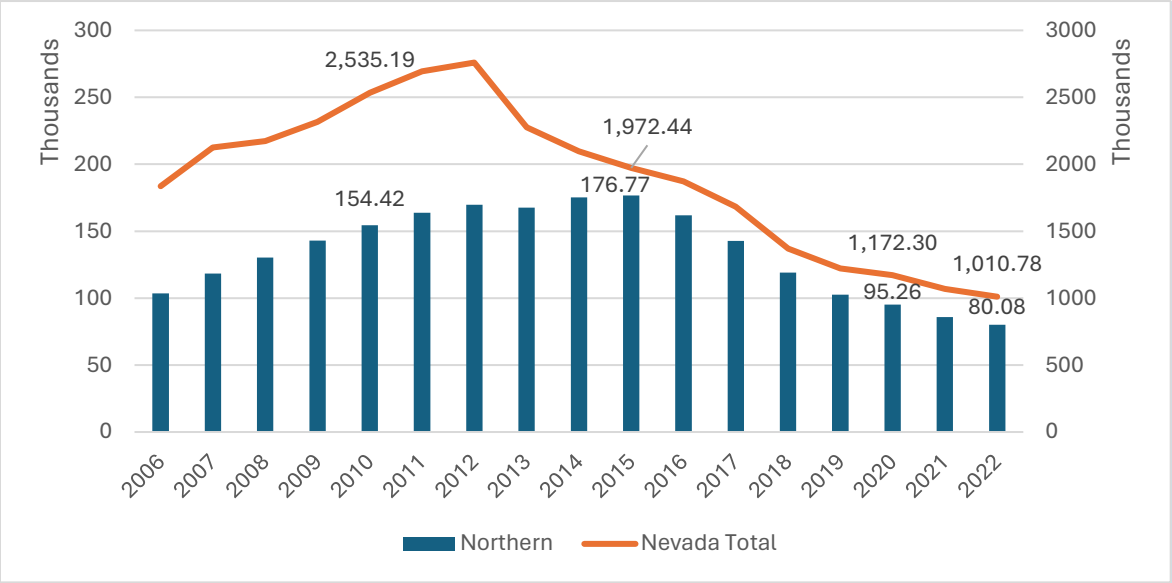
Source: Created by WWI to represent the region as defined by DHHS at https://www.leg.state.nv.us/App/InterimCommittee/REL/Document/28142

The report states as of 2018, Nevada's National Opioid Prescription rate was:

- 2nd highest for hydrocodone (Vicodin and Lortab)
- 2nd highest for oxycodone (Percodan and Percocet)
- 4th highest for methadone
- 7th highest for codeine

The United States Drug Enforcement Administration's Diversion Control Division releases data for Retail Drug Sales every year. They group the data by every state's first three digits of zip codes. Churchill falls into the Nevada 894-zip code. The counties within that zip code are Churchill, Douglas, Humboldt, Lyon, Mineral, Nye, Pershing, Storey, and Washoe. The figure below is a condensed version of 17 years of opioid sales in Nevada and in the 894-zip code. As shown in Figure 4 below, prescription sales have slowed since 2015 but are still significant. Also worth noting is that the DEA changed the reporting method in 2018, and the new process does not report as many substances as the older reports did. Therefore, some of the decrease could be attributed to a change in reporting methodology.

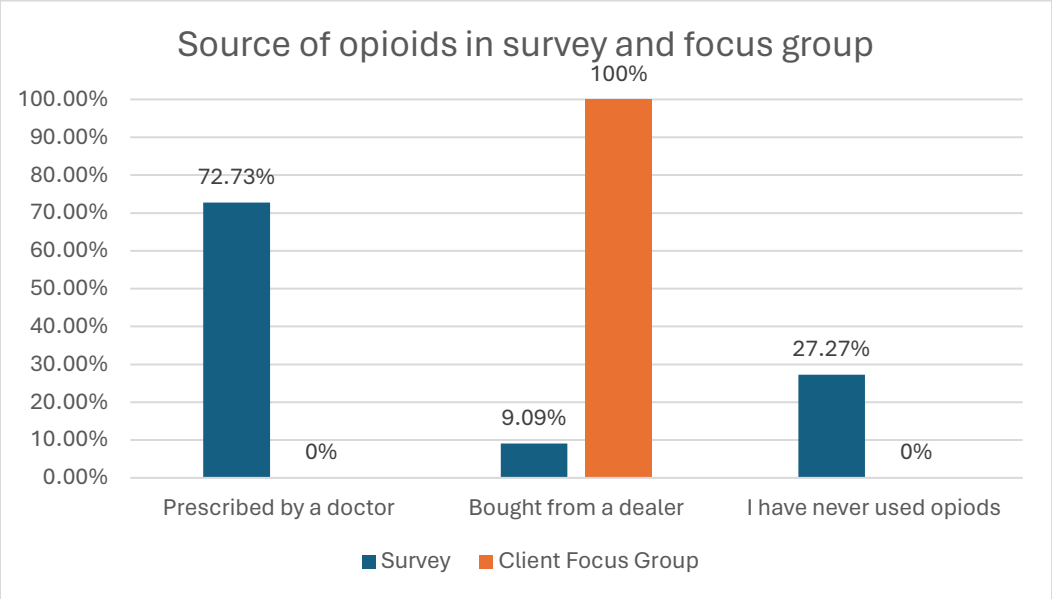
Figure 4. DEA Retail Drug Sales in Nevada, state and 894 looking at Opioids.



Source: DEA ARCOS Retail Drug Summary Reports. https://www.deadiversion.usdoj.gov/arcos/retail_drug_summary/arcos-drug-summary-reports.html. Appendix B

Survey data indicated that the majority of respondents' opioid use was prescribed by a physician (72%) for pain management (50%), with an average use of less than six months (45%). Whereas the client focus groups yielded information that 100% of the users obtained their opioids through a dealer and were using them due to childhood trauma or a mental illness that led to long-term substance abuse.

Figure 5. Survey and Focus Group responses on the source of opioids.

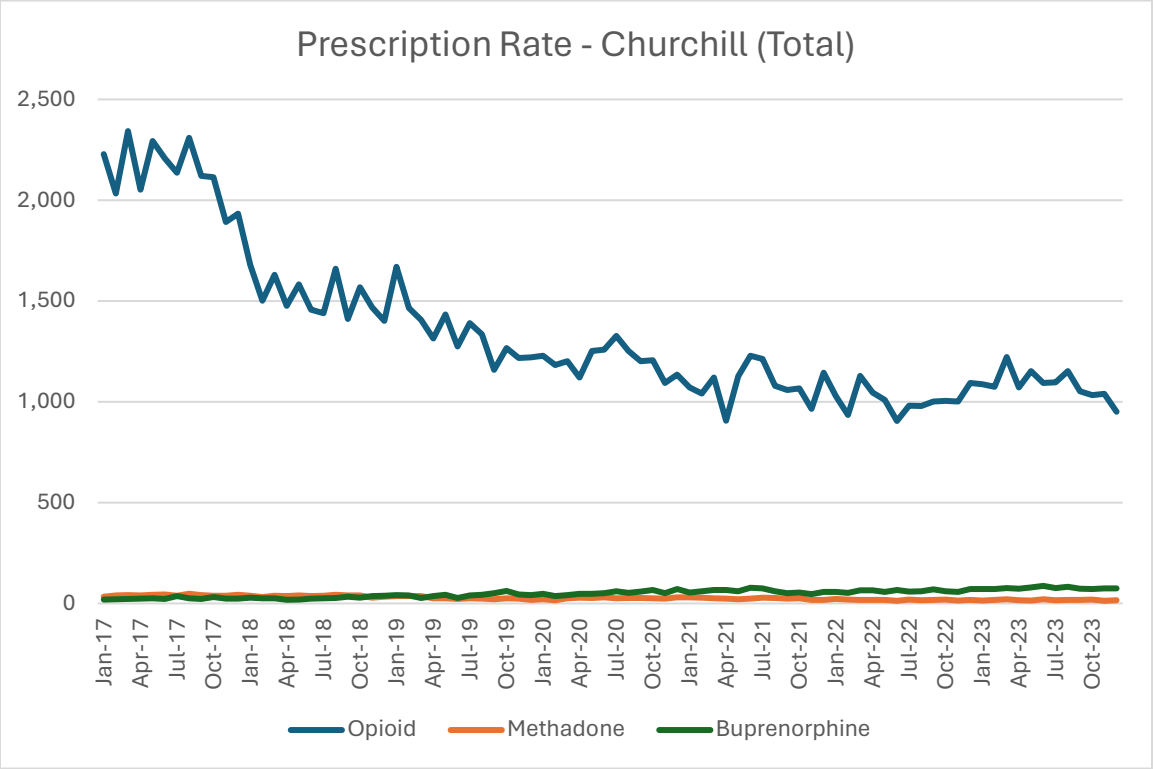


Source: WWI conducted surveys and focus groups

Figures 6, 7, and 8 all show the time series of prescription rates for Churchill County from January 2017 through October 2023. The data was collected by the Nevada Department of Health and Human Services and made available through their Monitoring Prescription Monitoring Program Dashboard.[ix]

Figure 6 shows the total data of Opioid, Methadone, and Buprenorphine prescriptions for Churchill Couty.

Figure 6.Prescription rates for Churchill County, Opioid, Methadone, and Buprenorphine.

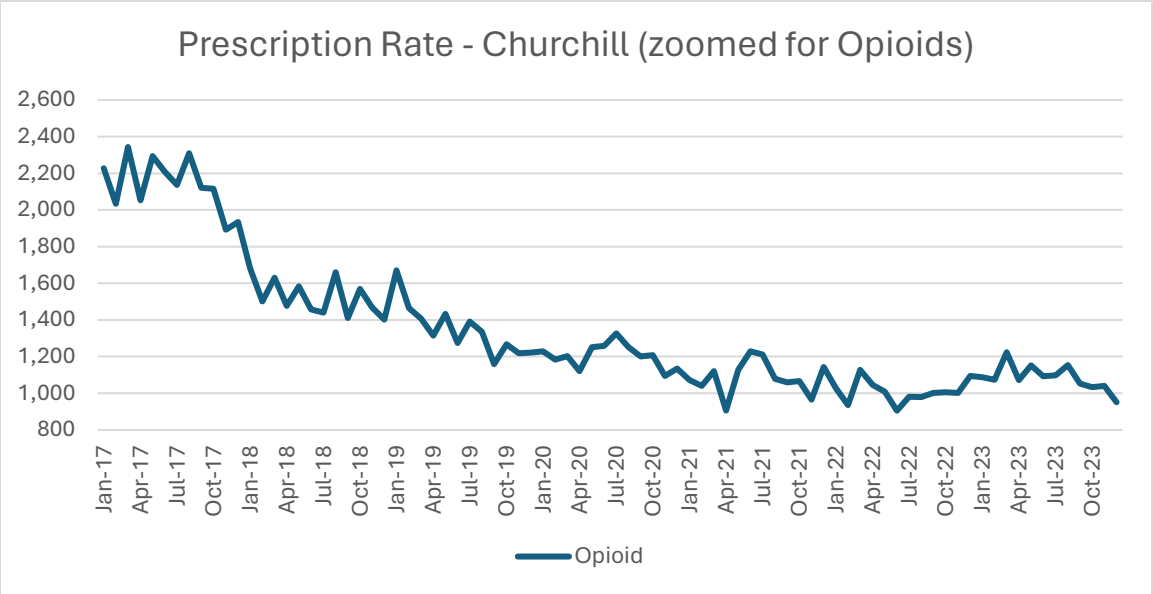


Source:
https://app.powerbigov.us/view?r=eyJrIjoiZGI0YjAxNzgtODJiMS00MjJkLTlhMmUtNDgzYzdhMWZmMjMwIiwidCI6ImU0YTM0MGU2LWI4OWUtNGU2OC04ZWFhLTE1NDRkMjcwMzk4MCJ9

The Opioid prescription rate was significantly higher than the methadone and Buprenorphine prescription rate, which cannot be seen well in Figure 6. On top of that, because the methadone and buprenorphine rates are so low, the scale of the opioid rate is hard to see.

Figure 7 shows the zoomed-in data set for opioids.

Figure 7.Prescription rates for Churchill County, opioid.

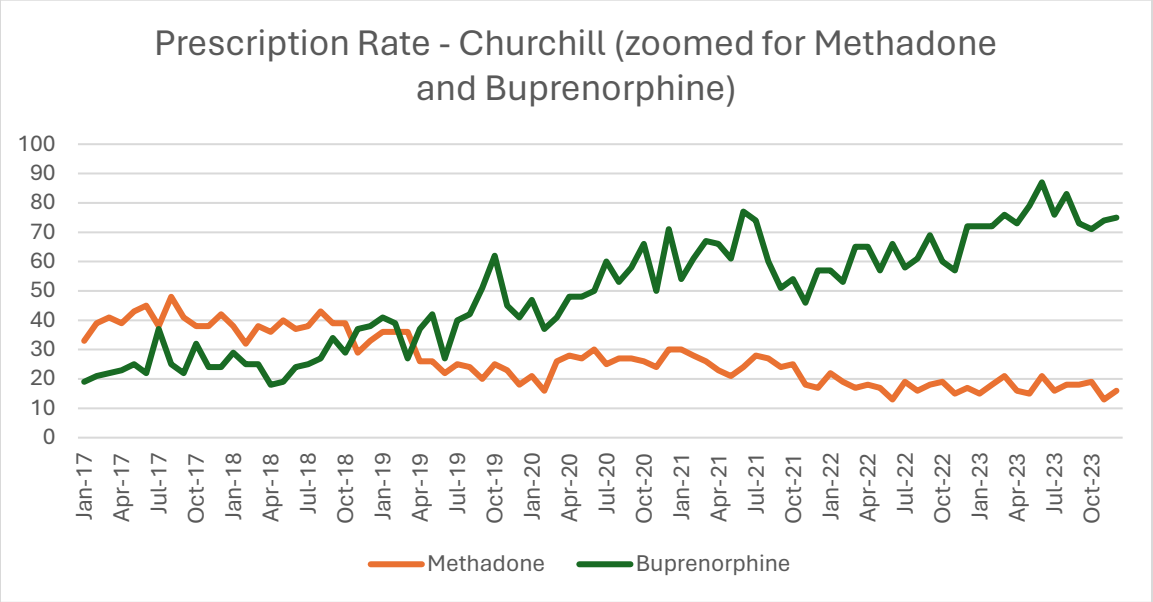


Source:
https://app.powerbigov.us/view?r=eyJrIjoiZGI0YjAxNzgtODJiMS00MjJkLTlhMmUtNDgzYzdhMWZmMjMwIiwidCI6ImU0YTM0MGU2LWI4OWUtNGU2OC04ZWFhLTE1NDRkMjcwMzk4MCJ9

As seen in Figure 7, the highest rate of opioid prescriptions, as documented by the DHHS Dashboard, was during 2017, when it hovered around 2,200 prescriptions per month. Since then, Churchill County saw a mild but consistent decrease in opioid prescriptions from 2018 until 2020, where the rate stagnated at about 1,000 prescriptions per month.

Figure 8 shows the zoomed-in dataset for methadone and buprenorphine.

Figure 8. Prescription rates for Churchill County, Methadone, and Buprenorphine.



Source:
https://app.powerbigov.us/view?r=eyJrIjoiZGI0YjAxNzgtODJiMS00MjJkLTlhMmUtNDgzYzdhMWZmMjMwIiwidCI6ImU0YTM0MGU2LWI4OWUtNGU2OC04ZWFhLTE1NDRkMjcwMzk4MCJ9

Buprenorphine saw a steady rise in prescription rates since 2017, hitting a peak in June of 2023 at 87 prescriptions for the month. Buprenorphine use is rising for long-term pain management as an alternative to other opioids with higher addiction risks. The effects of buprenorphine can last 24-36 hours; this is beneficial for chronic pain. On top of this, buprenorphine is also being used as an alternative to methadone to assist with treating opioid dependency. The long effect window or half-life means that the withdrawal symptoms can be negated while weaning the client from the drugs.

Methadone saw a peak in Churchill County back in 2017, with about 40 monthly prescriptions. It then decreased to about 20 prescriptions per month in mid-2019 and has consistently been between 15 and 20 since. Methadone can be used for pain management, but it is far more common for dependency treatment. It is a promising sign that the rate has been steady since 2019. A methadone clinic or other dependency treatment facility in Churchill County would cause the methadone rate to rise. Still, there would be an expected correlated drop in opioid prescriptions at the same time.

Figure 9 shows the opioid dispensing rate for Churchill County and the rates for the surrounding counties. This data was provided by the Nevada Strategic Plan and placed in ranked order from the largest rate per 100 persons to the smallest rate.

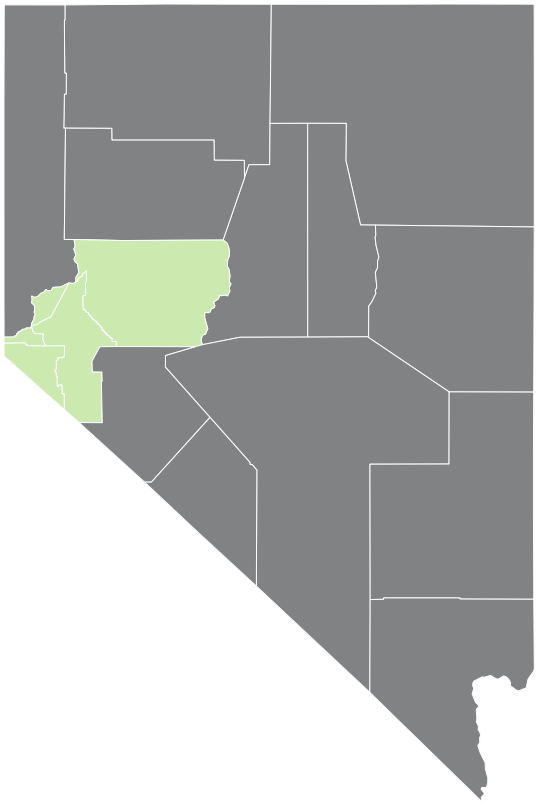
Figure 9. Opioid Dispensing Rate by County in 2020.

	Counties	Rate per 100 Persons	Difference between County and State rate	Difference between County and National Rate
Urban	Washoe	53.5	+6.1	+10.2
Frontier	Mineral	46.6	-0.8	3.3
Frontier	Nye	38.5	-8.9	-4.8
Frontier	Churchill	38.1	-9.3	-5.2
Frontier	Pershing	14.9	-32.5	-28.4
Rural	Lyon	10.2	-37.2	-33.1
Frontier	Lander	1.7	-45.7	-41.6

Source:
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

Churchill had a prescription rate of 38.1 per 100 people. This rate fell between Nye County and Pershing County. While Mineral County and Washoe County were much higher than Churchill, and Lyon and Lander were significantly lower. While Churchill was lower than the overall state rate by 9.3 prescriptions per 100 people, it was also significantly higher than many of the other Frontier Counties and Rural Counties in Nevada.

Figure 10. The Nevada Department of Health & Human Services Northern Behavioral Health Region Map

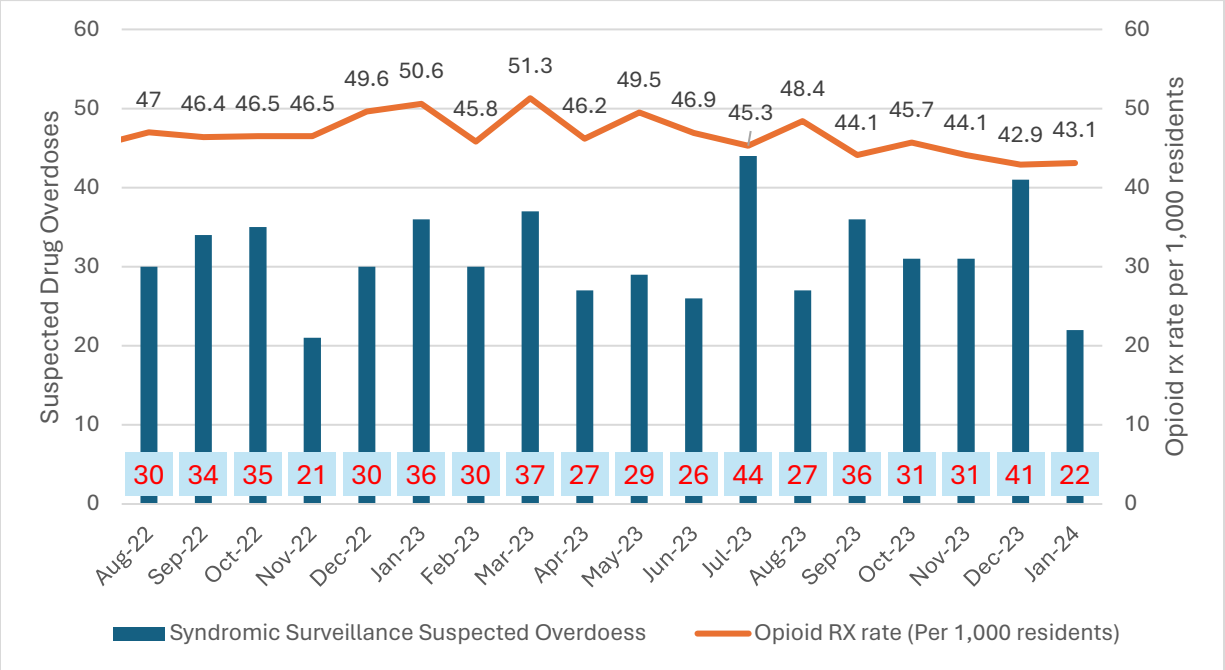


Source: Created by WWI to represent the region as defined by DHHS at https://www.leg.state.nv.us/App/InterimCommittee/REL/Document/28142

The Nevada Department of Health and Human Services separates the state into five Behavioral Health Regions. Churchill County is in the Northern Behavioral Health Region along with Carson City, Douglas County, and Lyon County. The figure above represents that region as a map for reference.

Figure 11 shows data collected for The Centers for Disease Control and Prevention (CDC) Overdose Data to Action (OD2A) program. This program reports data based on the Behavioral Health Regions the Nevada DHHS created. The data is available for review from August 2022 through January 2024.

Figure 11. Suspected drug overdoses from Syndromic Surveillance and prescription (Rx) opioid rates in the Northern Behavioral Health Region



Source: Nevada Drug Overdose Surveillance Monthly Report August 2022: Rural Region.
https://nvopioidresponse.org/initiatives/od2a/

As seen in Figure 11, the opioid prescription rate is relatively stable at between 43.1 and 51.3 prescriptions per 1,000 residents. In contrast, the overdose rate fluctuates wildly. The overdose rate is discussed in more depth in *Section 2.2.3: Opioid Poisoning*.

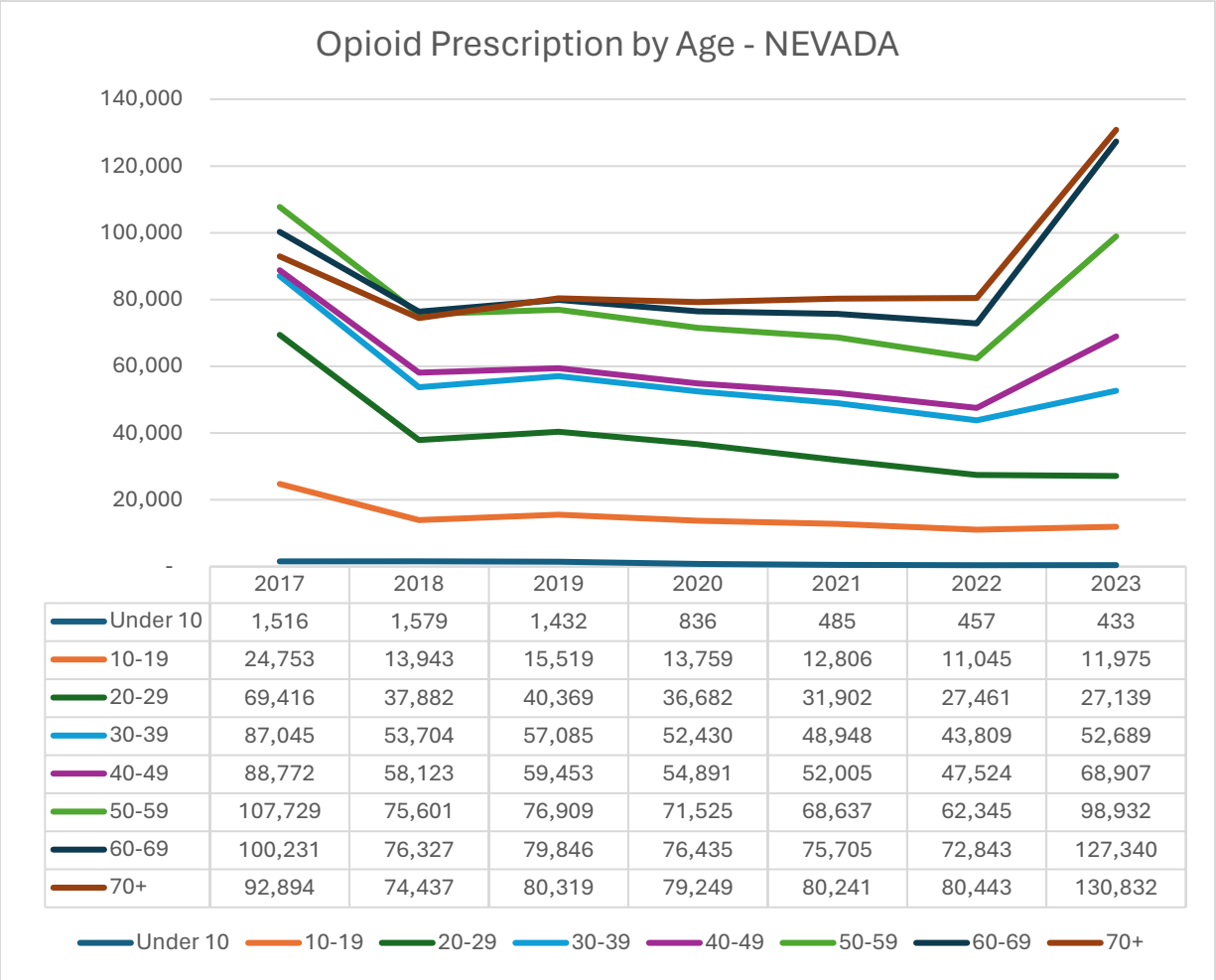
When focusing on the prescription rate per 1,000 residents, based on the OD2A data, the rate of opioid prescriptions has not decreased much since 2022. The average monthly rate of opioid prescriptions is 46.58 per 1,000 residents.

Section 2.2.1.1: Prescribing Demographics

The Prescription Monitoring Program from the Nevada Department of Health and Human Services provides a breakdown of the demographics of the people who receive prescriptions for opioids, methadone, and buprenorphine. It is important to note that this data is for the entire state of Nevada and is not specific to any single county. The data is provided yearly for 2017 through 2023.

Figures 12 and 13 are opioid demographics. Figure 12 is opioid demographics by age, and Figure 13 is opioid demographics by gender.

Figure 12. Monitoring The Prescription Monitoring Program Demographics. Opioid by Age.

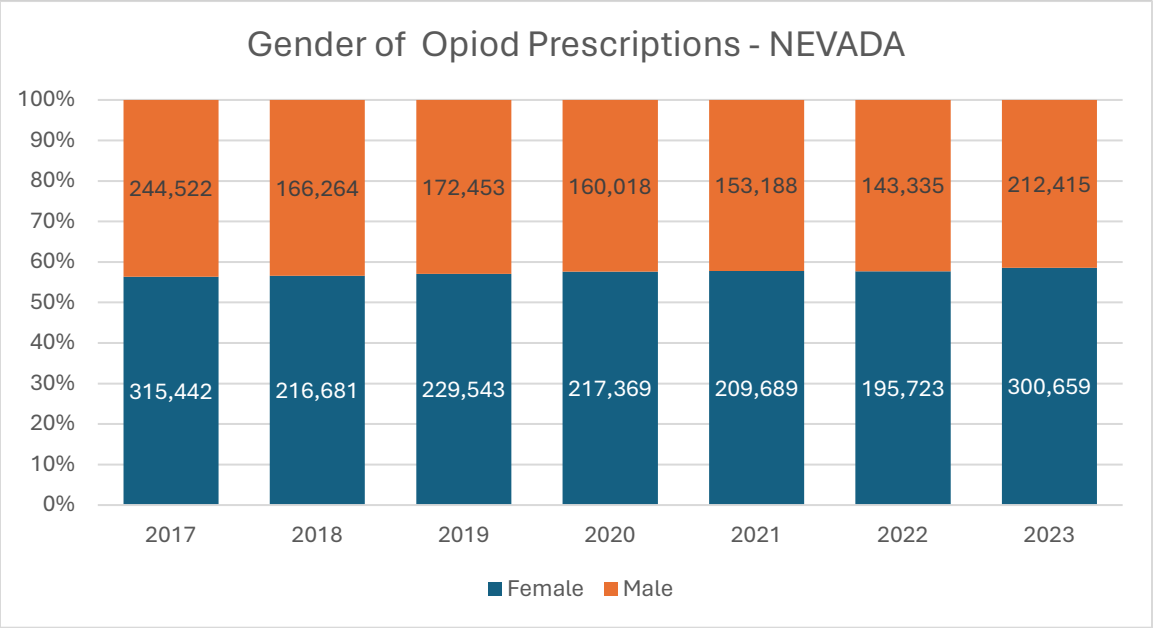


	2017	2018	2019	2020	2021	2022	2023
Under 10	1,516	1,579	1,432	836	485	457	433
10-19	24,753	13,943	15,519	13,759	12,806	11,045	11,975
20-29	69,416	37,882	40,369	36,682	31,902	27,461	27,139
30-39	87,045	53,704	57,085	52,430	48,948	43,809	52,689
40-49	88,772	58,123	59,453	54,891	52,005	47,524	68,907
50-59	107,729	75,601	76,909	71,525	68,637	62,345	98,932
60-69	100,231	76,327	79,846	76,435	75,705	72,843	127,340
70+	92,894	74,437	80,319	79,249	80,241	80,443	130,832

Source:
https://app.powerbigov.us/view?r=eyJrIjoiZGI0YjAxNzgtODJiMS00MjJkLTlhMmUtNDgzYzdhMWZmMjMwIiwidCI6ImU0YTM0MGU2LWI4OWUtNGU2OC04ZWFhLTE1NDRkMjcwMzk4MCJ9

As seen in Figure 12, the largest two age groups from opioid prescriptions since 2018 are 70+ and 60-69, respectively. Interestingly, for Nevada, the opioid prescription rate runs in order of age group, with 70+ being the highest and progressively getting lower prescription rates as the age decreases. Prior to 2018, this was not the case, and 50-59 was the highest rate of opioid prescriptions.

Figure 13. Monitoring The Prescription Monitoring Program Demographics. Opioid by Gender.



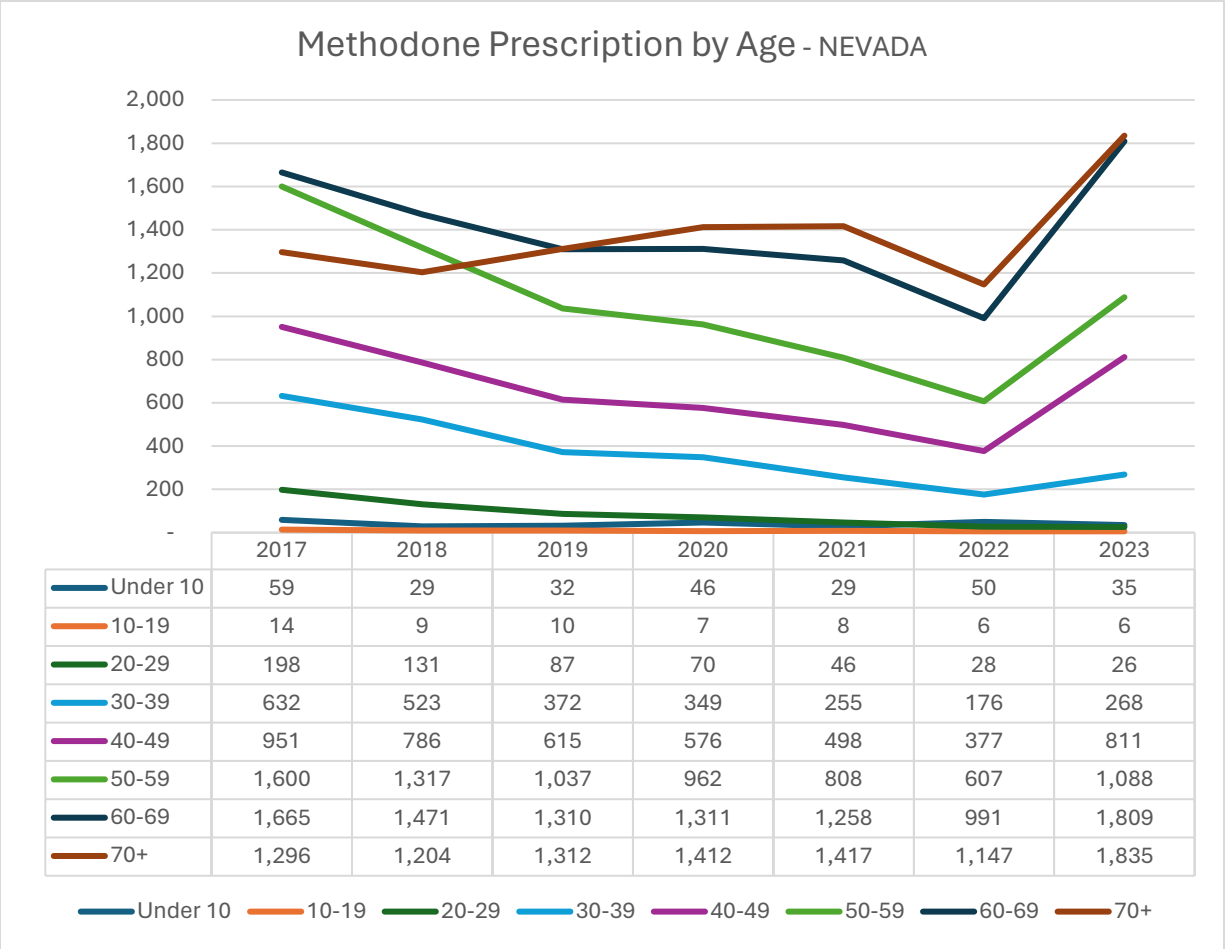
Source:
https://app.powerbigov.us/view?r=eyJrIjoiZGI0YjAxNzgtODJiMS00MjJkLTlhMmUtNDgzYzdhMWZmMjMwIiwidCI6ImU0YTM0MGU2LWI4OWUtNGU2OC04ZWFhLTE1NDRkMjcwMzk4MCJ9

Figure 13 shows that every year since 2017, women have had a higher opioid prescription rate than men. Johns Hopkins Medicine notes that women tend to have a higher rate of opioid prescriptions than men. They note that this can be for many reasons, including that women statistically suffer from more acute pain than men, are more likely to ask for a prescription, and are more likely to self-medicate anxiety by using opioids.[x]

Figures 14 and 15 look at the demographics of the people receiving methadone prescriptions.

Figure 14 looks at the age demographics for methadone prescriptions. Figure 15 looks at the methadone prescription demographics by gender.

Figure 14. Monitoring The Prescription Monitoring Program Demographics. Methadone by Age.



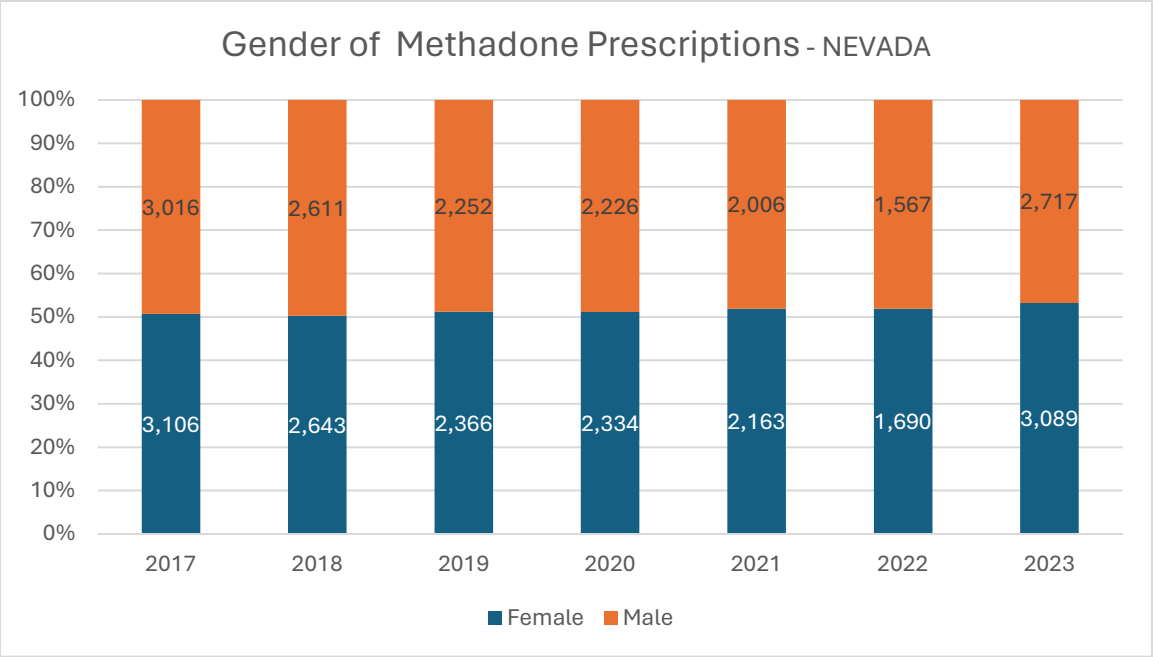
	2017	2018	2019	2020	2021	2022	2023
Under 10	59	29	32	46	29	50	35
10-19	14	9	10	7	8	6	6
20-29	198	131	87	70	46	28	26
30-39	632	523	372	349	255	176	268
40-49	951	786	615	576	498	377	811
50-59	1,600	1,317	1,037	962	808	607	1,088
60-69	1,665	1,471	1,310	1,311	1,258	991	1,809
70+	1,296	1,204	1,312	1,412	1,417	1,147	1,835

Source:
https://app.powerbigov.us/view?r=eyJrIjoiZGI0YjAxNzgtODJiMS00MjJkLTlhMmUtNDgzYzdhMWZmMjMwIiwidCI6ImU0YTM0MGU2LWI4OWUtNGU2OC04ZWFhLTE1NDRkMjcwMzk4MCJ9

Much like the age demographics for opioids, the top five age groups for methadone use in Nevada have 70+ being the highest and decreasing as the age group decreases. Unlike opioids, however, methadone has a higher rate of children under 10 using methadone than kids aged 10-19 and sometimes even higher rates than people ages 20-29.

While this data does not define the use of methadone, it is worth noting that opioids are commonly used in infant surgery, with the Los Angeles Children's Hospital stating that "1 out of every five hospitalized infants receive opioids, and…some require methadone treatment" after.[xi] The Boston Children's Hospital also notes that Methadone is used on occasions when an infant is born with neonatal abstinence syndrome and is going through severe withdrawal symptoms.[xii] This may explain the high rate of children under 10 having a higher rate of methadone use.

Figure 15. Monitoring The Prescription Monitoring Program Demographics. Methadone by Gender.



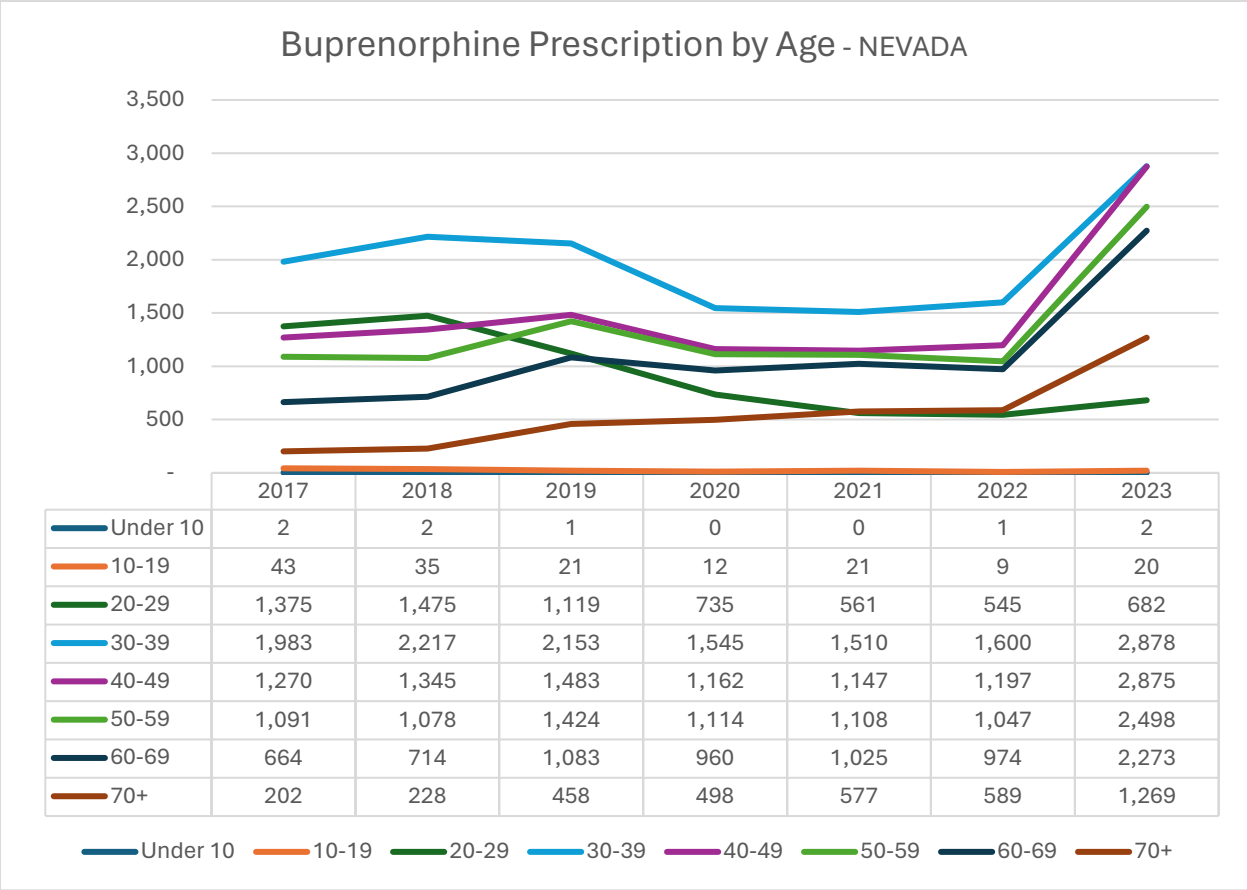
Source:
https://app.powerbigov.us/view?r=eyJrIjoiZGI0YjAxNzgtODJiMS00MjJkLTlhMmUtNDgzYzdhMWZmMjMwIiwidCI6ImU0YTM0MGU2LWI4OWUtNGU2OC04ZWFhLTE1NDRkMjcwMzk4MCJ9

Similar to the opioid use gender demographics, the methadone prescription demographics also skew towards women, but generally at smaller differences than the opioid rate.

Figures 16 and 17 look at buprenorphine prescription demographics.

Figure 16 looks at the age demographics for buprenorphine prescriptions. Figure 17 looks at the demographics of buprenorphine prescriptions by gender.

Figure 16. Monitoring The Prescription Monitoring Program Demographics. Buprenorphine by Age.



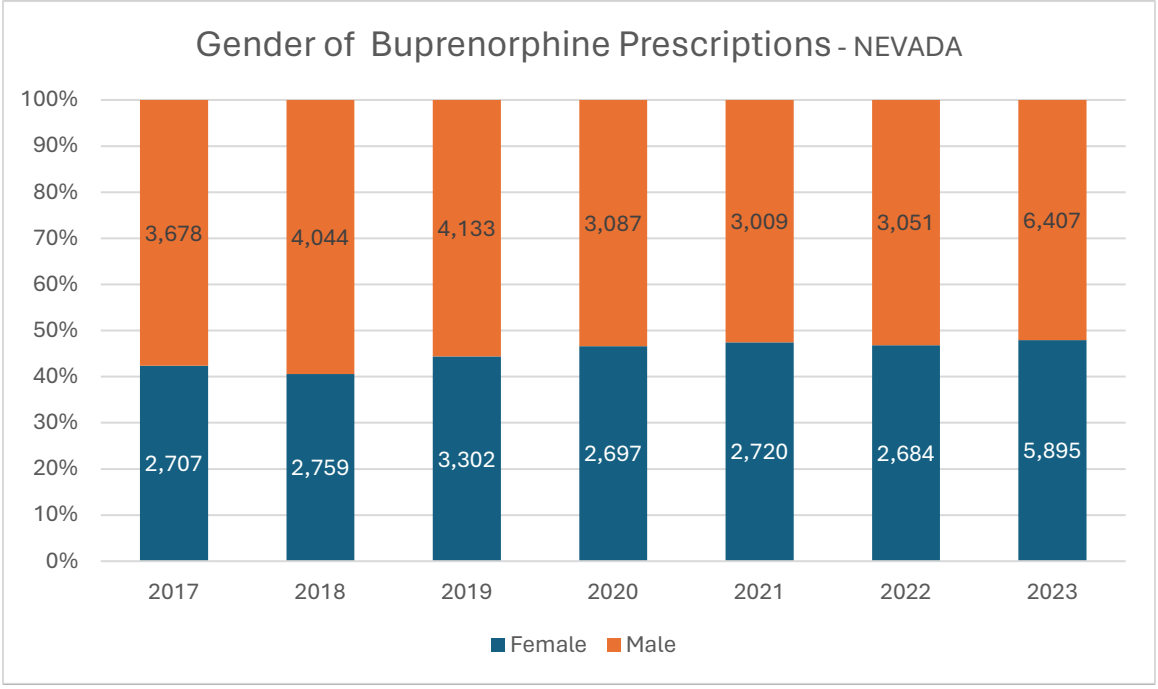
	2017	2018	2019	2020	2021	2022	2023
Under 10	2	2	1	0	0	1	2
10-19	43	35	21	12	21	9	20
20-29	1,375	1,475	1,119	735	561	545	682
30-39	1,983	2,217	2,153	1,545	1,510	1,600	2,878
40-49	1,270	1,345	1,483	1,162	1,147	1,197	2,875
50-59	1,091	1,078	1,424	1,114	1,108	1,047	2,498
60-69	664	714	1,083	960	1,025	974	2,273
70+	202	228	458	498	577	589	1,269

Source:
https://app.powerbigov.us/view?r=eyJrIjoiZGI0YjAxNzgtODJiMS00MjJkLTlhMmUtNDgzYzdhMWZmMjMwIiwidCI6ImU0YTM0MGU2LWI4OWUtNGU2OC04ZWFhLTE1NDRkMjcwMzk4MCJ9

The age demographics for buprenorphine prescriptions are dramatically different from that of methadone and opioids. With buprenorphine, the highest rate is with people 30-39, followed by 40-49, then 50-59, 60-69, and then 70+. Where the age demographics for methadone and opioids decreased as the age decreased, with buprenorphine, the usage increased as the age decreased, with a peak in the 30-39 age group.

This may indicate that doctors are more willing to try buprenorphine medications on younger people's chronic pain before trying it on older people. It may also suggest that younger people are being treated for Opioid Use Disorder (OUD) using buprenorphine at a higher rate than older people. Unfortunately, the data set does not provide that level of granular data, and as such, it is impossible to determine with this data set.

Figure 17. Monitoring The Prescription Monitoring Program Demographics. Buprenorphine by Gender.



Source:
https://app.powerbigov.us/view?r=eyJrIjoiZGI0YjAxNzgtODJiMS00MjJkLTlhMmUtNDgzYzdhMWZmMjMwIiwidCI6ImU0YTM0MGU2LWI4OWUtNGU2OC04ZWFhLTE1NDRkMjcwMzk4MCJ9

Again, unlike the methadone and opioid gender demographics, the buprenorphine demographics are dramatically different. Buprenorphine prescriptions skew towards men dramatically, with the smallest gap being 289 more men than women in 2021 and the most significant gap being 1,285 more men than women in 2018.

RECOMMENDATIONS

Per the Statewide Opioid Plan 2022, **Objective 4.3.2**: Increase Access to MOUD, suggests expanding access to buprenorphine prescriptions within the county. This can be done through several actions:

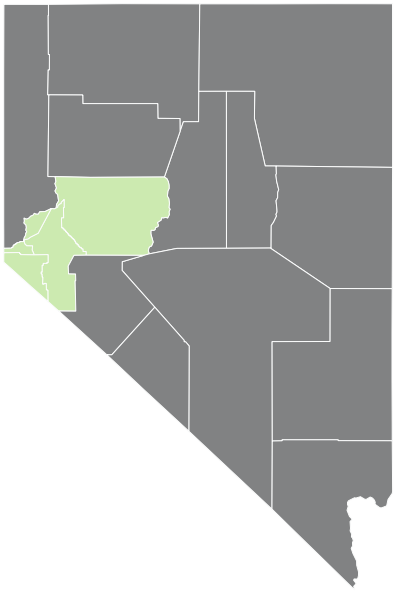
- Increasing the access to buprenorphine at the hospitals for emergency department and inpatient visits
- Ensuring that pharmacies regularly stock buprenorphine
- Provide buprenorphine to people in the jail that is dealing with withdrawal or opioid use disorder.
- Create a buprenorphine and methadone clinic that will assist clients with outpatient access to the medications. This clinic should be integrated into the Nevada Hub and Spoke model. Either as a spoke providing support from a hub Integrated Opioid Treatment and Recovery Center or as a hub themselves.
- Increase access through teleMAT service providing. (**Objective 4.2.2**)
  - Either through a partnership with a current teleMAT provider and/or the new clinic providing teleMAT services.
- Creating a mobile MAT program that delivers the medications to clients as necessary.

In an effort to make intelligent data-driven decisions, in line with **Objective 7.2.1:** Increase Breadth of Data Collected, Churchill County should:

- explore the implementation of a monitoring program with any doctors' offices and pharmacies to collect aggregated data about the demographics of the people who are receiving opioid prescriptions as well as methadone and buprenorphine.

SECTION 2.2.2. OPIOID DEPENDENCE.

Figure 18. The Nevada Department of Health & Human Services Northern Behavioral Health Region Map



Source: Created by WWI to represent the region as defined by DHHS at https://www.leg.state.nv.us/App/InterimCommittee/REL/Document/

As previously stated, the Nevada Department of Health and Human Services separates the state into five Behavioral Health Regions. Churchill County is in the Northern Behavioral Health Region along with Carson City, Douglas County, and Lyon County. The figure above represents that region as a map for your reference.

The Nevada Department of Health and Human Services' Office of Analytics provides an interactive dashboard entitled *Monitoring Substance Use in Nevada*. The dashboard uses those same Behavioral Health Regions for its reporting. This dashboard gives stakeholders current and trend data about substance use in the state.

The dashboard provides three categories of data: (1) dependence, (2) poisoning, and (3) death. Each category gets data from distinct sources.

Dependence. **Data source**: hospital emergency department/room encounters

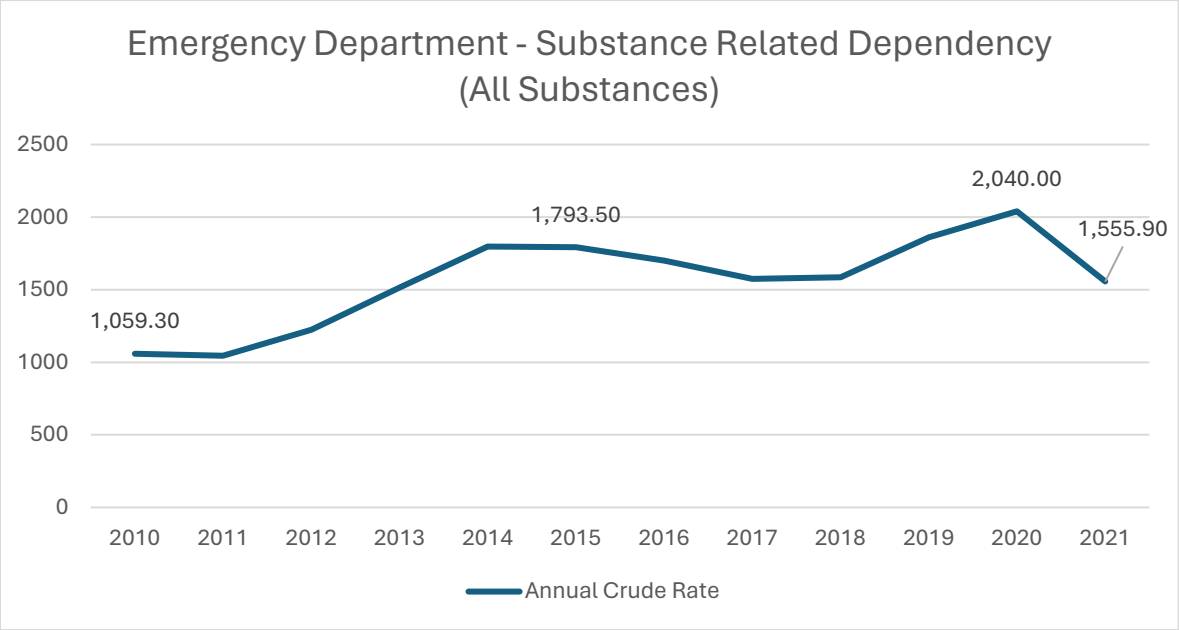
Poisoning. **Data source**: hospital inpatient admissions

Death. **Data source**: The Division of Public and Behavioral Health's (DPBH) Office of Vital Records's electronic death registry system.

Much of the following evidence in this section was retrieved from the Monitoring Substance Use in Nevada Dashboard from the dependence section.

Figure 19 demonstrates the total substance-related dependency seen at emergency departments in the Northern Behavioral Health Region from 2010 to 2021. Figure 19 shows dependency broken out by substances (Alcohol, Opioids, and Stimulants) for the same region and time.

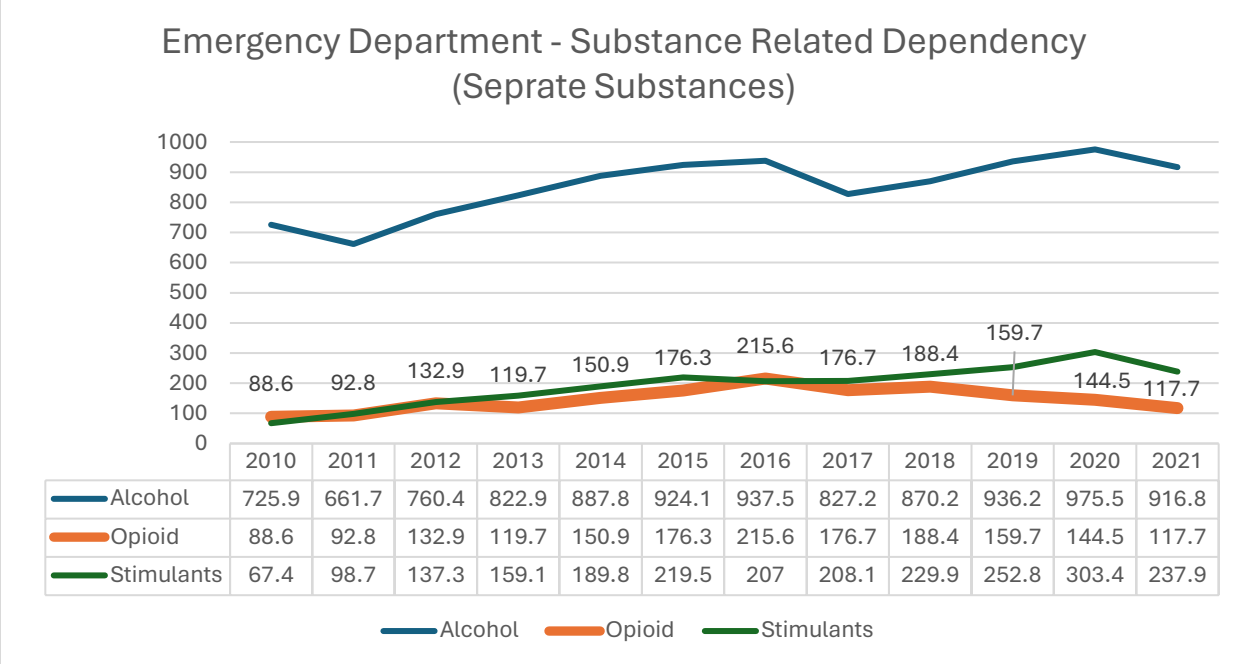
Figure 19. Substance-Related Dependency (All Substances) – Emergency Department Encounters. Crude Rate per 100k population



Source:
https://app.powerbigov.us/view?r=eyJrIjoiODQ2MjJjMjktOWE5NC00MThmLTlkMmEtYzZjMDU0YWU3MmUyIiwidCI6ImU0YTM0MGU2LWI4OWUtNGU2OC04ZWFhLTE1NDRkMjcwMzk4MCJ9

The emergency departments in the Northern Behavioral Health Region have seen roughly 1,500 to 2,000 patient visits every year since 2013 for dependency combined for all substances.

Figure 20. Substance-Related Dependency (Each substance independently) – Emergency Department Encounters. Crude Rate per 100k population



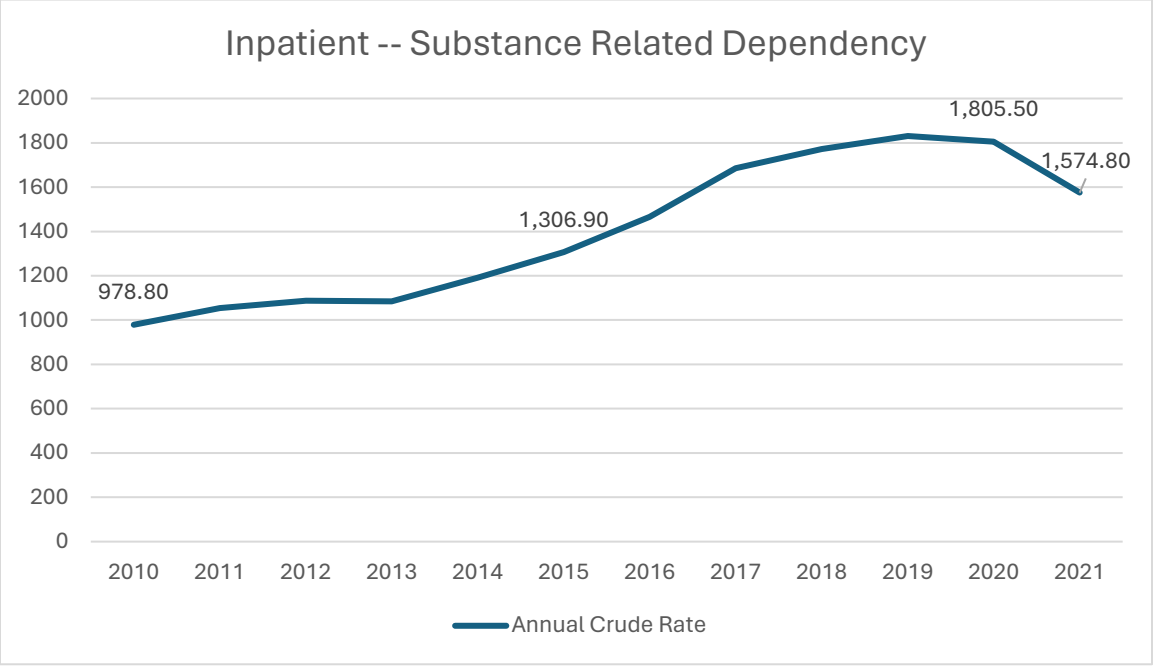
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Alcohol	725.9	661.7	760.4	822.9	887.8	924.1	937.5	827.2	870.2	936.2	975.5	916.8
Opioid	88.6	92.8	132.9	119.7	150.9	176.3	215.6	176.7	188.4	159.7	144.5	117.7
Stimulants	67.4	98.7	137.3	159.1	189.8	219.5	207	208.1	229.9	252.8	303.4	237.9

Source:
https://app.powerbigov.us/view?r=eyJrIjoiODQ2MjJjMjktOWE5NC00MThmLTlkMmEtYzZjMDU0YWU3MmUyIiwidCI6ImU0YTM0MGU2LWI4OWUtNGU2OC04ZWFhLTE1NDRkMjcwMzk4MCJ9

For the emergency department visits, alcohol was by far the most prevalent dependency issue seen in the Northern Behavioral Health Region. Opioid emergency department visits are the lowest of the three substances shown and have seen a slight but steady decrease since 2016.

Figures 21 and 22 look at the inpatient visits instead of emergency department visits for dependency. The data for Figure 21 still looks at all substance dependencies from 2010-2021, and Figure 22 looks at the different substances that have been broken out.

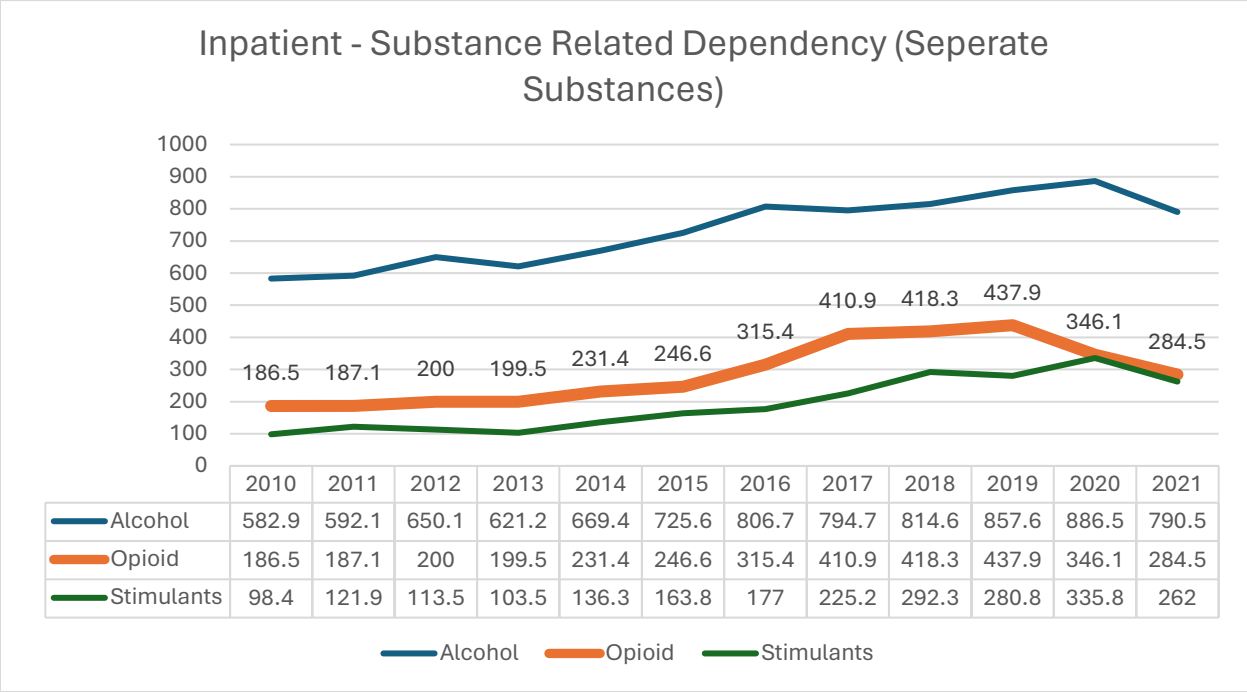
Figure 21.Substance-Related Dependency (All Substances) – Inpatient. Crude Rate per 100k population



Source:
https://app.powerbigov.us/view?r=eyJrIjoiODQ2MjJjMjktOWE5NC00MThmLTlkMmEtYzZjMDU0YWU3MmUyIiwidCI6ImU0YTM0MGU2LWI4OWUtNGU2OC04ZWFhLTE1NDRkMjcwMzk4MCJ9

For all substances combined, the inpatient dependency visits were on a steady rise from 2010 to 2019 and saw a decent decrease in 2021. However, the region has not seen less than 1.5 thousand inpatient visits for dependency since 2017.

Figure 22. Substance-Related Dependency (Each substance independently) – Emergency Department Encounters. Crude Rate per 100k population.



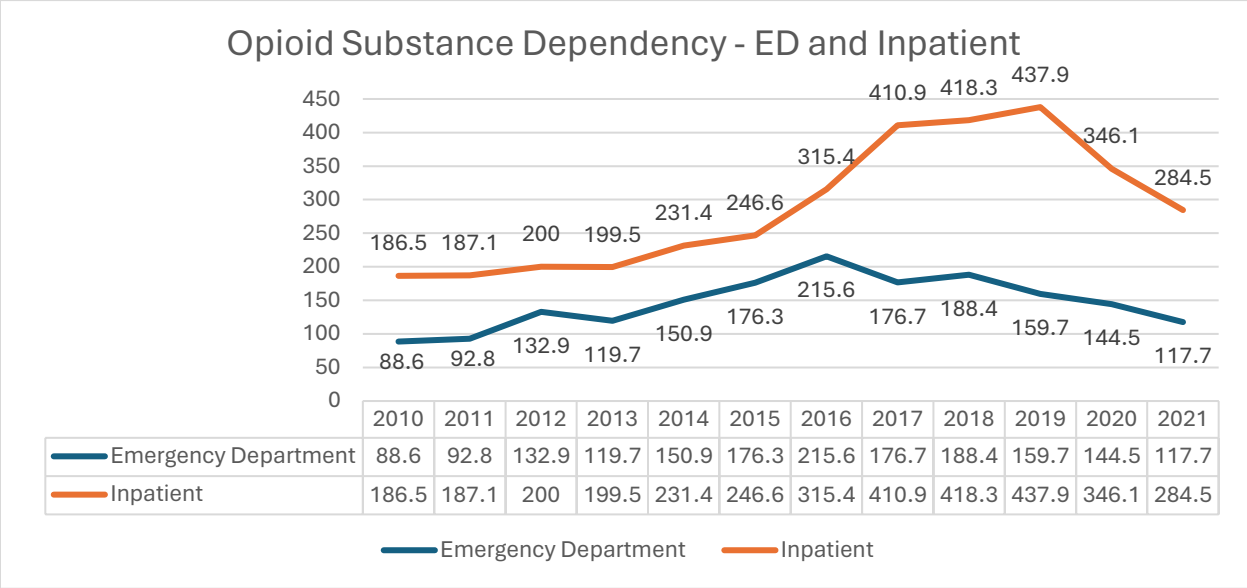
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Alcohol	582.9	592.1	650.1	621.2	669.4	725.6	806.7	794.7	814.6	857.6	886.5	790.5
Opioid	186.5	187.1	200	199.5	231.4	246.6	315.4	410.9	418.3	437.9	346.1	284.5
Stimulants	98.4	121.9	113.5	103.5	136.3	163.8	177	225.2	292.3	280.8	335.8	262

Source:
https://app.powerbigov.us/view?r=eyJrIjoiODQ2MjJjMjktOWE5NC00MThmLTlkMmEtYzZjMDU0YWU3MmUyIiwidCI6ImU0YTM0MGU2LWI4OWUtNGU2OC04ZWFhLTE1NDRkMjcwMzk4MCJ9

Much like the emergency department visits previously explored, the inpatient visits are significantly higher for alcohol dependency rather than opioids. Unlike emergency department visits, the inpatient rate steadily increased from 2016 through 2019, when it finally started to drop.

Worth noting here is that the data shows that those individuals who suffer from substance dependence have a significantly higher rate of being admitted to the hospital rather than staying in the emergency department. Figure 23 shows this comparison of emergency department visits and inpatient. The chart shows that in 2016, the gap between inpatient and emergency department encounters widened significantly.

Figure 23. Opioid Substance Dependency – Emergency Department Encounters and Inpatient. Crude Rate per 100k population



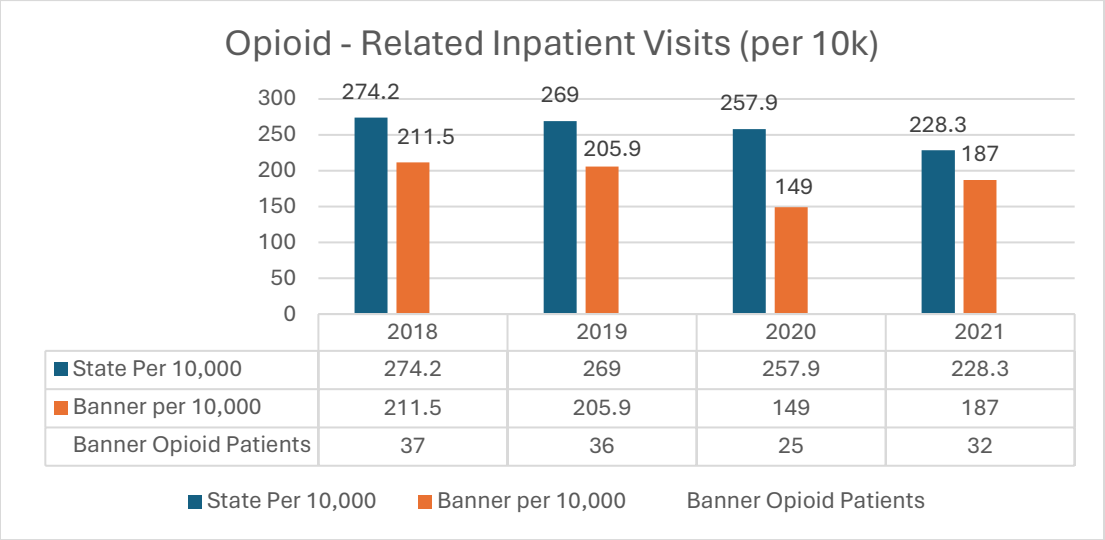
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Emergency Department	88.6	92.8	132.9	119.7	150.9	176.3	215.6	176.7	188.4	159.7	144.5	117.7
Inpatient	186.5	187.1	200	199.5	231.4	246.6	315.4	410.9	418.3	437.9	346.1	284.5

Source:
https://app.powerbigov.us/view?r=eyJrIjoiODQ2MjJjMjktOWE5NC00MThmLTlkMmEtYzZjMDU0YWU3MmUyIiwidCI6ImU0YTM0MGU2LWI4OWUtNGU2OC04ZWFhLTE1NDRkMjcwMzk4MCJ9

The number of opioid-related E.D. encounters for Medicaid beneficiaries in Nevada has increased from 400 in 2010 to 3,463 in 2017. Medicaid patients account for 48% of all opioid-related E.D. encounters. Similarly, the number of opioid-related inpatient encounters among Medicaid beneficiaries in Nevada increased from 681 in 2010 to 3,416 in 2017, accounting for 39% of the opioid-related inpatient encounters in 2017. The number of Medicaid E.D. visits and admissions based on opioid poisonings shows a decreasing trend for substances other than heroin.[xiii]

In 2022, the Nevada State Opioid Response, as a part of their Overdose Data to Action Program (OD2A), conducted a detailed analysis of every hospital in Nevada on their opioid patients. Churchill County has only one hospital, the Banner Churchill Community Hospital. Seen below in Figure 24, is the per 10,000 rate of opioid-related inpatient visits as well as the actual number of patients seen. Figure 25 shows the demographic breakdown for those who are inpatients for opioid-related issues.

Figure 24. Nevada Opioid Surveillance Hospital Profile 2022, Banner Churchill Community Hospital. Opioid-related inpatient visits.



Source: Nevada Opioid Surveillance Hospital Profile – 2022. https://nvopioidresponse.org/wp-content/uploads/2022/12/Hospital-Profiles-508.pdf

Figure 25. Nevada Opioid Surveillance Hospital Profile 2022, Banner Churchill Community Hospital. Opioid-related inpatient visit demographics.

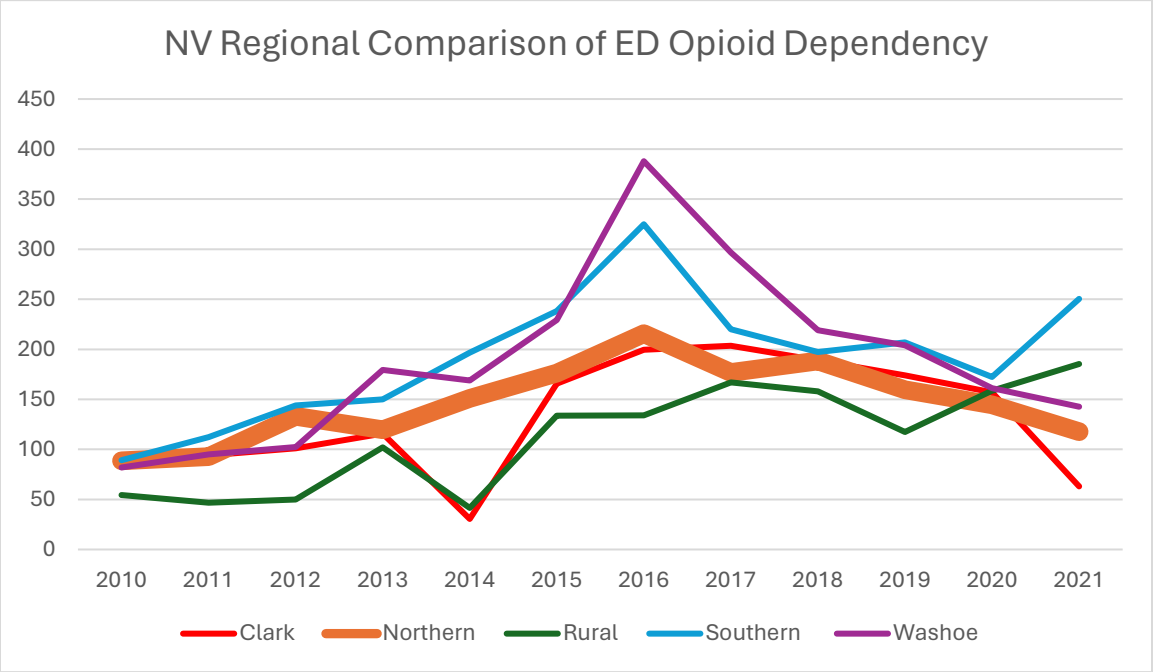
		Opioid-Related Inpatient Visits			
Demographics		**2018**	**2019**	**2020**	**2021**
Gender	Female	86.5%	58.3%	40.0%	62.1%
	Male	13.5%	41.7%	60.0%	37.9%
	Unknown	2.7%	0.0%	4.0%	0.0%
Age	0-24	5.4%	0.0%	0.0%	0.0%
	25-44	21.6%	27.8%	32.0%	27.6%
	45-64	40.5%	36.1%	24.0%	31.0%
	65+	32.4%	36.1%	44.0%	41.4%
	Unknown	2.7%	0.0%	4.0%	0.0%
Race/Ethnicity	Black	0.0%	0.0%	0.0%	0.0%
	White	94.6%	88.9%	92.0%	89.7%
	Hispanic	2.7%	2.8%	0.0%	3.4%
	Other	0.0%	0.0%	0.0%	0.0%
	Unknown	2.7%	0.0%	4.0%	0.0%

Source: Nevada Opioid Surveillance Hospital Profile – 2022. https://nvopioidresponse.org/wp-content/uploads/2022/12/Hospital-Profiles-508.pdf

Per the demographic information, outside of 2020, most patients admitted to inpatient are women. It appears that the majority of inpatient visits also skew toward people over the age of 45, with a large number being over the age of 65. This trend may require some additional research to see if senior opioid use needs to be addressed or if this is a side effect of reasonable medical pain management for older adults.

Figure 26 compares all five of the Nevada Behavioral Health Regions on Emergency Department visits because of opioid dependency. Shown in relation to the rest of the state, the Northern Region is the only rural/frontier region that did not see a spike in ED visits for opioid dependency in 2020. As of 2021, the Northern region has the second lowest ED visits for opioid dependency in Nevada, with only Clark being lower on a per 100k population comparison.

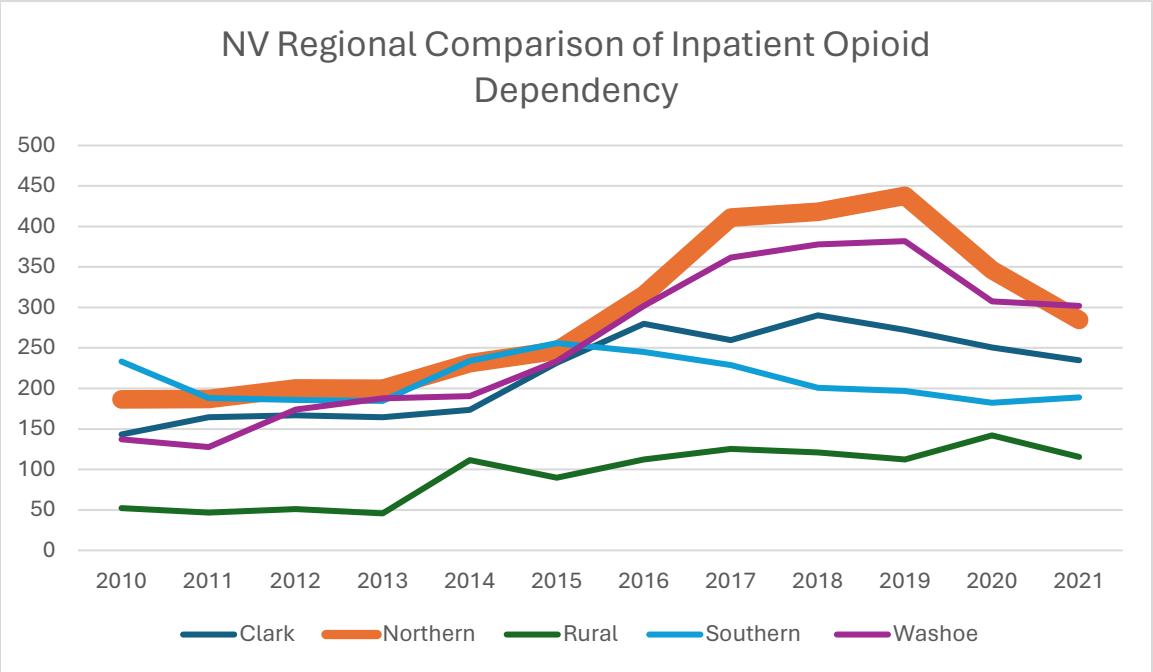
Figure 26. Substance-related dependency – opioid. Regional comparison of emergency department visits.



Source:
https://app.powerbigov.us/view?r=eyJrIjoiODQ2MjJjMjktOWE5NC00MThmLTlkMmEtYzZjMDU0YWU3MmUyIiwidCI6ImU0YTM0MGU2LWI4OWUtNGU2OC04ZWFhLTE1NDRkMjcwMzk4MCJ9

Figure 27 compares the five regions in Nevada for inpatient visits for opioid dependency. Unlike ED visits, the Northern Region had the highest rate of inpatient visits for opioid dependency from 2015 through 2020. Only in 2021 did the Northern Region drop to second place, with Washoe taking first place. Also shown on this graph is that the Northern Region has seen some success with current efforts to decrease inpatient visits. These efforts appear to have worked because the Northern Region is the only region with consistent declines in inpatient rates from 2019 to 2021. While others saw decreases in some years, only the Northern saw decreases in all three years. Additional funding would help support these efforts and continue the momentum.

Figure 27. Substance-related dependency – opioid. Regional comparison of inpatient opioid dependency.



Source:
https://app.powerbigov.us/view?r=eyJrIjoiODQ2MjJjMjktOWE5NC00MThmLTlkMmEtYzZjMDU0YWU3MmUyIiwidCI6ImU0YTM0MGU2LWI4OWUtNGU2OC04ZWFhLTE1NDRkMjcwMzk4MCJ9

When comparing the Northern Behavioral Health Region with the other regions in Nevada, as represented in the two figures above (figures 26 and 27), for Emergency Departments, the Northern Behavioral Health Region has been decreasing. It is currently the 4th lowest region in Nevada, with Clark being the only one lower. In stark contrast, the northern region's inpatient rate was the highest in the state from 2015 through 2020. This region has been steadily decreasing its inpatient rate over time, and only in 2021 did it get surpassed by Washoe for the highest rate of opioid-related inpatient admissions. Continuing to support this trend as a region with additional funds would continue positive results.

RECOMMENDATIONS

The Nevada statewide Opioid Plan, **Objective 1.3.1**: Timely Monitoring of Program Progress and Outcomes and **Objective 7.2.1**: Increase Breadth of Data Collected, can be used to create or supplement a database to:
Record demographic information from

- Hospital
- Jails
- Treatment centers
- Police

Conduct research to help determine the rising dependency cause for seniors and determine if their use is reasonable pain management or if it substance abuse.

SECTION 2.2.3. OPIOID POISONING.

This section will be looking at opioid poisoning in Churchill County and will be using the Nevada Department of Health and Human Services' Office of Analytics dashboard entitled *Monitoring Substance Use in Nevada*. The dashboard's primary source of data is listed below.

Poisoning. **Data source**: hospital inpatient admissions

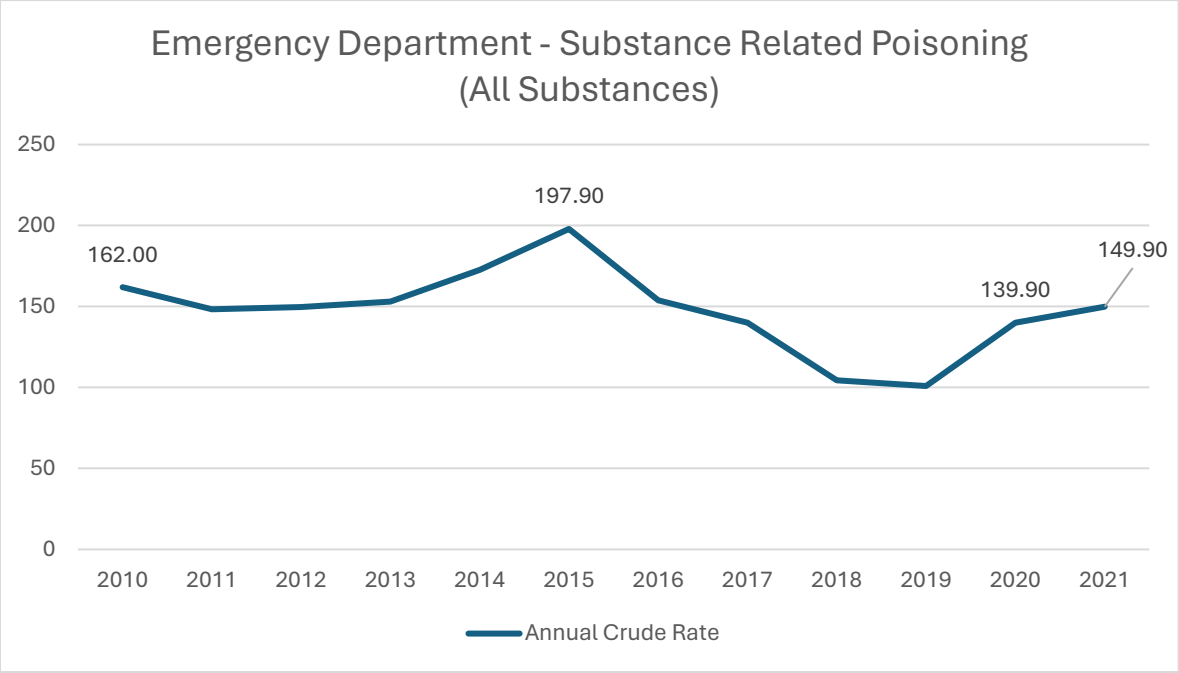
As previously stated, the source of the poisoning data for the dashboard is from the hospital inpatient admissions records that the hospitals reported to the Nevada Department of Health and Human Services.

The Centers for Disease Control and Prevention defines drug poisoning as occurring when "a person's exposure to a natural or manmade substance has an undesirable effect."[xiv] The Nevada Department of Health and Human Services uses the terms overdose and poisoning interchangeably.[xv] Based on how the CDC and the NV DHHS use the terms, both are used in this report. Please note that both terms are used interchangeably.
When reading this section, it is important to keep an open mind and recognize that poisoning or overdose is a semi-blanket term in that there are three categories of activities that are classified as opioid poisoning by the CDC. They are:[xiv]

- **Suicide or self-harm:** This occurs when the person wants to harm themselves.
- **Assault or Homicide:** This occurs when the person intends to harm another person.
- **Unintentional or accidental:** This occurs when there was no harm intended.
  Some of the most common causes of accidental poisonings are:
  - Drug misuse
  - Drug abuse
  - Taking too much of a prescribed medication

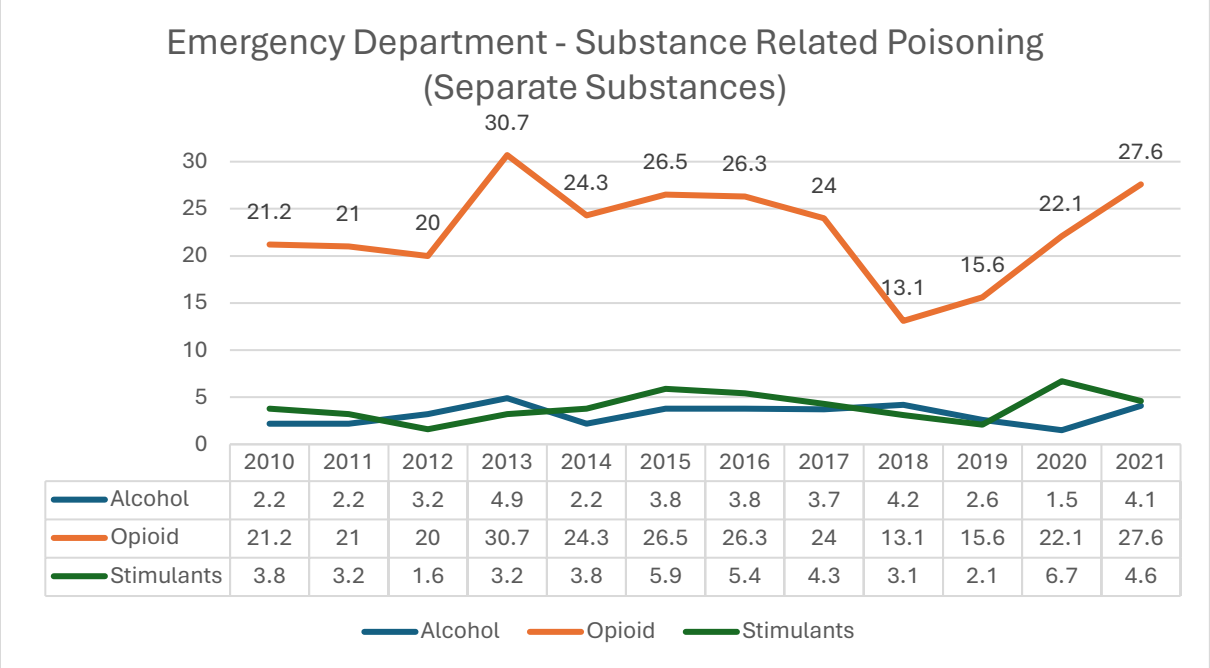
Figure 28 demonstrates the total substance-related poisonings seen at emergency departments in the Northern Behavioral Health Region that were encountered from 2010 to 2021. Figure 29 shows poisonings based on substances (Alcohol, Opioids, and Stimulants) for the same region and time.

Figure 28. Substance-Related Poisonings (All Substances) – Emergency Department Encounters. Crude Rate per 100k population



Source:
https://app.powerbigov.us/view?r=eyJrIjoiODQ2MjJjMjktOWE5NC00MThmLTlkMmEtYzZjMDU0YWU3MmUyIiwidCI6ImU0YTM0MGU2LWI4OWUtNGU2OC04ZWFhLTE1NDRkMjcwMzk4MCJ9

Figure 29. Substance-Related Dependency (Each substance independently) – Emergency Department Encounters. Crude Rate per 100k population



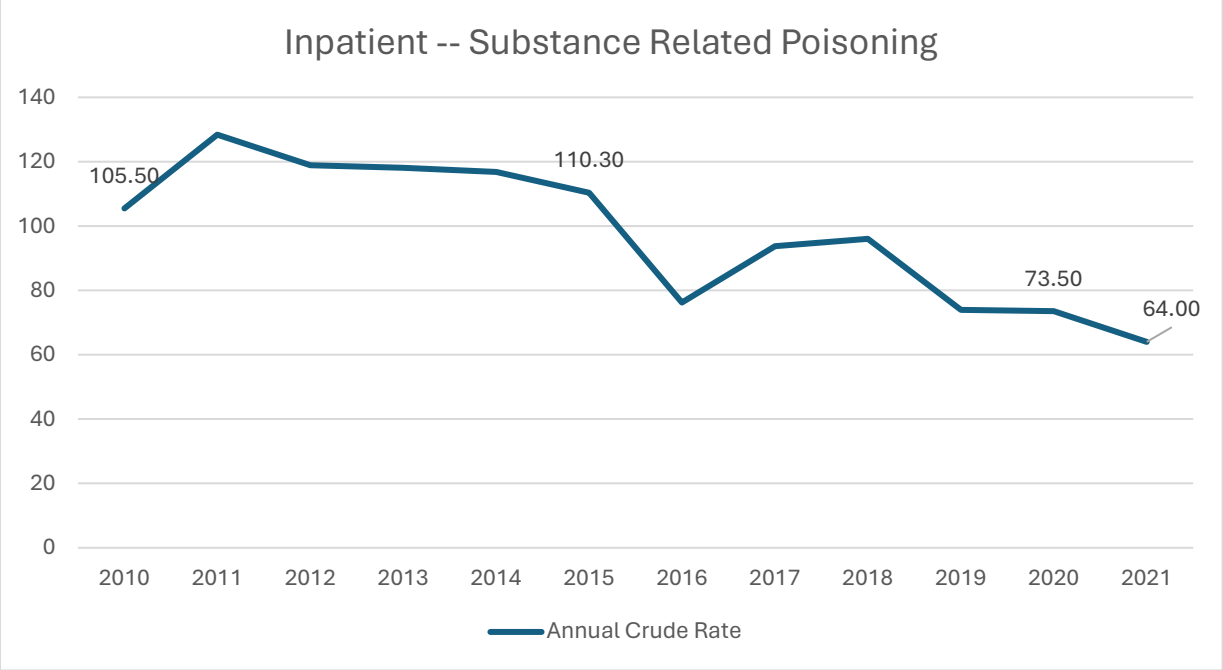
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Alcohol	2.2	2.2	3.2	4.9	2.2	3.8	3.8	3.7	4.2	2.6	1.5	4.1
Opioid	21.2	21	20	30.7	24.3	26.5	26.3	24	13.1	15.6	22.1	27.6
Stimulants	3.8	3.2	1.6	3.2	3.8	5.9	5.4	4.3	3.1	2.1	6.7	4.6

Source:
https://app.powerbigov.us/view?r=eyJrIjoiODQ2MjJjMjktOWE5NC00MThmLTlkMmEtYzZjMDU0YWU3MmUyIiwidCI6ImU0YTM0MGU2LWI4OWUtNGU2OC04ZWFhLTE1NDRkMjcwMzk4MCJ9

Figure 28 shows a dramatic spike in overall substance poisonings that started in 2019 and does not appear to have stopped. Figure 29 supports this and further shows us that opioid poisonings have consistently been exponentially higher in the emergency department. Worth noting here is that in a similar chart for dependency (Figure 20), alcohol dependency is the most prevalent by far in the Northern Region, but when it comes to poisonings, opioids are the most pervasive issue. This may be due in part to the inconsistent potency of illicit opioids.

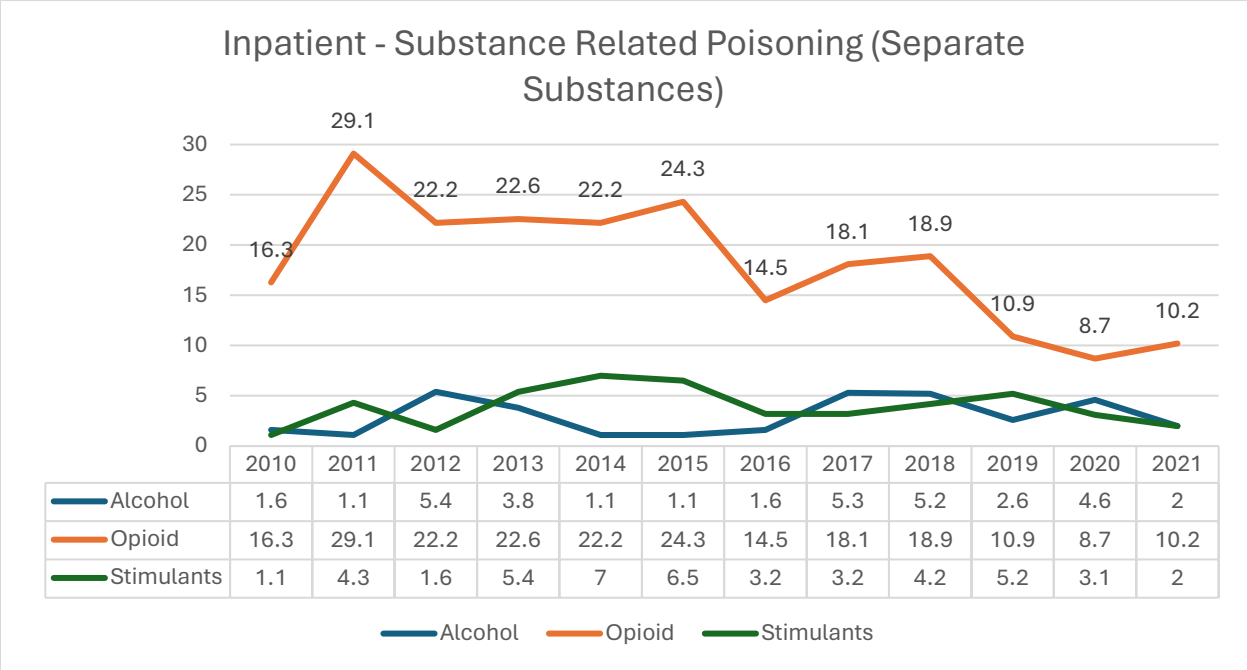
Figure 30 is similar to Figure 28, but it shows inpatient visits instead of emergency department visits. The data still looks at all substance poisonings from 2010-2021. Figure 31 is similar to Figure 29 but looks at the inpatient rather than emergency department.

Figure 30. Substance-Related Dependency (All Substances) – Inpatient. Crude Rate per 100k population



Source:
https://app.powerbigov.us/view?r=eyJrIjoiODQ2MjJjMjktOWE5NC00MThmLTlkMmEtYzZjMDU0YWU3MmUyIiwidCI6ImU0YTM0MGU2LWI4OWUtNGU2OC04ZWFhLTE1NDRkMjcwMzk4MCJ9

Figure 31. Substance-Related Dependency (Each substance independently) – Emergency Department Encounters. Crude Rate per 100k population.



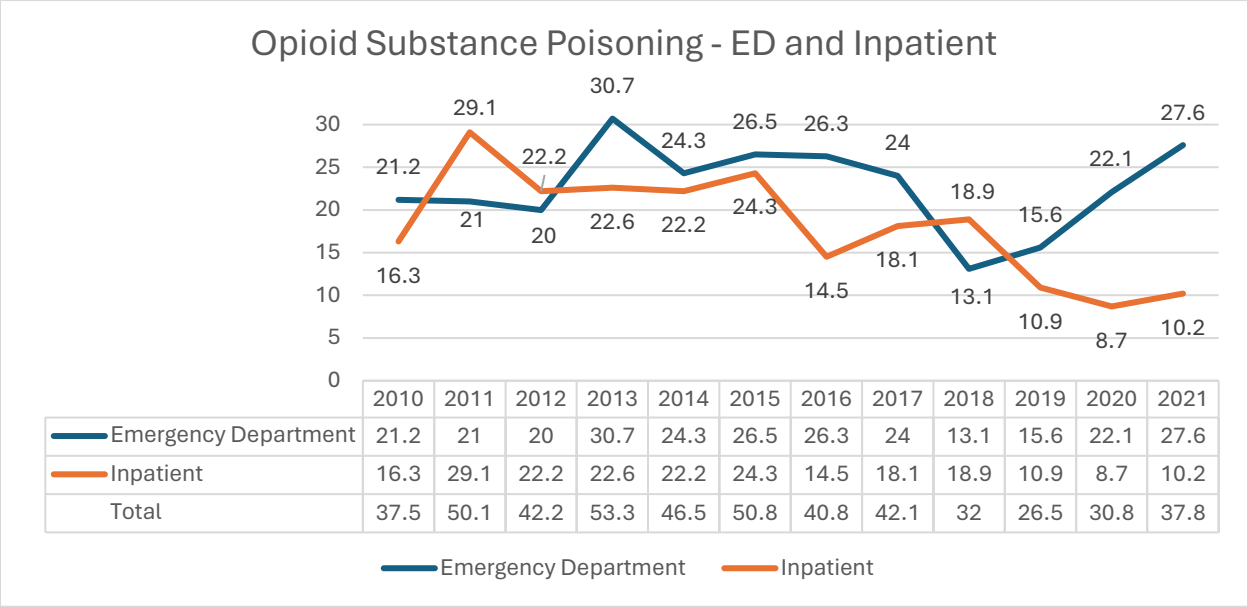
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Alcohol	1.6	1.1	5.4	3.8	1.1	1.1	1.6	5.3	5.2	2.6	4.6	2
Opioid	16.3	29.1	22.2	22.6	22.2	24.3	14.5	18.1	18.9	10.9	8.7	10.2
Stimulants	1.1	4.3	1.6	5.4	7	6.5	3.2	3.2	4.2	5.2	3.1	2

Source:
https://app.powerbigov.us/view?r=eyJrIjoiODQ2MjJjMjktOWE5NC00MThmLTlkMmEtYzZjMDU0YWU3MmUyIiwidCI6ImU0YTM0MGU2LWI4OWUtNGU2OC04ZWFhLTE1NDRkMjcwMzk4MCJ9

As shown in Figure 31, among substance poisonings for inpatient visits, opioids are the highest again by a significant distance. The Northern Region peaked for inpatient opioid poisoning visits in 2011 and has made tremendous progress in bringing the rate down since then, reaching a low in 2020. Unfortunately, 2021 saw a concerning rise that needs to be addressed to try to prevent another upward trend.

Figure 32 compares the opioid poisoning inpatient data to the emergency department data.

Figure 32.Opioid Substance Dependency – Emergency Department Encounters and Inpatient. Crude Rate per 100k population

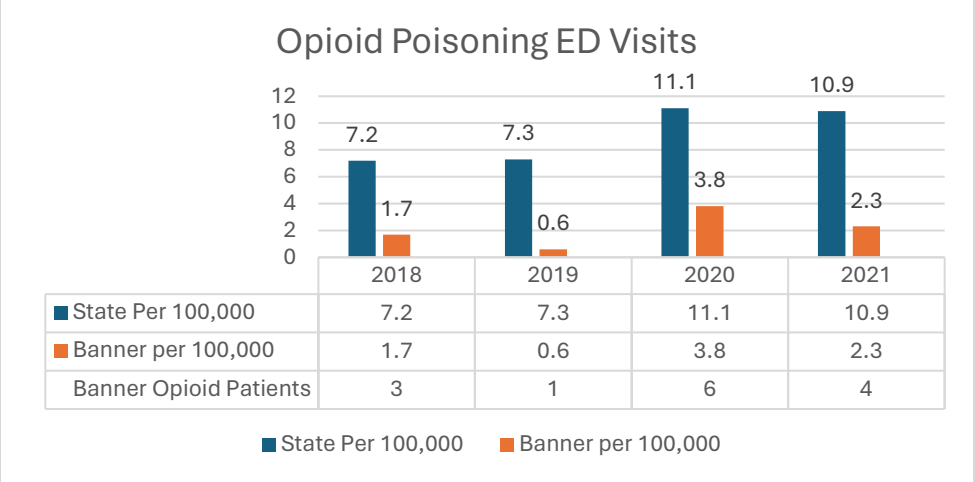


	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Emergency Department	21.2	21	20	30.7	24.3	26.5	26.3	24	13.1	15.6	22.1	27.6
Inpatient	16.3	29.1	22.2	22.6	22.2	24.3	14.5	18.1	18.9	10.9	8.7	10.2
Total	37.5	50.1	42.2	53.3	46.5	50.8	40.8	42.1	32	26.5	30.8	37.8

Source:
https://app.powerbigov.us/view?r=eyJrIjoiODQ2MjJjMjktOWE5NC00MThmLTlkMmEtYzZjMDU0YWU3MmUyIiwidCI6ImU0YTM0MGU2LWI4OWUtNGU2OC04ZWFhLTE1NDRkMjcwMzk4MCJ9

As seen in Figure 32, except for three years (2011, 2012, and 2018), the emergency department sees more opioid poisoning patients than patients that are admitted to inpatient. In 2021, the Emergency Department saw a rate of opioid poisoning patients that is the second highest in the 12 years represented in the data, with only 2013 having more emergency visits (and only 2011 having more inpatient visits). 2021 saw an increase in poisonings, both in the emergency department and inpatients, compared to 2020. This is concerning for the Northern Region and shows that we need to address the rising trend of poisoning cases.

Figure 33. Nevada State Opioid Response Hospital Profile - Banner Churchill Community Hospital. Opioid Poisonings in the Emergency Department.



	2018	2019	2020	2021
State Per 100,000	7.2	7.3	11.1	10.9
Banner per 100,000	1.7	0.6	3.8	2.3
Banner Opioid Patients	3	1	6	4

Source: Nevada Opioid Surveillance Hospital Profile – 2022. https://nvopioidresponse.org/wp-content/uploads/2022/12/Hospital-Profiles-508.pdf

Figure 33 shows the emergency department opioid poisoning visits for the state of Nevada compared to the hospital in Churchill County, the Banner Churchill Community Hospital. Figure 34 further shows the demographic information of those patients who went to the Banner Churchill Community Hospital for Emergency Department opioid poisonings.

Figure 34 Nevada Opioid Surveillance Hospital Profile 2022, Banner Churchill Community Hospital. Opioid-related inpatient visit demographics. Opioid Poisoning ED visits

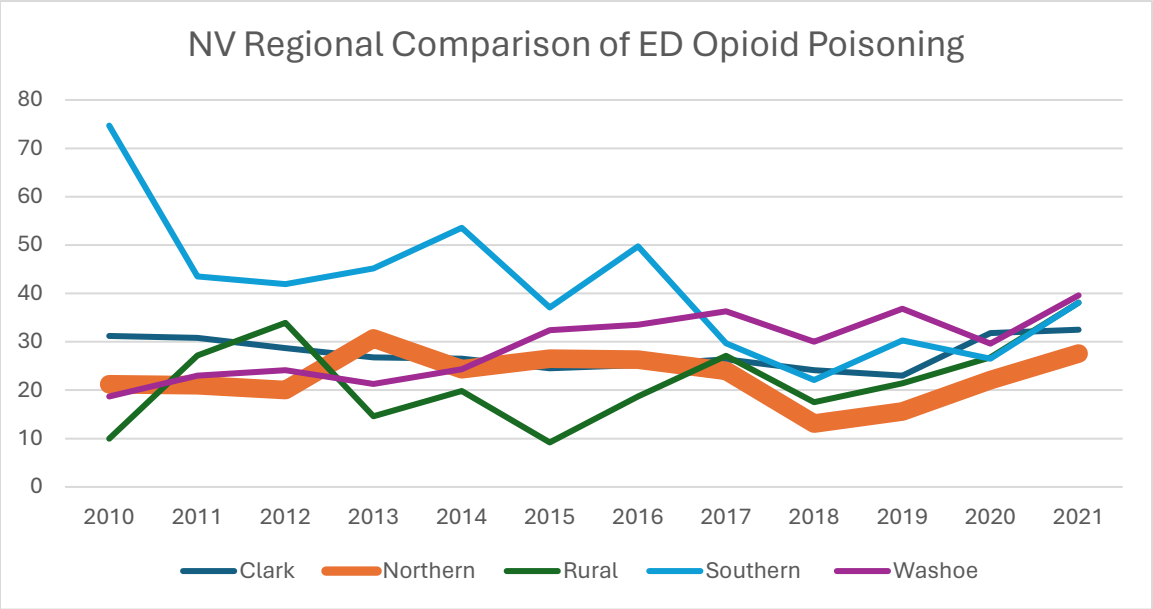
		Opioid Poisoning ED Visits			
Demographics		**2018**	**2019**	**2020**	**2021**
Gender	Female	33.3%	0.0%	16.7%	0.0%
	Male	66.7%	100.0%	83.3%	100.0%
	Unknown	0.0%	0.0%	0.0%	0.0%
Age	0-24	0.0%	0.0%	16.7%	0.0%
	25-44	33.3%	100.0%	50.0%	66.7%
	45-64	33.3%	0.0%	16.7%	0.0%
	65+	33.3%	0.0%	16.7%	33.3%
	Unknown	0.0%	0.0%	0.0%	0.0%
Race/Ethnicity	Black	0.0%	0.0%	0.0%	0.0%
	White	100.0%	100.0%	66.7%	100.0%
	Hispanic	0.0%	0.0%	16.7%	0.0%
	Other	0.0%	0.0%	0.0%	0.0%
	Unknown	0.0%	0.0%	0.0%	0.0%

Source: Nevada Opioid Surveillance Hospital Profile – 2022. https://nvopioidresponse.org/wp-content/uploads/2022/12/Hospital-Profiles-508.pdf

Per the demographic information, the vast majority of patients who suffer opioid poisoning are men. Most of the men are younger white men, with a few seniors. It is concerning that the rate of men overdosing is nearly all the overdoses that Churchill sees. Women were more likely to go to the ED for dependency, but men were more likely to suffer opioid poisoning.

Figure 35 shows a comparison of the opioid poisoning numbers for each of the five Behavioral Health Regions in Nevada. Figures 35 and 36 look at the Emergency Department and the Inpatient visits related to opioid poisoning.

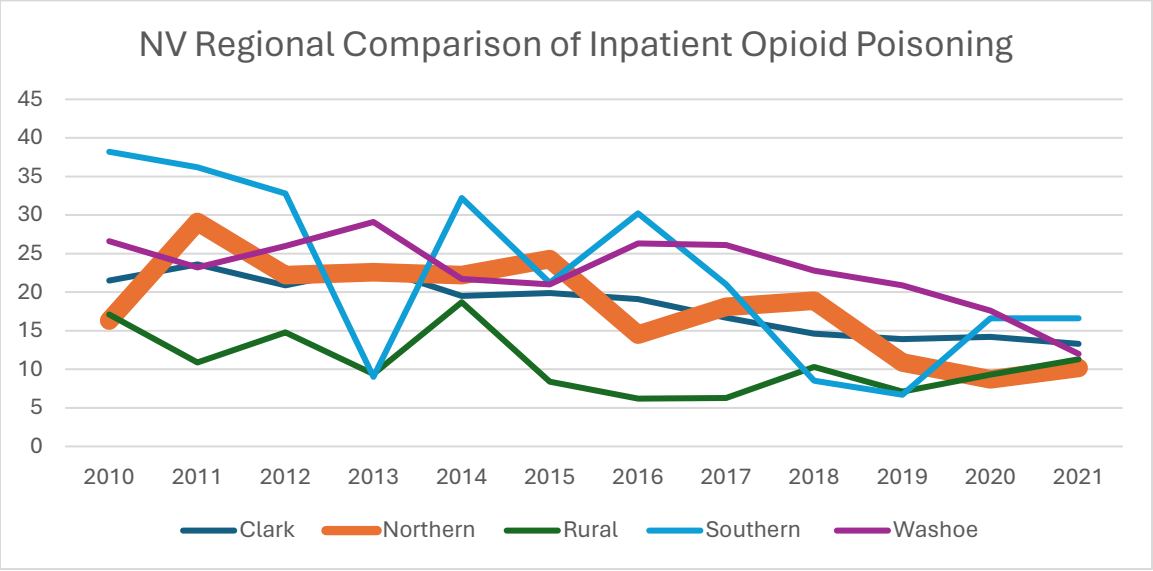
Figure 35. opioid-related poisoning – emergency department. Regional comparison.



Source:
https://app.powerbigov.us/view?r=eyJrIjoiODQ2MjJjMjktOWE5NC00MThmLTlkMmEtYzZjMDU0YWU3MmUyIiwidCI6ImU0YTM0MGU2LWI4OWUtNGU2OC04ZWFhLTE1NDRkMjcwMzk4MCJ9

As shown in Figure 35, the Northern Region hovered in the middle for the rate of emergency department visits for opioid poisonings from 2010 to 2017. Starting in 2018, the Northern Region dropped to the lowest rate in the state. Unfortunately, while the Northern Region is still the lowest, all five regions have seen a substantial year-over-year increase in emergency department opioid poisonings that started in 2018 and has run through 2021, which is the newest set of data that is available.

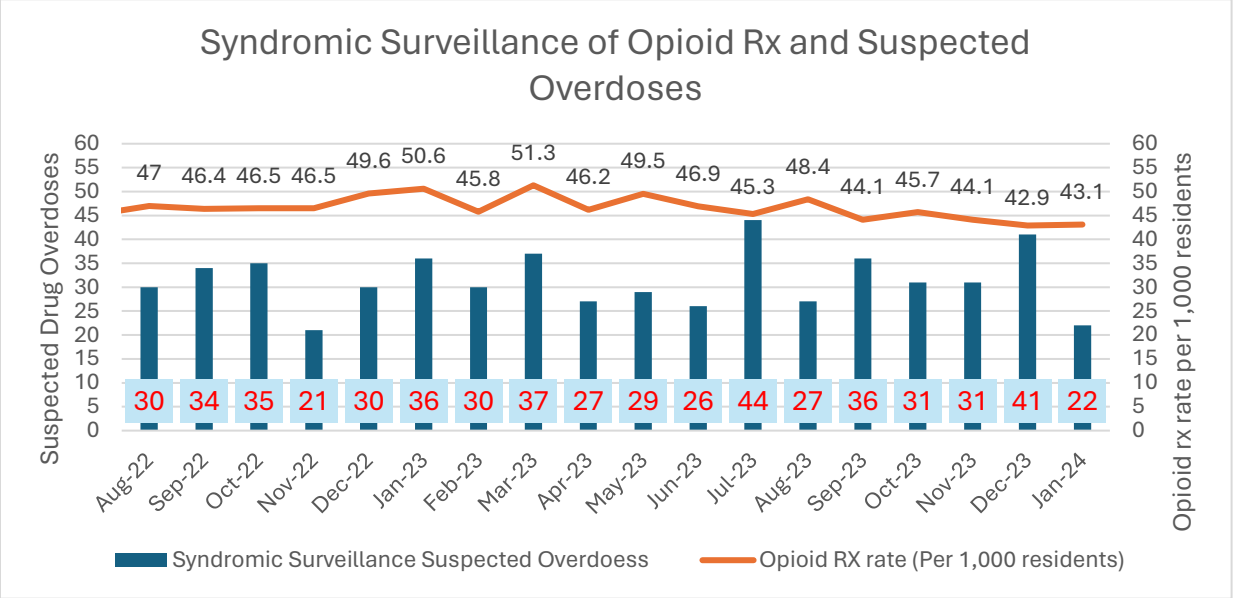
Figure 36. opioid-related poisoning – inpatient. Regional comparison.



Source:
https://app.powerbigov.us/view?r=eyJrIjoiODQ2MjJjMjktOWE5NC00MThmLTlkMmEtYzZjMDU0YWU3MmUyIiwidCI6ImU0YTM0MGU2LWI4OWUtNGU2OC04ZWFhLTE1NDRkMjcwMzk4MCJ9

As shown in Figure 36, there is a comparison of the five regions for inpatient visits for opioid poisonings; the Northern Region has been trending down, and in 2020, they became the lowest rate of inpatient visits. While they maintained this status in 2021, there was an increase over 2020 numbers. Northern is only one of two counties that saw an increase in inpatient overdoses in 2021, the other being Clark.

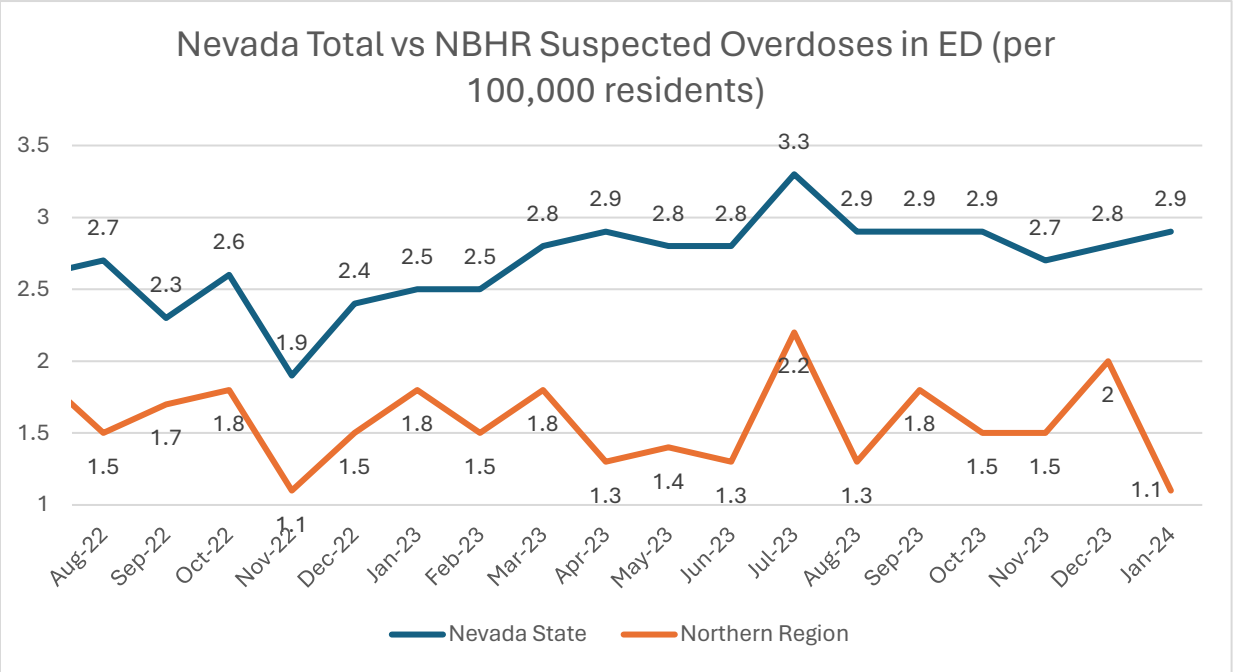
Figure 37.Suspected drug overdoses from Syndromic Surveillance and prescription (Rx) opioid rates in the Northern Behavioral Health Region



Source: Nevada Drug Overdose Surveillance Monthly Report August 2022: Rural Region.
https://nvopioidresponse.org/initiatives/od2a/

Figure 37 shows the suspected overdose rate compared to the opioid prescription rate for the Northern Behavioral Health Region per 1,000 residents. As seen in the graph, monthly suspected poisonings average between 25 and 37, with two months (July 2023 and December 2023) being significantly higher than the other months. Based on the OD2A data, the opioid prescription rate for the Northern Behavioral Health Region has been trending down slightly from August 2022 through January 2024.

Figure 38.Monthly rates of suspected drug-related overdose ED visits in Northern Region vs NV

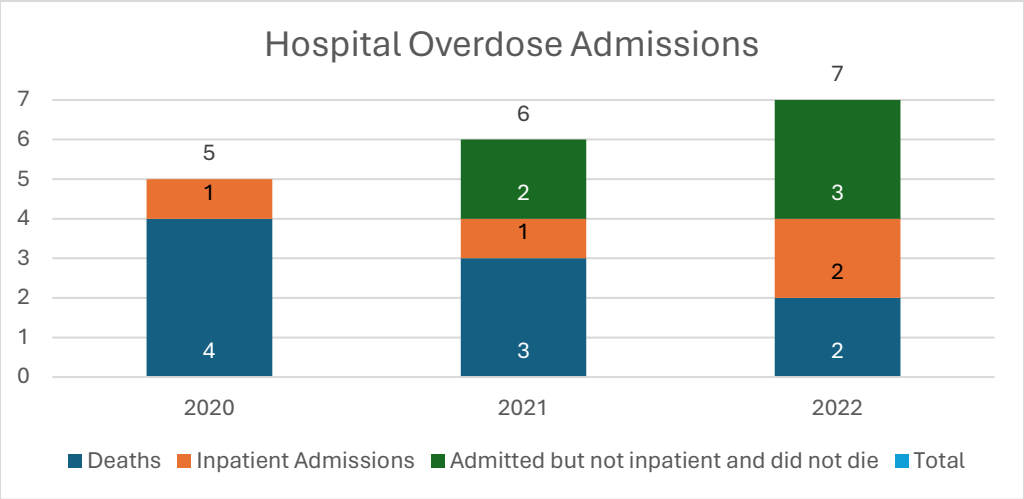


Source: Nevada Drug Overdose Surveillance Monthly Report August 2022: Rural Region.
https://nvopioidresponse.org/initiatives/od2a/

Figure 38 explores the Nevada total suspected overdoses by OD2A, and the Northern Behavioral Health Region suspected overdoses per 100,000 residents. Nevada state's total rate is significantly higher than the Northern Behavioral Health Region for the entire time period. Of note is that the rate fluctuates a lot over time but has not trended down over the two-year reporting period.

After a review of the most recent data available, the conclusion can be made that with the efforts being made by Churchill County, opioid overdose rates are continuing to climb over the years. The Nevada Department of Health and Human Services, Office of Analytics provided the opioid overdoses by year and type with Churchill County residents. The following chart depicts the number of opioid-related emergency department encounters and admissions as reported by the Department of Health and Human Services Office of Analytics for Churchill County:

Figure 39. Nevada DHHS Office of Analytics. 2020 - 2022 Overdose data

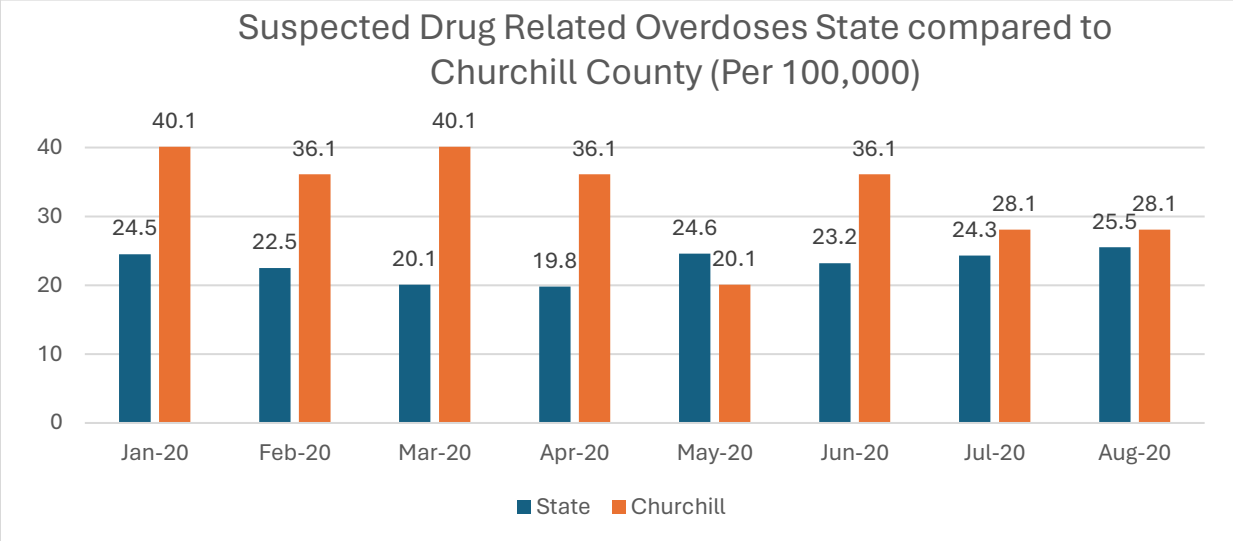


Source: Nevada Department of Health and Human Services. Appendix A

The total overdose encounters have been rising from 2020 through 2022, with 2021 and 2022 seeing two and three deaths, respectively.

The following chart depicts how the number of suspected drug-related overdoses exceeds the state average except for one month over eight months. In March 2020, Churchill County had double the number of overdoses than the state. [xvi]

Figure 40. Nevada and Churchill Opioid Surveillance Hospital Profile – 2022



Source: Nevada Opioid Surveillance Hospital Profile – 2022 https://nvopioidresponse.org/wp-content/uploads/2022/12/Hospital-Profiles-508.pdf

RECOMMENDATIONS

Within the suggestions from the Nevada Statewide Plan **Objective 7.1.2**: Improve and Standardize Surveillance Reporting it suggests establishing minimum data sets for reporting. Data should be collected on suspected and actual overdoes, including:

- Gender
- Age
- Income or socioeconomic class
- Insurance
- Prescription (theirs or others) or illicit
- How did they start
- Have they gone through treatment before

Objective 2.1.1: Identify Risk Factors for Opioid Misuse and Overdose

- suggests rapidly identifying substances involved in overdoses through the distribution of hand-held drug testing equipment (or potentially a rush procedure with the local lab).

Objective 3.1.1: Increase the Availability of Naloxone and Fentanyl Testing Supplies across Nevada

- suggests providing fentanyl testing.

This could work in two complimentary ways, the first is that Churchill will gain surveillance data on the drugs being used or at least the presence of fentanyl, and the second is that for those who have their drugs tested are less likely to have an accidental overdose because of laced product.

Objective 3.1.1: Increase the Availability of Naloxone and Fentanyl Testing Supplies across Nevada suggests increasing the use and availability of Naloxone including.

- First responders
- Leave-behind after a call
- At risk drug users

Create Suspected/Street Overdose Response Team (SORT). SORT is a specialized post-overdose response team consisting of community paramedics and peer counsellors attending to suspected overdose cases often alongside general emergency medical services.

SECTION 2.2.4. OPIOID DEATHS.

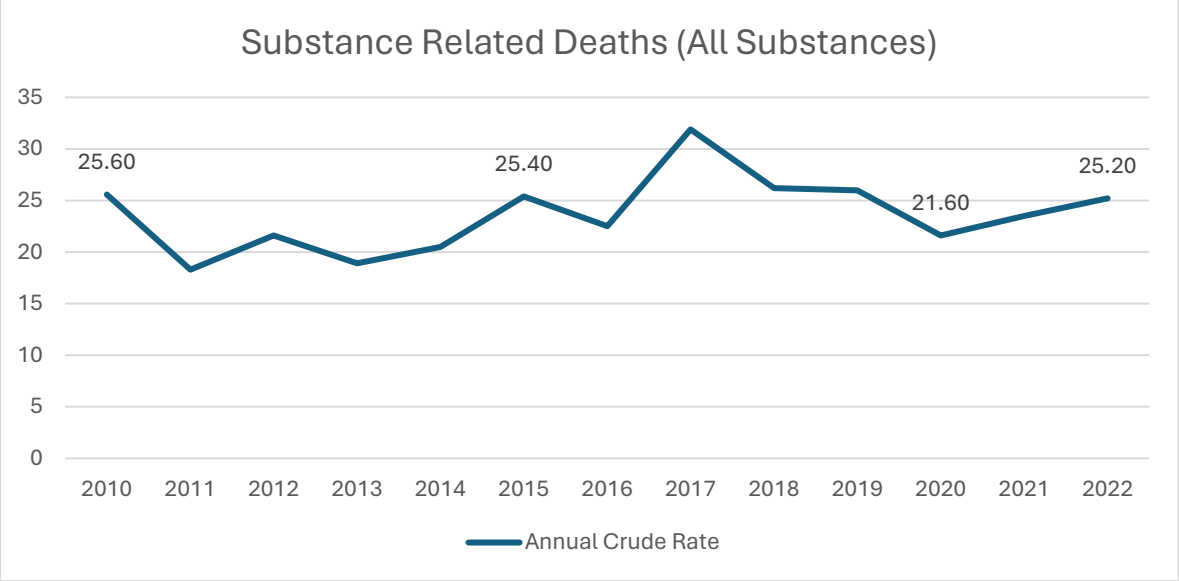
This section will be looking at opioid deaths in Churchill County and will be using the same Nevada Department of Health and Human Services' Office of Analytics dashboard entitled *Monitoring Substance Use in Nevada*. The primary source of data is listed below.

Death. **Data source**: The Division of Public and Behavioral Health's (DPBH) Office of Vital Records's electronic death registry system.

As previously stated, the source of the death data for the dashboard is from the Nevada Division of Public and Behavioral Health's electronic death registry system.

Figure 41 demonstrates the total substance-related deaths reported for the Northern Behavioral Health Region encountered from 2010-2021. Figure 42 shows deaths based on substances (Alcohol, Opioids, and Stimulants) for the same region and time.

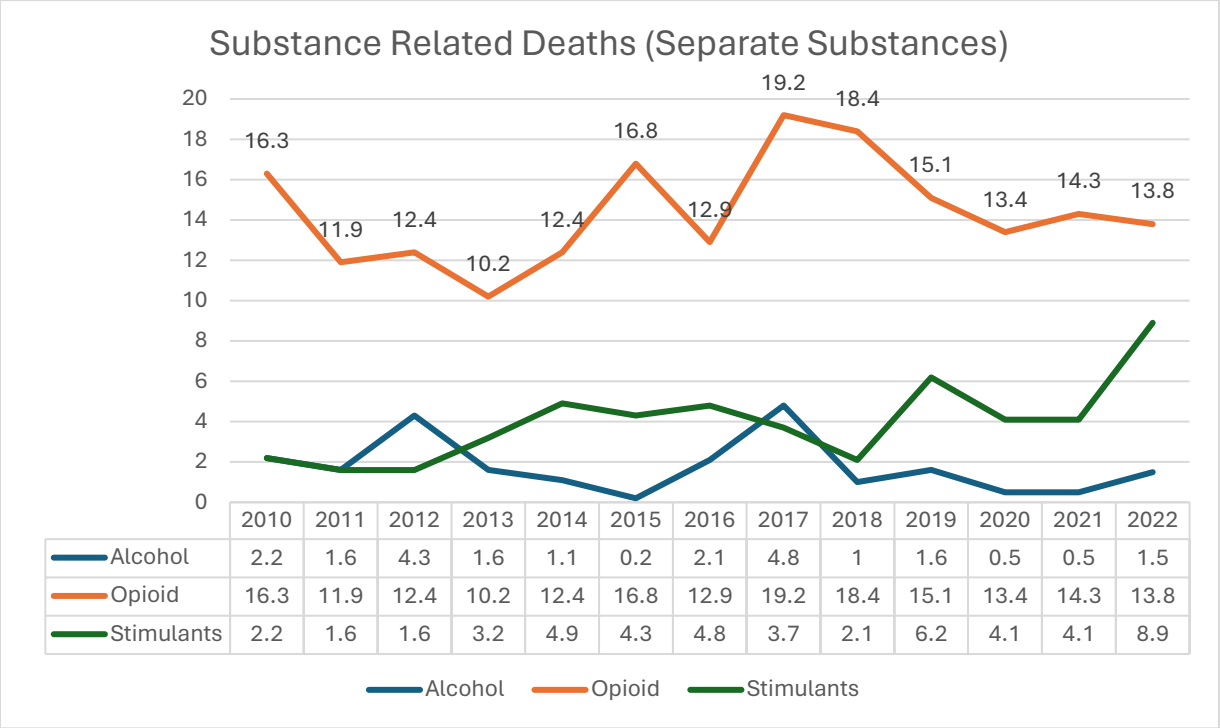
Figure 41. Substance-Related Deaths (All Substances) --Northern Behavioral Health Region. Crude Rate per 100k population



Source:
https://app.powerbigov.us/view?r=eyJrIjoiODQ2MjJjMjktOWE5NC00MThmLTlkMmEtYzZjMDU0YWU3MmUyIiwidCI6ImU0YTM0MGU2LWI4OWUtNGU2OC04ZWFhLTE1NDRkMjcwMzk4MCJ9

As Figure 41 shows, the total substance-related deaths for the Norther Behavioral Health Region have been relatively stable, with between 18 and 26 deaths per year for every year from 2010 to 2022, with the exception of 2017, which saw an anomalous spike of nearly 32.

Figure 42. Substance-Related Deaths (Each substance independently) –Northern Behavioral Health Region. Crude Rate per 100k population

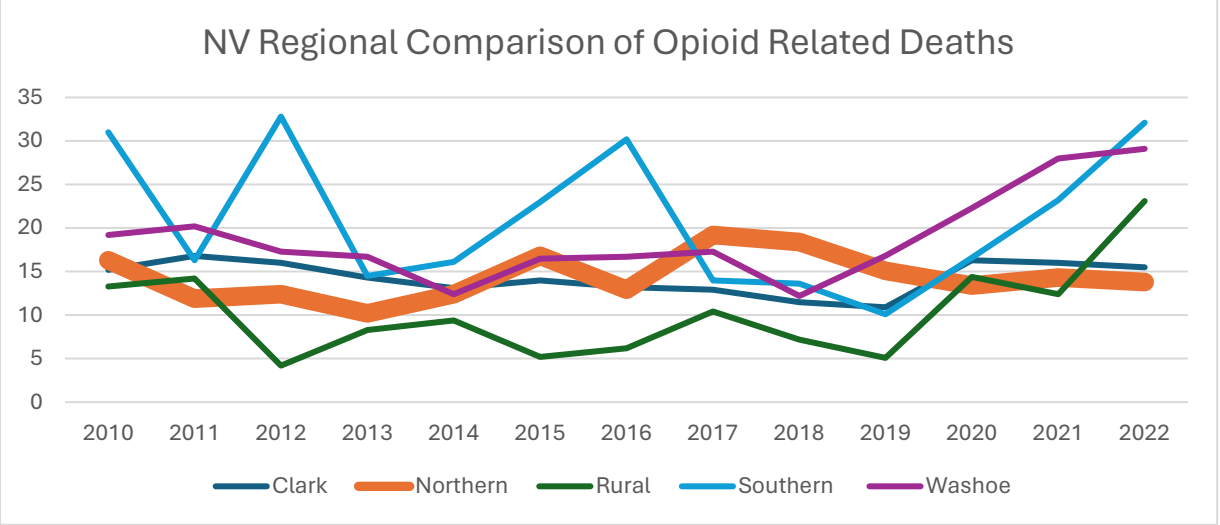


	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Alcohol	2.2	1.6	4.3	1.6	1.1	0.2	2.1	4.8	1	1.6	0.5	0.5	1.5
Opioid	16.3	11.9	12.4	10.2	12.4	16.8	12.9	19.2	18.4	15.1	13.4	14.3	13.8
Stimulants	2.2	1.6	1.6	3.2	4.9	4.3	4.8	3.7	2.1	6.2	4.1	4.1	8.9

Source:
https://app.powerbigov.us/view?r=eyJrIjoiODQ2MjJjMjktOWE5NC00MThmLTlkMmEtYzZjMDU0YWU3MmUyIiwidCI6ImU0YTM0MGU2LWI4OWUtNGU2OC04ZWFhLTE1NDRkMjcwMzk4MCJ9

When looking at the death rates for each substance broken out, it is pretty evident that opioids are the highest contributor to substance-related deaths in the Northern Behavioral Health Region.

Figure 43. Substance-related death – opioid. Regional comparison.



Source:
https://app.powerbigov.us/view?r=eyJrIjoiODQ2MjJjMjktOWE5NC00MThmLTlkMmEtYzZjMDU0YWU3MmUyIiwidCI6ImU0YTM0MGU2LWI4OWUtNGU2OC04ZWFhLTE1NDRkMjcwMzk4MCJ9

Figure 43 shows the opioid-related deaths for all five regions in Nevada. Compared to the rest of the state, the Northern Behavioral Health Region has been relatively stable since 2010. Interestingly, in 2019, every other region in the state saw a spike in their opioid death rate, but the Northern Behavioral Health Region stayed stable and even decreased a little.
While the Northern Behavioral Health Region has the lowest opioid death rate in the state, the rate has been stable for three years. Churchill County, on the other hand, has seen rising opioid deaths over the same time period. Churchill County and the Northern Behavioral Health Region should look at strategies to decrease the death rate. One option could be to equip all government vehicles and staff with Narcan/Naloxone and training on how to use it. Increased rates of Naloxone use could decrease the rate of deaths.

RECOMMENDATIONS

Objective 3.1.1: Increase the Availability of Naloxone and Fentanyl Testing Supplies across Nevada suggests increasing the use and availability of Naloxone in an attempt to decrease the death rate from opioids. Some of the people who should have Naloxone available to them are:

- First responders
- Leave-behind after a call
- At risk drug users

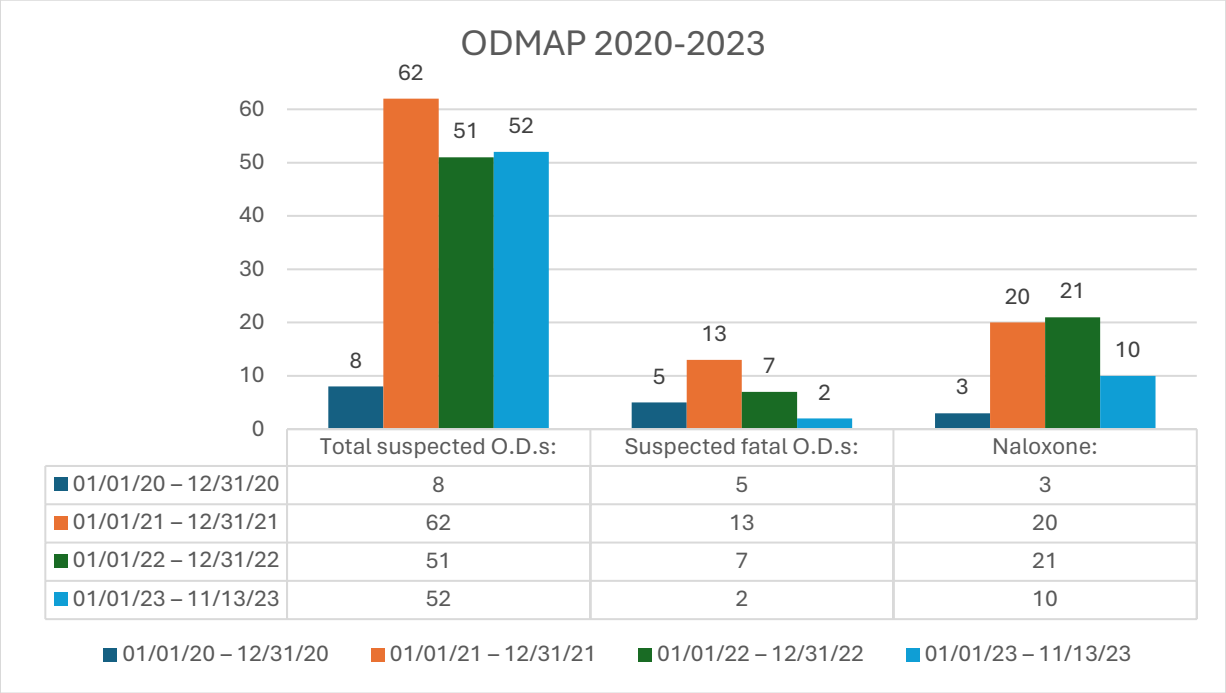
Collaborate with the Department of Public and Behavioral Health (DPBH) to get Churchill County specific data for deaths reports in the Electronic Death Registry System (EDRS). Especially as it relates to opioid deaths.

SECTION 2.2.5. ODMAP DATA FOR CHURCHILL COUNTY

ODMAP (Overdose Detection Mapping Application Program) provides real-time data on suspected opioid overdoses, suspected fatal overdoses, and the administration of naloxone. Data for the maps are pulled from the state Emergency Medical Services (EMS) database. Although data is pulled from the EMS database, any administration given by a private party or without EMS intervention is not included within this data. The maps provided below are for Churchill County and are listed by year for 2021 through 2023; there is no heat map provided for 2020 due to DHHS's suppression policy; maps are deleted after three years. Worth noting,

the data provided in this document was retrieved from the Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP), State of Nevada Office of the Attorney General.

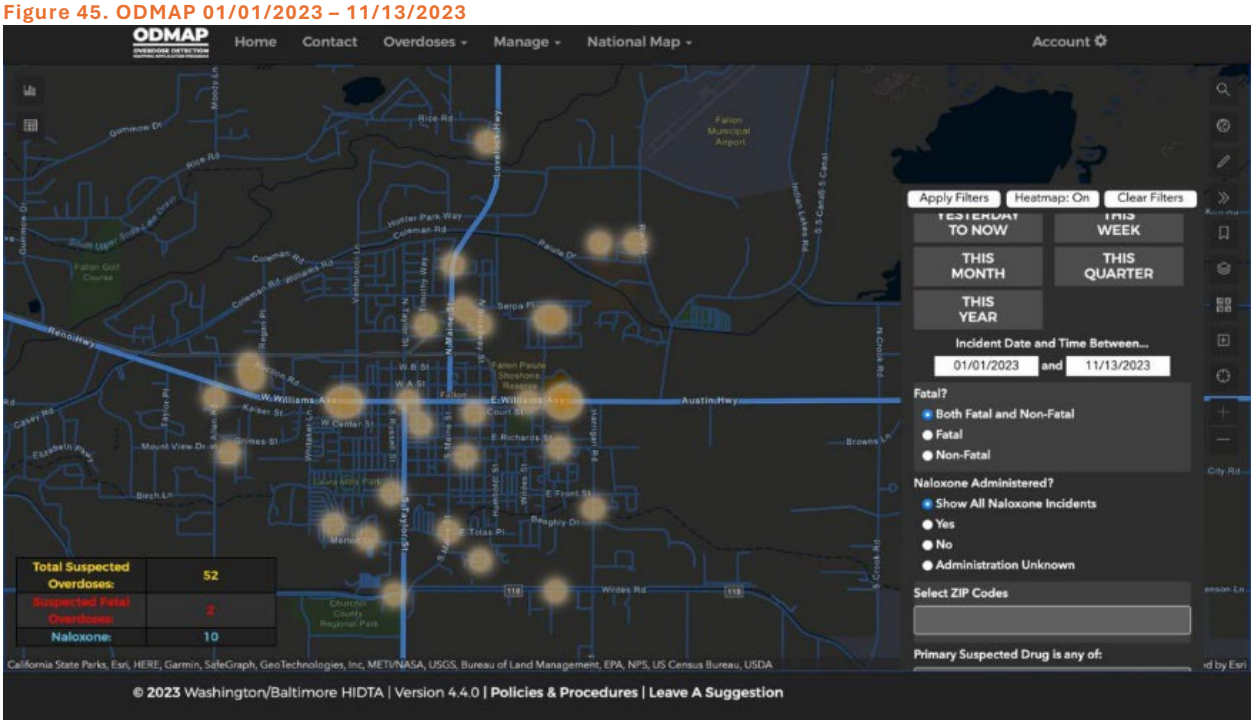
Figure 44. ODMAP 2020-2023



Source: ODMAP database Data. Prepared by: **Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP), State of Nevada Office of the Attorney General**

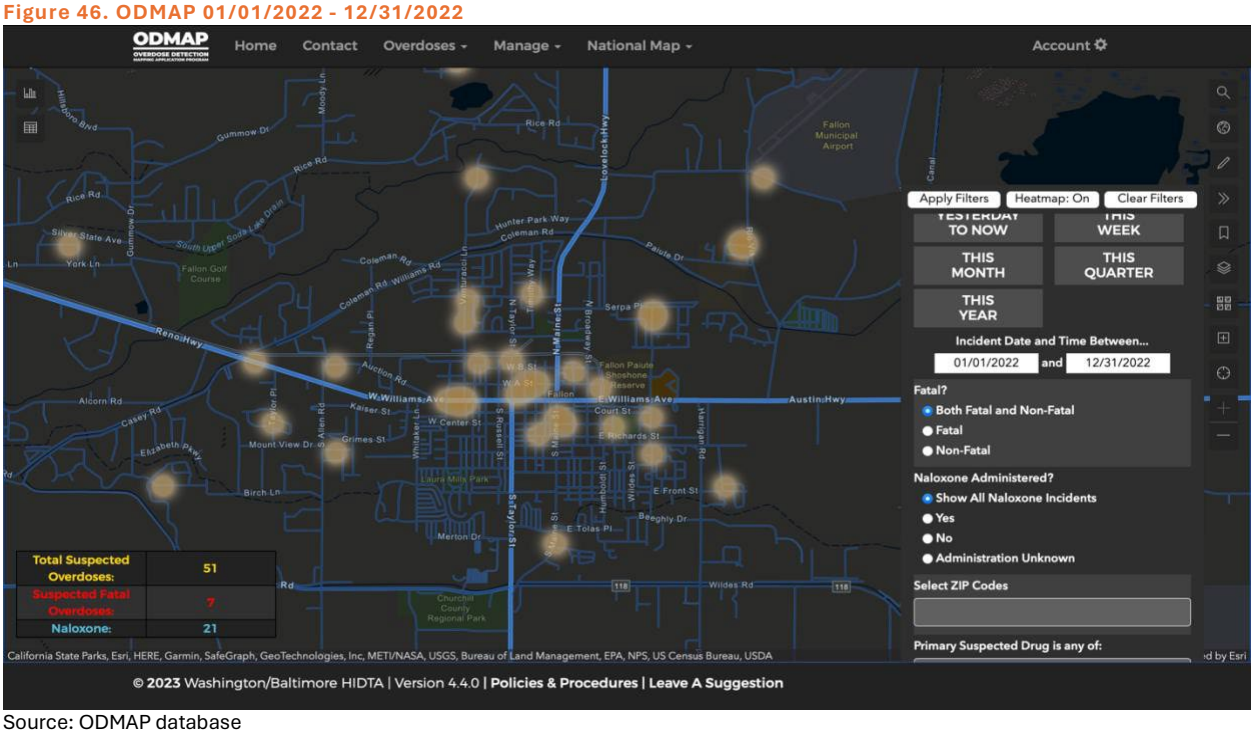
ODMAP Data Report on Churchill County During 01/01/20 – 11/13/23

Figure 45. ODMAP 01/01/2023 – 11/13/2023



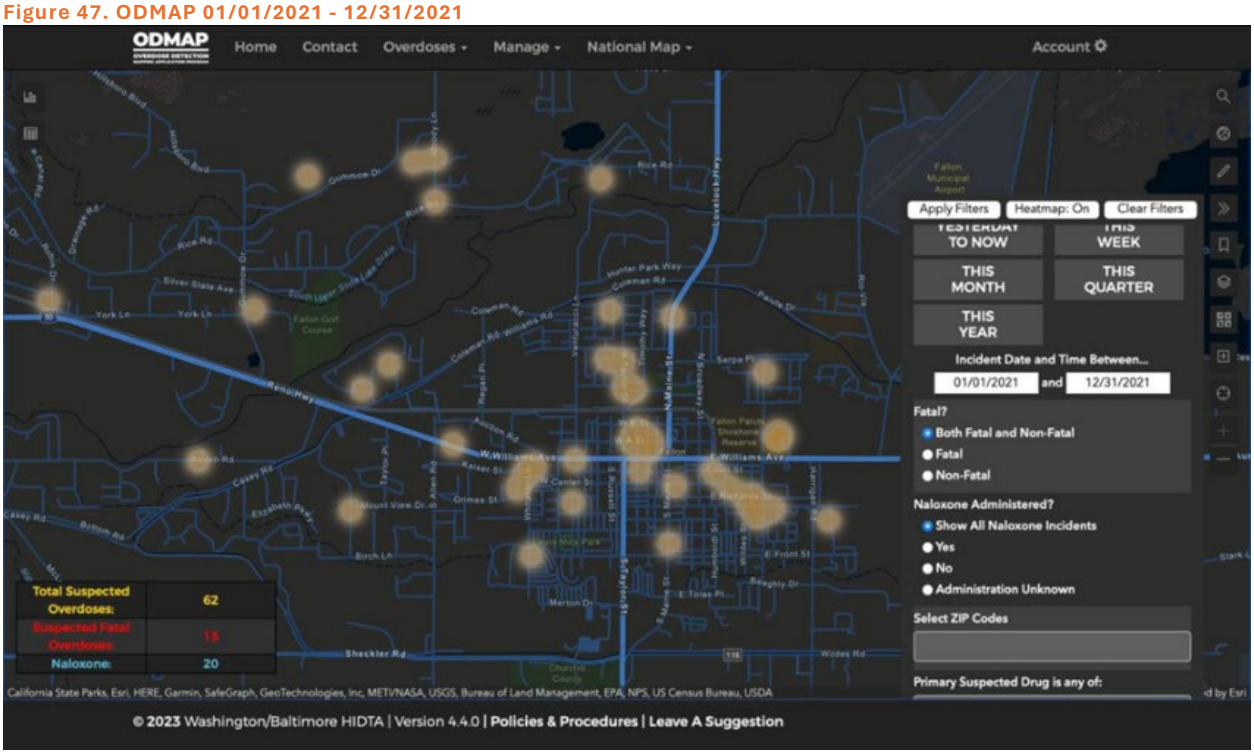
Source: ODMAP database

Figure 46. ODMAP 01/01/2022 - 12/31/2022



Source: ODMAP database

Figure 47. ODMAP 01/01/2021 - 12/31/2021



Source: ODMAP database

*No heat map is provided for 2020 due to DHHS's suppression policy.
Deletes heat maps after three years**

SECTION 2.2.6: COMMUNITY-BASED OPIOID USE INDICATORS

Section 2.2.6.1: Law Enforcement

Section 2.2.6.1.1: Churchill County Sheriff, Richard Hickox

When interviewed, the Churchill County Sheriff's Office took our questions with them and sent responses back in an email. What follows is a copy of the responses given by the Sherrif in that email:

WWI Question: How many crimes and/or arrests have occurred related to opioids since 2020?
Sheriff Response: It is difficult to quantify the number of crimes and/or arrests that are related to opioids; however, since January 2020, the Task Force has arrested 16 individuals for possessing and/or selling opioids.

> **WWI Follow-up:** Would you please provide some clarification on whether the arrests were for Churchill County or the Region?
> **Sheriff Response:** Without getting into specifics, I would say 98% of the arrests happened within Churchill County.

WWI Question: Are there any characteristics in opioid-related fatalities (population characteristics, location of fatalities?)
Sheriff Response: No known or common characteristics have been observed or noted.

WWI Question: How many arrests have been made for the possession of illicit/street substances such as heroin?
Sheriff Response: Since January 2020, the Task Force has arrested 414 individuals for crimes relating to possession, sales, and or trafficking of illicit street substances. This includes possessing and/or selling heroin. Since January 2020, the Task Force has seized/purchased approximately 310 grams of heroin.

> **WWI Follow-Up:** would you please clarify what "seized/purchased" means? Does the Sheriff's Dept. actually purchase heroin, or pretend to, and then arrest once the sale is made, or does this mean something else entirely?
>
> **Sherrif Response:** To clarify "seized/purchased", the Sheriff's Office participates in the North Central Narcotic Task Force, which is a multi-agency/multi-jurisdictional Task Force that utilizes various methods to investigate, arrest, and prosecute individuals that possess, sell, and/or traffic in controlled substances. The Task Force is funded through federal grant monies, which in part go toward the "purchase" of evidence (controlled substances). The "purchasing" of evidence (controlled substances) then leads to the "seizure" of evidence (controlled substances) that are located during the culmination (arrest) of the investigation.

WWI Question: How many arrests have been made for the possession of non-prescribed opioids?
Sheriff Response: The Task Force has made 16 arrests for non-prescribed opioids since 2020. All 16 of the arrests that have been made by the Task Force were for non-prescribed opioids.

WWI Question: Has there been an uptick in locations in which opioid fatalities and or possession of opioids have been found?
Sheriff Response: No.

WWI Question: Crime statistics related to opioid use with race/ethnicity, gender, and special population characteristics for Churchill County.
Sheriff Response: This is not tracked.

WWI Question: Characteristics of people overdosing.
Sheriff Response: No overwhelming common characteristics other than poly or prior other drug use and/or heroin. We've seen no common social or economic characteristics.

> **WWI Clarification:** Although we were able to obtain information for characteristics in overdosing and hospitalizations, we were unable to obtain characteristics in those who are charged with drug-related crimes.

WWI Question: Is there any information on opioids being obtained legally and illegally?
Sherrif Response: During these investigations, 95% of all opioids that were seized were obtained legally and then distributed illegally. In short, someone who is legally prescribed

opioids will fill their prescription and then turn around and sell part or all that prescription to an opioid user.

WWI Question: How many residents have obtained heroin 2020-2023?
Sheriff Response: This question cannot be answered; however, the Task Force has arrested 16 individuals for possessing and/or selling heroin since 2020.

WWI Question: How many opioid withdrawals have been reported within the jails?
Sheriff Response: This data is not tracked for statistical purposes. This information would require a complete review of jail medical files.

WWI Question: What are the treatment options within the Churchill County jail?
Sheriff Response: The doctor prescribes withdrawal medications.

WWI Question: Do you feel opioids are easy to obtain in Churchill County or surrounding areas?
Sheriff Response: Opioids are no easier to obtain in Churchill County than they are in any other county in Nevada.

WWI Question: Do you feel opioid treatment is available and sufficient in your community?
Sheriff Response: No response was given.

WWI Question: Have you seen residents obtaining high-dose or high-quantity prescriptions?
Sheriff Response: We do not track prescriptions. We only see those involved in a coroner or criminal case.

WWI Question: Do you feel children and teens do not know enough about the risks of opioids?
Sheriff Response: No response was given.

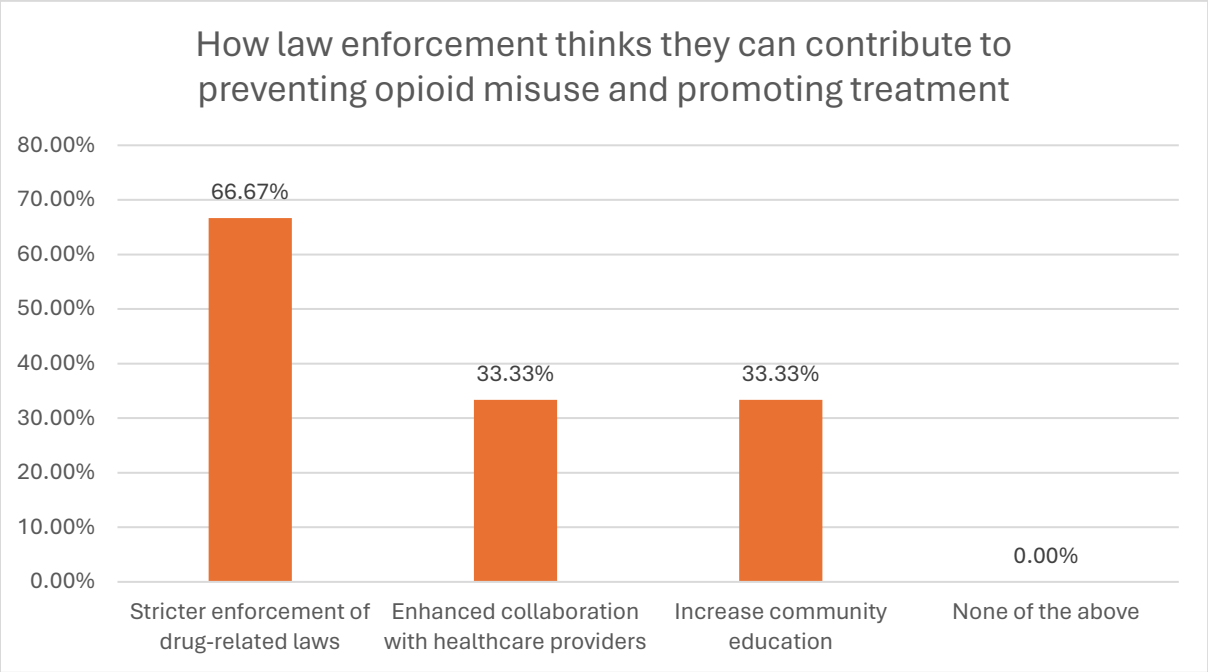
WWI Question: How many people have gone through MAT within the Jail?
Sheriff Response: No statistical records of this are kept. A review of all jail medical records would be required to obtain this information.

Section 2.2.6.1.2: Law Enforcement Responses

Through the survey, law enforcement respondents indicated that they have limited engagement (66.67%) with the community to address the opioid crisis. However, through the focus groups, it was found that law enforcement was in full support of helping in any way they could, though they were not staffed enough to provide school and community education. (33.33%) of law enforcement respondents said they were currently active in community outreach programs.

When asked how law enforcement can contribute to preventing opioid misuse and promoting treatment, (66.67%) of law enforcement respondents suggested stricter enforcement of drug-related laws, (33.33%) enhanced collaboration with healthcare providers, and (33.33%) said increased community education.

Figure 48.Churchill County Opioid Assessment-Survey, Question #75



Source: Churchill County Opioid Assessment Survey

Through the survey (66.67%) of law enforcement respondents said they did not feel they were equipped with Naloxone in the emergency of an opioid overdose. 66.67 % of law enforcement survey respondents believe changes in legislation or policies are necessary to address the opioid crisis effectively. However, only one suggestion was put forward: to allow more officer discretion when paired with treatment options. However, the focus groups yielded suggestions from the sheriff's department and P.D., such as:

- Advocate for more laws requiring treatment center diversion for intervention and education.
- Legislators to be educated on the harmful effects of drugs and to enact harsher laws and penalties.
- Increase law enforcement education around empathy.
- Educate judges, human resources, and Social Service staff to be more empathetic and less judgmental.
- Specific areas of training or resources to better prepare law enforcement for the future include continuing education on changes, recognition, and other enforcement options.

The sheriff, police department, and the jail stated that they could not track the number of drug charges in a year. Therefore, they were unable to report the number of opioid-related charges.

Section 2.2.6.1.3: Churchill County FASTT Data

The FASTT team is the Forensic Assessment Services Triage Team, a hybrid unit that is designed to divert inmates when appropriate to specialty courts, such as the Mental Health Court and the Drug Court. Churchill County provided the following FASTT data from the jail for the time period of January 2021 through December 2023.

Opioid use from January 2021 through December 2022 was 38 out of 281 assessed in the jail reported Opioid abuse. For January 2023 through December 2023, 11 out of 91 assessed in the jail reported Opioid abuse.[xvii]

RECOMMENDATIONS

Objective 3.1.1: Increase the Availability of Naloxone and Fentanyl Testing Supplies across Nevada, in the Statewide Opioid Plan

Objective 6.2.1: Increase Access to Quality Care for Justice-Involved Individuals, supports the expansion of drug courts and the use of MAT in all jail as two ways to address the opioid crisis in the criminal justice system.

Collaborate with the DPBH to get Churchill County specific data for deaths reports in the EDRS. Especially as it relates to opioid deaths.

Objective 1.3.1: Timely Monitoring of Program Progress and Outcomes suggests gathering a lot information in order to make data-driven decisions and to get a baseline to compare against in the future. As demonstrated in this section, the Churchill County Courts, Police, Sherrif, and Jail are all lacking in the collection of information about substance use and addictions. Below are some data points that each of these entities should be collecting and reporting to the county for aggregation and analysis.

Everyone
- Age
- Gender
- Race
- Income/socioeconomic class
- Substances used
- Prescription (theirs or others) or illicit

Courts/District Attorney/Public Defender
- Drug charges filed (Felonies, misdemeanors, gross misdemeanors)
- Drug charges diverted

Police/Sherrif/EMS
- People transported to hospital or treatment center for opioid use
- People administered and distributed naloxone too

Jail
- People getting MAT in the jail hospital
- People who reported being opioid user before coming to jail

Medical Examiner/Coroner
- People who died under the influence
- People with a comorbidity of opioid use
- People with evidence of drug sue.

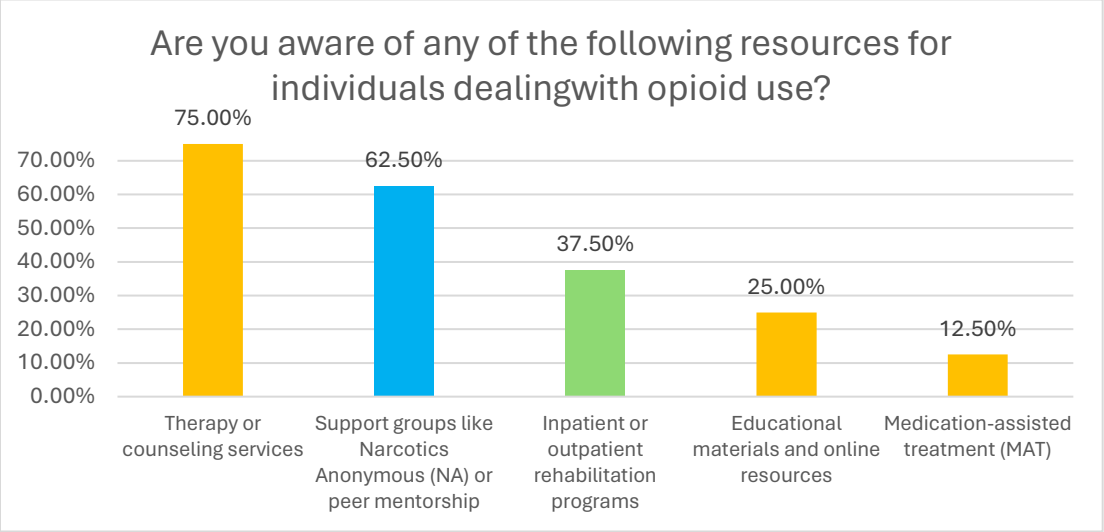
Section 2.2.6.2: Community Response

Within Churchill County, including focus groups and survey respondents, there is an equally split opinion on the critical nature of the use and misuse of Opioids.

- One focus group member stated it is "humiliating, treated and looked at differently; assumptions are made of what kind of a person you are."
- Another identified challenge for those seeking treatment was the fear of losing their job and being unable to pay monthly bills (Rent, gas, groceries, etc.)

Sixty percent (60%) of the online survey respondents indicated that they feel there are not enough available resources to help with opioid use, with the focus group attendee responses across all sectors agreeing. However, 20% of survey respondents sought resources available within the community. Below is a chart that illustrates the respondent's awareness of different types of resources available for individuals dealing with opioid use.

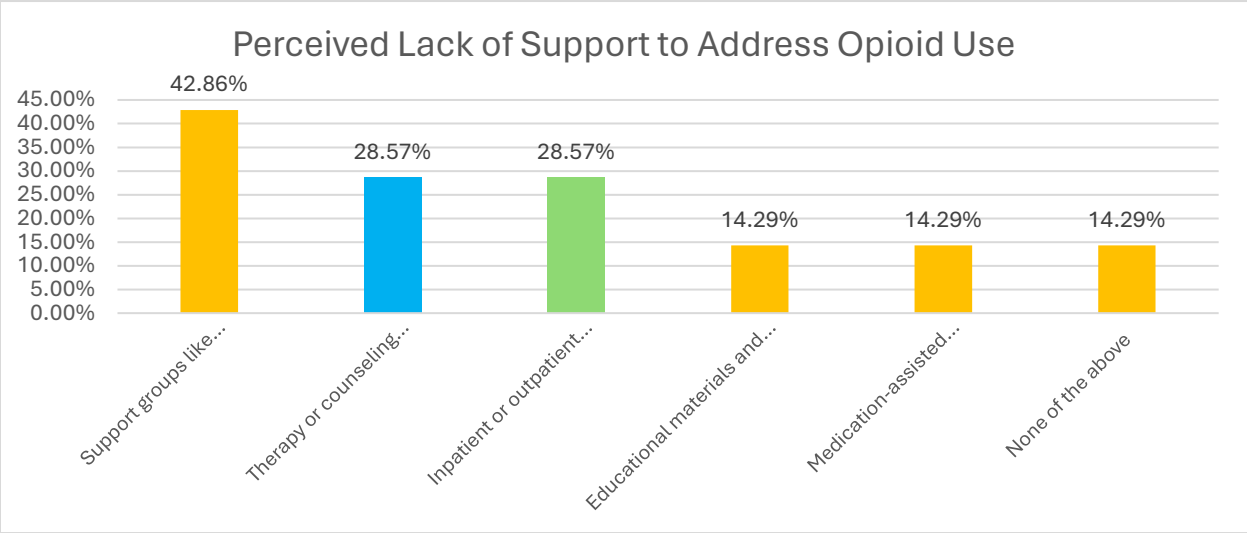
Figure 49. Churchill County Opioid Assessment-Survey, Question #25



Source: *Churchill County Opioid Assessment Survey*

Along with respondents being aware of these resources, the following chart depicts which resources they found and how helpful they found each resource.

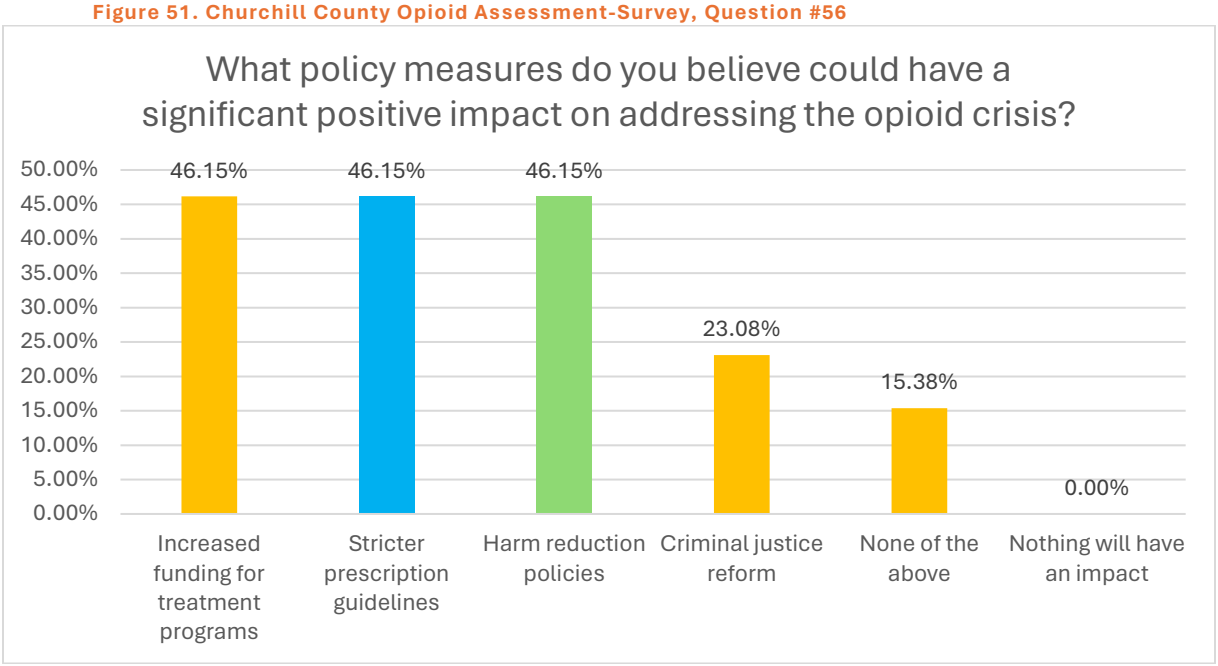
Figure 50. Churchill County Opioid Assessment-Survey, Question #26



Source: *Churchill County Opioid Assessment Survey*

When asked what policy measures they believe could have a significant positive impact on addressing the opioid crisis, survey respondents indicated that 46.15% increased funding for treatment programs, stricter prescription policies, and harm reduction policies. 23.08% indicated criminal justice reform, and 15.38% stated none.

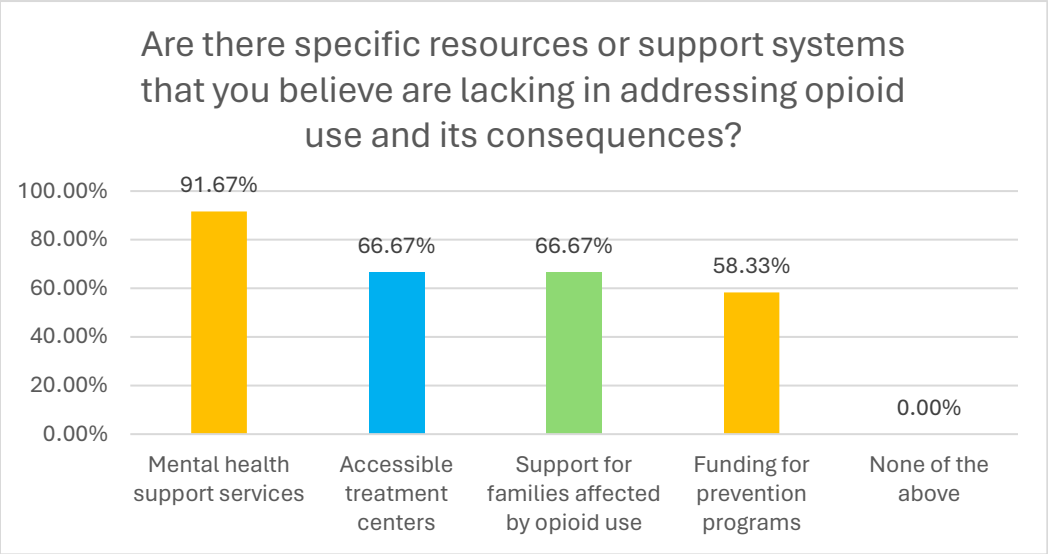
Figure 51. Churchill County Opioid Assessment-Survey, Question #56



Source: Churchill County Opioid Assessment Survey

The following is a graph depicting the percentage of respondents who identified what they perceived as a lack of resources or support services to address opioid use.

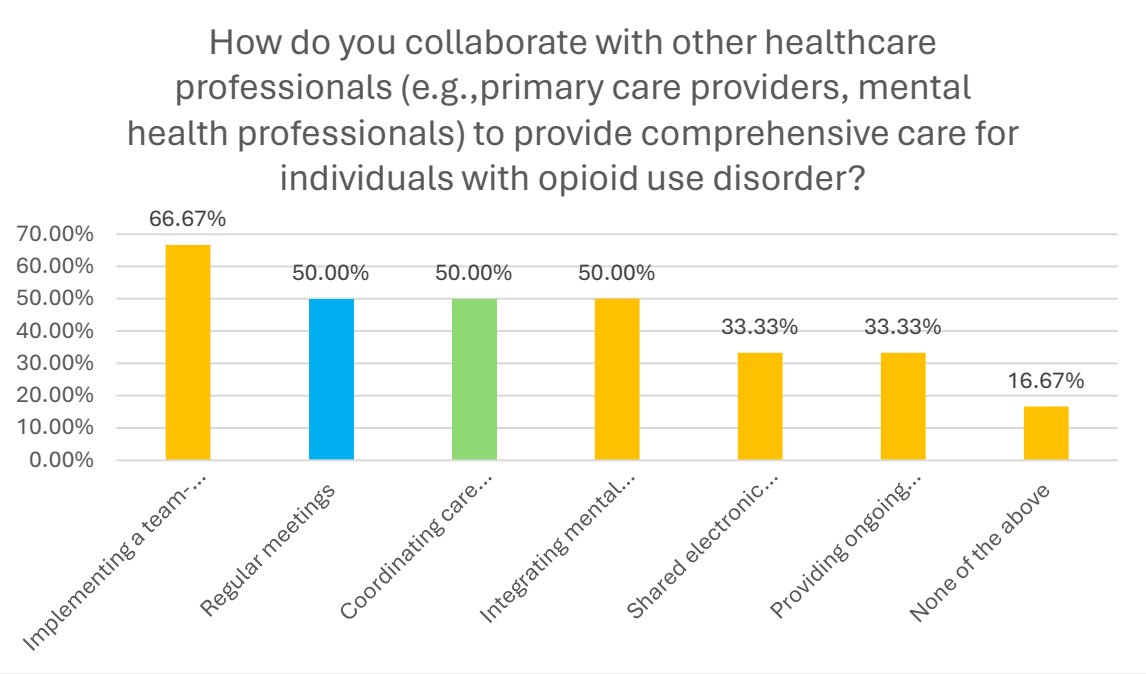
Figure 52. Churchill County Opioid Assessment-Survey, Question #56



Source: Churchill County Opioid Assessment Survey

Collectively, both focus groups and survey respondents agree that community providers have moderate to strong collaboration (83%) that includes a range of activities from sharing electronic health records (33%), providing ongoing education to health professionals (33%), regular meetings, coordinating care plans, integrating mental health assessments into routine opioid treatment (50%) and implementing a team-based approach to ensure seamless, holistic care for patients (67%).

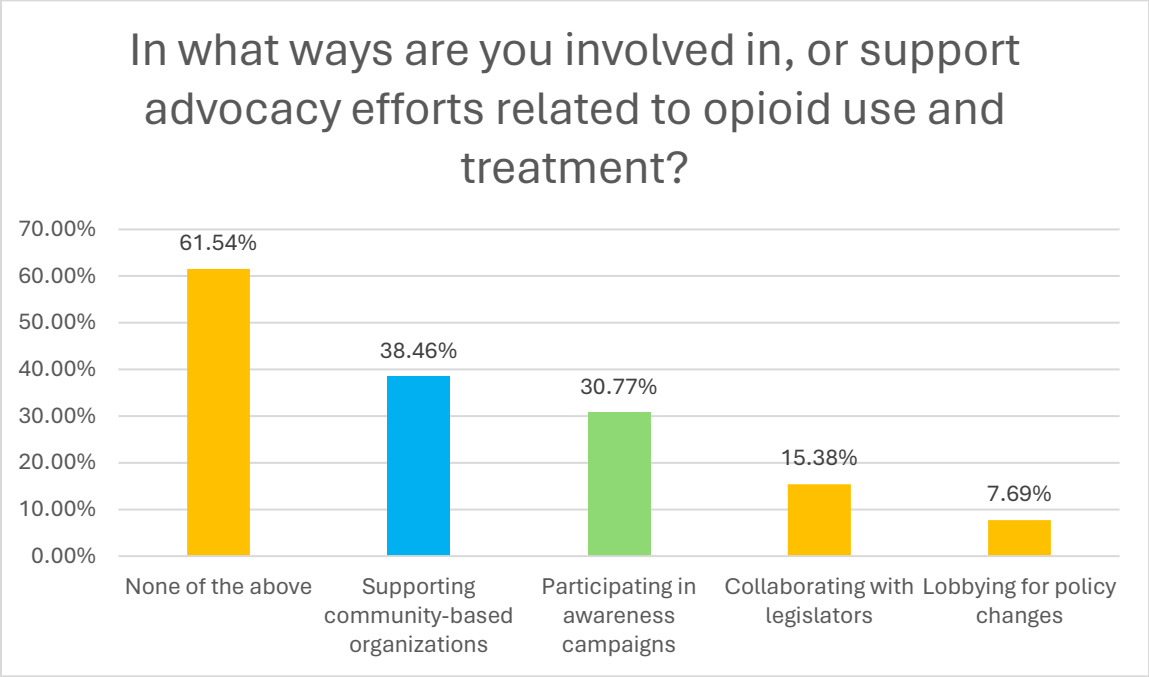
Figure 53. Churchill County Opioid Assessment-Survey, Question #41



Source: Churchill County Opioid Assessment Survey

When asked about being involved in or supporting advocacy efforts related to opioid use, 61.65% of respondents indicated none, 38.46% indicated supporting community-based organizations, 30.77% participated in awareness campaigns, 15.38% collaborated with legislatures, and 7.69% advocated for policy change.

Figure 54. Churchill County Opioid Assessment-Survey, Question #55



Source: Churchill County Opioid Assessment Survey

The consensus is that the community would benefit from bringing the following partners to the table:

- Military/Naval Base
- Banner Churchill Community Hospital
- Tribes
- Sheriff's Department

The focus groups rendered some causal reasons for opioid use within Churchill County. Those include but are not limited to:

- Lack of activities within the county
- Lack of resources for those experiencing addiction- unaware of resources out there
- Childhood trauma and or mental illness has led them to addiction.
- Many have grown up watching their parents participate in drug use, which has led them to addiction.
- Lack of self-esteem and confidence.

80% of current or previous opioid users who responded to the survey indicated that they are not seeking help at this time; it Is not clear why. The client focus group elucidated that many people do not want or are not ready for treatment. They further explained that "*forever chasing that*

elusive first high" from opioids and "*running from pain*" that would come from the withdrawal is what kept them from seeking treatment.

- The general public does not understand why opioid users do not just stop using them. "People give up on you; they don't want to support or help those going through addiction, including family members." Many believe that "if you wanted to stop, you would; the expectation is you can just stop."
- One focus group member stated it is "humiliating, treated and looked at differently; assumptions are made of what kind of a person you are."
- Another identified challenge for those seeking treatment was the fear of losing their job and being unable to pay monthly bills (Rent, gas, groceries, etc.)
- When asked about challenges in providing or seeking opioid treatment, 100% of focus group attendees and survey respondents identified stigma as the number one challenge. Through the focus groups, it was determined that community members do not want to seek treatment in their community because of the humiliation of others seeing them going into a treatment center. One focus group member stated it is "humiliating, treated and looked at differently; assumptions are made of what kind of a person you are."
- Another identified challenge for those seeking treatment was the fear of losing their job and being unable to pay monthly bills (Rent, gas, groceries, etc.)
- For parents, a huge perceived barrier in seeking treatment is the fear of losing their children if they admit to having a drug or mental health-related issue.
- Those with a violent crime struggle with admission criteria into a treatment center.
- The overwhelming majority of focus group attendees and 50% of survey respondents agreed that there is insufficient community support and resources for patients.

Bureaucracy was identified as a barrier to addressing opioid use and misuse in Churchill County.

RECOMMENDATIONS

Objective 2.1.2: Educate the General Public on Opioid Prevention and Treatment, suggests a campaign could be in order to help inform the public and break the stigma.

Educate the public on treatment access, resources, and options including:

- Those with a violent crime conviction who are often banned from services at treatment centers
- Those with a minor child and are afraid to get treatment for fear of losing their kid.
- Minor children who struggle with substance use and the family resources available
- The totality of services available and the place they can find a list of the resources
- Mental Health treatment options
- Long-term treatment and success programs to promote sobriety for a lifetime
- FMLA and how it can be used to protect your job during inpatient drug treatment

Break the Stigma

- How to be an advocate
- The discrimination (unconscious or conscious) that substance users often face

Break the cycle

- Those who grew up with a guardian or family member who has substance use issues.
- Those who are parents and struggling with substance issues and don't want to make their kid predisposed to addiction

Objective 4.1.4: Expand/Maximize Capacity of Current Services and Increase Workforce, suggests the creation of a scholarship fund to help people who have been impacted by the opioid epidemic.

A few ways this scholarship could be used here:

- Activities to do in the county (addressed more in Diversion Tactics)
- Assistance in paying bills while in treatment (rent, utilities, groceries, etc.)
- Supporting families with housing while a member is in treatment
- Supporting families with other needs while they are in crisis

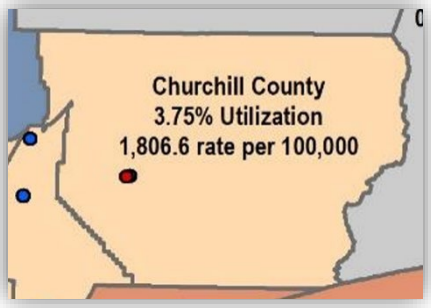
Objective 4.2.1: Expand Treatment Funding Options, suggested adding offerings to what is currently offered.

This could include:

- Long-term treatment support
- Resources for those who are generally not permitted (violent crime)

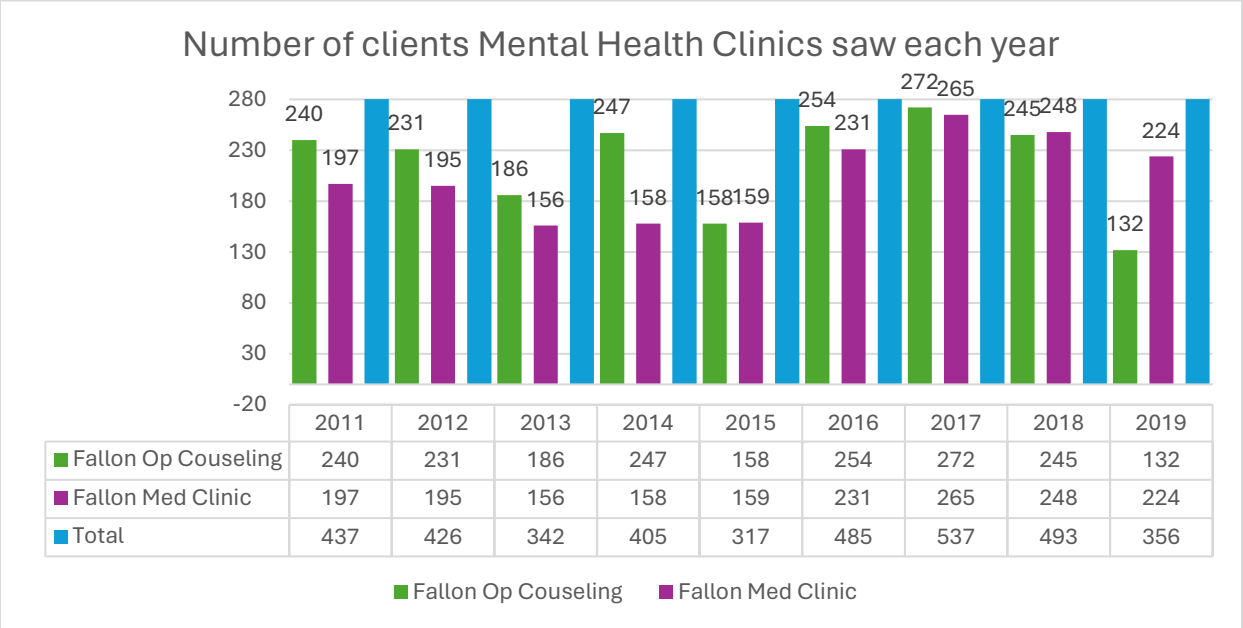
Section 2.2.6.3: Clinical Indicators

State-Funded Mental Health Clinics Utilization by County, 2019. Churchill County 3.75% Utilization 1,806.6 rate per 100,000. The number of unique clients served by state-funded mental health facilities has remained relatively stable in the Northern Region. There were 2,725 clients served in 2019, which has increased from 2,472 in 2011. The residents accessed state-funded mental health services at an overall rate of 1,417 per 100,000 population in 2019. [xviii]



Fallon OP Counseling and Fallon Med clinic saw more than 200 patients each over the nine years from 2011 to 2019. Churchill County treated, on average, more than 400 patients each year for mental health counseling.

Figure 55. 2020 Northern Behavioral Health Profile. Mental Health Clinics unique clients per year



Source: 2020 Northern Behavioral Health Profile.
https://dhhs.nv.gov/uploadedFiles/dhhsnvgov/content/Programs/Office_of_Analytics/Bureau%20of%20Behavioral%20Health%20Wellness%20and%20Prevention,%20Epidemiologic%20Profile%20for%20Northern%20Region,%202020(1).pdf

Based on the survey data, 91.67% of respondents said Mental Health support services and 66.67% said accessible treatment centers were lacking in addressing opioid use and its consequences. Within the surveys, it was also asked how providers collaborate with other healthcare professionals; 50% of respondents said they integrate mental health assessments into routine opioid treatment to address co-occurring disorders effectively.

During client focus groups, 100% of attendees expressed that their opioid use was a result of a mental illness and/or childhood trauma, and they felt that was true for most users. The survey

respondents supported this, with a third stating a great deal of patients encounter co-occurring mental health disorders in individuals with opioid use disorder and another third stating a moderate number of patients encounter co-occurring mental health disorders in individuals with opioid use disorder.

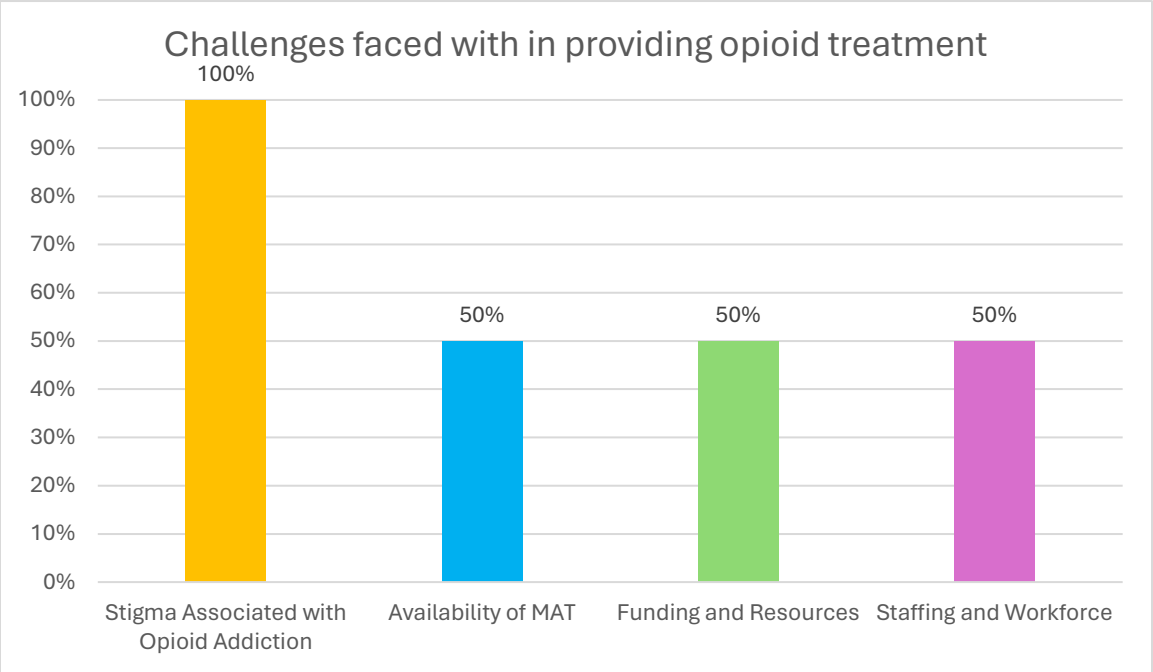
The CCC CCPP provided an interview with a community member that shows the need widening for mental health services in Churchill County. The community member stated that, “we had a group of UNR students coming here doing counseling and social work. They had to stop with COVID, but that seemed to be going well.”

The Churchill County School District started a partnership with the University of Nevada, Reno’s Counselor Education Program (CEP) in January 2019. The program, called Safe School Mental Health Professionals, has a goal of providing much-needed mental health support to the students in the public schools in Churchill. While the program was unfortunately paused for a period of time due to COVID-19, it is back up and operating again. One of the major challenges has been the continuity of care with the goal of students being transitioned to a local counselor after the school year is over. The issue is that there are not enough counselors to take on the client load. Continuing the program with the UNR students would be a good opportunity for Churchill to maintain the current capacity of mental health resources in the community.

Section 2.2.6.3.1: Provider Responses

During the survey, 50% of providers indicated that they have challenges maintaining patient engagement over a long period, especially after initial treatment, and geographic barriers may limit access to ongoing support services, particularly in rural areas. 33.33% also indicated that limited resources in funding for follow-up programs, lack of relapse prevention programs, and stigma discrimination are other challenges that providers also encounter in providing long-term follow-up and support for individuals who have completed opioid treatment. However, the client focus group overwhelmingly agreed that long-term follow-up and support were not available for those who had completed opioid treatment.

Figure 56. Churchill County Opioid Assessment-Survey, Question #33



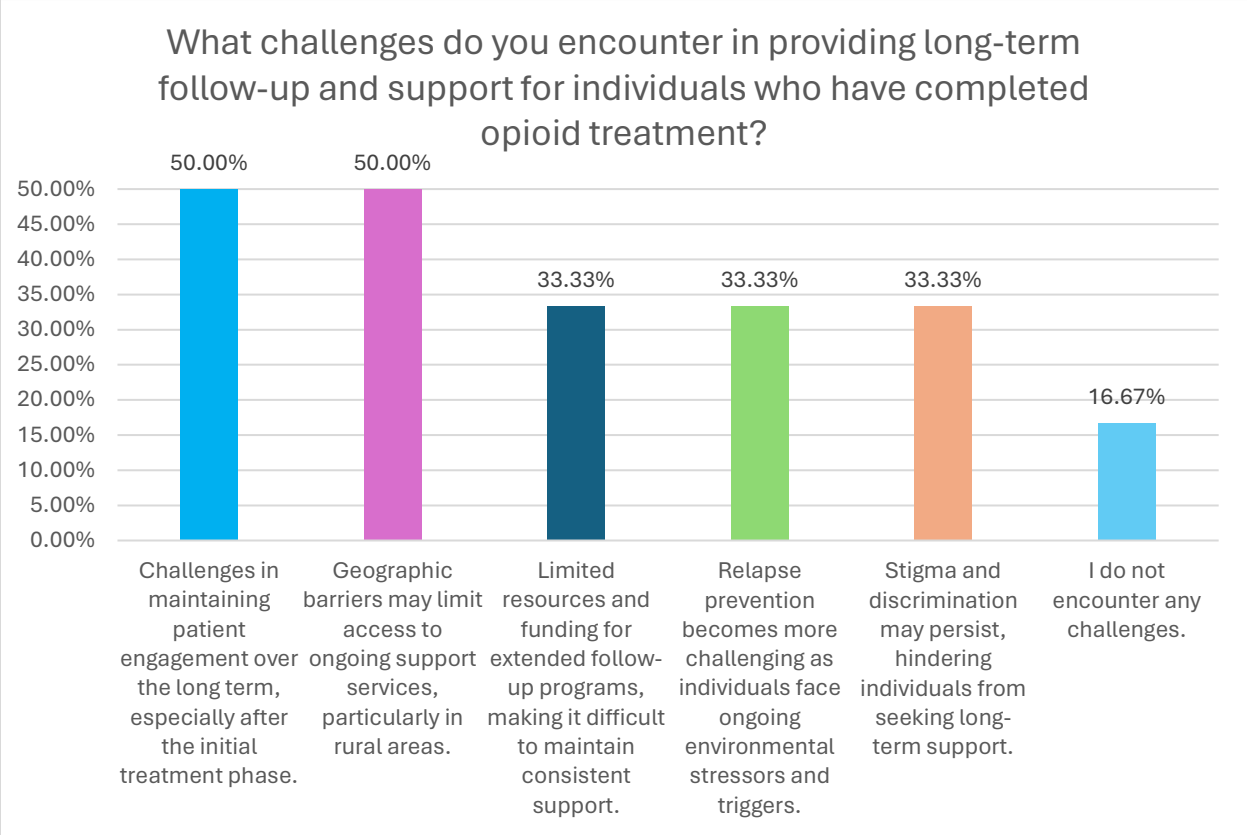
Source: Churchill County Opioid Assessment Survey

50% of provider survey respondents indicated that the availability of medication-assisted treatment (MAT), resources and funding, staffing and workforce, and patient retention were all challenges in providing opioid treatment.

Additional barriers that survey respondents identified include:

- 50% limited availability of MAT providers and treatment centers in some geographical regions
- 33.33% stigma surrounding MAT and the fear of judgment from healthcare providers or the community.
- 33.33% stringent regulations and bureaucratic hurdles lead to delays in initiating treatment.
- 33.33% in limited awareness of the effectiveness of safety of MAT options
- 16.67% financial constraints and lack of insurance coverage for MAT services

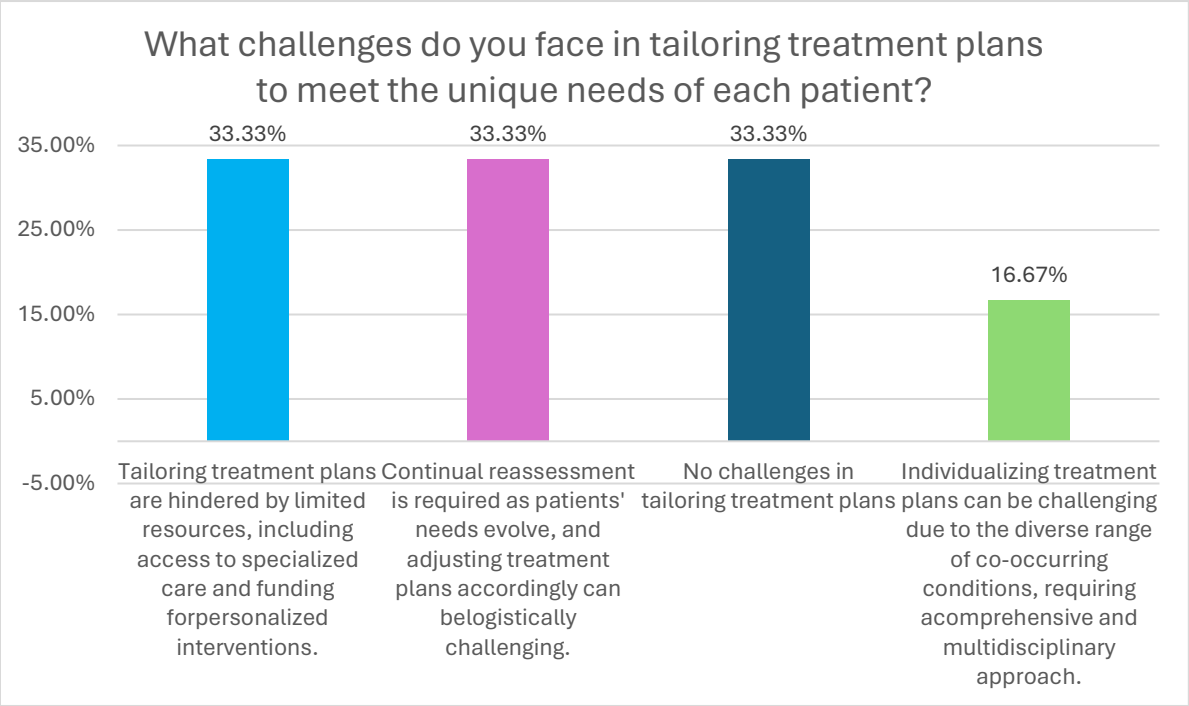
Figure 57. Churchill County Opioid Assessment-Survey, Question #44



Source: *Churchill County Opioid Assessment Survey*

When asked what challenges you face in tailoring treatment plans to meet the unique needs of each patient (33.33%), tailoring treatment plans is hindered by limited resources, including access to specialized care and funding for personalized interventions (33.33%). Continual reassessment is required as patients' needs evolve, and adjusting treatment plans can be logistically challenging (16.67%). Individualizing treatment plans can be complex due to the diverse range of co-occurring conditions, requiring a comprehensive and multidisciplinary approach.

Figure 58. Churchill County Opioid Assessment-Survey, Question #35

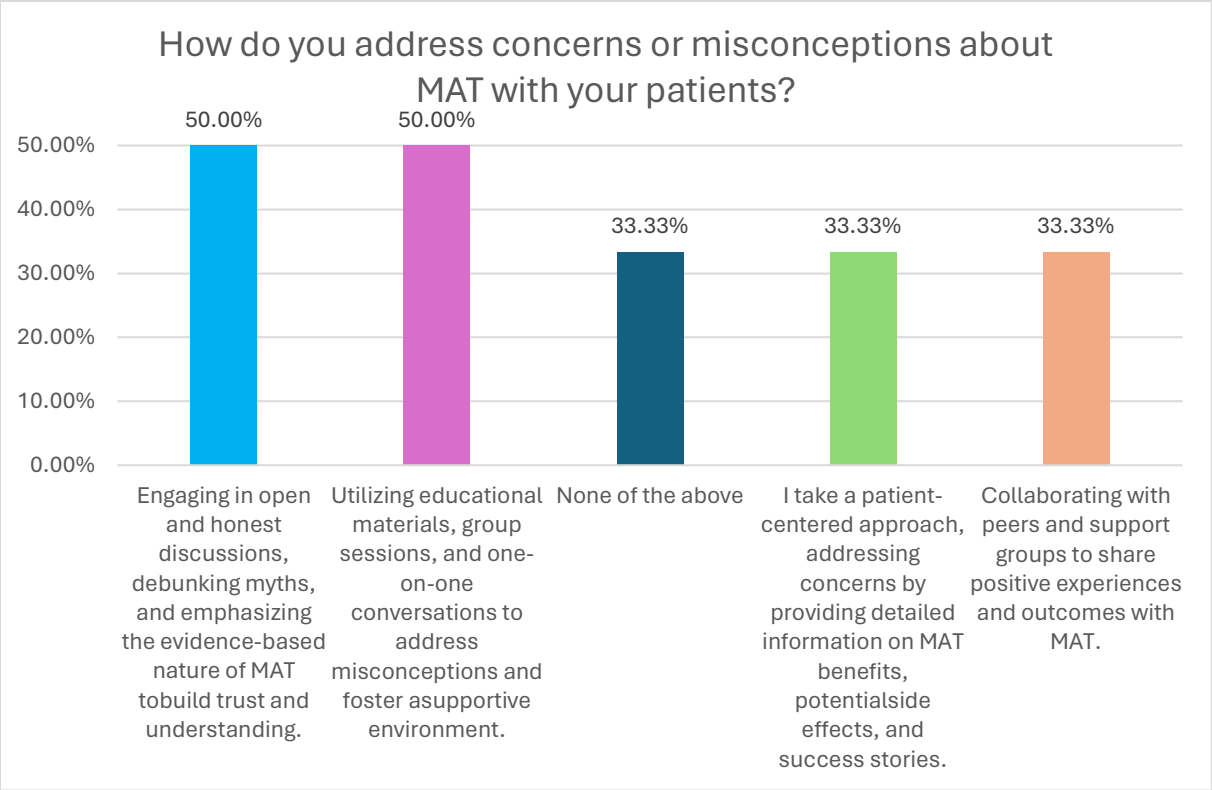


Source: Churchill County Opioid Assessment Survey

When asked how providers address misconceptions or concerns about MAT with their patients' responses were as follows:

- 33.33% I take a patient-centered approach, addressing concerns by providing detailed information on MAT benefits, potential side effects, and success stories.
- 33.33% Collaborating with peers and support groups to share positive experiences and outcomes with MAT.
- 50% Engaging in open and honest discussions, debunking myths, and emphasizing the evidence-based nature of MAT to build trust and understanding.
- 50% Utilizing educational materials, group sessions, and one-on-one conversations to address misconceptions and foster a supportive environment.

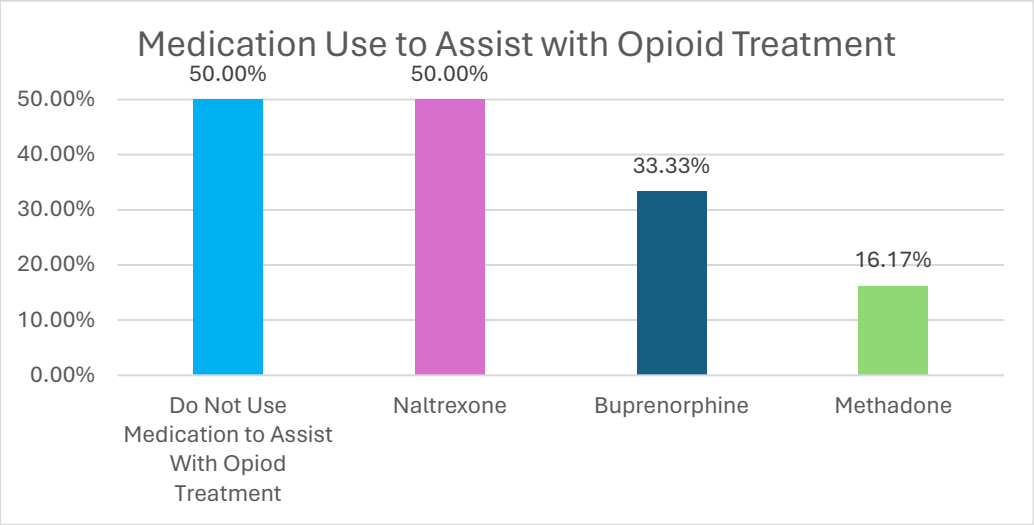
Figure 59. Churchill County Opioid Assessment-Survey, Question #38



Source: Churchill County Opioid Assessment Survey

It appears that nearly every medication-assisted opioid treatment program uses Naltrexone, with some also using Buprenorphine and Methadone in addition to Naltrexone.

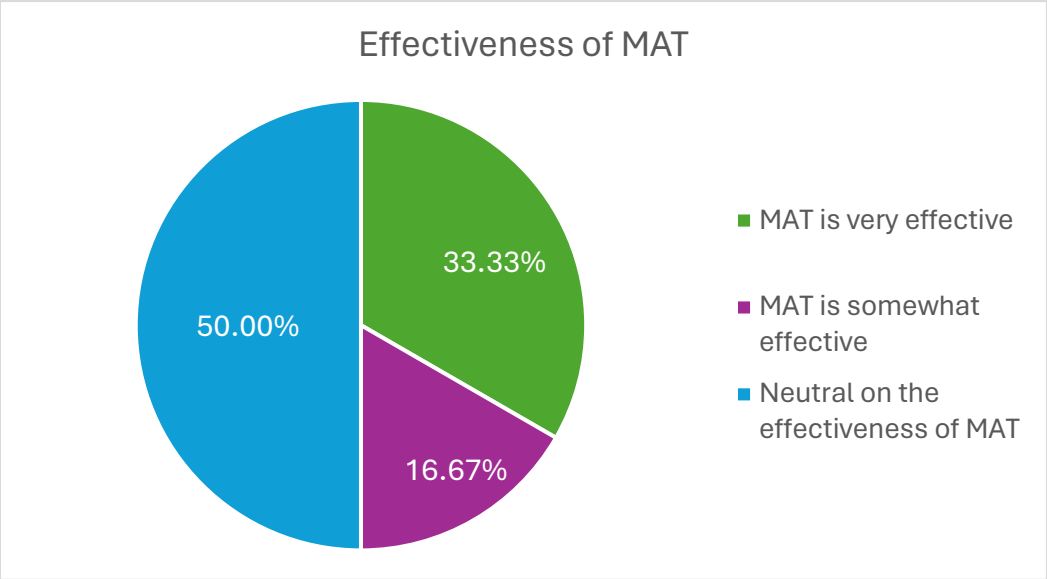
Figure 60. Churchill County Opioid Assessment-Survey, Question #36



Source: Churchill County Opioid Assessment Survey

While 50% of the respondents believed in the effectiveness of MAT, 50% were neutral about the effect. It seems important to note that none of the respondents indicated that they believed MAT was ineffective. This suggests that the providers in Churchill County have generally seen a non-negative impact in the use of MAT.

Figure 61. Churchill County Opioid Assessment-Survey, Question #37



Source: *Churchill County Opioid Assessment Survey*

The overwhelming majority of focus group attendees and 50% of survey respondents agreed that there is insufficient community support and resources for patients.

Overwhelmingly, every focus group identified funding and insurance coverage for treatment as a barrier.

The lack of providers and treatment beds within Churchill County was identified throughout each focus group.

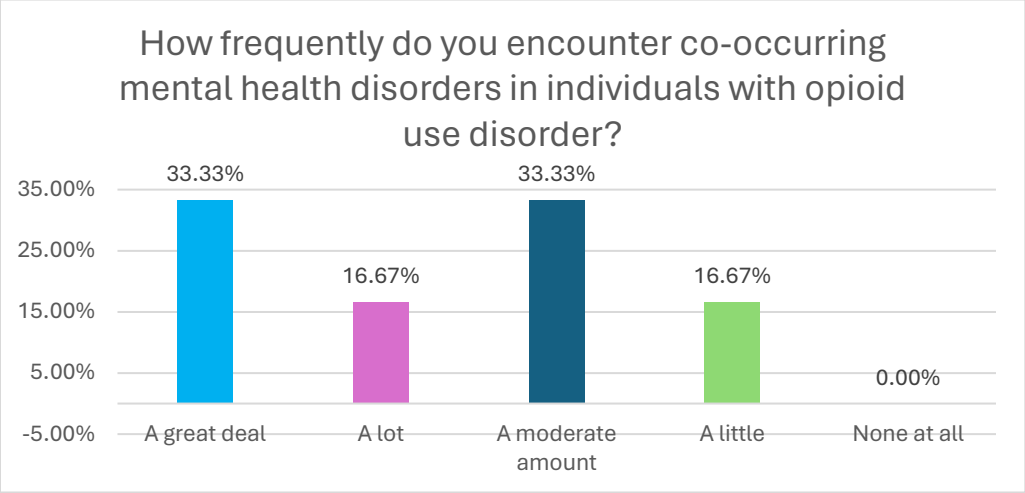
- The lack of treatment beds hamstrings law enforcement into making arrests rather than transporting folks to treatment facilities for the treatment they need.

When asked about challenges in providing or seeking opioid treatment, 100% of focus group attendees and survey respondents identified stigma as the number one challenge. Through our focus groups, it was determined that community members do not want to seek treatment in their community because of the humiliation of others seeing them going into a treatment center.

Section 2.2.6.3.2: Rates of Substance Use Disorders and Co-Occurring Mental Health Disorders

As stated earlier, during client focus groups, 100% of attendees agreed opioid use was a result of a mental illness and/or childhood trauma. 33.33% of Survey takers said a great deal of patients encounter co-occurring mental health disorders in individuals with opioid use disorder. 33.33% of Survey takers said a moderate number of patients encounter co-occurring mental health disorders in individuals with opioid use disorder.

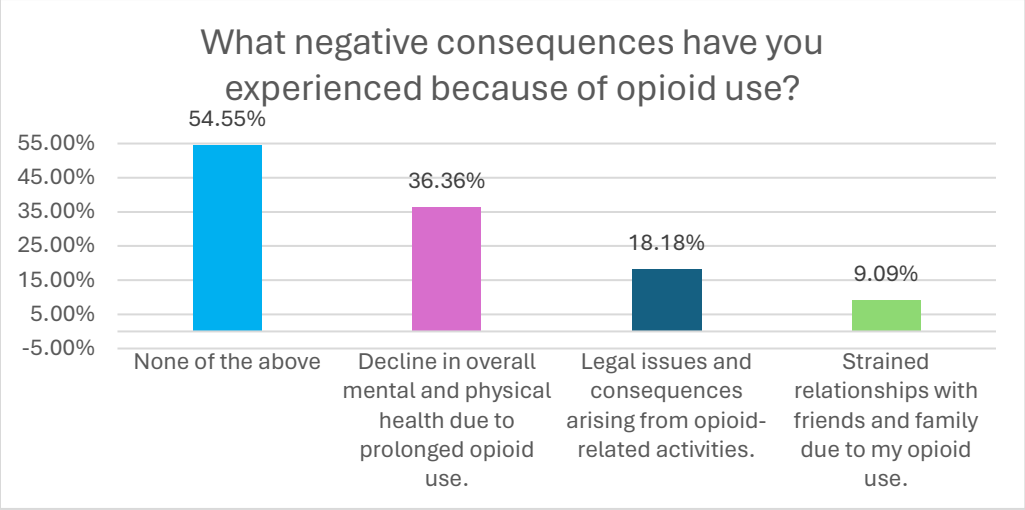
Figure 62. Churchill County Opioid Assessment-Survey, Question #34



Source: Churchill County Opioid Assessment Survey

Section 2.2.6.3.3: Co-Occurring Physical Health Conditions

Figure 63. Churchill County Opioid Assessment-Survey, Question #15



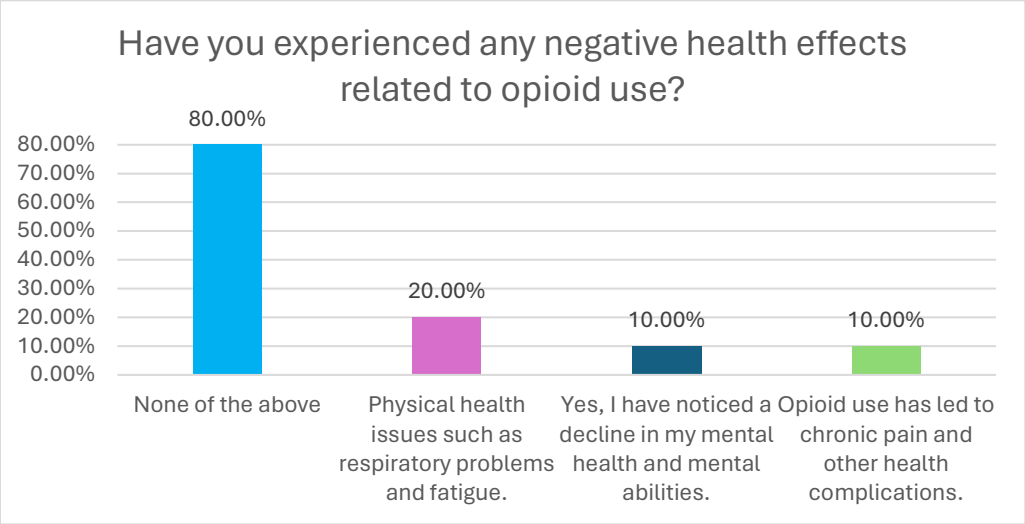
Source: Churchill County Opioid Assessment Survey

When asked about negative consequences respondents have experienced because of opioid use, 54.55% indicated none, and 36.36% indicated a decline in overall mental and physical health due

to prolonged use. 18.18% indicated legal issues and consequences arising from opioid-related activities, and 9.09% indicated strained relationships with friends and family due to opioid use.

- 20% of survey respondents indicate negative health effects related to opioid use:
- 20% physical health issues such as respiratory problems and fatigue
- 10% in mental health and mental abilities
- 10% led to chronic pain and other health complications.

Figure 64. Churchill County Opioid Assessment-Survey, Question #17



Source: Churchill County Opioid Assessment Survey

When asked about how opioid use impacts users' work and academic performance, 10% said they faced challenges at work or school due to absenteeism, and 10% said their productivity has declined because opioids impacted their focus.

It is important to note that everyone in the focus groups and the surveys is very aware of the risks and dangers associated with the use of opioids.

During the client focus groups, 100% of the attendees expressed that the severity of withdrawal symptoms and lack of support were important factors in not obtaining treatment sooner than they did; around 30% of the survey respondents identified that they found it challenging to resist the urge to use during stressful times or withdrawal symptoms made it difficult to quit.

Opioid use has consequences on relationships. Focus group respondents overwhelmingly shared that opioid use negatively impacted personal, work, and legal relationships, while 57% of survey respondents indicated the same.

RECOMMENDATIONS

Objective 2.1.2: Educate the General Public on Opioid Prevention and Treatment

- supports the destigmatization of treatment and those that are dealing with substance use disorder. Conducting a public awareness campaign could be beneficial in changing the public perception of substance use issues and expanding the knowledge around treatment options.

Objective 3.1.3: Support Safe Harm Reduction Behaviors among People Using Opioids

- supports the distribution of harm reduction materials like clean needles, vending machines, and safe injection sites.
- Objective 3.1.3 seems to support the expansion of a robust harm reduction system to meet the people where they are and work on bringing them into more intense treatment programs.

Objective 4.1.2: Provide a Variety of Evidence-Based and Best Practices Accessible to Nevada's Frontier, Rural, and Urban Populations

- supports of the use of withdrawal management aide to reduce the side effects of withdrawal. In addition, it emphasizes that rural communities could benefit from expanding their rehabilitation program offerings to include longer-term programs to support patients on the road to recovery.

Objective 4.2.1: Expand Treatment Funding Options

- supports the funding of substance treatment programs for everyone regardless of insurance status. This will help reduce the barriers to treatment and make it attainable for everyone.

We recommend that Churchill County expand their current relationship with UNR for their students to provide mental health counseling. This partnership provides a mutually beneficial program to bring much needed mental health resources to Churchill while also providing the students with experience.

Section 2.2.6.4: Adult and Youth Risk Factor Prevalence

While looking at non-medical prescription pain medication use in the Middle School and High School, it is found to be low.

The Youth Risk Behavioral Survey (YRBS) conducted by the Nevada School of Public Health at the University of Nevada, Reno, and the Attitude and Behaviors Survey (A&B) conducted by Search Institute in conjunction with the Churchill Community Coalition has provided this document with comparison data regarding the public Middle and High schools in Churchill County. The A&B Surveys provided significant data regarding the Churchill County schools by grade, Middle School

(6th-8th), and High School (9th-12th). The YRBS provided aggregated data at the state and region levels but was not broken down by grade level. It should be noted we were able to retrieve data for the YRBS reports for the years 2015, 2017, 2019, and 2021. The A&B Survey Reports are available for 2019 and 2022.[xix]

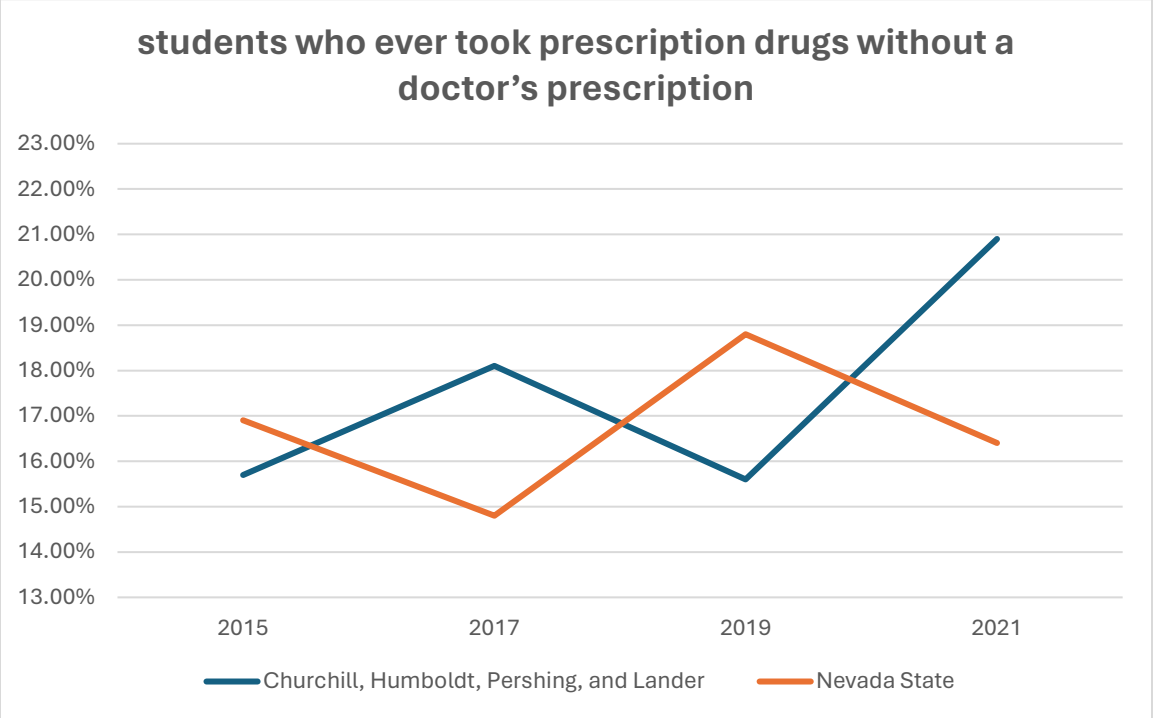
Both the YRBS and A&B surveys provided data for the High School in Churchill County. It's important to remember that the YRBS survey looks at Churchill, Humbolt, Pershing, and Lander counties and State numbers.

Section 2.2.6.4.1 Student Non-Medical Prescription Use

Section 2.2.6.4.1.1: High School

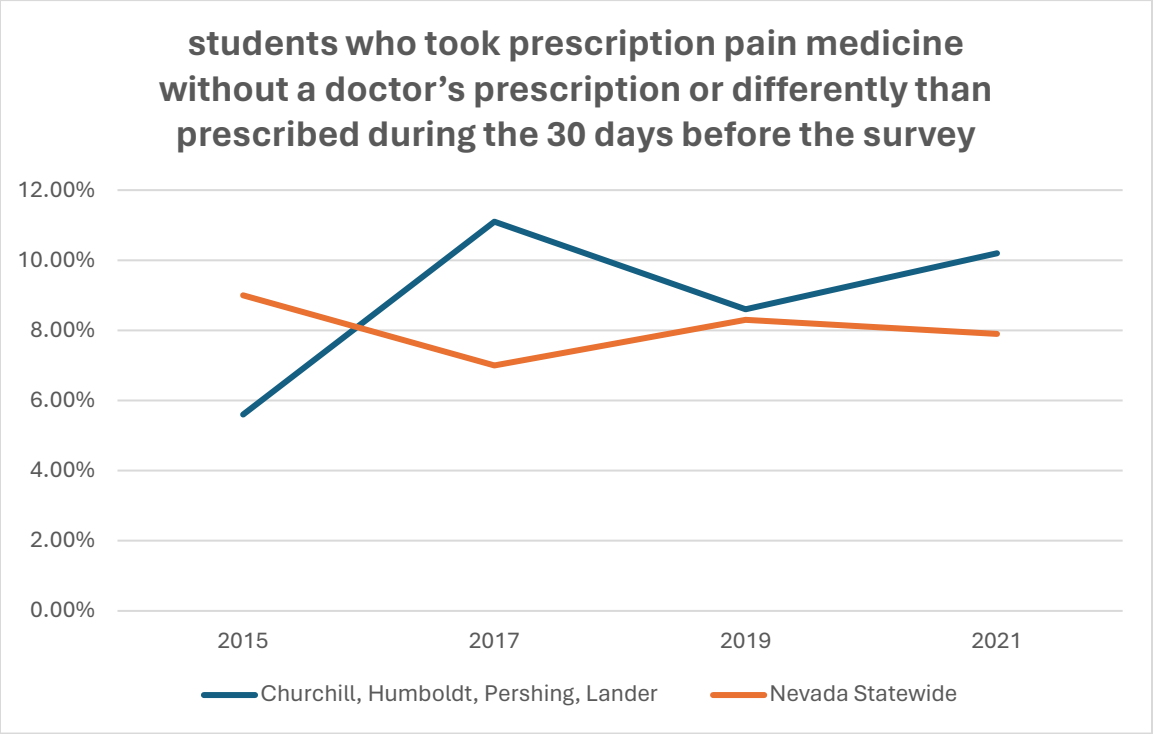
Figure 65 shows high school students who ever took prescription drugs without a doctor's prescription from 2015 to 2021. Figure 66 asked the students who had taken prescription pain medicine without a doctor's prescription or differently than prescribed if they had done so during the 30 days before the survey.

Figure 65. UNR-NV YRBS Survey. Percentage of students taking non-prescribed medications.



Source: UNR-NV YRBS. https://www.unr.edu/public-health/research-activities/nevada-youth-risk-behavior-survey

Figure 66. UNR-NV YRBS Survey. Percentage of students who took non-prescribed medications 30 days before the survey.



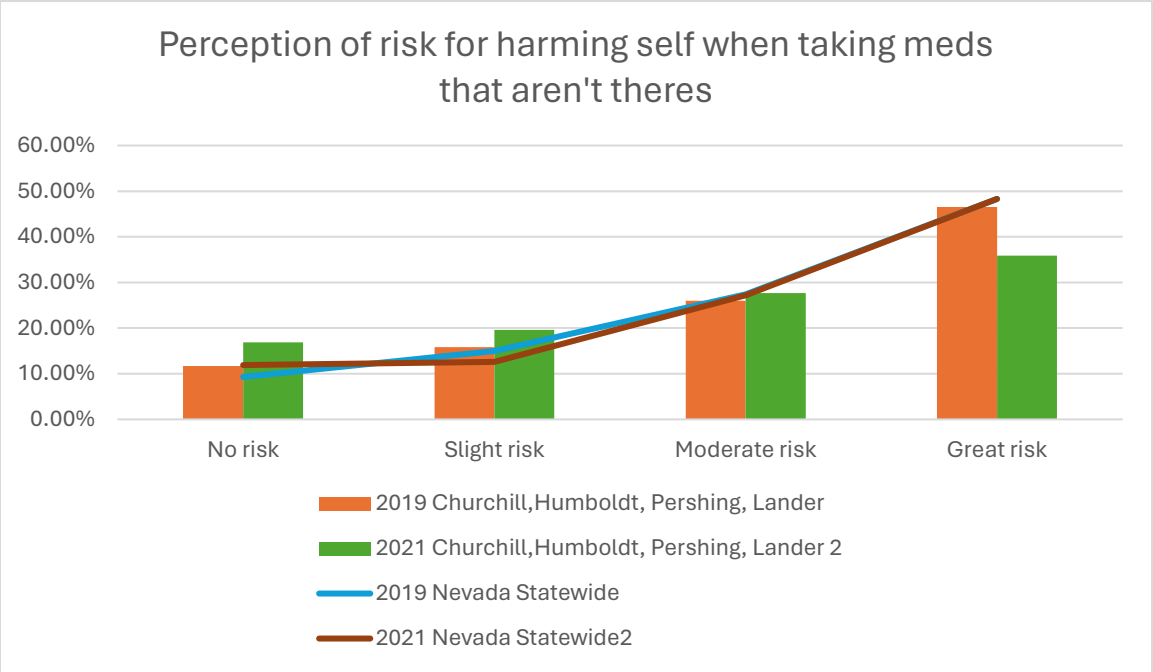
Source: UNR-NV YRBS. https://www.unr.edu/public-health/research-activities/nevada-youth-risk-behavior-survey

It's important to recognize that both graphs saw a slight increase in 2021 compared to 2019 for the Churchill, Humboldt, Pershing, and Lander regions. It is worth noting that this contrasts with Nevada as a whole, which saw a slight decrease.

Figures 67, 68, and 69 all demonstrate the perception of risk for 2019 and 2021.

Figure 67 looks at the personal perception of risk to self when taking non-prescribed medications.

Figure 67.UNR-NV YRBS Survey. Perception of self-risk when taking non-prescribed medications.

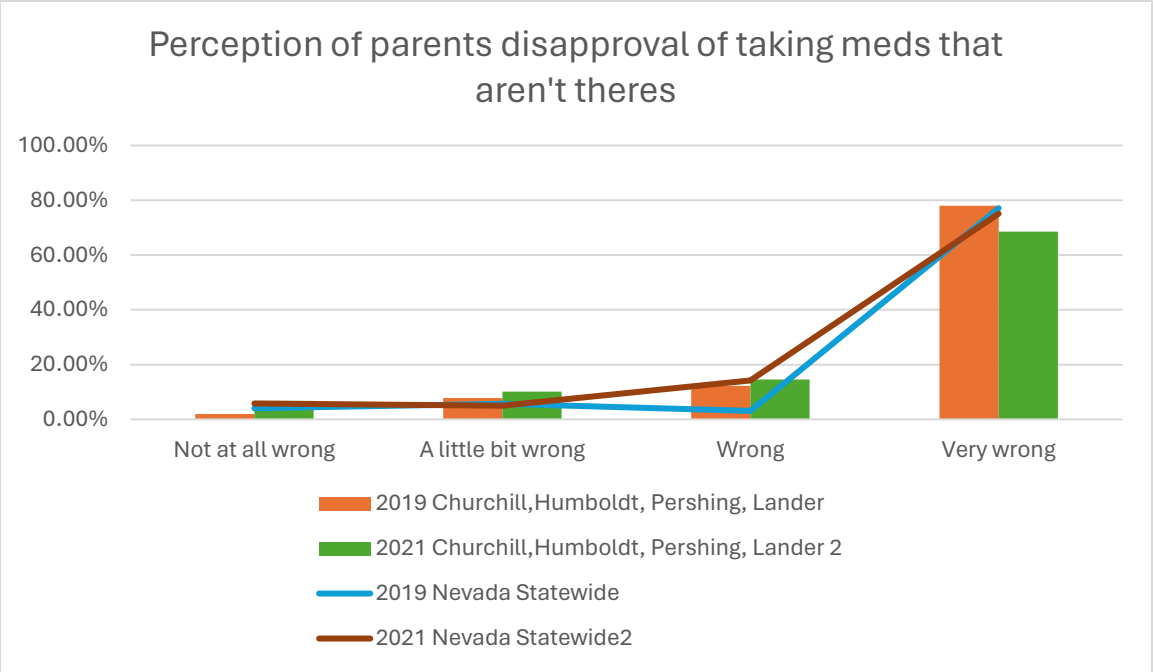


Source: UNR-NV YRBS. https://www.unr.edu/public-health/research-activities/nevada-youth-risk-behavior-survey

It is important to note that the perception of self-risk in taking non-prescribed medications has decreased significantly in 2021. Correspondingly, the perception of taking non-prescribed medications being not risky at all or slightly risky increased. It appears that High School students are becoming less concerned about the dangers of using non-prescribed medications. In order to prevent the perception of self-risk from further declining, a closer look may be taken before it becomes a trend.

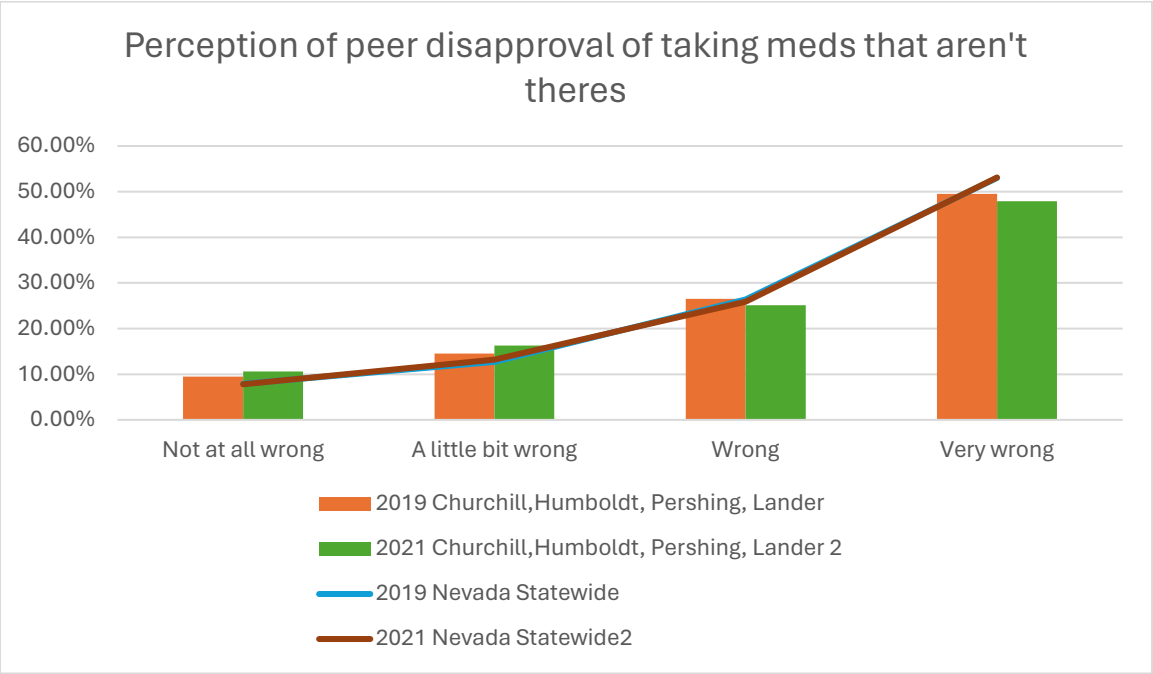
Figures 68 and 69 look at the perception of disapproval of parents and peers with regard to taking medications that aren't prescribed to the student.

Figure 68.UNR-NV YRBS Survey. Perception of parent disapproval.



Source: UNR-NV YRBS. https://www.unr.edu/public-health/research-activities/nevada-youth-risk-behavior-survey

Figure 69.UNR-NV YRBS Survey. Perception of peer disapproval.



Source: UNR-NV YRBS. https://www.unr.edu/public-health/research-activities/nevada-youth-risk-behavior-survey

In Figure 68, there was a significant increase in students believing their parents would feel it is not at all wrong for them to use non-prescribed medication; there was also a slight increase in students believing their parents would feel it is a little bit wrong for them to use medications not prescribed to them. In Figure 69, there was a slight increase in students who perceived their peers

would feel it is not at all wrong for them to use non-prescribed medications; there was also a slight increase in students feeling their peers would feel it is a little wrong for them to use medications not prescribed to them. As a whole, **wrong and very wrong** perceptions are decreasing quickly; this is concerning because if it becomes a longer-running trend, it is plausible that High School non-prescription drug use will increase.

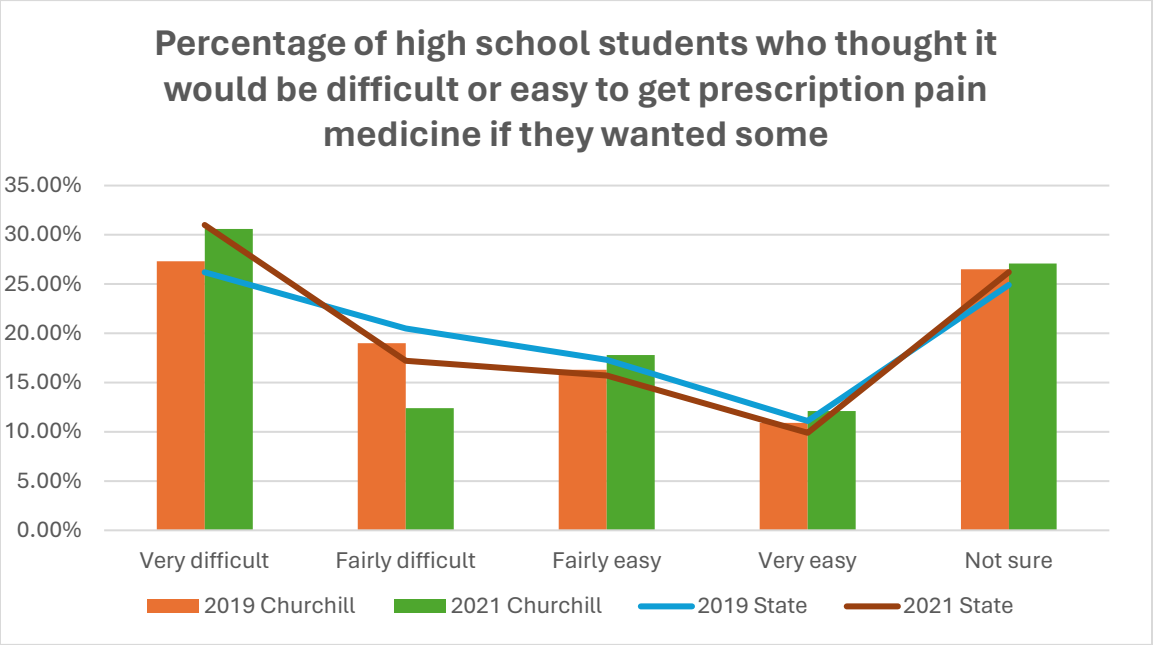
Figure 68 shows a slight increase in students saying they felt their parents would feel it was wrong for them to use medications not prescribed to them; it can also be seen that there is a slight decrease in students saying they felt their parents would feel it was very wrong for them to use non-prescribed medications. Figure 69 shows a decrease in the fact the students thought their peers would feel it was wrong for them to use non-prescribed medications. A slight decrease is seen in the fact the students thought their peers would feel it was very wrong for them to use non-prescribed medications. As a whole, **not at all wrong and a little wrong** are increasing; if this trend continues the community may see an increase in risky behaviors.

When looking at these figures, it should be noted that although wrong and very wrong are decreasing quickly, the perception of the disapproval of taking medications that aren't prescribed to the student is still significantly skewed towards very wrong. Parental disapproval is about 70%, and peer disapproval is about 45%. More attention may be warranted on High School students non-prescription drug use.

The focus groups and survey asked about the source of opioids for kids, and the focus group respondents were quite concerned about the children sharing substances with each other and getting them from family and friends. The survey responses saw no one say that the primary reason for their opioid use was because of peer pressure or having received it from family. However, only adults answered the surveys and related it to their usage.

Figure 70 exhibits the percentage of high school students who thought it would be difficult or easy to get prescription pain medicine if they wanted some for 2019 and 2021.

Figure 70. UNR-NV YRBS Survey. Percentage of high school students who thought it would be difficult or easy to get prescription pain medicine.



Source: UNR-NV YRBS. https://www.unr.edu/public-health/research-activities/nevada-youth-risk-behavior-survey

Although the county level is slightly below the state level, it should be recognized that over the years, Churchill County has had a significant increase in being very difficult to get pain medicine. There was a slight increase in the perception that it was fairly easy and very easy to acquire prescription pain medicine if they wanted some.

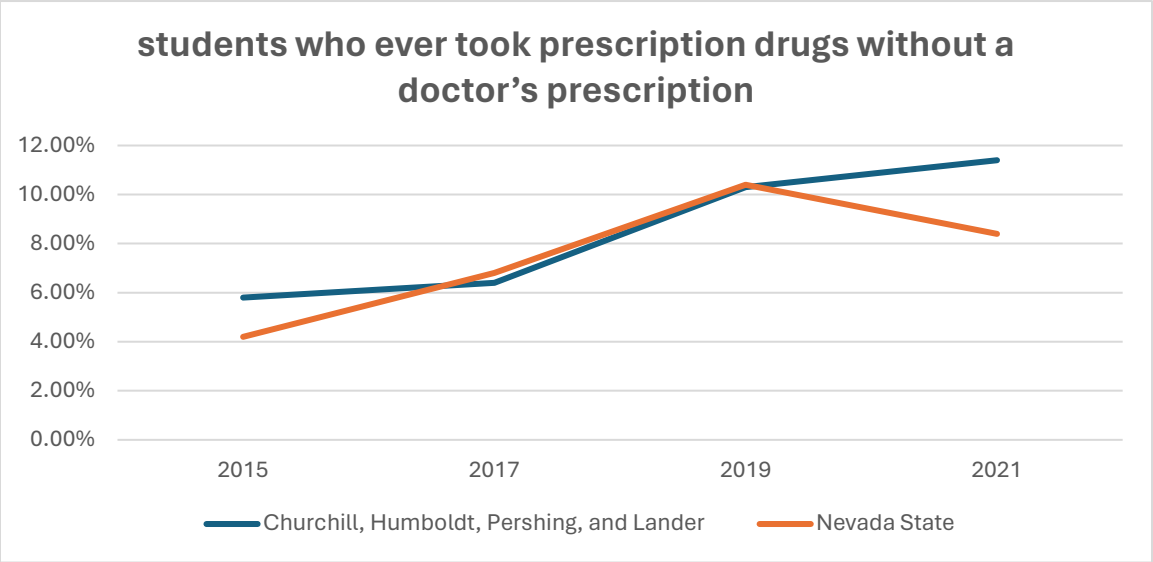
Section 2.2.6.4.1.2: Middle School

*A Churchill County School District Representative was concerned because they are "*seeing younger use becoming more normal. At least…slang terms used in the drug culture [are] being used more frequently by younger children. …'Since when do 5th graders talk like that?"[xx]

We only have data starting with middle school students (6th-8th). It is worth noting, however, that students' awareness of substances may begin far earlier than middle school.

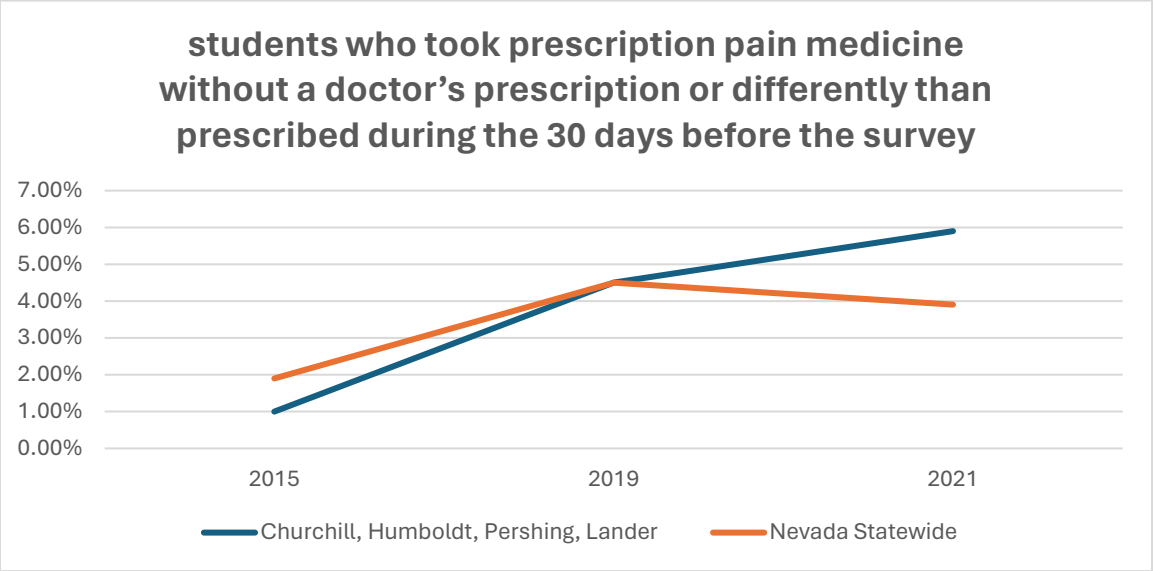
Figure 71 shows middle school students who ever took prescription drugs without a doctor's prescription from 2015 to 2021. Figure 72 asked the students who had taken prescription pain medicine without a doctor's prescription or differently than prescribed if they had done so during the 30 days before the survey within 2015, 2019, and 2021.

Figure 71.UNR-NV YRBS Survey. Percentage of students taking non-prescribed medications.



Source: UNR-NV YRBS. https://www.unr.edu/public-health/research-activities/nevada-youth-risk-behavior-survey

Figure 72.UNR-NV YRBS Survey. Percentage of students who took prescription pain medications 30 days before the survey.

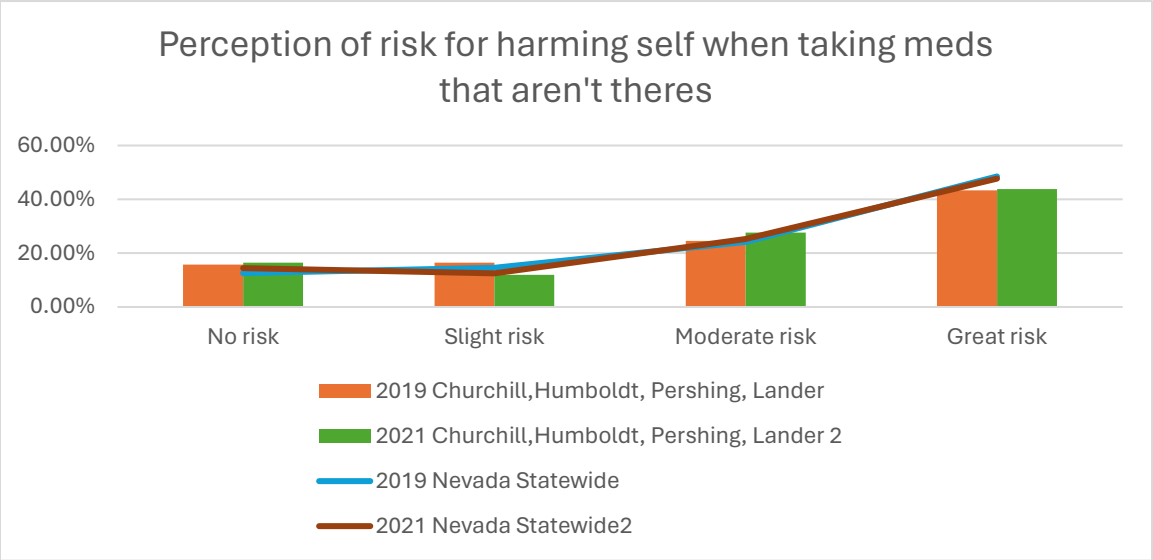


Source: UNR-NV YRBS. https://www.unr.edu/public-health/research-activities/nevada-youth-risk-behavior-survey

It's important to recognize that both figures saw a steady increase from 2015 to 2021 for the Churchill, Humboldt, Pershing, and Lander regions. The second table showing the years 2015, 2019, and 2021 shows a pretty steady increase in the Region of students who were currently using medications that were not prescribed to them. Due to the lack of data from 2017, it is not clear if it would have plateaued, stayed the same, or risen in 2017; however, there has been a significant increase from 2015 to 2019.

Figure 73 looks at the personal perception of risk to self when taking non-prescribed medications.

Figure 73. UNR-NV YRBS Survey. Perception of self-risk when taking non-prescribed medications.

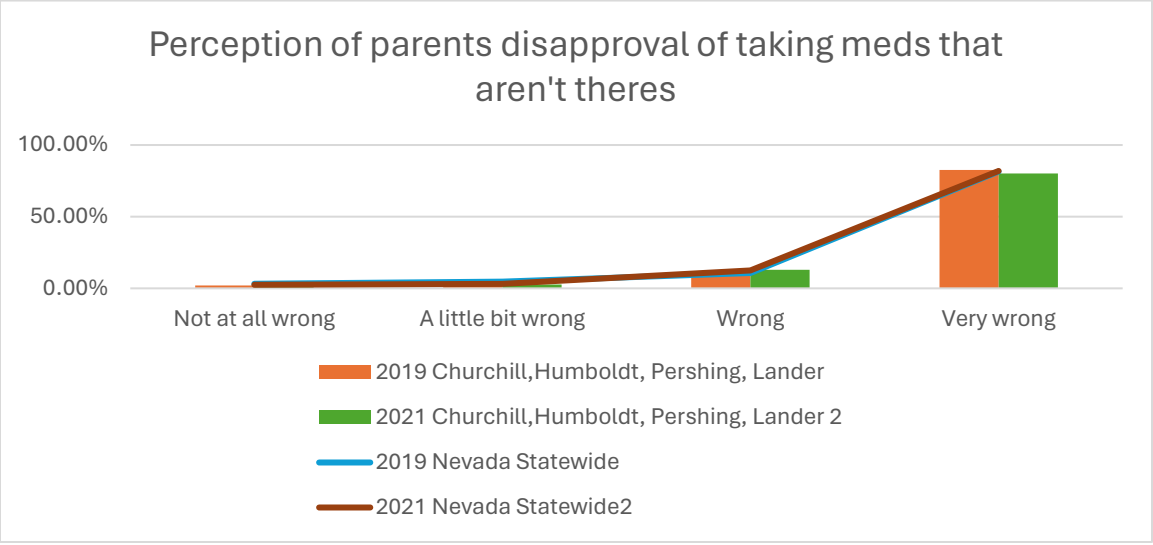


Source: UNR-NV YRBS. https://www.unr.edu/public-health/research-activities/nevada-youth-risk-behavior-survey

Worth noting, the perception of taking non-prescribed medications being not risky increased, as did the perception of it being very risky. The most significant decrease was in the slight risk category. This data seems to imply that more middle school students perceive it as risky than in 2019, and this is a good trend that should be promoted. The concern here is in the no-risk category, which also saw a rise. This should be addressed to ensure that it does not become a trend for middle schoolers to see non-prescribed medications as being acceptable to take.

Figures 74 and 75 look at the perception of disapproval of parents and peers with regard to taking medications that aren't prescribed to the student.

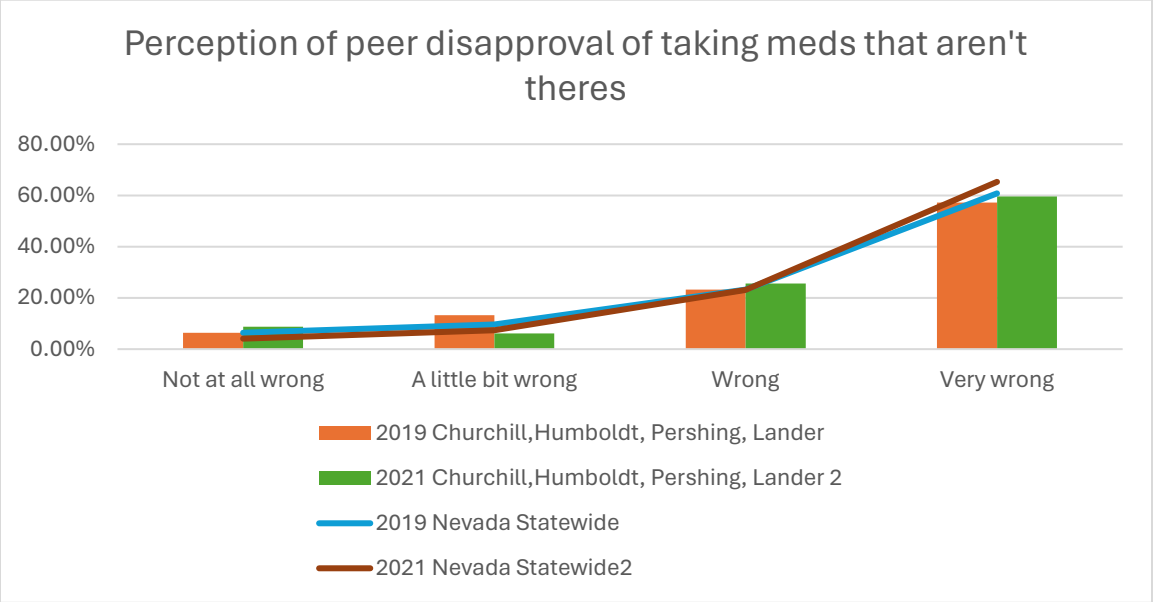
Figure 74. UNR-NV YRBS Survey. Perception of parent disapproval.



Source: UNR-NV YRBS. https://www.unr.edu/public-health/research-activities/nevada-youth-risk-behavior-survey

In Figure 75, the rate of students who thought their parents would feel it was not at all wrong for them to use non-prescribed medication nearly doubled from 2.10% in 2019 to 4.10% in 2021. A little wrong decreased by 2.50% from 5.20% in 2019 to 2.70% in 2021. In addition, the perception that their parents would view it as very wrong dropped by 2.40% from 82.60% in 2019 to 80.20% in 2021. The perception that their parents would view it as wrong rose by a similar 2.80%, from 10.10% in 2019 to 12.90% in 2021. Looking at both sides of this graph together shows that there seems to be the start of a shift towards either parents not caring about their kids' using drugs that were not prescribed to them or kids not knowing their parents care if they do. However, the overwhelming majority (80.20%) of kids did think that their parents would think it was very wrong.

Figure 75. UNR-NV YRBS Survey. Perception of peer disapproval.



Source: UNR-NV YRBS. https://www.unr.edu/public-health/research-activities/nevada-youth-risk-behavior-survey

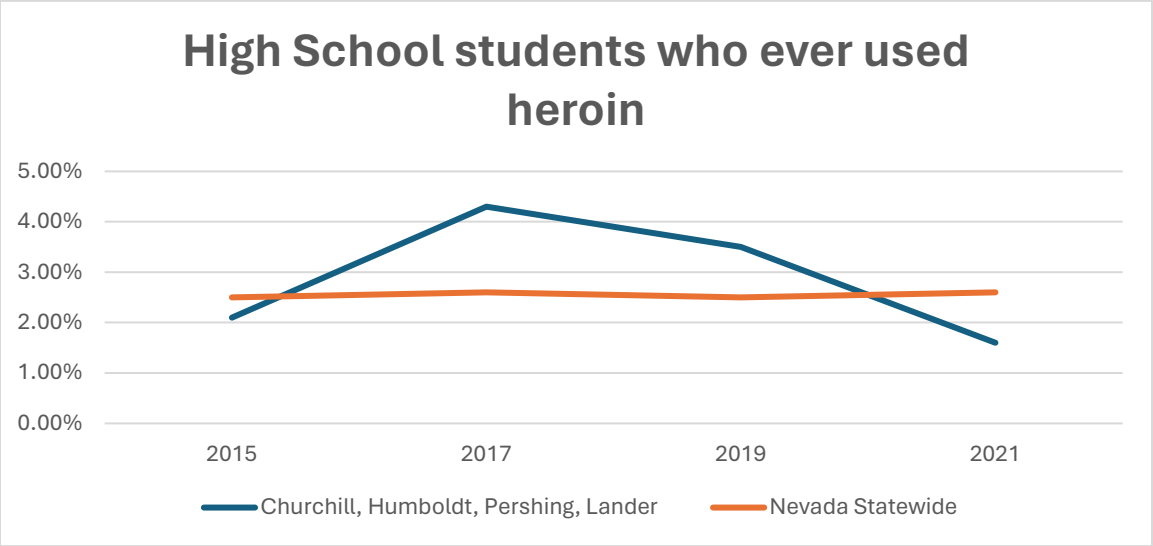
In Figure 75, there was an increase in students who perceived their peers would feel it was very wrong and wrong for them to use non-prescribed medications. Surprisingly, not at all wrong saw a 2.40% increase in 2021 from 2019. A little bit wrong dropped by more than 7%. The drop in a little bit wrong is concerning when paired with the rising number of not at all wrong. Thankfully, the wrong and very wrong categories make up more than 85% of the total responses from students.

There is a decrease in students saying they felt their parents would feel it was very wrong for them to use medications not prescribed to them. In Figure 75, there was a positive increase in students feeling their peers would feel it is wrong and very wrong for them to use non-prescribed medications. As a whole, middle school students are starting to perceive their peers would think it wrong for them to use non-prescribed medications, though their perception with their parents should be looked at before it becomes a trend.

Section 2.2.6.4.2: Student Illegal/Illicit Drug Use

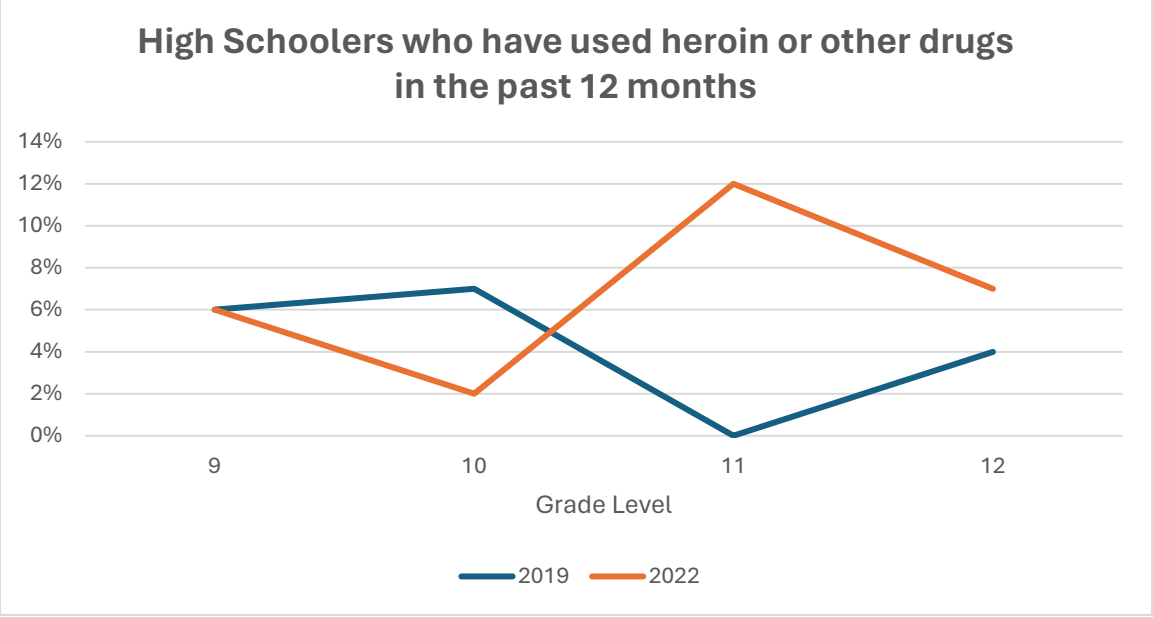
Figure 76 looks at YRBS data of High School students who have ever used heroin in 2015, 2017, 2019, and 2021. Figure 77 shows A & B survey results of High Schoolers who have used heroin or other drugs in the past 12 months for 9th, 10th, 11th, and 12th graders.

Figure 76. UNR-NV YRBS Survey. Percentage of High Schoolers who had other drug use.



Source: UNR-NV YRBS. https://www.unr.edu/public-health/research-activities/nevada-youth-risk-behavior-survey

Figure 77. UNR-NV YRBS Survey. High Schoolers who have used heroin or other drugs in the past 12 months.



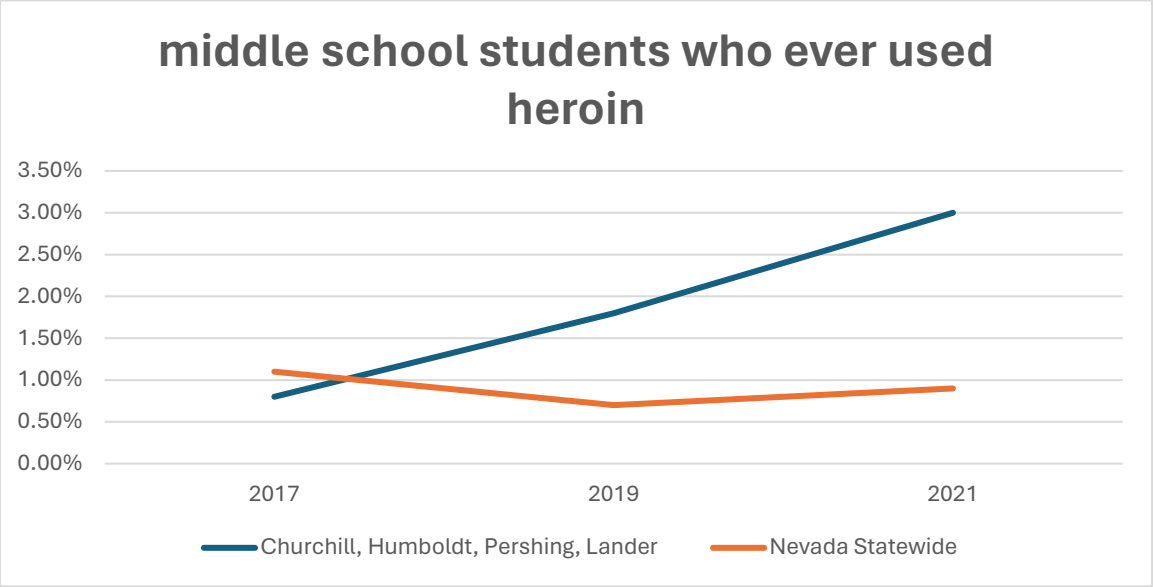
Source: A & B Survey

Figure 76 shows an uptick in high school students using Heroin in 2017. It is worth noting that since 2017, the use of heroin in high school has slowly decreased. In 2017, a significant increase

was seen compared to 2015, followed by consistent decreases in 2019 and 2021. Figure 77 illustrates the use of Heroin in the last twelve months by grade level for 2019 and 2022. Something worth recognizing is that in 2019, there was a significant decrease in the number of 11th graders, followed by an increase in the number of 12th graders. In 2022, there was a considerable increase in 11th graders, followed by a decrease in 12th graders. Recognizing the time series of this data shows that the 9th graders in 2019 (Class of 2022) are the same as the 12th graders in 2022 (class of 2022). Using this information, we can see that the 9th graders in 2019 and the 12th graders in 2022 have similar rates of students who have tried heroin or other drugs. Later in this section, there will be some further data points for this question.

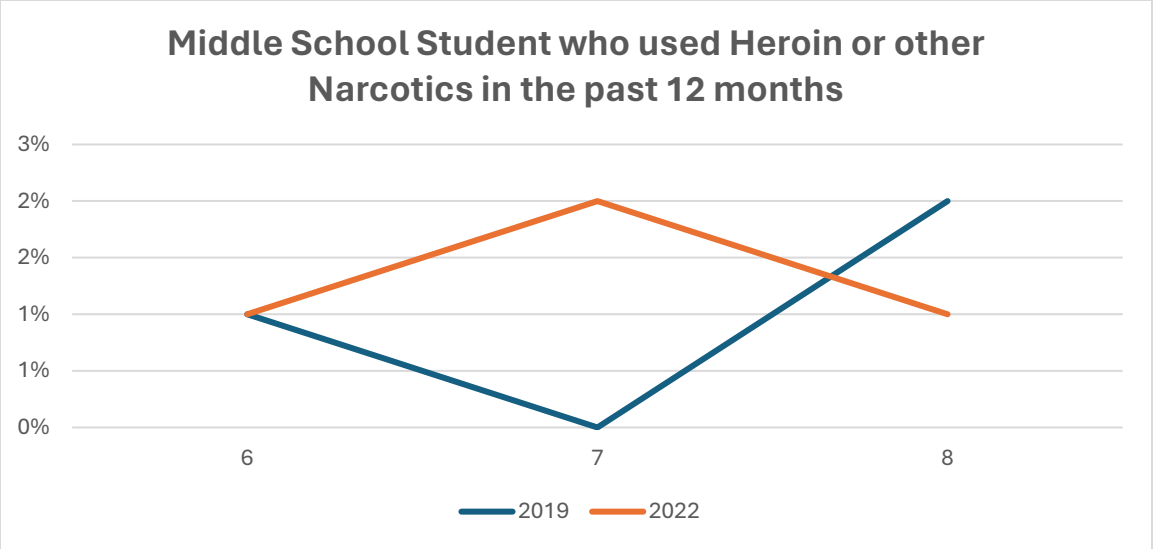
Figure 78 looks at middle school students who have ever used heroin in 2017, 2019, and 2021. Figure 79 illustrates Middle School Students who have used Heroin or other Narcotics in the past 12 months for 6th, 7th, and 8th graders in 2019 and 2021.

Figure 78. UNR-NV YRBS Survey. Percentage of Middle Schoolers who used other drug use.



Source: UNR-NV YRBS. https://www.unr.edu/public-health/research-activities/nevada-youth-risk-behavior-survey

Figure 79. A & B Survey. Percentage of Middle Schoolers who had Heroin or other Narcotics in the past 12 months

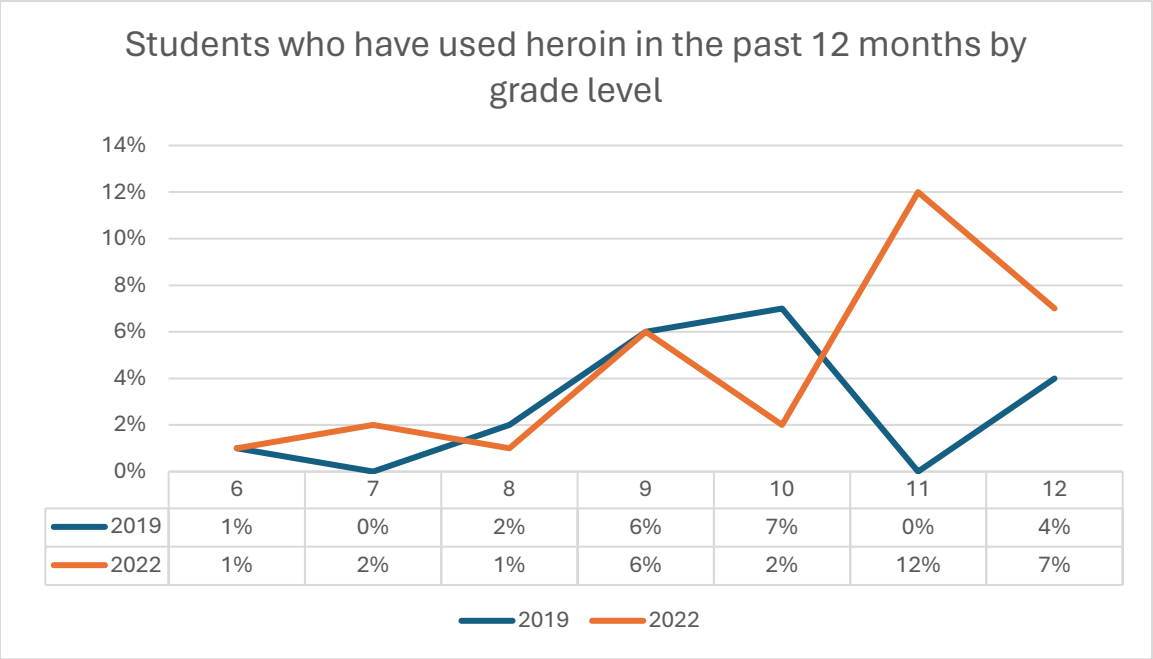


Source: A & B Survey

Figure 78 shows middle school students who used heroin in 2019, 2017, and 2021 for Churchill, Humboldt, Pershing, and Lander counties. Since 2017, there has been a consistent uptick in the number of middle schoolers who have tried heroin. Figure 79 illustrates heroin use in the last 12 months for middle school students in 2019 and 2022. In 2022, seen from 6th to 7th grade, there was an increase, with 7th grade being the peak, followed by a decrease into 8th grade. In 2019, the inverse occurred with a reduction from 6th grade to 7th grade and an increase from 7th to 8th grade. On the whole, between the two figures, there is a steady use of heroin in middle school students, with an average of about 1% of the surveyed middle schoolers having tried it from A & B and about 2% from the YRBS survey.

Figure 80 illustrates the Heroin use from 6th grade to 12th grade in 2019 and 2022.

Figure 80. A & B Survey. High School and Middle Schoolers who have used Heroin in the past 12 months.



Source: A & B Survey

Figure 81. Heroin Usage by Graduating Class Year

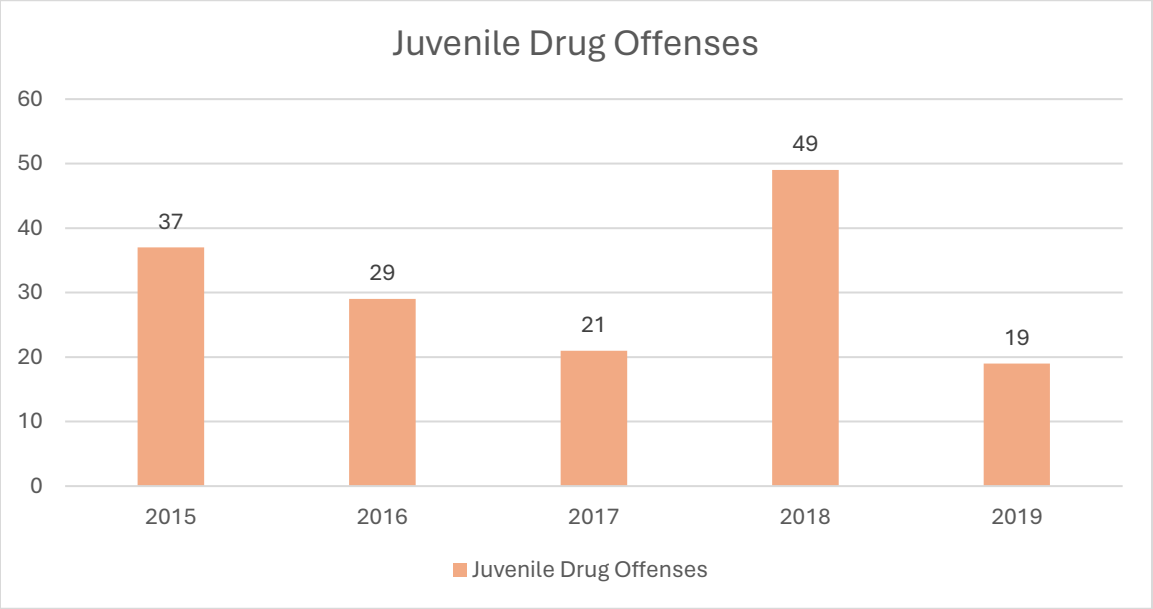
Class Year	2019 Data	2022 Data	Difference
Class of 2019	4%	N/A	N/A
Class of 2020	0%	N/A	N/A
Class of 2021	7%	N/A	N/A
Class of 2022	6%	7%	↑ 1%
Class of 2023	2%	12%	↑ 10%
Class of 2024	0%	2%	↑ 2%
Class of 2025	1%	6%	↑ 5%
Class of 2026	N/A	1%	N/A
Class of 2027	N/A	2%	N/A
Class of 2028	N/A	1%	N/A

Source: A & B Survey

Figure 81 illustrates heroin use from 6th grade to 12th grade. It is worth noting that students are most likely to try heroin between grades 8th and 9th. When looking at Figure 82 comparison by class year using the 2019 and 2022 data, there is an increase in the percentage of students who have ever tried heroin for the four class years that can be compared. The class of 2023 saw the most significant increase of 10% from 2019 to 2022. While the exact reason for this increase is not known, it is worth contextualizing that the class of 2023 would have been in the 9th grade in 2020 when COVID-19 started.

Figure 82 represents juvenile drug offenses for the years 2015 to 2019.

Figure 82. CCC CCPP. 2015-2019 juvenile drug offenses.



Source: Churchill Community Coalition-Comprehensive Community Prevention Plan (CCC-CCPP) 2023.

Figure 82 is based on the Churchill Community Coalition's Comprehensive Community Prevention Plan. Although we can see the number of juvenile drug offenses over the years, the Prevention Plan only provides the total number of offenses and not the breakdown of misdemeanors and felonies or any additional information. Looking at the total number of offenses through the years, there was a steady decrease from 2015 to 2017, with an anomalous spike in 2018 that corrected back in 2019 to lower levels than the 2017 data.

RECOMMENDATIONS

Objective 6.2.1: Increase Access to Quality Care for Justice-Involved Individuals, supports the expansion of drug courts to divert people to treatment instead of incarceration. **Objective 6.2.1:** Increase Access to Quality Care for Justice-Involved Individuals

- supports the expansion of drug courts to divert people to treatment instead of incarceration. The statewide plan does not designate this as specific to either adults or juvenile court. Including both would be a smart way to address the issue across the board as well as a way to help keep kids out of foster care if their parents have substance use issues and can be diverted from jail.

Objective 1.3.1: Timely Monitoring of Program Progress and Outcomes, supports the increase in data collection. As it relates to youth this should include data from:

- Schools
- School police
- Juvenile detention
- Courts
- Juvenile Probation Office
- Police/Sherrif

Objective 2.1.5: Educate Youth and Families in the Community to Reduce the Risk of Adverse Childhood Experiences (ACEs), Child Welfare Involvement, Opioid Misuse, and Overdose, supports educating parents and the public on ACEs, including prevention and intervention. **Objective 2.1.5:** Educate Youth and Families in the Community to Reduce the Risk of Adverse Childhood Experiences (ACEs), Child

Section 2.2.6.4.3: Diversion Tactics

Section 2.2.6.4.3.1: Parental Diversion

The focus groups generated valuable insight into the role that parents play in the youth drug use epidemic. As previously noted, kids feeling like their parents did not care about their drug use is on the rise. This sentiment was also echoed in the focus groups, where multiple people stated that one of the main contributing factors to their drug use, they felt, was a lack of parental involvement in their lives and their parents ignoring the signs or warnings. Some participants even went so far as to say that their parents ignored the fact that there was an issue and instead believed that opioid use wasn't an issue.

A representative from the Native American Community further expounded on this notion, stating that they believe "the biggest challenge facing youth is family conflict. A lot of young people I work with are dealing with a lack of consistency in rules." They continue by saying that many households in their community are 'doubled-up' with family members "moving in and out; some of them are dealing with their own substance abuse." This causes the kids to have to "take on a lot of adult responsibilities" at a younger age.[xx]

Although the Churchill Community Coalition (CCC) has many classes centered around youth development and engagement, one gap that seems to be missing is parental skill development. One parent resource the Churchill Community Coalition does have is the Churchill County Parent Connect. Parent Connect is a Facebook group that allows parents to connect within Churchill County.

In the past, the Churchill Community Coalition offered parent education classes, but due to a lack of voluntary participation, the classes were discontinued. The only people who would attend the CCC parent education classes were those who were court-ordered to participate. Now, the Juvenile Probation Office hosts all of the court-mandated parental education classes.

An attendee from the focus group stated, "We could definitely use more mental health providers. There is a stigma about New Frontier. A lot of people won't take their kid there if they are depressed or whatever because they worry about what they will learn there about drugs. I wish there could be some education about how that is separated."

Between the survey findings that the perception of parents not caring, the focus group expressing the same feelings, and the CCC discontinuing classes due to lack of enrollment, it would appear there is a buy-in issue with the parents in Churchill County who could benefit the most from these resources. In order to break the stigma, a campaign should be considered around youth opioid education and the benefits of treatment facilities and services.

Churchill County may benefit from an outreach program to get more parents involved in their kids' lives. One possible path would be to show the prevalence of middle and high school student's prescription and illicit drug use. Along with the prevalence, it can promote how parents

can have conversations with their children about opioid use and then determine the best tactics as a family to eliminate the child's substance use.

One concern with this strategy would be the unintentional increase of child abuse by parents who may react negatively toward their children's substance use. As referenced on page 14, 100% of the focus groups stated that their primary cause of substance abuse was childhood trauma or mental illness. If there is an increase in child abuse, this may lead to a higher substance abuse rate later in life.

Kids feeling like their parents did not care about drug use or were not around appears to be a direct indicator or precursor to childhood drug use and can cascade into long-term drug use. To try and limit this perspective, classes and trainings should be offered to parents on how to engage with their kids and make it clear drugs are not ok.

RECOMMENDATIONS

Objective 2.1.2: Educate the General Public on Opioid Prevention and Treatment

- supports the education of the public on opioid prevention and treatment options. This could also include specific education programs targeted at parents and how to
    - Talk to their kids about drugs
    - Seeing the warning signs
    - Make it clear that student drug use is not okay.

Objective 2.1.5: Educate Youth and Families in the Community to Reduce the Risk of Adverse Childhood Experiences (ACEs), Child Welfare Involvement**,** Opioid Misuse, and Overdose

- supports educating parents on recognizing ACE and preventing or intervening for it.

Objective 2.1.6: Support Youth and Adolescents Who Have Experienced ACEs and are At-Risk

- supports the coordination of family-related efforts across agencies for continuity of care.

Objective 4.1.4: Expand/Maximize Capacity of Current Services and Increase Workforce

- supports creating a scholarship fund to go to people who are directly affected by the opioid epidemic. These funds could be used to support parents in a treatment program by making sure the kids don't lose their housing or other needs of the family. They could also be used if the kid is getting treatment for opioid use and the family has additional requirements or needs in order to support the child in their treatment.

Section 2.2.6.4.3.2: Youth Diversion

Free community events for youth in Churchill County are sparse. Without the free community events that Churchill County sponsors, youth are left with a limited number of affordable activities to participate in.
A community member provided an impactful statement that stated, "[w]e have a lot of sports here, but if you don't make the team, or if you can't afford it, there isn't a lot for kids to do. The other things we have, like dance, are expensive."[xxi] The lack of affordable activities in Churchill County could cause youth to turn to substances.

Through the focus groups conducted in Churchill County, recommendations were made, such as adding additional programs and/or activities for youth, such as community centers, community activities, mentors, and a safe place for juveniles to talk and participate in group activities. A highly suggested recommendation was providing outdoor activities for youth.

The 2016/2017 community Evaluation Assessment expresses concerns about students coming to school either drunk or high.[xxii] Aside from limited affordable activities for youth, substance use at school is a possible issue that should be investigated. Incentives could be added to promote healthy behaviors to stop the progression of students coming to school drunk or high. Incentives could include earning points every time a student comes to school sober, which they can spend at the cafeteria for snacks or at a "school store" on something they want. Other options could include creating youth groups to prevent substance use and mentoring groups. If there is an increase in students coming to school under the influence, this may lead to a higher substance abuse rate.

Concerns within the community around youth having limited availability to affordable activities and youth coming to school under the influence, a few recommendations can be made. In 2023, the Nevada Legislature voted to expand the use of Managed Care Organizations (MCOs) into the rural counties. It is unknown which provider(s) will be awarded the contract(s) for Churchill County. One strategy to address this concern would be billing Medicaid for a membership to public facilities (pools, gym, etc.); this would allow people a constructive place to go and be busy instead of turning to drugs. The model for this suggestion is not unheard of in Nevada; in fact, in Las Vegas, Silver Summit offers a similar program where their Medicaid clients may qualify for a free YMCA family membership.[xxiii] Churchill County may benefit from incorporating a similar program that would allow underprivileged youth to have a pass to all available public use facilities (pools, gyms, etc.) Additionally, creating summer clubs (sports, music, nature, etc.) could allow youth to be more socially and physically active during the summer months, reducing the risk of using substances.

In addition to adding more activities for youth, in-school programs, and incentives can also be added to promote healthy living and demote recreational substance use. Incorporating sober awareness clubs within schools could potentially help students recognize the harms of substances. Developing a scholarship program for low-income students that would allow free access to public facilities, sports, and recreational activities could give a constructive alternative to their free time, which may prevent the use of drugs because of boredom. Using a scholarship

program could encourage them to be more engaged with their academics by requiring a short essay to apply. The students who are awarded the scholarship will have opportunities for activities year-round.

Focus group recommendations included providing additional counseling for students. Incorporating ongoing support groups with supplemented activities would potentially give students who need a helping hand a group to fall back on as support and provide additional activities. Overall, activities, clubs, and extra support should be further investigated to help prevent youth from using substances.

RECOMMENDATIONS

Objective 2.1.7: Prevent Opioid Misuse and Overdose in Schools, supports multiple activities to create a healthy school and prevent student use.

- **Embed prevention specialists in schools**: if this is also tied to more counselors or spaces for the student to be heard and feel safe, it could create a larger positive effect.
- **Increase prevention in schools**: Through the implementation of a sober school program where students can voluntarily sign up to come to school sober, for every day they show up sober, they earn points they can spend at the cafeteria for snacks or at a "school store" on something they want.
- **Increase aftercare, summer, and intramural programs**: supporting the Medicaid and scholarship access above, the creation of more programs to give the kids a place to belong and to stay busy could help decrease the rate of student drug use.
- **Transition Aged Youth (TAY)**: special care should be taken to make sure that the transition aged youth (18-24) are targeted in the community to set them up for lifetime success and help them transition into adulthood and coping with the stress that comes with it.

More free activities in Churchill and Fallon to give the youth something to do instead of using drugs. Many stated that they used drugs because they were bored.

Work with Medicaid and eventually the MCO that will cover Churchill to help pay for recipients (especially youth) to have free access to public facilities such as

- Public pools
- Public gym
- Public fields/courts

For the students who don't qualify for the Medicaid, create a scholarship program to allow them the same access.

Create more summer clubs and activities to keep the kids busy and engaged instead of doing drugs.

Section 2.3: Community Efforts to Address Opioid Use and Expansions

SECTION 2.3.1: PREVENTION

Section 2.3.1.1: Education

For opioid prevention education, Churchill County has several different offerings. The Churchill Community Coalition (CCC) is one of the largest providers of drug education in Churchill. Some of their offers are:

- In school class about drug awareness (in collaboration with New Frontier Behavioral Health Center)
- Opioid education classes for kids on probation (In collaboration with the Juvenile Probation Office)
- Too Good For Drugs program (k-12)

In addition to that, there are two other primary offerings, they are:

- New Frontier teaches classes twice a week in middle and high school.
- Public speakers come in on occasion to talk to the schools about drugs.

xxiv xxv

RECOMMENDATIONS

While the current offerings of education in Churchill County are good, there may be some additional options available.

Objective 2.1.7: Prevent Opioid Misuse and Overdose in Schools, suggests increasing prevention in schools as well as prevention education.
One example of an impactful training that could be incorporated into the schools could be the ***Toe Tag Monologues*** which are scenes acted out by child actors that demonstrate the seriousness and impact of actions for various topics including suicide and opioid abuse. (vtfoundation.org/about-us/)

Objective 4.1.1: Increase Training and Implementation Support for EBPs, suggests offering evidence-based suicide prevention programs in the schools.
One example of a program that may work well is The Defensive Line which is a program for teachers to implement in their classroom that can help them prevent suicide and make students who are feeling the urge to self-harm feel seen and safe. (thedefensiveline.org/)

Several respondents stated that one issue with New Frontier Behavioral Health Center programs in Churchill County is a stigma that has been placed on New Frontier and a fear that they will teach the students how to do drugs. Knowing this, Churchill County should address this issue by either trying to break the stigma about New Frontier or by creating or getting a new entity that is solely focused on youth drug prevention.

A **public awareness campaign aimed at breaking the stigma** should be explored. This program could help start the conversation around drug use and help parents and friends have the words to ask the questions if the people around them are using. It can also break the stigma around getting treatment and that treatment is the best option.

Section 2.3.1.2: Drug Diversion

Churchill County Social Services, the Churchill Community Coalition, and New Frontier Behavioral Health Center are all currently working together to provide drug diversion services to the community.

One of the major initiatives is a drugs and sharps round-up that prevents unused prescription drugs from being used recreationally, and a sharps exchange is used to limit the risk to intravenous drug users and the community from poorly discarded sharps.

The **sharps exchange** is a partnership with Churchill Community Coalition and Churchill County Social Service. The way it operates is that a resident can bring a full sharps container to the designated exchange point, and they can exchange it for an empty container.

For prescription drugs, there are three **Rx drop boxes** around town (with a fourth in the works). These drop boxes are accessible 24 hours a day for residents to dispense of their unneeded drugs.

In addition to the drop boxes, **lock boxes, and Deterra bags**, used to render drugs inert, are offered at any time through Churchill County Social Service and the Churchill Community Coalition. The Coalition also hands them out at every event they do.

In a more holistic nature, the staff at New Frontier have taken to eating their lunch outside to deter people from vaping and passing drugs around.

New Frontier also offers Early Intervention Services for adults and adolescents, which consists of services for individuals who, for a known reason, are at risk of developing substance-related problems or a service for those for whom there is not yet sufficient information to document a diagnosable substance use disorder. Often, this level of service is related to DUI Education Courses.

RECOMMENDATIONS

All of these actions within Churchill County to divert people away from drug use are amazing. With this new set of funds, there is an opportunity to expand the efforts.

Objective 3.2.1: Support Safe Intravenous Use, suggests adding an exchange program to communities as a way to address safe opioid use.

- *Clean exchange programs* for needles and other paraphernalia to help limit the spread of tuberculosis, HIV, and any other blood borne disorders.

Objective 3.1.3: Support Safe Harm Reduction Behaviors among People Using Opioids, supports the *creation of safe injection sites* where intravenous drug users can safely inject. The benefits of a safe injection site are:

- Safe place to inject and not be on the street
- Medically trained Staff is on site to intervene if they overdose.
- Test the drugs to confirm they are not laced with Fentanyl
- Start the conversation about treatment
- Limit the spread of HIV and other blood borne illnesses

There is also a recommendation to implement **harm reduction vending machines** stocked with supplies to ensure the safe use of illicit drugs along with condoms, pregnancy tests, naloxone, and first aid kits.

SECTION 2.3.2 INTERVENTION - COMMUNITY TREATMENT CAPACITY AND SUPPORT OPTIONS

Section 2.3.2.1: Drug Court Services

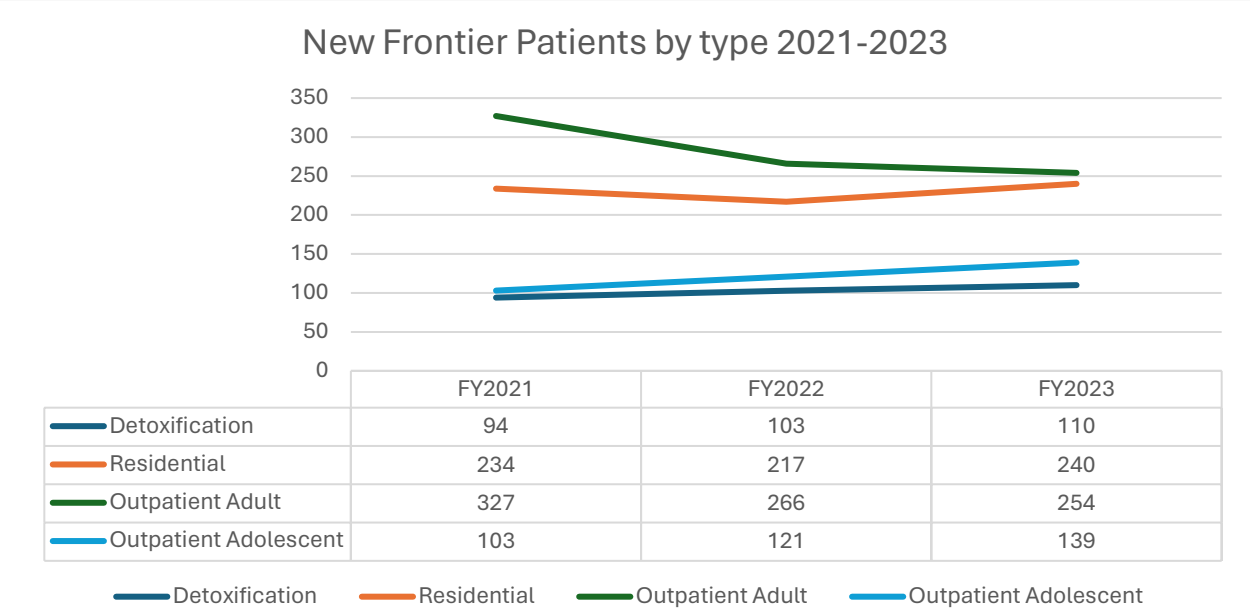
Drug Court Adult and Adolescent programs offer services including Assessment, treatment, and referrals for individuals assigned by a court to the program. A Drug Court program must utilize services with evidence of the following principles:

- A restorative justice model of treatment for criminal justice clients
- Incentives and sanctions
- Motivation enhancement approaches
- Activities that encourage behavior that is designed to benefit other people.
- Phasing of programs (e.g., Service intensity step-down)
- Modeling of behavior by staff

Section 2.3.2.2: New Frontier Behavioral Health Center Capacity

Below is a graph created based on the unduplicated client numbers that New Frontier Behavioral Health Center provided for fiscal years 2021, 2022, and 202.

Figure 83. New Frontier Behavioral Health Center Patient Numbers



	FY2021	FY2022	FY2023
Detoxification	94	103	110
Residential	234	217	240
Outpatient Adult	327	266	254
Outpatient Adolescent	103	121	139

Source: Provided by New Frontier Behavioral Health Center

Evaluation Center

The Evaluation Center is a service that evaluates a person pursuant to NRS 484C.350 in a facility certified by the Division to determine whether the person is an abuser of alcohol or another drug through an assessment process. Evaluation Centers serve as a component of a court order evaluation because of Driving Under the Influence (DUI). Service delivery also includes a comprehensive assessment that entails screening tools to assist with referral needs, including case management.

Outpatient Services

There are different levels of Outpatient Services for Adolescents and Adults, varying in the length of time and intensity of the treatment for recovery or motivational enhancement therapies and strategies. Level 1 encompasses organized services that may be delivered in various settings.

- *Intensive Outpatient Services for Adolescents and Adults:* this level of care typically consists of 9 or more hours of service a week for adults or six or more hours for adolescents, respectively, to treat multidimensional instability. It is an organized outpatient service that delivers treatment services during the day, before or after work or school, in the evening, and/or on weekends.

- *Partial Hospitalization Services for Adolescents and Adults:* this level of care typically provides 20 or more hours of service a week for multidimensional instability that does not require 24-hour care. It encompasses services that are capable of meeting the complex needs of people with substance use and/or co-occurring conditions. It is an organized outpatient service that delivers treatment services, usually during the day, such as day treatment or partial hospitalization services.

Withdrawal Management / Detoxification Services

- *Ambulatory Withdrawal Management Adult and Adolescents:* without Extended On-Site Monitoring is an organized outpatient service, which may be delivered in an office setting, in a health care or addiction treatment facility by trained personnel who provide medically supervised evaluation, withdrawal management, and referral services in regularly scheduled sessions. This service is typically combined with an OTP/OBOT.

- *Clinically Managed Residential Withdrawal Management Adult and Adolescents:* is an organized service that is delivered by appropriately trained staff. The service is characterized by its emphasis on peer and social support rather than medical and nursing care. The goal is to stabilize the client and conduct a full assessment to provide referral and linkage to appropriate treatment services.

- *Medically Monitored Inpatient Withdrawal Management Adult and Adolescents:* is an organized service delivered by medical and nursing professionals. The goal is to stabilize the client and conduct a full assessment to give referral and linkage to appropriate treatment services.

- *Civil Protective Custody/Withdrawal Management Adult and Adolescents:* is intoxication management for individuals taken into Civil Protective Custody by a peace officer for being unlawfully under the influence of alcohol or drugs in a public place and unable to provide for the health and safety of self or others.

OBOT (Office-Based Opioid Treatment) / Outpatient Services

- *Office-Based Opioid Treatment / Outpatient (OBOT/1) Adult and Adolescents:* typically utilizes buprenorphine and naltrexone prescriptions for medication through a retail pharmacy combined with outpatient counseling.

- *Office-Based Opioid Treatment / Outpatient (OBOT/2.1) Adults and Adolescents:* typically utilize buprenorphine and naltrexone prescriptions for medication through a retail pharmacy combined with outpatient counseling.

Opioid Treatment Services

- medication/outpatient counseling/ambulatory withdrawal management and Integrated Opioid Treatment & Recovery Centers

Federal and State agencies heavily regulate OTP and involve direct administration of medications on a daily basis without prescribing medications; even "take-home" supplies originate at the "dispensing window" of the OTP and do not involve prescriptions taken to a retail pharmacy. OTPs providing services to Adults and Adolescents are a bundled service offering medication, Level 1 Outpatient counseling, and Level 1 Ambulatory Withdrawal Management. OTPs typically utilize methadone, buprenorphine formulations, or naltrexone and are an organized ambulatory addiction treatment service for patients with an opioid use disorder (OUD). It is delivered by a team of personnel trained in treating OUD, which includes, at a minimum, physicians/prescribers, nurses, licensed or certified addiction counselors, and mental health counselors who can provide patient-centered and recovery-oriented individualized treatment, case management, and health education.

- *Integrated Opioid Treatment and Recovery Center (IOTRC) Adult services:* include one or more of the FDA-approved medications to treat opioid use disorder in addition to individualized outpatient treatment for the substance use and co-occurring mental health disorder. IOTRCs offer services to individuals with an OUD, including pregnant women and clients with a co-occurring mental health disorder. IOTRCs also provide Naloxone (overdose reversal medication), Peer/Recovery Support Services, and various supportive services to assist clients with recovery, including referral and care coordination for services that a community partner agency better delivers.

Residential Services

- *Clinically Managed Low-Intensity Residential Services:* This adolescent and adult level of care typically provides 24-hour living support and structure with available trained personnel. It offers at least 5 hours of clinical service a week. Level 3 encompasses residential services described as co-occurring capable or co-occurring enhanced services, which are staffed by designated substance use treatment, mental health, and general medical personnel who provide a range of services in a 24-hour living support setting.

- *Clinically Managed Medium-Intensity Residential Services (Adolescent):* provides 24-hour care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment. Level 3.5 services offer 25 hours of structured activities per week, with a minimum of 10 hours being clinical services. Patients at this level can tolerate and use an entire active milieu or therapeutic community. Level 3 encompasses residential services described as co-occurring capable or co-occurring enhanced services, which are staffed by designated substance use treatment, mental health, and general medical personnel who provide a range of services in a 24-hour treatment setting.

- *Clinically Managed High-Intensity Residential Services (Adult):* provides 24-hour care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment. This level encompasses residential services described as co-occurring capable or co-occurring enhanced services, which are staffed by designated

substance use treatment, mental health, and general medical personnel who provide a range of services in a 24-hour treatment setting.

- *Medically Monitored High-Intensity Inpatient Services (Adolescent):* is designed to meet the needs of patients with functional limitations; services are offered by an interdisciplinary staff of appropriately credentialed staff with the primary treatment focus related to substance use disorders.

- *Medically Monitored Intensive Inpatient Services (Adult):* is designed to meet the needs of patients with functional limitations; services are offered by an interdisciplinary staff of appropriately credentialed staff with the primary treatment focus related to substance use disorders.

- *Transitional Housing Adult and Adolescent:* services consist of a supportive living environment for individuals who are receiving substance use treatment in a SAPTA Certified program and who are without appropriate living alternatives.

Co-Occurring Disorder Services (Substance Use and Mental Health Services)
Co-Occurring Disorder (COD) Services are designed to treat adolescents and adults who have substance use and mental health disorders in an integrated manner by utilizing personnel that are appropriately licensed/certified to offer both services. COD services are assessed using the Dual Diagnosis Capability in Addiction Treatment (DDCAT) as either Capable or Enhanced, depending on the types of staff employed and more integrated service delivery capacity.

- *COD Capable for Adults and Adolescents:* A Capable program can screen for co-occurring substance use and mental health services. Depending on the provider's staff qualifications, the provider can either offer some COD treatment services on-site or coordinate care with an agency with qualified mental health staff and medication management.

- *COD Enhanced for Adults and Adolescents:* An Enhanced program can screen and assess co-occurring substance use and mental health services. Additionally, the program can provide integrated care for individuals with moderate to severe severity, including medication management, case management, and peer support services. The program has interdisciplinary staff to offer a full range of psychiatric services.

SECTION 3: NATIONAL BEST PRACTICES AND EVIDENCE-BASED STRATEGIES ON ADDRESSING THE OPIOID CRISIS

The opioid crisis continues to pose a significant public health challenge in the United States, with devastating impacts on individuals, families, and communities nationwide. To combat this crisis effectively, it is essential to implement evidence-based strategies and best practices derived from successful initiatives nationwide. The following provides an overview of national best practices and evidence-based strategies for addressing the opioid crisis.

1. Prescription Drug Monitoring Programs (PDMPs):

- PDMPs are state-run electronic databases that track the prescribing and dispensing of controlled substances, including opioids.
- ***Best Practice:*** Implementation of robust PDMPs has been associated with a reduction in opioid prescribing rates, inappropriate opioid prescribing practices, and opioid-related overdose deaths.
- ***Evidence****:* Studies published in journals such as the American Journal of Public Health and JAMA have demonstrated the effectiveness of PDMPs in reducing opioid-related harm.

2. Medication-Assisted Treatment (MAT):

- MAT involves the use of FDA-approved medications such as methadone, buprenorphine, and naltrexone in combination with counseling and behavioral therapies for the treatment of opioid use disorder (OUD).
- ***Best Practice:*** Providing widespread access to MAT has been shown to improve treatment outcomes, reduce opioid use, decrease overdose deaths, and increase retention in treatment programs.
- ***Evidence:*** Research published in The New England Journal of Medicine and other peer-reviewed journals supports the effectiveness of MAT in addressing OUD.

3. Naloxone Distribution Programs:

- Naloxone is a medication that can rapidly reverse opioid overdose when administered promptly.
- ***Best Practice:*** Implementing naloxone distribution programs, which provide naloxone kits to individuals at risk of opioid overdose and train bystanders, including first responders and family members, on its use.
- ***Evidence:*** Studies have demonstrated the effectiveness of naloxone distribution programs in reducing opioid overdose deaths, particularly when combined with other harm-reduction strategies.

4. Provider Education and Guidelines:

- Healthcare provider education on safe opioid prescribing practices and the implementation of evidence-based clinical guidelines can help prevent opioid misuse and addiction.

- ***Best Practice:*** Offering training programs and continuing education opportunities for healthcare providers on pain management, opioid risk assessment, and addiction treatment.
- ***Evidence:*** Systematic reviews and meta-analyses have shown that provider education initiatives are associated with reductions in opioid prescribing rates and opioid-related adverse events.

5. Community-Based Prevention Programs:

- Community engagement and education initiatives play a crucial role in raising awareness about the risks of opioid misuse, promoting safe storage and disposal of medications, and reducing the stigma associated with addiction.
- ***Best Practice:*** Implementing comprehensive community prevention programs that involve collaboration between local governments, healthcare providers, schools, law enforcement agencies, and community organizations.
- ***Evidence:*** Research has shown that community-based prevention programs can effectively reduce opioid misuse and overdose rates by addressing risk factors at the individual, family, and community levels.
- *Examples:*
    - **Strengthening Families Program** (SFP): an evidence-based family skills training program for high-risk and general population families that is recognized both nationally and internationally. Parents and youth attend weekly SFP skills classes together, learning parenting skills and youth life and refusal skills. SFP is effective because it was specifically crafted to increase Protective Factors and reduce the risk factors that lead to both substance abuse and youth depression.[xxvi]
    - ✓ **Too Good for Drugs**: An evidence-based curriculum that focuses on social skill development for high school students to help them navigate social and academic pressures and manage them without turning to substance use to cope.
    - **Parenting Wisely**: A self-administered computer-based program that teaches ✓ parents and children ages 10–18 skills to improve their relationships and decrease conflict through support and behavior management.
    - **Educational campaign for parents** (specific for alcohol use — Parents Who Host Lose the Most: A public health media campaign to prevent underage drinking.)
    - **Education for first-time offenders** (e.g., 3rd Millennium WISE: Specializes in online ✓ prevention and intervention programs for schools, the criminal justice system, and community agencies. The program uses technology and evidence-based approaches in behavioral health to impact behavior positively. The curriculum addresses the following: alcohol, marijuana, prescription and other drug misuse, consent and healthy relationships, and smoking/vaping/nicotine use.)
    - ✓ **Disposal/Round-Up Programs**

Addressing the opioid crisis requires a multifaceted approach that incorporates national best practices and evidence-based strategies across various sectors. By implementing initiatives such as PDMPs, MAT, naloxone distribution programs, provider education, and community-based prevention efforts, communities can work towards reducing opioid-related harm and improving outcomes for individuals affected by opioid use disorder.

SECTION 4: RECOMMENDATIONS

Section 4.1: Recommendations

The following are recommendations for Churchill County and local agencies to consider while developing a local plan to address opioid use and misuse in Churchill County. These recommendations are in no particular order of priority; however, they are aligned with the goals and objectives of the 2022 Nevada Statewide Opioid Plan. The Statewide Plan is found in Appendix D for reference.

GOAL 1: ENSURE CHURCHILL COUNTY AND LOCAL AGENCIES HAVE THE CAPACITY TO IMPLEMENT RECOMMENDATIONS EFFECTIVELY AND SUSTAINABLY.

Strategy 1.3: Monitor Implementation and Fidelity to Program Models and Requirements

Objective 1.3.1: Timely Monitoring of Program Progress and Outcomes

- Increase in data collection as it relates to youth; this should include data from:
    - Schools
    - School police
    - Juvenile detention
    - Courts
    - Juvenile Probation Office
    - Police/Sherrif
- Below are some data points that each of these entities should be collecting and reporting to the county for aggregation and analysis.
    - **Everyone**
        - Age
        - Gender
        - Race
        - Income/socioeconomic class
        - Substances used
        - Prescription (theirs or others) or illicit
    - **Courts/District Attorney/Public Defender**
        - Drug charges filed (Felonies, misdemeanors, gross misdemeanors)
        - Drug charges diverted
    - **Police/Sherrif/EMS**
        - People transported to the hospital or treatment center for opioid use
        - People administered and distributed naloxone to
    - **Jail**
        - People getting MAT in the jail hospital
        - People who reported being opioid users before coming to jail

- **Medical Examiner/Coroner**
  - People who died under the influence
  - People with a comorbidity of opioid use
  - People with evidence of drug use.

- Create or supplement a database to record demographic information from
  - Hospital
  - Jails
  - Treatment centers
  - Police

GOAL 2: PREVENT THE MISUSE OF OPIOIDS.

Strategy 2.1: Prevent Opioid Use from Progressing to Misuse and Overdose

Objective 2.1.1: Identify Risk Factors for Opioid Misuse and Overdose

- Distribution of hand-held drug testing equipment (or potentially a rush procedure with the local lab).

Objective 2.1.2: Educate the General Public on Opioid Prevention and Treatment

- Education of the public on opioid prevention and treatment options.
- This could also include specific education programs targeted at parents and how to
- Talk to their kids about drugs
- Seeing the warning signs
- Make it clear that student drug use is not okay.
- Conduct a **public awareness campaign aimed at breaking the stigma** of substance use issues and expanding the knowledge around treatment options.
  - Create community will and support for fellow residents who are struggling with addiction.

  Educate the public on treatment access, resources, and options including:
  - Address the myths of any barriers to treatment.
  - Those with a violent crime conviction who are often banned from services at treatment centers
  - Those with a minor child and are afraid to get treatment for fear of losing their kid.
  - Minor children who struggle with substance use and the family resources available
  - The totality of services available and the place they can find a list of the resources
  - Mental Health treatment options
  - Long-term treatment and success programs to promote sobriety for a lifetime
  - FMLA and how it can be used to protect your job during inpatient drug treatment

  Break the Stigma
  - How to be an advocate
  - The discrimination (unconscious or conscious) that substance users often face

  Break the cycle

- Those who grew up with a guardian or family member who has substance use issues.
- Those who are parents and struggling with substance issues and don't want to make their kids predisposed to addiction

Objective 2.1.5: Educate Youth and Families in the Community to Reduce the Risk of Adverse Childhood Experiences (ACEs), Child Welfare Involvement, Opioid Misuse, and Overdose

- Educate parents and the public on recognizing ACE and preventing or intervening for it.
- Churchill should screen all middle and high school students using an ACE screening tool to identify students at higher risk and to track changes over time.

Objective 2.1.6: Support Youth and Adolescents Who Have Experienced ACEs and are At-Risk

- Coordination of family-related efforts across agencies for continuity of care.

Objective 2.1.7: Prevent Opioid Misuse and Overdose in Schools

- **Embed prevention specialists in schools**: if this is also tied to more counselors or spaces for the student to be heard and feel safe, it could create a more significant positive effect.
- **Increase prevention in schools**:
    - Through the implementation of a sober school program where students can voluntarily sign up to come to school sober, for every day they show up sober, they earn points they can spend at the cafeteria for snacks or at a "school store" on something they want.
    - ***Toe Tag Monologues*** are scenes acted out by child actors that demonstrate the seriousness and impact of actions for various topics, including suicide and opioid abuse. (vtfoundation.org/about-us/)
- **Increase aftercare, summer, and intramural programs**:
    - Work with Medicaid and eventually the MCO that will cover Churchill to help pay for recipients (especially youth) to have free access to public facilities.
        - Public pools
        - Public gym
        - Public fields/courts
    - For the students who don't qualify for Medicaid, create a scholarship program to allow them the same access.
    - Create more free activities in Churchill and Fallon to give the youth something to do instead of using drugs.
        - Create more programs, clubs, and activities to give the kids a place to belong and to stay busy and engaged.
- **Transition-Aged Youth (TAY)**: special care should be taken to make sure that the transition-aged youth (18-24) are targeted in the community to set them up for lifetime success and help them transition into adulthood and cope with the stress that comes with it.

GOAL 3: REDUCE HARM RELATED TO OPIOID USE.

Strategy 3.1: Prevent Opioid Overdoses among Those Already Using Opioids and Other Substances

Objective 3.1.1: Increase the Availability of Naloxone and Fentanyl Testing Supplies across Nevada

- Provide fentanyl testing. This could work in two complementary ways:
    - The first is that Churchill will gain surveillance data on the drugs being used or at least the presence of fentanyl
    - The second is that those who have their drugs tested are less likely to have an accidental overdose because of the laced product.
- Increase the use and availability of Naloxone, including:
    - First responders
        - Leave behind after a call
    - At-risk drug users
    - Outreach workers
- Create a Suspected/Street Overdose Response Team (SORT). (Recommended in section 2.2.3) To provide crisis team response and naloxone leave-behind

Objective 3.1.3: Support Safe Harm Reduction Behaviors among People Using Opioids

- Distribution of harm reduction materials like clean needles, vending machines, and safe injection sites.
- Expansion of a robust harm reduction system to meet the people where they are and work on bringing them into more intense treatment programs.

GOAL 4: PROVIDE BEHAVIORAL HEALTH TREATMENT

Strategy 4.1: Increase the Availability of Evidence-Based Treatment

Objective 4.1.1: Increase Training and Implementation Support for EBPs

- Offer evidence-based suicide prevention programs in the schools.
    - One example is The Defensive Line, which is a program for teachers to implement in their classroom that can help them prevent suicide and make students who are feeling the urge to self-harm feel seen and safe. (thedefensiveline.org/)
- Expand the existing relationship with UNR so that their students can provide mental health counseling. This partnership offers a mutually beneficial program to bring much-needed mental health resources to Churchill while also providing the students with experience.

Objective 4.1.2: Provide a Variety of Evidence-Based and Best Practices Accessible to Nevada's Frontier, Rural, and Urban Populations

- Use withdrawal management aids to reduce the side effects of withdrawal.
    - Expand the use of MAT.

- Expand and/or create additional rehabilitation program offerings to include longer-term programs to support patients on the road to recovery.

Objective 4.1.4: Expand/Maximize Capacity of Current Services and Increase Workforce

- create a scholarship fund to go to people who are directly affected by the opioid epidemic. A few ways this scholarship could be used here:
    - Activities to do in the county (addressed more in Diversion Tactics)
    - Assistance in paying bills while in treatment (rent, utilities, groceries, etc.)
    - Supporting families with housing while a member is in treatment
    - Supporting families with other needs while they are in crisis

Strategy 4.2: Increase Access to Evidence-Based Treatment

Objective 4.2.1: Expand Treatment Funding Options

- Funding of substance treatment programs for everyone regardless of insurance status. This will help reduce the barriers to treatment and make it attainable for everyone.
- Funding for long-term treatment support
- Resources for those who are generally not permitted to access treatment (violent crime)

Objective 4.2.2: Increase Effective Utilization of Telehealth

- Increase access through teleMAT service providing.
    - Either through a partnership with a current teleMAT provider and/or the new clinic providing teleMAT services.
- Create a mobile MAT program that delivers the medications to clients as necessary.

Strategy 4.3: Increase of Availability of and Access to MOUD

Objective 4.3.2: Increase Access to MOUD,

- Expand access to buprenorphine prescriptions within the county. This can be done through several actions:
    - Increase the access to buprenorphine at the hospitals for emergency department and inpatient visits
    - Ensure that pharmacies regularly stock buprenorphine.
    - Provide buprenorphine to people in jail that is dealing with withdrawal or opioid use disorder.
    - Create a buprenorphine and methadone clinic that will assist clients with outpatient access to the medications.
        - This clinic should be integrated into the Nevada Hub and Spoke model. Either as a spoke providing support from a hub Integrated Opioid Treatment and Recovery Center or as a hub themselves.

GOAL 6: PROVIDE OPIOID PREVENTION AND TREATMENT CONSISTENTLY ACROSS THE CRIMINAL JUSTICE AND PUBLIC SAFETY SYSTEMS.

Strategy 6.2: Prevent Overdose after Release from Jails and Prisons

Objective 6.2.1: Increase Access to Quality Care for Justice-Involved Individuals

- Expansion of drug courts to divert people to treatment instead of incarceration (Adults and Juveniles).
- Use MAT in the jail.

GOAL 7: INCREASE AVAILABILITY OF DATA FOR RAPID RESPONSE TO OPIOID TRENDS

Strategy 7.2: Increase Availability of Data for Rapid Response to Opioid Trends

Objective 7.2.1: Increase Breadth of Data Collected of the Statewide plan charges every community with better data collection and sharing.

To achieve this goal, the breadth and depth of data collection needs to be increased.

To increase the ***breadth*** of data collected, including but not limited to the following sites need to start collecting data and reporting it to a county-wide database:

- Hospital
- Jails
- Police/Sheriff
- Courts/Probation Officers
- Treatment Centers
- Pharmacies
- The Testing Lab
- EMS
- Washoe County Coroner's Office

To increase the ***depth*** of data collected, including but not limited to the following demographic information should be collected:

- Age
- Gender
- Race
- Income/Socioeconomic status
- Housing Status
- Parental status
- Insurance coverage
- Type of drugs used
- Prescription or illicit
- How did they start using

- How long have they used
- Have they gone through a treatment program before
- Deaths

Institutional data that should be collected includes:

- Drugs tested by substance (Testing lab and mobile testers)
- Number of clients readmitted overtime and relapses.
- Length of successes based on intervention type
- Number of dependency clients (hospital, jail, treatment centers)
- Number of poisonings (hospital, EMS, Police, jail, treatment center)
- Drug charges by severity and the outcome of them
    - Went to jail or diverted somewhere else
- CPS interventions and the outcomes
    - Safe baby court, reunited with child, jail, lost custody
- The number of prescriptions filled and insurance type
    - Opioids
    - Methadone
    - Buprenorphine
    - Additional substances along with opioids? (polysubstance use)
- Death records for
    - Overdose
    - Morbidity or Comorbidity with
        - opioid use disorder,
        - evidence of opioid use
        - substance use disorder
        - intoxicated on opioids when they died

Collaborate with the DPBH to get Churchill County-specific data for deaths reported in the EDRS, especially as it relates to opioid deaths.

The collection of this additional data will allow Churchill to set the baseline for the county and make data-driven decisions about how to target opioid misuse.

Section 4.2: Next Steps

Churchill County leadership will meet to review priorities and develop an allocation plan for local settlement funding. The approved allocations, along with the plan, will be posted on the Churchill County website.

ACKNOWLEDGEMENTS

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Churchill County Social Services
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Nevada Association of Counties
Nevada Department of Health and Human Services, Office of Analytics
The Nevada Association of Counties
Winged Wolf Innovations, LLC

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APPENDIX

Appendix A – DHHS – OA: Churchill County Overdoses 2020-2022

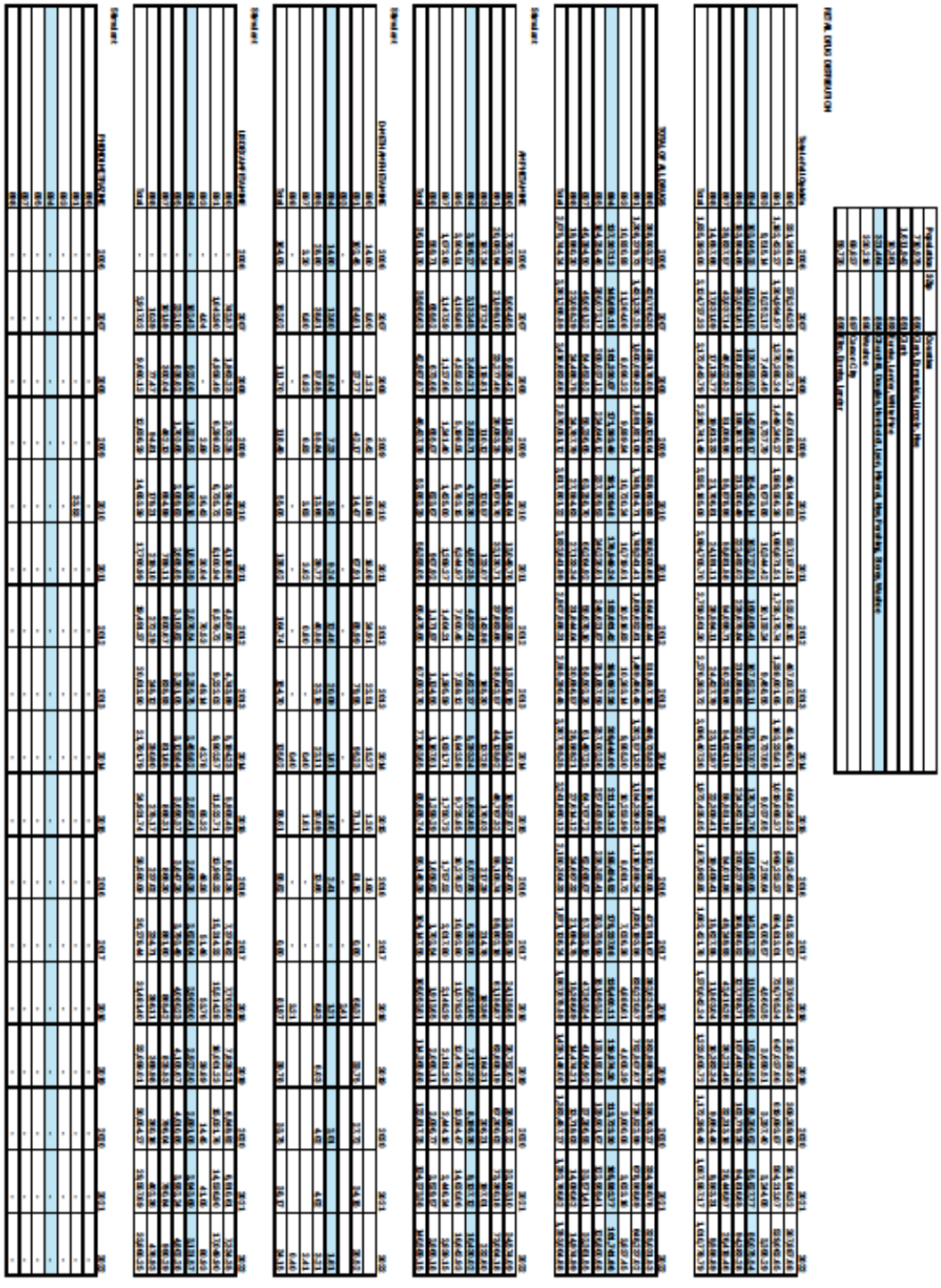
Department of Health and Human Services
Office of Analytics

Opioid Overdoses by Year and Type,
Churchill County Nevada Residents, 2020-2022

Year	Emergency Department Encounters	Inpatient Admissions	Deaths
2020	5	1	4
2021	6	1	3
2022	7	2	2

Data Source Electronic Death Registry System, Hospital Billing Data
Provided by JT 12/2023

Appendix B – DEA ARCOS Data 2006-2022



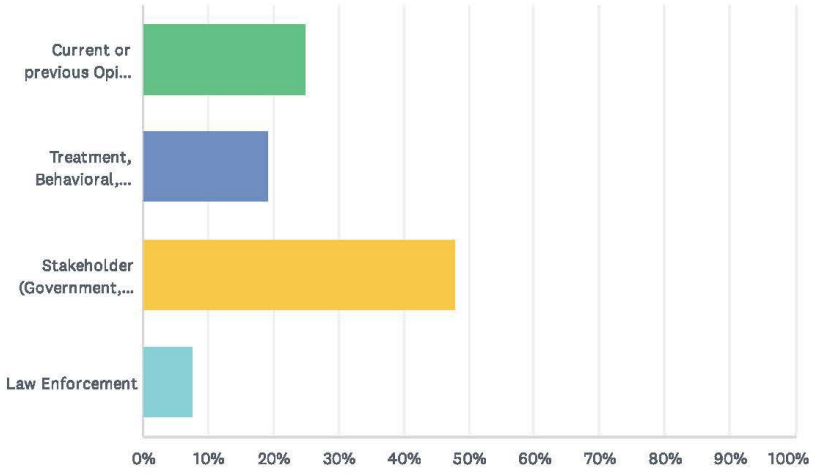
Appendix C – Survey Results All Data

APPENDIX C.1 – CURRENT OR PREVIOUS OPIOID USERS

Opioid Assessment – Churchill County

Q1 Which best describes you?

Answered: 52 Skipped: 0

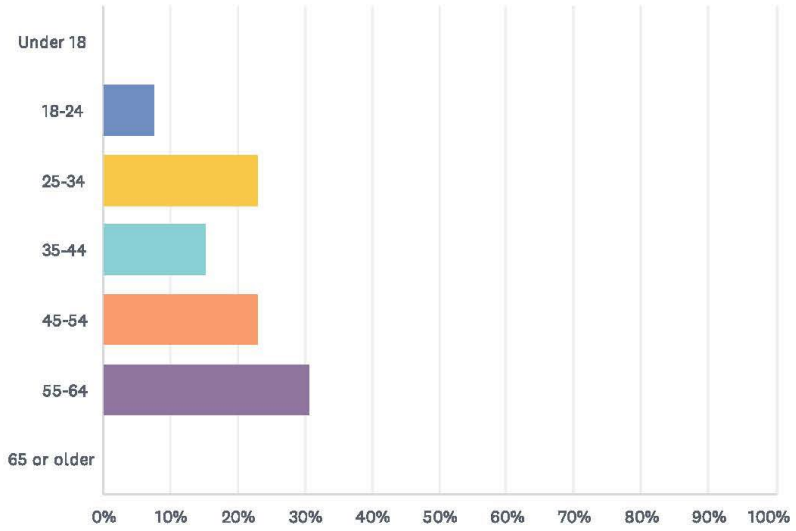


ANSWER CHOICES	RESPONSES	
Current or previous Opioid user	25.00%	13
Treatment, Behavioral, Medical, Health or Other Provider	19.23%	10
Stakeholder (Government, Business, Faith, Community Organization or Other)	48.08%	25
Law Enforcement	7.69%	4
TOTAL		52

Opioid Assessment – Churchill County

Q2 Age:

Answered: 13 Skipped: 39



ANSWER CHOICES	RESPONSES	
Under 18	0.00%	0
18-24	7.69%	1
25-34	23.08%	3
35-44	15.38%	2
45-54	23.08%	3
55-64	30.77%	4
65 or older	0.00%	0
TOTAL		13

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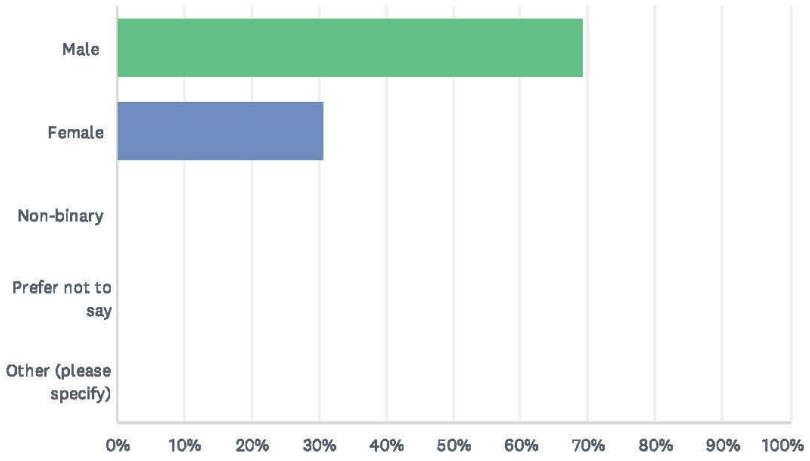
Opioid Assessment – Churchill County

Q3 Gender:

Answered: 13 Skipped: 39



ANSWER CHOICES	RESPONSES	
Male	69.23%	9
Female	30.77%	4
Non-binary	0.00%	0
Prefer not to say	0.00%	0
Other (please specify)	0.00%	0
TOTAL		13

#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

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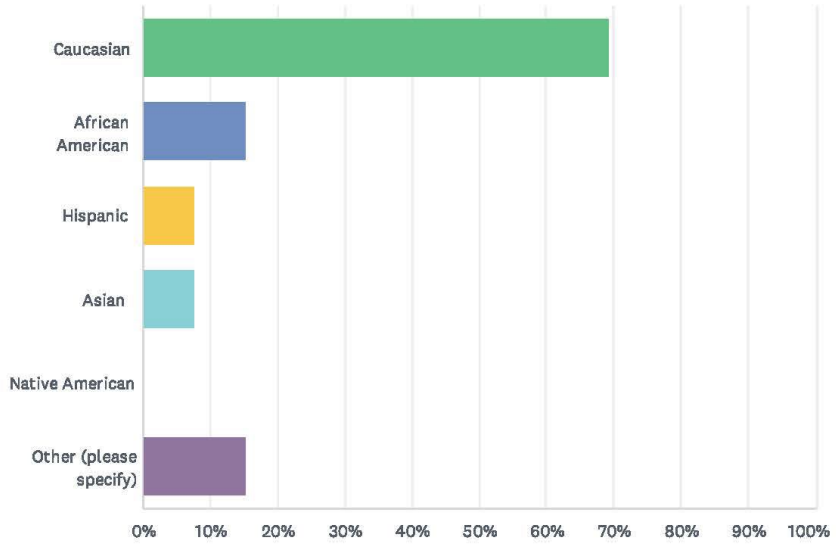
Opioid Assessment – Churchill County

Q4 Ethnicity:

Answered: 13 Skipped: 39



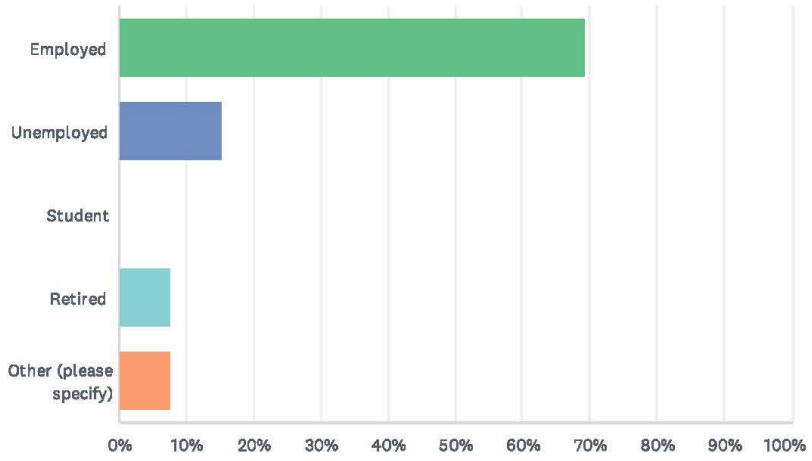
ANSWER CHOICES	RESPONSES	
Caucasian	69.23%	9
African American	15.38%	2
Hispanic	7.69%	1
Asian	7.69%	1
Native American	0.00%	0
Other (please specify)	15.38%	2
Total Respondents: 13		

#	OTHER (PLEASE SPECIFY)	DATE
1	cuban	2/6/2024 5:43 PM
2	two	2/6/2024 5:38 PM

Opioid Assessment – Churchill County

Q5 Current Employment Status:

Answered: 13 Skipped: 39



ANSWER CHOICES	RESPONSES	
Employed	69.23%	9
Unemployed	15.38%	2
Student	0.00%	0
Retired	7.69%	1
Other (please specify)	7.69%	1
TOTAL		13

#	OTHER (PLEASE SPECIFY)	DATE
1	disability	2/6/2024 6:13 PM

Opioid Assessment – Churchill County

Q6 Current Zip Code:

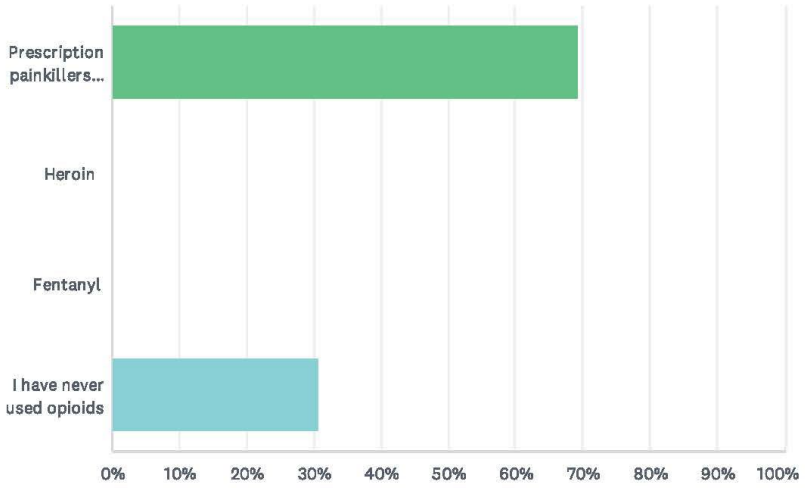
Answered: 12 Skipped: 40

#	RESPONSES	DATE
1	89408	2/6/2024 6:20 PM
2	89406	2/6/2024 6:16 PM
3	89406	2/6/2024 6:13 PM
4	89406	2/6/2024 6:08 PM
5	89406	2/6/2024 6:01 PM
6	89406	2/6/2024 5:55 PM
7	89406	2/6/2024 5:52 PM
8	89408	2/6/2024 5:48 PM
9	8950	2/6/2024 5:43 PM
10	89406	2/6/2024 5:40 PM
11	89407	2/6/2024 5:38 PM
12	89406	1/24/2024 10:12 AM

Opioid Assessment – Churchill County

Q7 Have you ever used any of the following opioids:

Answered: 13 Skipped: 39



ANSWER CHOICES	RESPONSES	
Prescription painkillers (e.g., oxycodone, hydrocodone)	69.23%	9
Heroin	0.00%	0
Fentanyl	0.00%	0
I have never used opioids	30.77%	4
Total Respondents: 13		

#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

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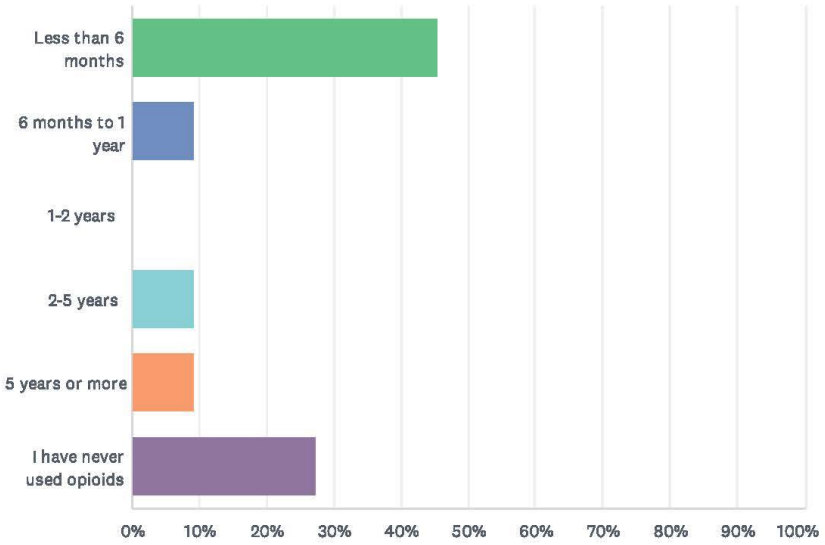
Opioid Assessment – Churchill County

Q8 How long have you been using opioids?

Answered: 11 Skipped: 41



ANSWER CHOICES	RESPONSES	
Less than 6 months	45.45%	5
6 months to 1 year	9.09%	1
1-2 years	0.00%	0
2-5 years	9.09%	1
5 years or more	9.09%	1
I have never used opioids	27.27%	3
TOTAL		11

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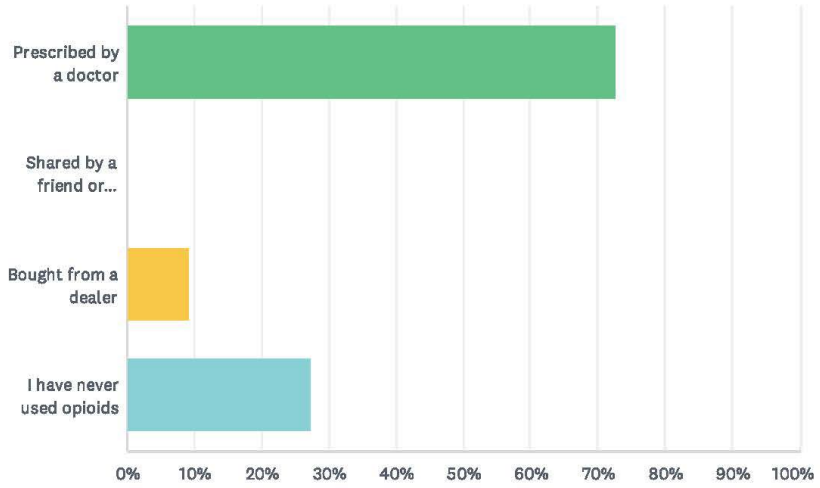
Opioid Assessment – Churchill County

Q9 How did you obtain opioids? (Select all that apply)

Answered: 11 Skipped: 41



ANSWER CHOICES	RESPONSES	
Prescribed by a doctor	72.73%	8
Shared by a friend or family member	0.00%	0
Bought from a dealer	9.09%	1
I have never used opioids	27.27%	3
Total Respondents: 11		

#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

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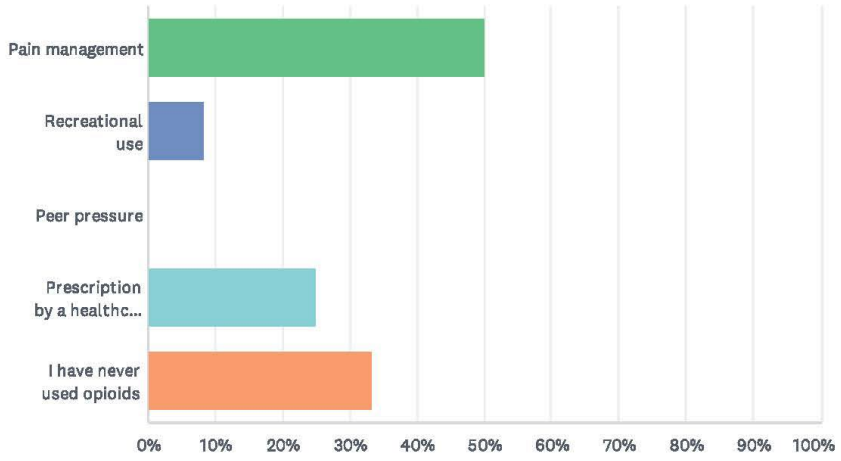
Opioid Assessment – Churchill County

Q10 What was the primary reason for your opioid use?

Answered: 12 Skipped: 40



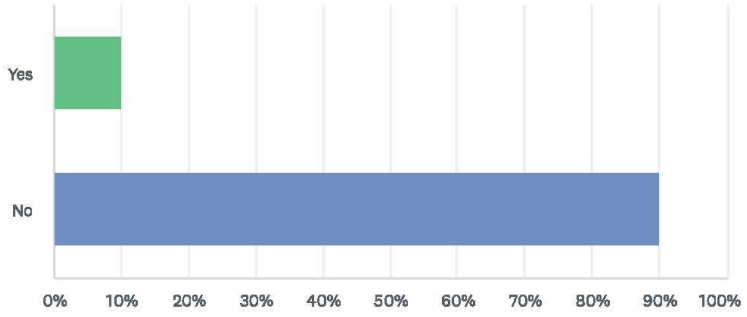
ANSWER CHOICES	RESPONSES	
Pain management	50.00%	6
Recreational use	8.33%	1
Peer pressure	0.00%	0
Prescription by a healthcare professional	25.00%	3
I have never used opioids	33.33%	4
Total Respondents: 12		

#	OTHER (PLEASE SPECIFY)	DATE
1	recovering from surgery	2/6/2024 5:48 PM

Opioid Assessment – Churchill County

Q11 Are you currently using opioids?

Answered: 10 Skipped: 42



ANSWER CHOICES	RESPONSES	
Yes	10.00%	1
No	90.00%	9
TOTAL		10

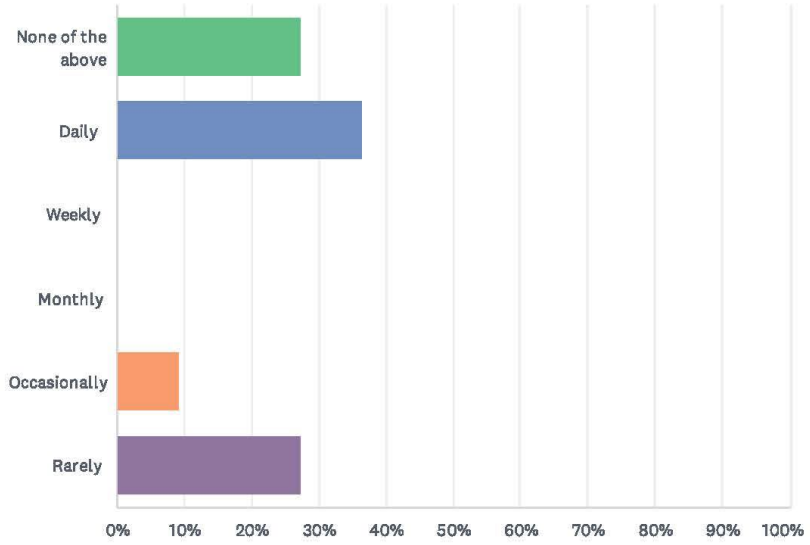
#	IF NOT, WHEN DID YOU STOP USING OPIOIDS?	DATE
1	3 years ago	2/6/2024 6:08 PM
2	when my prescription ran out	2/6/2024 6:05 PM

11 / 80

Opioid Assessment – Churchill County

Q12 How often do/did you use opioids?

Answered: 11 Skipped: 41



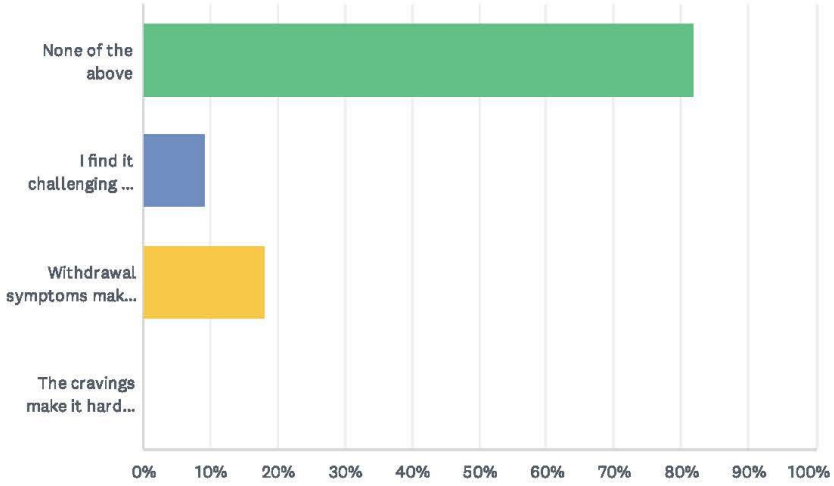
ANSWER CHOICES	RESPONSES	
None of the above	27.27%	3
Daily	36.36%	4
Weekly	0.00%	0
Monthly	0.00%	0
Occasionally	9.09%	1
Rarely	27.27%	3
TOTAL		11

#	COMMENT	DATE
	There are no responses.	

Opioid Assessment – Churchill County

Q13 What type of difficulties have you experienced controlling or stopping your opioid use?

Answered: 11 Skipped: 41



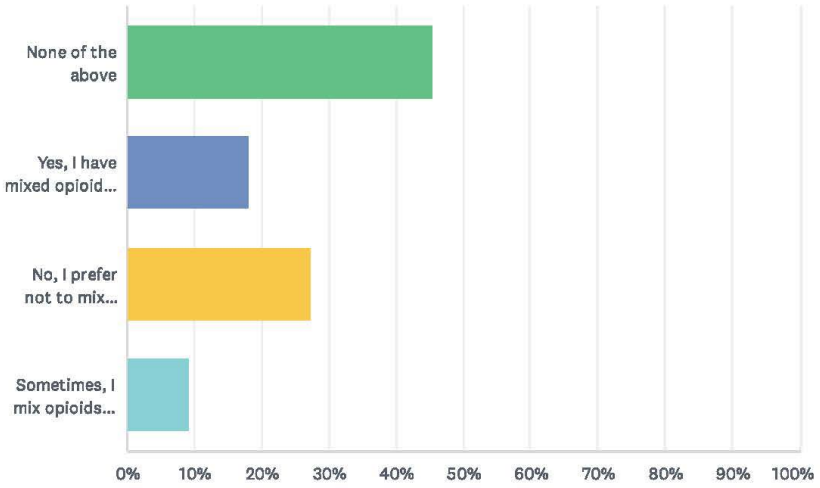
ANSWER CHOICES	RESPONSES	
None of the above	81.82%	9
I find it challenging to resist the urge to use opioids, especially during stressful times.	9.09%	1
Withdrawal symptoms make it difficult for me to quit opioids.	18.18%	2
The cravings make it hard to stay in control of my opioid use.	0.00%	0
Total Respondents: 11		

#	OTHER (PLEASE SPECIFY)	DATE
1	bowels	2/6/2024 6:13 PM
2	I had no problems. Once the prescription was gone I was done.	2/6/2024 5:48 PM

Opioid Assessment – Churchill County

Q14 Do/Have you mixed opioids with other substances?

Answered: 11 Skipped: 41



ANSWER CHOICES	RESPONSES	
None of the above	45.45%	5
Yes, I have mixed opioids with alcohol on occasion.	18.18%	2
No, I prefer not to mix opioids with any other substances.	27.27%	3
Sometimes, I mix opioids with prescription medications as prescribed by my doctor.	9.09%	1
TOTAL		11

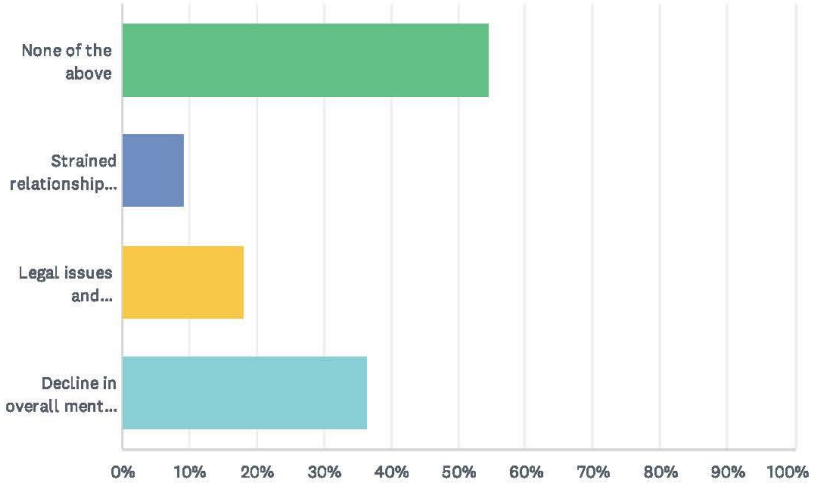
#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

14 / 80

Opioid Assessment – Churchill County

Q15 What negative consequences have you experienced because of opioid use?

Answered: 11 Skipped: 41



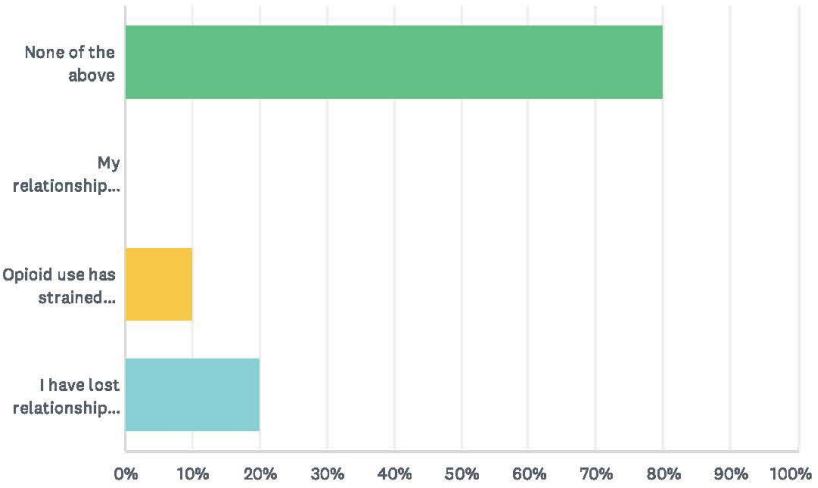
ANSWER CHOICES	RESPONSES	
None of the above	54.55%	6
Strained relationships with friends and family due to my opioid use.	9.09%	1
Legal issues and consequences arising from opioid-related activities.	18.18%	2
Decline in overall mental and physical health due to prolonged opioid use.	36.36%	4
Total Respondents: 11		

#	OTHER (PLEASE SPECIFY)	DATE
1	Divorce, domestic violence, destroyed credit	2/6/2024 5:38 PM

Opioid Assessment – Churchill County

Q16 How has opioid use affected your relationships?

Answered: 10 Skipped: 42



ANSWER CHOICES	RESPONSES	
None of the above	80.00%	8
My relationships have suffered due to a lack of trust related to my opioid use.	0.00%	0
Opioid use has strained communication and understanding with my loved ones.	10.00%	1
I have lost relationships because of the impact of opioids on my behavior.	20.00%	2
Total Respondents: 10		

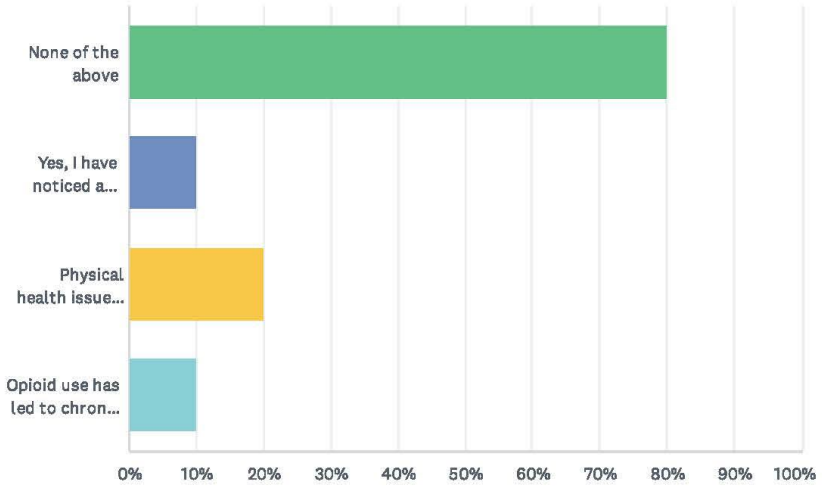
#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

16 / 80

Opioid Assessment – Churchill County

Q17 Have you experienced any negative health effects related to opioid use?

Answered: 10 Skipped: 42



ANSWER CHOICES	RESPONSES	
None of the above	80.00%	8
Yes, I have noticed a decline in my mental health and mental abilities.	10.00%	1
Physical health issues such as respiratory problems and fatigue.	20.00%	2
Opioid use has led to chronic pain and other health complications.	10.00%	1
Total Respondents: 10		

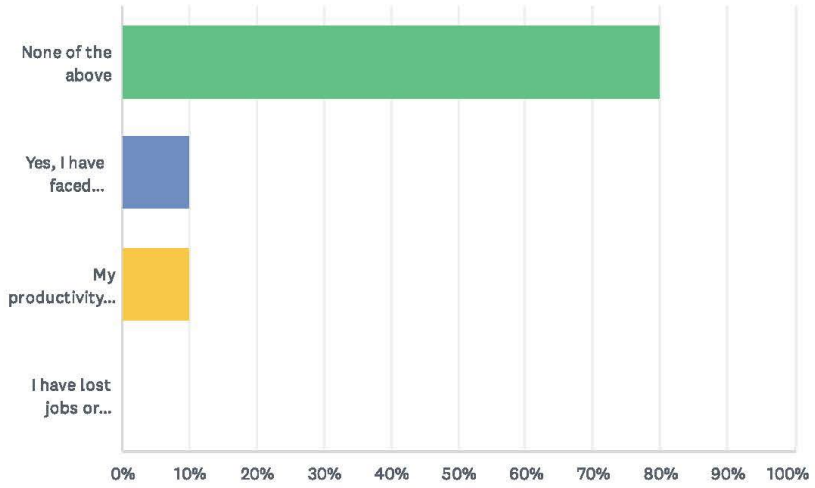
#	OTHER (PLEASE EXPLAIN)	DATE
	There are no responses.	

17 / 80

Opioid Assessment – Churchill County

Q18 Has opioid use impacted your work or academic performance?

Answered: 10 Skipped: 42



ANSWER CHOICES	RESPONSES	
None of the above	80.00%	8
Yes, I have faced challenges at work/school due to absenteeism related to opioid use.	10.00%	1
My productivity has declined because of the impact of opioids on my focus.	10.00%	1
I have lost jobs or opportunities due to my struggles with opioid use.	0.00%	0
Total Respondents: 10		

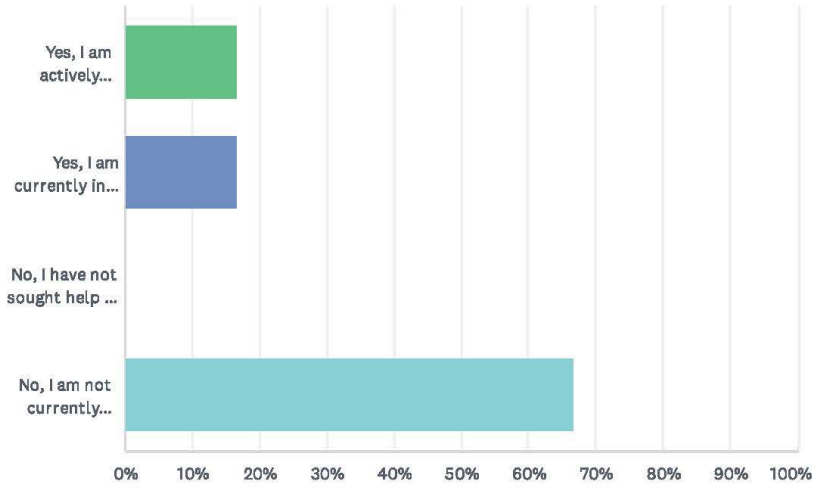
#	OTHER (PLEASE EXPLAIN)	DATE
	There are no responses.	

18 / 80

Opioid Assessment – Churchill County

Q19 Are you currently seeking help or support for opioid use?

Answered: 6 Skipped: 46



ANSWER CHOICES	RESPONSES	
Yes, I am actively seeking professional help for my opioid use.	16.67%	1
Yes, I am currently in treatment for my opioid use.	16.67%	1
No, I have not sought help yet but am considering it.	0.00%	0
No, I am not currently seeking help for my opioid use.	66.67%	4
TOTAL		6

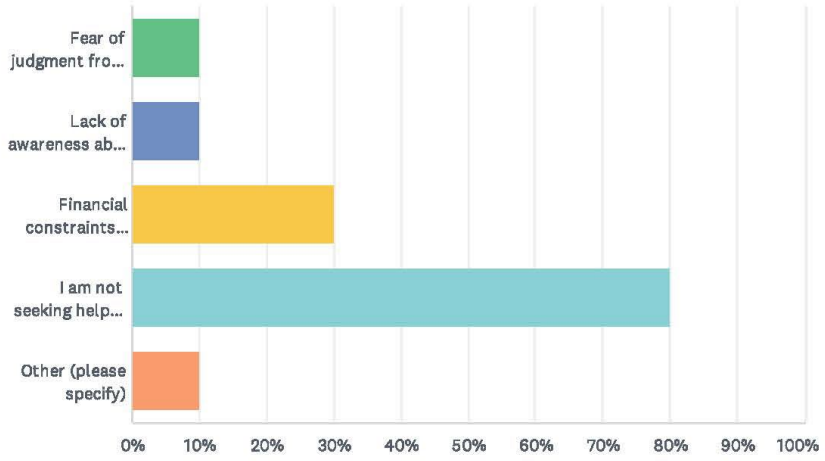
#	OTHER (PLEASE SPECIFY)	DATE
1	doesn't apply	2/6/2024 6:08 PM
2	does not apply to me	2/6/2024 5:52 PM

19 / 80

Opioid Assessment – Churchill County

Q20 What barriers or challenges prevent you from seeking help or support?

Answered: 10 Skipped: 42



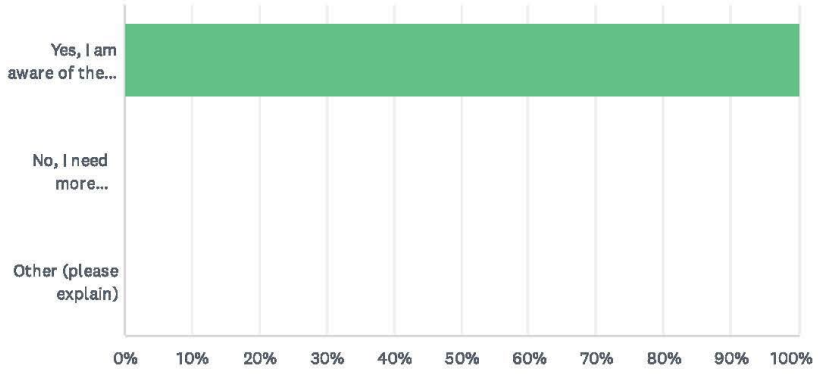
ANSWER CHOICES	RESPONSES	
Fear of judgment from others.	10.00%	1
Lack of awareness about available support resources.	10.00%	1
Financial constraints prevent access to professional help.	30.00%	3
I am not seeking help at this time.	80.00%	8
Other (please specify)	10.00%	1
Total Respondents: 10		

#	OTHER (PLEASE SPECIFY)	DATE
1	identity theft	2/6/2024 5:38 PM

Opioid Assessment – Churchill County

Q21 Are you aware of the potential risks and dangers associated with opioid use?

Answered: 12 Skipped: 40



ANSWER CHOICES	RESPONSES	
Yes, I am aware of the risks and dangers of opioid use.	100.00%	12
No, I need more information about the potential risks and dangers.	0.00%	0
Other (please explain)	0.00%	0
Total Respondents: 12		

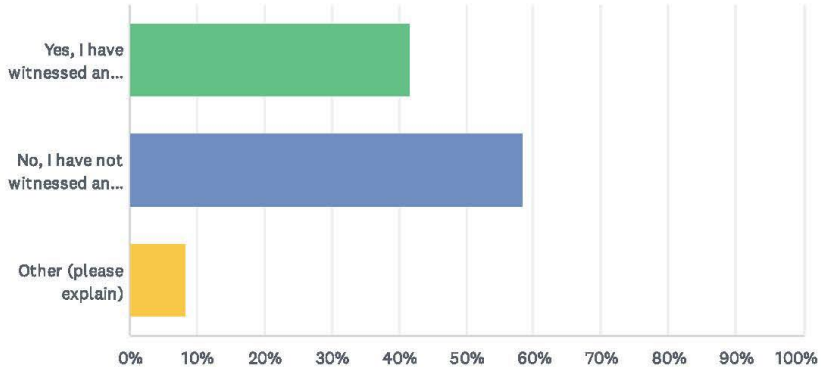
#	OTHER (PLEASE EXPLAIN)	DATE
	There are no responses.	

21 / 80

Opioid Assessment – Churchill County

Q22 Have you ever witnessed or been affected by an opioid overdose?

Answered: 12 Skipped: 40



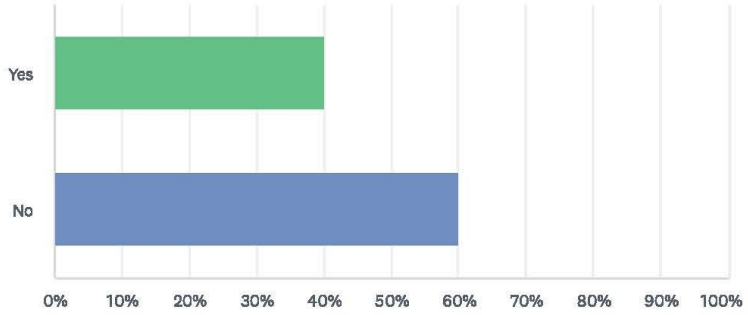
ANSWER CHOICES	RESPONSES	
Yes, I have witnessed an opioid overdose.	41.67%	5
No, I have not witnessed an overdose, but I have been personally affected by one.	58.33%	7
Other (please explain)	8.33%	1
Total Respondents: 12		

#	OTHER (PLEASE EXPLAIN)	DATE
1	N/A	1/24/2024 10:12 AM

Opioid Assessment – Churchill County

Q23 Do you feel there are readily available resources to help with opioid use?

Answered: 10 Skipped: 42



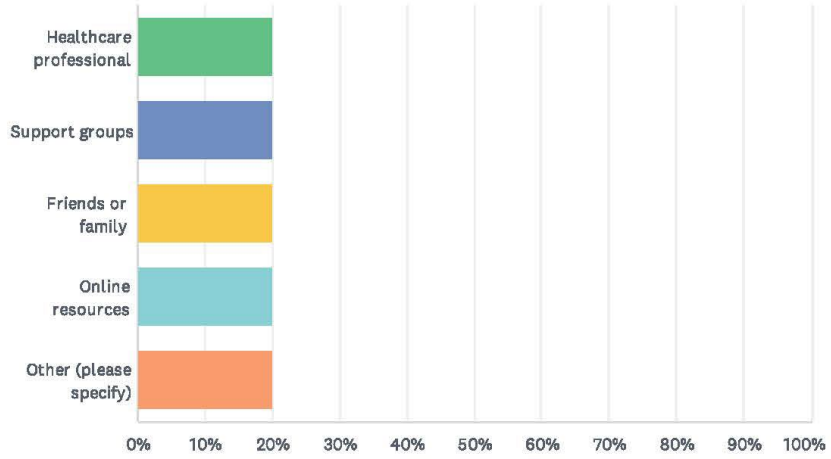
ANSWER CHOICES	RESPONSES	
Yes	40.00%	4
No	60.00%	6
TOTAL		10

#	COMMENT	DATE
1	not aware of any	2/6/2024 6:05 PM

Opioid Assessment – Churchill County

Q24 If you have sought help for opioid use, where did you turn for support?

Answered: 5 Skipped: 47



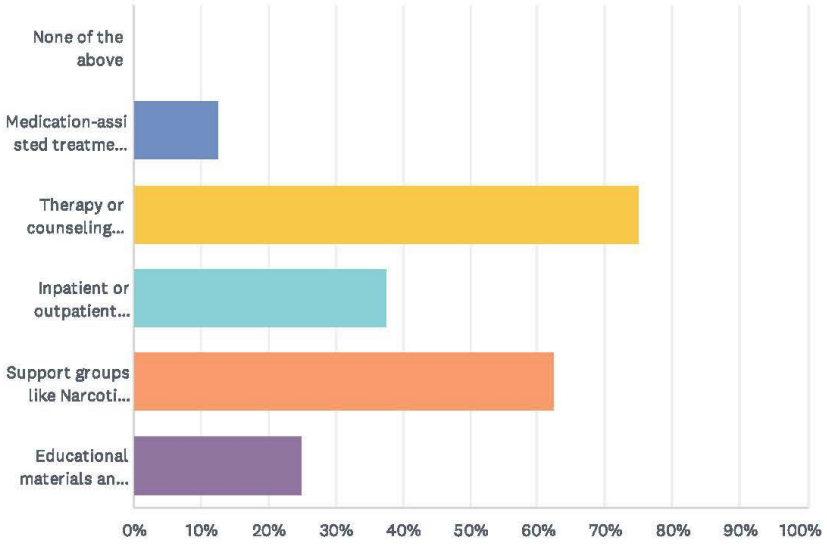
ANSWER CHOICES	RESPONSES	
Healthcare professional	20.00%	1
Support groups	20.00%	1
Friends or family	20.00%	1
Online resources	20.00%	1
Other (please specify)	20.00%	1
Total Respondents: 5		

#	OTHER (PLEASE SPECIFY)	DATE
1	N/a	1/24/2024 10:12 AM

Opioid Assessment – Churchill County

Q25 Are you aware of any of the following resources for individuals dealing with opioid use?

Answered: 8 Skipped: 44



ANSWER CHOICES	RESPONSES	
None of the above	0.00%	0
Medication-assisted treatment (MAT)	12.50%	1
Therapy or counseling services	75.00%	6
Inpatient or outpatient rehabilitation programs	37.50%	3
Support groups like Narcotics Anonymous (NA) or peer mentorship	62.50%	5
Educational materials and online resources	25.00%	2
Total Respondents: 8		

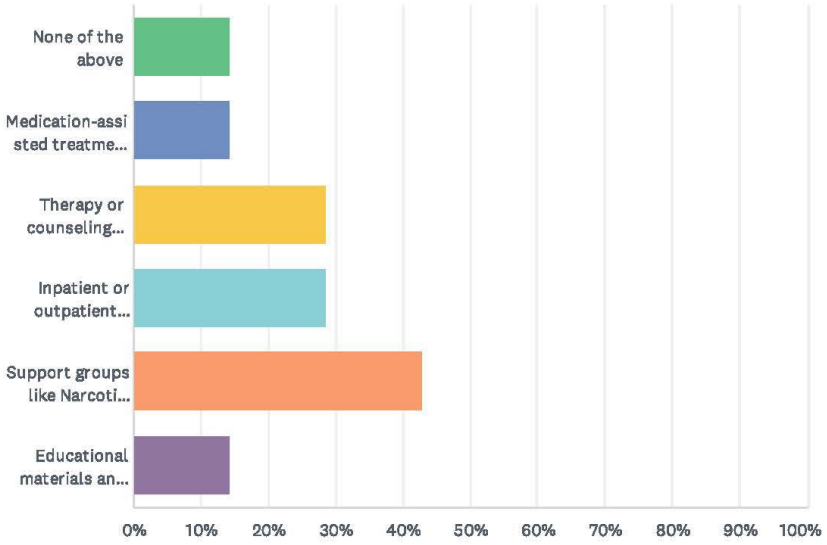
#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

25 / 80

Opioid Assessment – Churchill County

Q26 What resources, if any, have you found helpful?

Answered: 7 Skipped: 45



ANSWER CHOICES	RESPONSES	
None of the above	14.29%	1
Medication-assisted treatment (MAT)	14.29%	1
Therapy or counseling services	28.57%	2
Inpatient or outpatient rehabilitation programs	28.57%	2
Support groups like Narcotics Anonymous (NA) or peer mentorship	42.86%	3
Educational materials and online resources	14.29%	1
Total Respondents: 7		

#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

26 / 80

Opioid Assessment – Churchill County

Q27 Is there anything else you would like to share about your experience with opioids?

Answered: 3 Skipped: 49

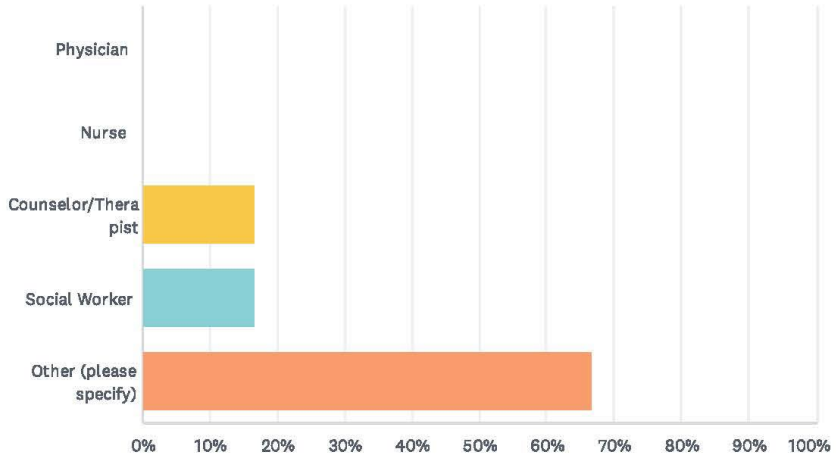
#	RESPONSES	DATE
1	never to use again	2/6/2024 6:13 PM
2	I like the staff at the Fallon testing site	2/6/2024 6:05 PM
3	No	1/24/2024 10:12 AM

APPENDIX C.2 – PROVIDERS

Opioid Assessment – Churchill County

Q29 Your Role:

Answered: 6 Skipped: 46



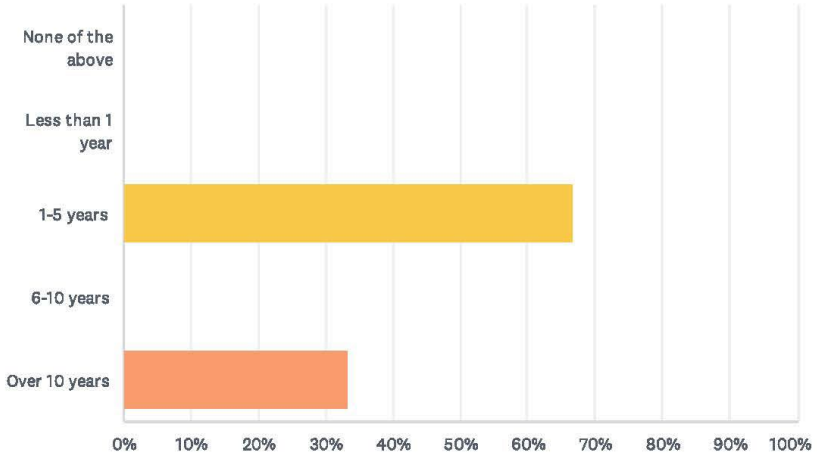
ANSWER CHOICES	RESPONSES	
Physician	0.00%	0
Nurse	0.00%	0
Counselor/Therapist	16.67%	1
Social Worker	16.67%	1
Other (please specify)	66.67%	4
TOTAL		6

#	OTHER (PLEASE SPECIFY)	DATE
1	social services	2/2/2024 11:42 AM
2	chw	1/29/2024 2:04 PM
3	HR Director at Behavioral Health Center	1/25/2024 1:38 PM
4	Administrator	1/25/2024 1:34 PM

Opioid Assessment – Churchill County

Q30 Years of Experience in Opioid Treatment:

Answered: 6 Skipped: 46

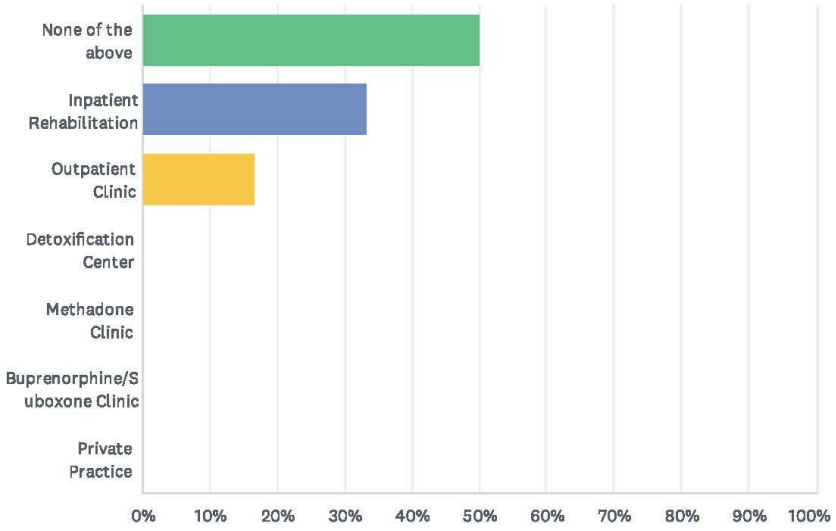


ANSWER CHOICES	RESPONSES	
None of the above	0.00%	0
Less than 1 year	0.00%	0
1-5 years	66.67%	4
6-10 years	0.00%	0
Over 10 years	33.33%	2
TOTAL		6

Opioid Assessment – Churchill County

Q31 Type of Facility:

Answered: 6 Skipped: 46



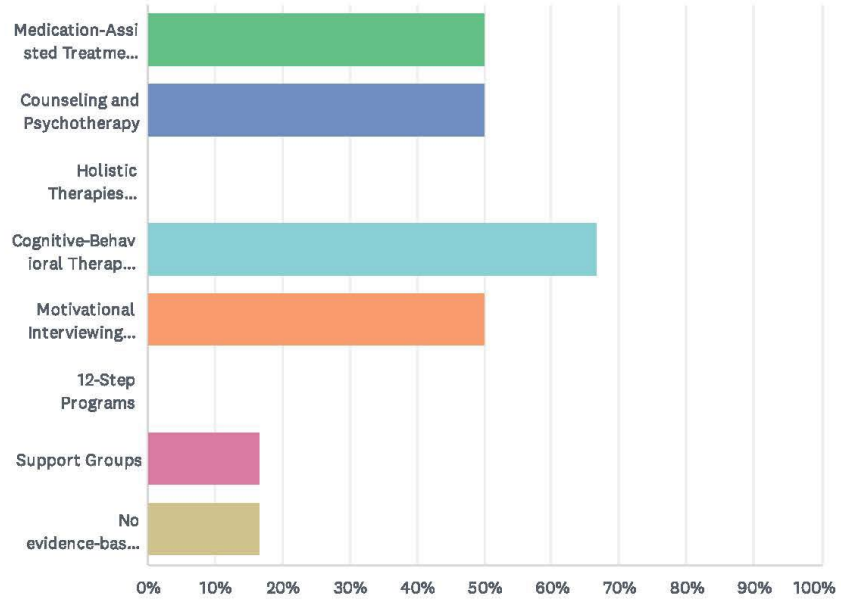
ANSWER CHOICES	RESPONSES	
None of the above	50.00%	3
Inpatient Rehabilitation	33.33%	2
Outpatient Clinic	16.67%	1
Detoxification Center	0.00%	0
Methadone Clinic	0.00%	0
Buprenorphine/Suboxone Clinic	0.00%	0
Private Practice	0.00%	0
TOTAL		6

#	OTHER (PLEASE SPECIFY)	DATE
1	social services	2/2/2024 11:42 AM
2	Domestic Violence Shelter	1/30/2024 12:11 PM
3	coalition	1/29/2024 2:04 PM

Opioid Assessment – Churchill County

Q32 Which evidence-based treatment approaches do you primarily use for opioid use disorder?

Answered: 6 Skipped: 46



ANSWER CHOICES	RESPONSES	
Medication-Assisted Treatment (MAT)	50.00%	3
Counseling and Psychotherapy	50.00%	3
Holistic Therapies (e.g., acupuncture, yoga)	0.00%	0
Cognitive-Behavioral Therapy (CBT)	66.67%	4
Motivational Interviewing (MI)	50.00%	3
12-Step Programs	0.00%	0
Support Groups	16.67%	1
No evidence-based treatment approaches are used	16.67%	1
Total Respondents: 6		

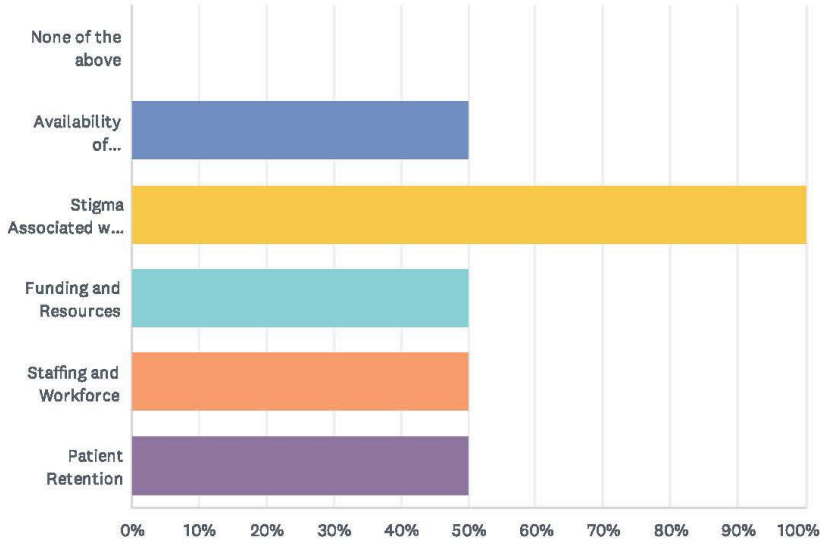
#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

32 / 80

Opioid Assessment – Churchill County

Q33 Challenges Faced in Providing Opioid Treatment (Rank from 1 to 5, with 1 being the most challenging):

Answered: 4 Skipped: 48



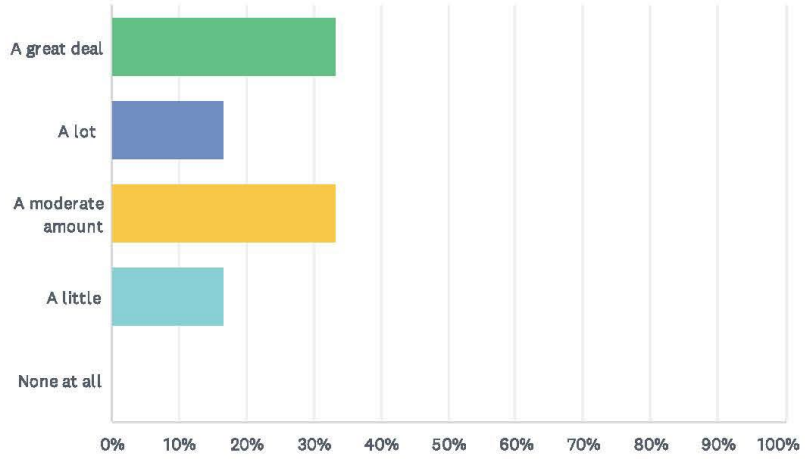
ANSWER CHOICES	RESPONSES	
None of the above	0.00%	0
Availability of Medication-Assisted Treatment	50.00%	2
Stigma Associated with Opioid Addiction	100.00%	4
Funding and Resources	50.00%	2
Staffing and Workforce	50.00%	2
Patient Retention	50.00%	2
Total Respondents: 4		

#	OTHER (PLEASE SPECIFY)	DATE
1	1 - funding and resources 2- availability of medication-assisted treatment 3- patient retention 4 staffing and workforce 5- stigma associated with opioid addiction	1/30/2024 12:11 PM

Opioid Assessment – Churchill County

Q34 How frequently do you encounter co-occurring mental health disorders in individuals with opioid use disorder?

Answered: 6 Skipped: 46



ANSWER CHOICES	RESPONSES	
A great deal	33.33%	2
A lot	16.67%	1
A moderate amount	33.33%	2
A little	16.67%	1
None at all	0.00%	0
TOTAL		6

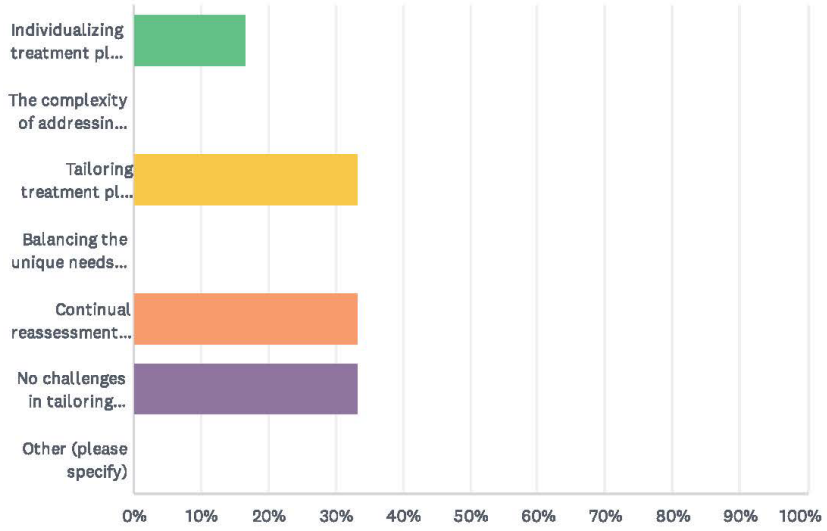
#	COMMENT	DATE
	There are no responses.	

34 / 80

Opioid Assessment – Churchill County

Q35 What challenges do you face in tailoring treatment plans to meet the unique needs of each patient?

Answered: 6 Skipped: 46



ANSWER CHOICES	RESPONSES	
Individualizing treatment plans can be challenging due to the diverse range of co-occurring conditions, requiring a comprehensive and multidisciplinary approach.	16.67%	1
The complexity of addressing both substance use, and mental health issues simultaneously often necessitates a collaborative effort among healthcare professionals.	0.00%	0
Tailoring treatment plans are hindered by limited resources, including access to specialized care and funding for personalized interventions.	33.33%	2
Balancing the unique needs of each patient while adhering to evidence-based practices pose a constant challenge in treatment planning.	0.00%	0
Continual reassessment is required as patients' needs evolve, and adjusting treatment plans accordingly can be logistically challenging.	33.33%	2
No challenges in tailoring treatment plans	33.33%	2
Other (please specify)	0.00%	0
Total Respondents: 6		

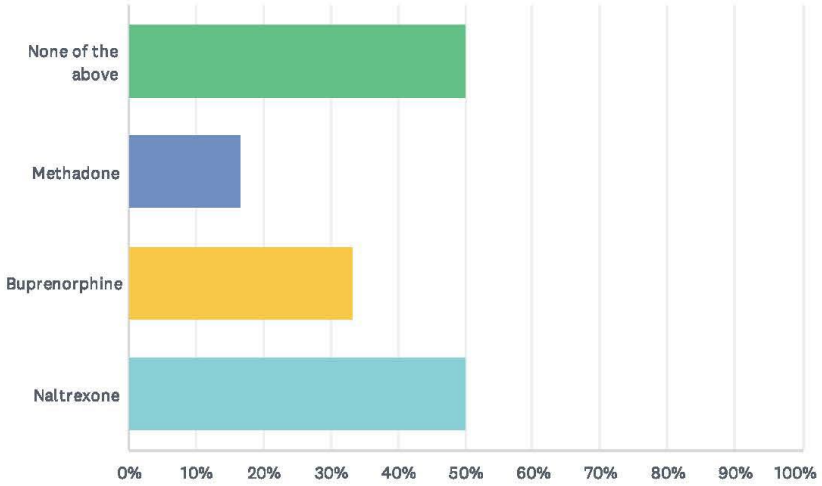
#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

35 / 80

Opioid Assessment – Churchill County

Q36 Which MAT medications do you commonly prescribe or administer? (Select all that apply)

Answered: 6 Skipped: 46



ANSWER CHOICES	RESPONSES	
None of the above	50.00%	3
Methadone	16.67%	1
Buprenorphine	33.33%	2
Naltrexone	50.00%	3
Total Respondents: 6		

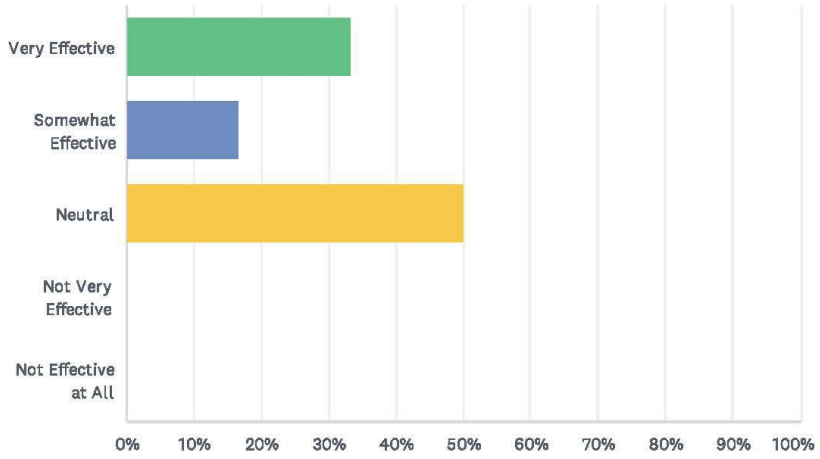
#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

36 / 80

Opioid Assessment – Churchill County

Q37 Perceived Effectiveness of MAT in Opioid Treatment:

Answered: 6 Skipped: 46



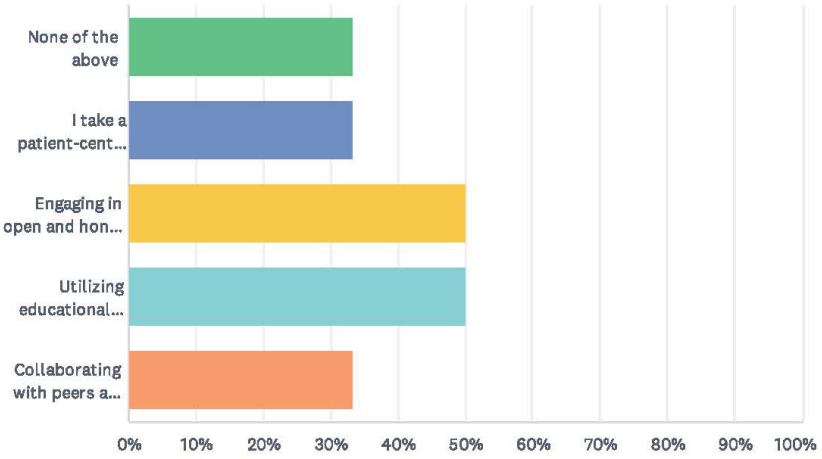
ANSWER CHOICES	RESPONSES	
Very Effective	33.33%	2
Somewhat Effective	16.67%	1
Neutral	50.00%	3
Not Very Effective	0.00%	0
Not Effective at All	0.00%	0
TOTAL		6

#	COMMENT	DATE
1	The community chooses to avoid the subjects of substance overdose because it hits too close to home or because of shame and blame or possibly because the families still have the normal responses of Oh NO not my family.	1/24/2024 11:48 AM

Opioid Assessment – Churchill County

Q38 How do you address concerns or misconceptions about MAT with your patients?

Answered: 6 Skipped: 46



ANSWER CHOICES	RESPONSES	
None of the above	33.33%	2
I take a patient-centered approach, addressing concerns by providing detailed information on MAT benefits, potential side effects, and success stories.	33.33%	2
Engaging in open and honest discussions, debunking myths, and emphasizing the evidence-based nature of MAT to build trust and understanding.	50.00%	3
Utilizing educational materials, group sessions, and one-on-one conversations to address misconceptions and foster a supportive environment.	50.00%	3
Collaborating with peers and support groups to share positive experiences and outcomes with MAT.	33.33%	2
Total Respondents: 6		

#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

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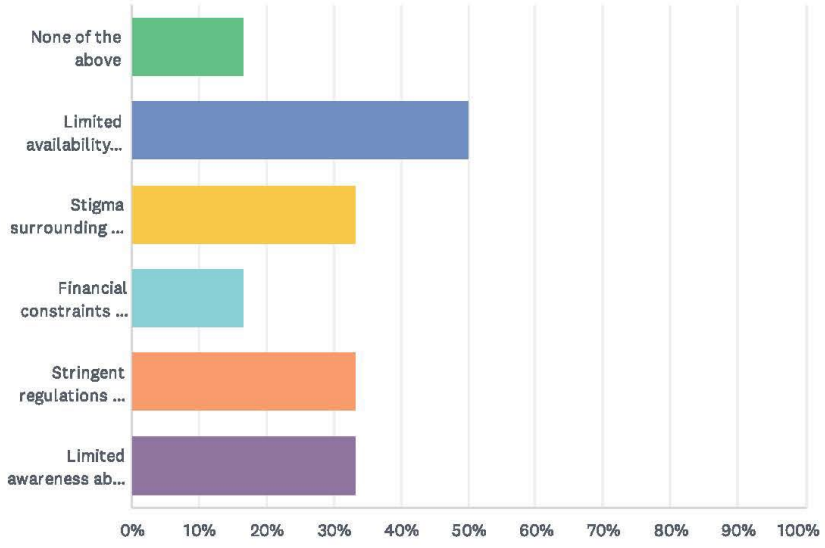
Opioid Assessment – Churchill County

Q39 In your experience, what barriers do patients commonly face in accessing MAT?

Answered: 6 Skipped: 46



ANSWER CHOICES	RESPONSES	
None of the above	16.67%	1
Limited availability of MAT providers and treatment centers in certain geographical areas.	50.00%	3
Stigma surrounding MAT and fear of judgment from healthcare providers or the community.	33.33%	2
Financial constraints and lack of insurance coverage for MAT services.	16.67%	1
Stringent regulations and bureaucratic hurdles, leading to delays in initiating treatment.	33.33%	2
Limited awareness about the effectiveness and safety of MAT options.	33.33%	2
Total Respondents: 6		

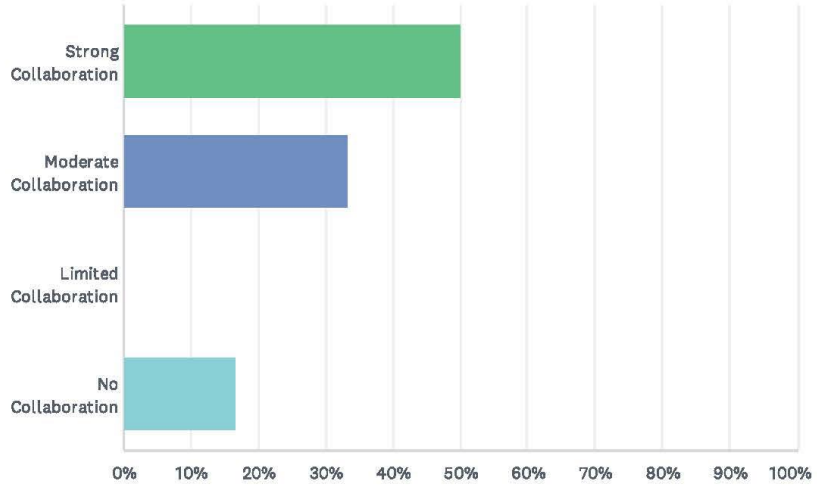
#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

39 / 80

Opioid Assessment – Churchill County

Q40 Do you collaborate with Other Healthcare Providers (e.g., primary care, mental health)?:

Answered: 6 Skipped: 46



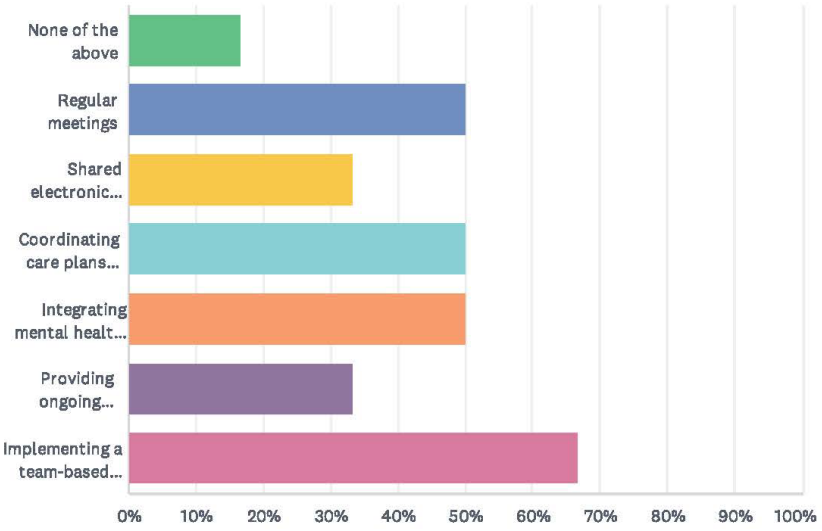
ANSWER CHOICES	RESPONSES	
Strong Collaboration	50.00%	3
Moderate Collaboration	33.33%	2
Limited Collaboration	0.00%	0
No Collaboration	16.67%	1
TOTAL		6

#	COMMENT	DATE
	There are no responses.	

Opioid Assessment – Churchill County

Q41 How do you collaborate with other healthcare professionals (e.g., primary care providers, mental health professionals) to provide comprehensive care for individuals with opioid use disorder?

Answered: 6 Skipped: 46



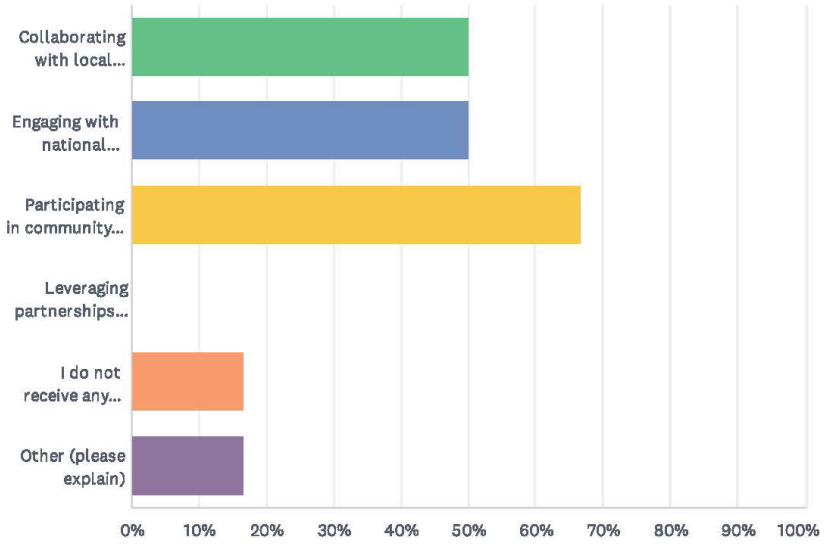
ANSWER CHOICES	RESPONSES	
None of the above	16.67%	1
Regular meetings	50.00%	3
Shared electronic health records.	33.33%	2
Coordinating care plans through collaborative case conferences involving multiple healthcare disciplines.	50.00%	3
Integrating mental health assessments into routine opioid treatment to address co-occurring disorders effectively.	50.00%	3
Providing ongoing education to healthcare professionals on the latest evidence-based practices in opioid use disorder treatment.	33.33%	2
Implementing a team-based approach to ensure seamless and holistic care for patients.	66.67%	4
Total Respondents: 6		

#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

Opioid Assessment – Churchill County

Q42 What support, if any, do you receive from local or national organizations in your work with opioid treatment?

Answered: 6 Skipped: 46



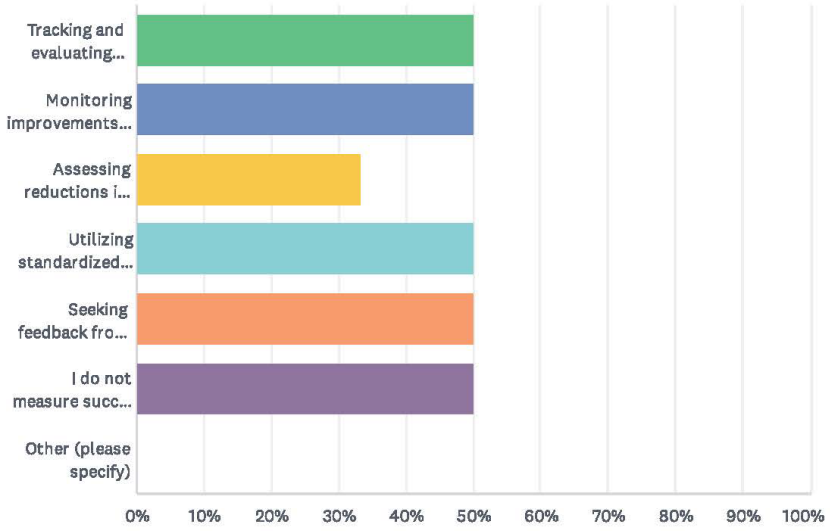
ANSWER CHOICES	RESPONSES	
Collaborating with local health departments to access grants and resources for expanding treatment programs.	50.00%	3
Engaging with national organizations to stay updated on best practices and innovations in opioid treatment.	50.00%	3
Participating in community initiatives supported by non-profit organizations focused on addiction treatment and prevention.	66.67%	4
Leveraging partnerships with pharmaceutical companies for access to discounted medications for patients.	0.00%	0
I do not receive any support from local or national organizations with opioid treatment.	16.67%	1
Other (please explain)	16.67%	1
Total Respondents: 6		

#	OTHER (PLEASE EXPLAIN)	DATE
1	Depending on the time of year "collaboration" is approached the administrators appear to have specific agendas to their meetings for example if they need to meet a deadline for their grants or never do extra events or collaboration around holidays because too many people are doing things elsewhere or meeting needs.	1/24/2024 11:48 AM

Opioid Assessment – Churchill County

Q43 How do you measure the success of opioid treatment for your patients?

Answered: 6 Skipped: 46



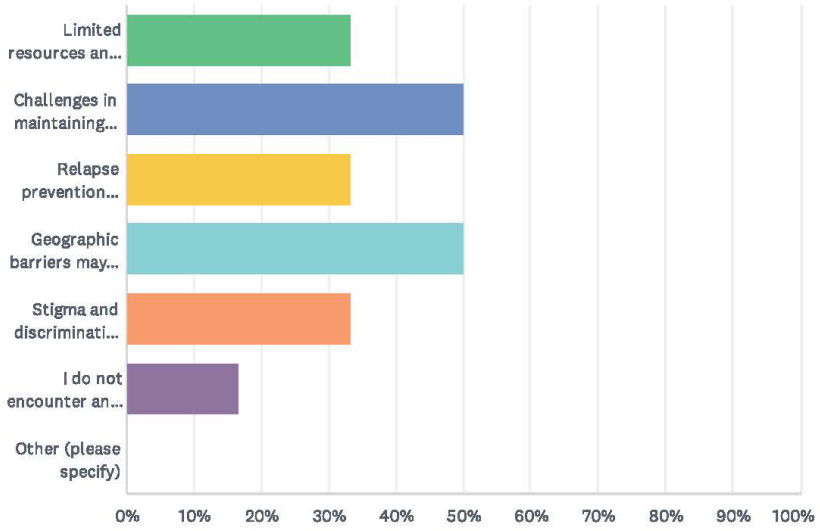
ANSWER CHOICES	RESPONSES	
Tracking and evaluating patients' progress through regular assessments, including urine drug screens and mental health evaluations.	50.00%	3
Monitoring improvements in patients' quality of life, such as increased social functioning and employment stability.	50.00%	3
Assessing reductions in opioid cravings, overdose risk, and engagement in high-risk behaviors.	33.33%	2
Utilizing standardized outcome measures, like the Addiction Severity Index, to quantify improvements in various life domains.	50.00%	3
Seeking feedback from patients regarding their satisfaction with the treatment process and their perceived success in recovery.	50.00%	3
I do not measure success or track outcomes.	50.00%	3
Other (please specify)	0.00%	0
Total Respondents: 6		

#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

Opioid Assessment – Churchill County

Q44 What challenges do you encounter in providing long-term follow-up and support for individuals who have completed opioid treatment?

Answered: 6 Skipped: 46



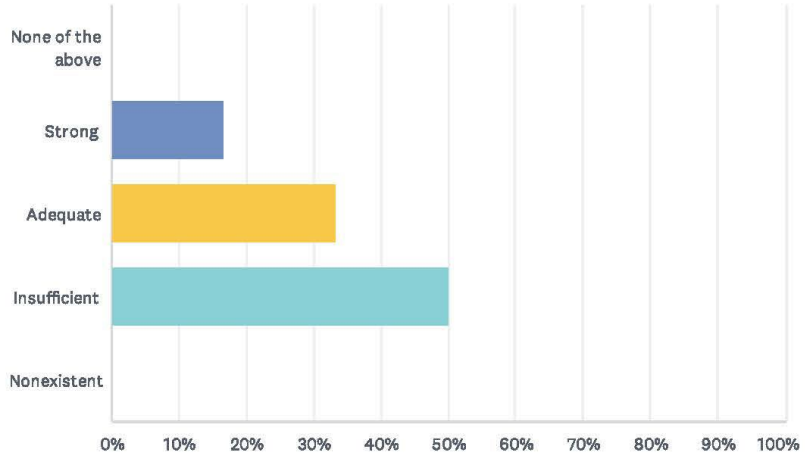
ANSWER CHOICES	RESPONSES	
Limited resources and funding for extended follow-up programs, making it difficult to maintain consistent support.	33.33%	2
Challenges in maintaining patient engagement over the long term, especially after the initial treatment phase.	50.00%	3
Relapse prevention becomes more challenging as individuals face ongoing environmental stressors and triggers.	33.33%	2
Geographic barriers may limit access to ongoing support services, particularly in rural areas.	50.00%	3
Stigma and discrimination may persist, hindering individuals from seeking long-term support.	33.33%	2
I do not encounter any challenges.	16.67%	1
Other (please specify)	0.00%	0
Total Respondents: 6		

#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

Opioid Assessment – Churchill County

Q45 Availability of Community Support and Resources for Patients:

Answered: 6 Skipped: 46



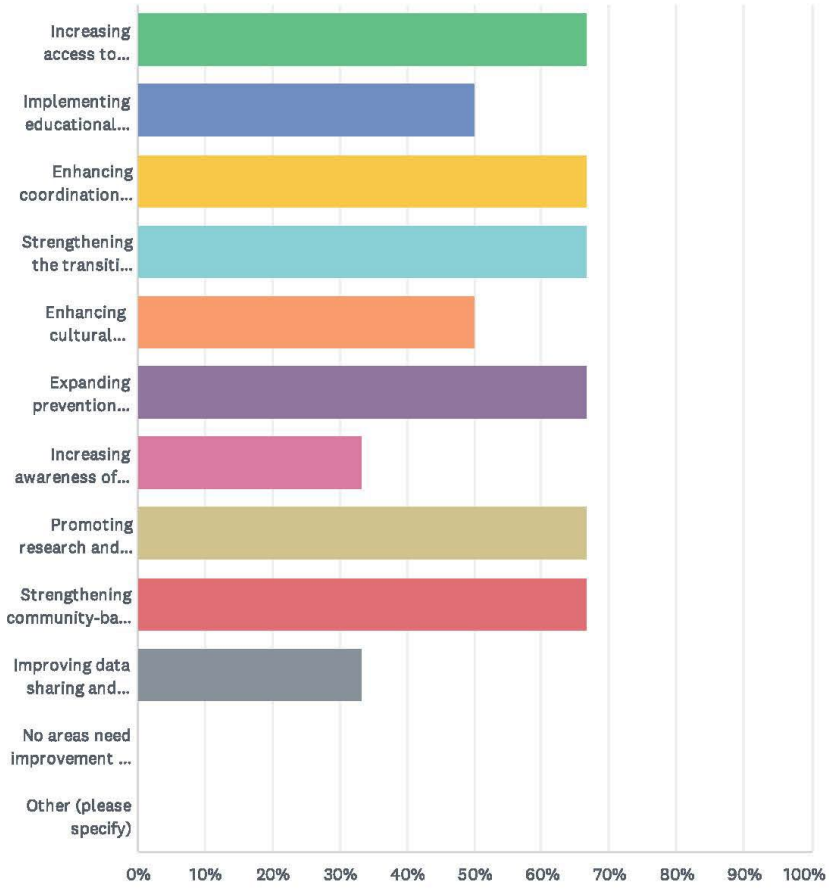
ANSWER CHOICES	RESPONSES	
None of the above	0.00%	0
Strong	16.67%	1
Adequate	33.33%	2
Insufficient	50.00%	3
Nonexistent	0.00%	0
TOTAL		6

#	COMMENT	DATE
	There are no responses.	

Opioid Assessment – Churchill County

Q46 Areas in Need of Improvement in Opioid Treatment Services

Answered: 6 Skipped: 46



46 / 80

Opioid Assessment – Churchill County

ANSWER CHOICES	RESPONSES	
Increasing access to treatment services, especially in underserved rural areas.	66.67%	4
Implementing educational campaigns to reduce stigma associated with opioid use disorder and treatment.	50.00%	3
Enhancing coordination between substance use treatment providers and mental health professionals.	66.67%	4
Strengthening the transition from inpatient to outpatient care to ensure continuity of support.	66.67%	4
Enhancing cultural competence among healthcare providers to better serve diverse patient populations.	50.00%	3
Expanding prevention efforts to target at-risk populations and reduce the initiation of opioid use.	66.67%	4
Increasing awareness of safe storage and disposal of prescription opioids to prevent misuse.	33.33%	2
Promoting research and development of non-opioid pain management alternatives.	66.67%	4
Strengthening community-based support systems for individuals in recovery.	66.67%	4
Improving data sharing and communication between healthcare providers to track patient progress.	33.33%	2
No areas need improvement in Opioid treatment Services	0.00%	0
Other (please specify)	0.00%	0
Total Respondents: 6		

#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

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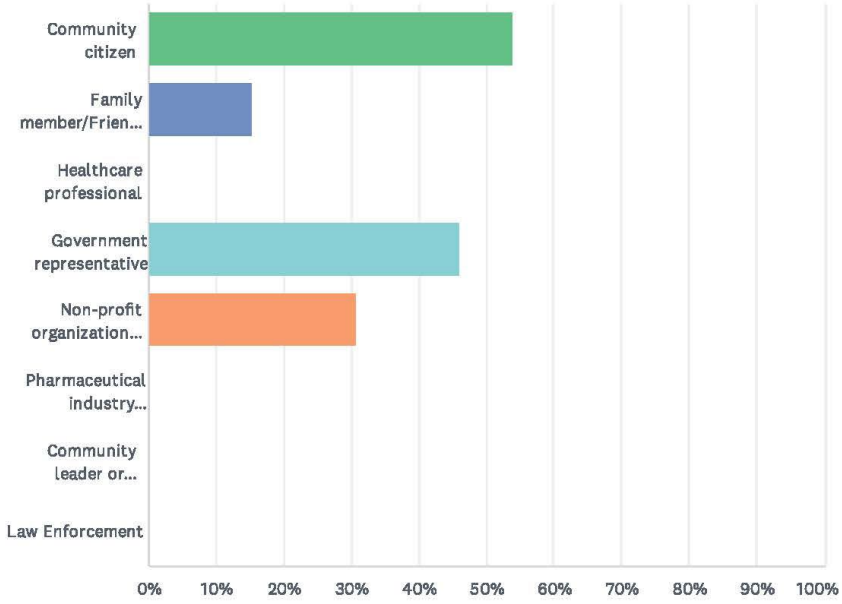
APPENDIX C.3 – STAKEHOLDERS

Opioid Assessment – Churchill County

Q48 Please specify your role or affiliation in the context of opioid use and treatment. (Select all that apply)

Answered: 13 Skipped: 39



ANSWER CHOICES	RESPONSES	
Community citizen	53.85%	7
Family member/Friend of Opioid user	15.38%	2
Healthcare professional	0.00%	0
Government representative	46.15%	6
Non-profit organization representative	30.77%	4
Pharmaceutical industry representative	0.00%	0
Community leader or activist	0.00%	0
Law Enforcement	0.00%	0
Total Respondents: 13		

#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

49 / 80

Opioid Assessment – Churchill County

Q49 In what zip code(s) do you primarily operate or represent?

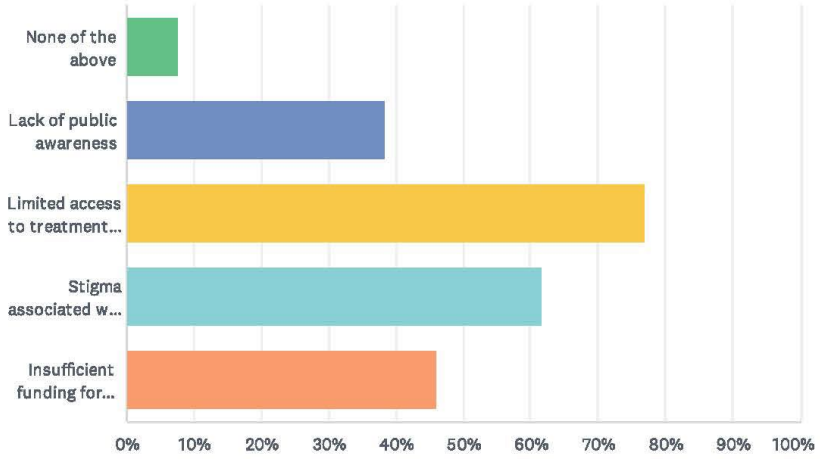
Answered: 12 Skipped: 40

#	RESPONSES	DATE
1	89406	2/1/2024 9:32 AM
2	89406	1/30/2024 8:26 AM
3	89406	1/29/2024 2:07 PM
4	89406	1/29/2024 1:48 PM
5	89406	1/25/2024 9:23 AM
6	89406	1/25/2024 9:16 AM
7	89406	1/25/2024 7:18 AM
8	89406	1/24/2024 12:40 PM
9	89406	1/24/2024 12:21 PM
10	89406	1/24/2024 12:19 PM
11	89406	1/17/2024 11:41 AM
12	89406	1/10/2024 3:06 PM

Opioid Assessment – Churchill County

Q50 From your perspective, what are the most pressing challenges in addressing opioid use and its impact on communities?

Answered: 13 Skipped: 39



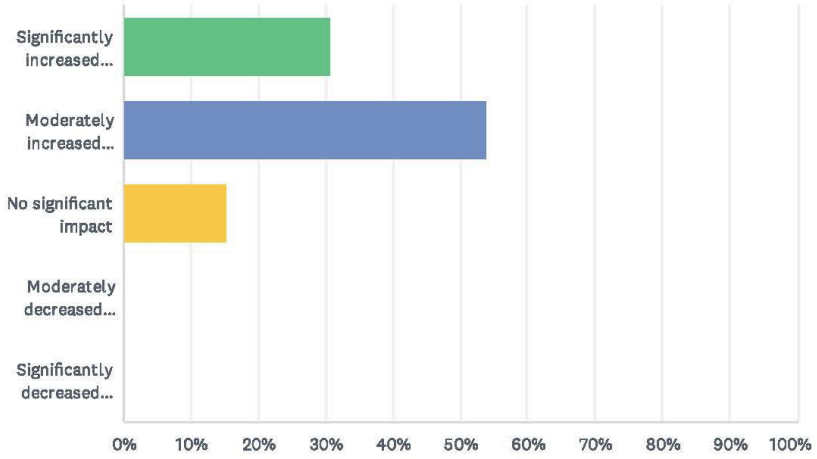
ANSWER CHOICES	RESPONSES	
None of the above	7.69%	1
Lack of public awareness	38.46%	5
Limited access to treatment services	76.92%	10
Stigma associated with opioid use	61.54%	8
Insufficient funding for prevention efforts	46.15%	6
Total Respondents: 13		

#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

Opioid Assessment – Churchill County

Q51 How do you believe opioid use has affected the social fabric and overall well-being of the community you serve or represent?

Answered: 13 Skipped: 39



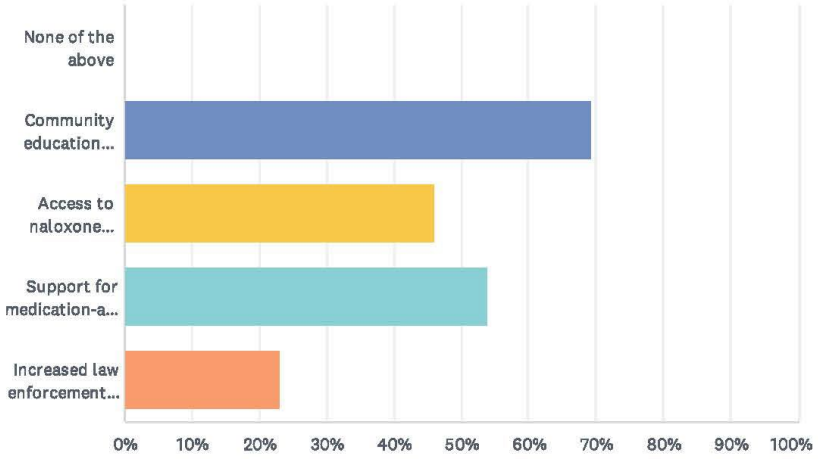
ANSWER CHOICES	RESPONSES	
Significantly increased social issues	30.77%	4
Moderately increased social issues	53.85%	7
No significant impact	15.38%	2
Moderately decreased social issues	0.00%	0
Significantly decreased social issues	0.00%	0
TOTAL		13

#	COMMENT	DATE
	There are no responses.	

Opioid Assessment – Churchill County

Q52 What strategies or initiatives do you find most effective in preventing opioid misuse and promoting public awareness?

Answered: 13 Skipped: 39



ANSWER CHOICES	RESPONSES	
None of the above	0.00%	0
Community education programs	69.23%	9
Access to naloxone training and distribution	46.15%	6
Support for medication-assisted treatment (MAT)	53.85%	7
Increased law enforcement efforts	23.08%	3
Total Respondents: 13		

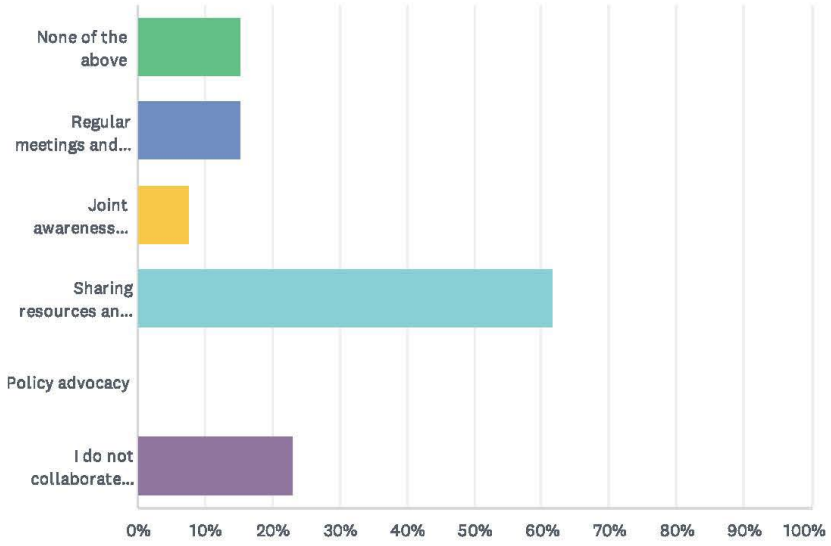
#	OTHER (PLEASE SPECIFY)	DATE
1	Community support and non judgement.	1/29/2024 1:48 PM

53 / 80

Opioid Assessment – Churchill County

Q53 How do you collaborate with other stakeholders (e.g., healthcare providers, government agencies, community organizations) to address the opioid crisis?

Answered: 13 Skipped: 39



ANSWER CHOICES	RESPONSES	
None of the above	15.38%	2
Regular meetings and coordination	15.38%	2
Joint awareness campaigns	7.69%	1
Sharing resources and information	61.54%	8
Policy advocacy	0.00%	0
I do not collaborate with other stakeholders	23.08%	3
Total Respondents: 13		

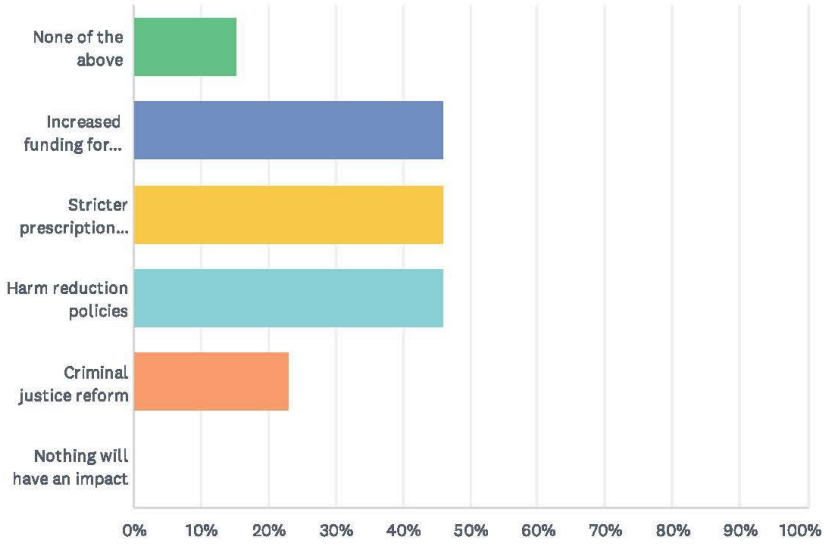
#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

54 / 80

Opioid Assessment – Churchill County

Q54 What policy measures do you believe could have a significant positive impact on addressing the opioid crisis?

Answered: 13 Skipped: 39



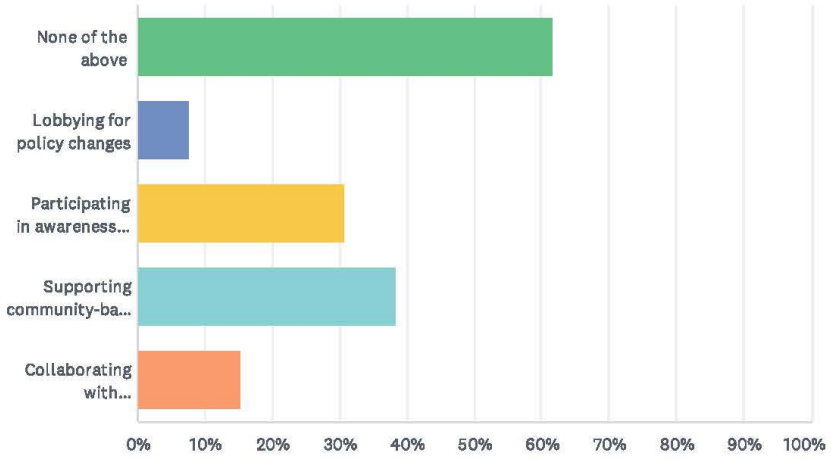
ANSWER CHOICES	RESPONSES	
None of the above	15.38%	2
Increased funding for treatment programs	46.15%	6
Stricter prescription guidelines	46.15%	6
Harm reduction policies	46.15%	6
Criminal justice reform	23.08%	3
Nothing will have an impact	0.00%	0
Total Respondents: 13		

#	OTHER (PLEASE SPECIFY)	DATE
1	Responsible assessment by the medical community.	1/24/2024 12:40 PM

Opioid Assessment – Churchill County

Q55 In what ways are you involved in, or support advocacy efforts related to opioid use and treatment?

Answered: 13 Skipped: 39



ANSWER CHOICES	RESPONSES	
None of the above	61.54%	8
Lobbying for policy changes	7.69%	1
Participating in awareness campaigns	30.77%	4
Supporting community-based organizations	38.46%	5
Collaborating with legislators	15.38%	2
Total Respondents: 13		

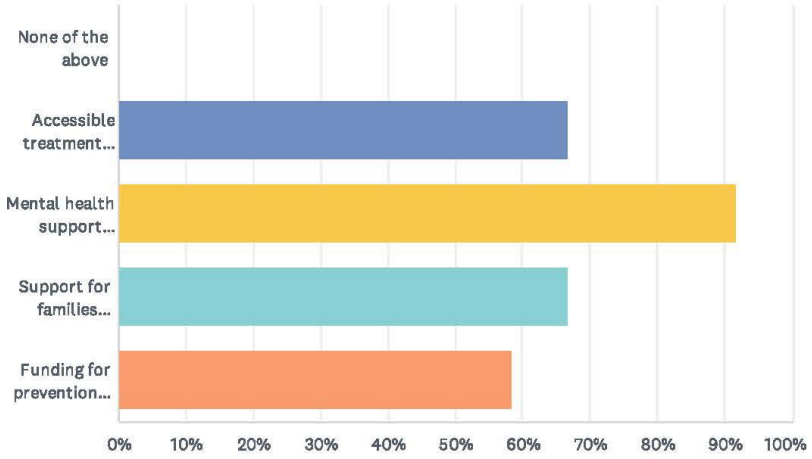
#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

56 / 80

Opioid Assessment – Churchill County

Q56 Are there specific resources or support systems that you believe are lacking in addressing opioid use and its consequences?

Answered: 12 Skipped: 40



ANSWER CHOICES	RESPONSES	
None of the above	0.00%	0
Accessible treatment centers	66.67%	8
Mental health support services	91.67%	11
Support for families affected by opioid use	66.67%	8
Funding for prevention programs	58.33%	7
Total Respondents: 12		

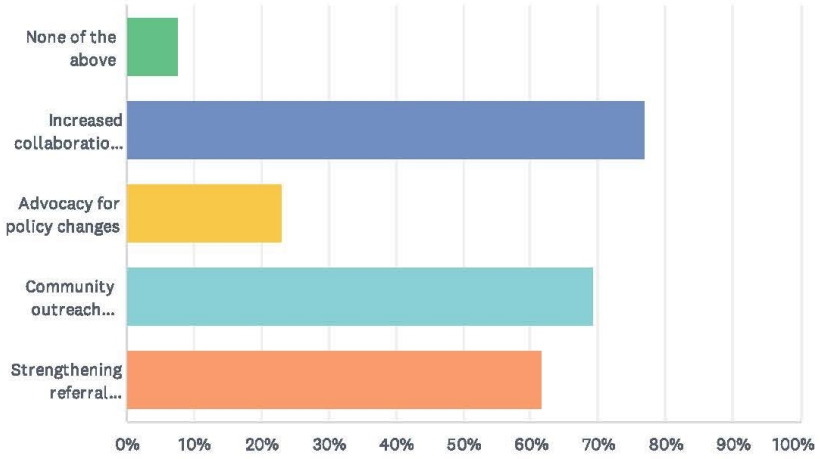
#	OTHER (PLEASE SPECIFY)	DATE
1	Responsible assessment and distribution by the medical community	1/24/2024 12:40 PM

57 / 80

Opioid Assessment – Churchill County

Q57 How can stakeholders work together to ensure equitable access to opioid treatment and support services?

Answered: 13 Skipped: 39



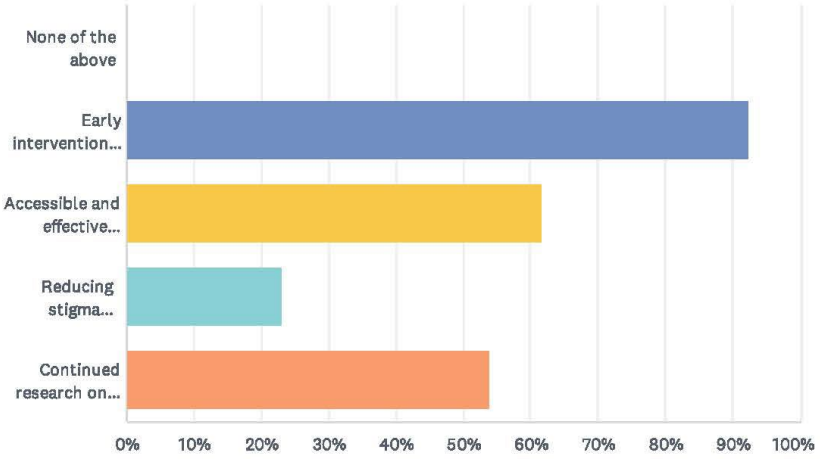
ANSWER CHOICES	RESPONSES	
None of the above	7.69%	1
Increased collaboration and resource-sharing	76.92%	10
Advocacy for policy changes	23.08%	3
Community outreach programs	69.23%	9
Strengthening referral networks	61.54%	8
Total Respondents: 13		

#	OTHER (PLEASE SPECIFY)	DATE
1	Untying the hands of the professionals responsible for assessment and treatment	1/24/2024 12:40 PM

Opioid Assessment – Churchill County

Q58 From your perspective, what should be the focus of future efforts in addressing opioid use and its impact?

Answered: 13 Skipped: 39



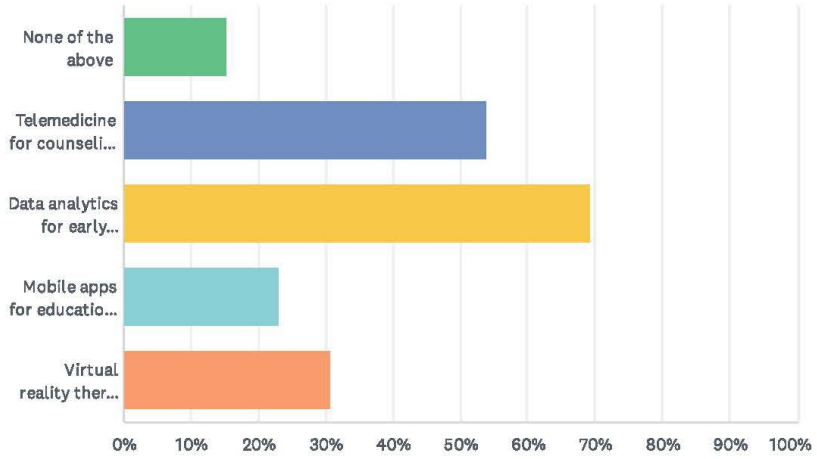
ANSWER CHOICES	RESPONSES	
None of the above	0.00%	0
Early intervention and prevention	92.31%	12
Accessible and effective treatment options	61.54%	8
Reducing stigma associated with opioid use	23.08%	3
Continued research on pain management alternatives	53.85%	7
Total Respondents: 13		

#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

Opioid Assessment – Churchill County

Q59 Are there any innovative approaches or technologies that you believe could enhance the effectiveness of opioid prevention and treatment efforts?

Answered: 13 Skipped: 39



ANSWER CHOICES	RESPONSES	
None of the above	15.38%	2
Telemedicine for counseling and support	53.85%	7
Data analytics for early detection of trends	69.23%	9
Mobile apps for education and awareness	23.08%	3
Virtual reality therapy programs	30.77%	4
Total Respondents: 13		

#	OTHER (PLEASE SPECIFY)	DATE
1	Alternative pain abatement methods, such as holistic medicine, light therapies	1/24/2024 12:40 PM

Opioid Assessment – Churchill County

Q60 Any other comments or suggestions regarding improving combatting the opioid crisis in Churchill County?

Answered: 4 Skipped: 48

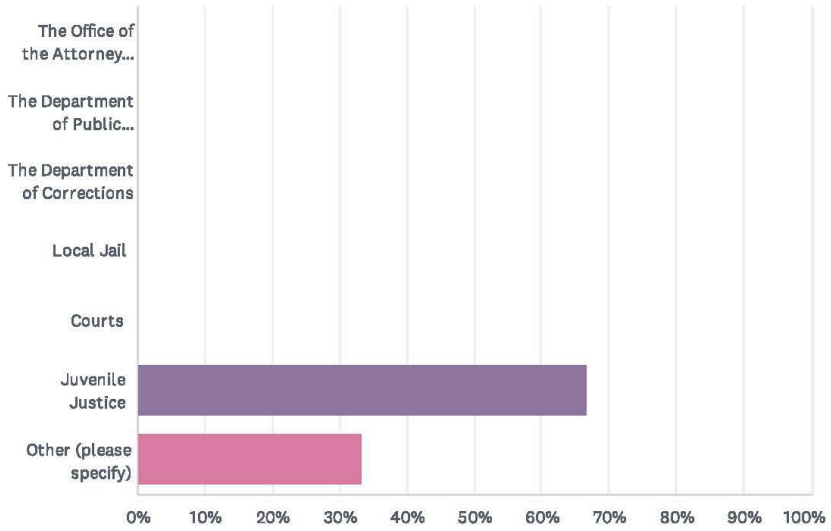
#	RESPONSES	DATE
1	No	1/29/2024 2:07 PM
2	N/A	1/25/2024 9:16 AM
3	None	1/24/2024 12:40 PM
4	None	1/24/2024 12:19 PM

APPENDIX C.4 – LAW ENFORCEMENT

Opioid Assessment – Churchill County

Q62 What agency do you represent?

Answered: 3 Skipped: 49



ANSWER CHOICES	RESPONSES	
The Office of the Attorney General	0.00%	0
The Department of Public Safety	0.00%	0
The Department of Corrections	0.00%	0
Local Jail	0.00%	0
Courts	0.00%	0
Juvenile Justice	66.67%	2
Other (please specify)	33.33%	1
Total Respondents: 3		

#	OTHER (PLEASE SPECIFY)	DATE
1	City Police	1/24/2024 11:47 AM

63 / 80

Opioid Assessment – Churchill County

Q63 What is your rank/position within your agency? (please specify)

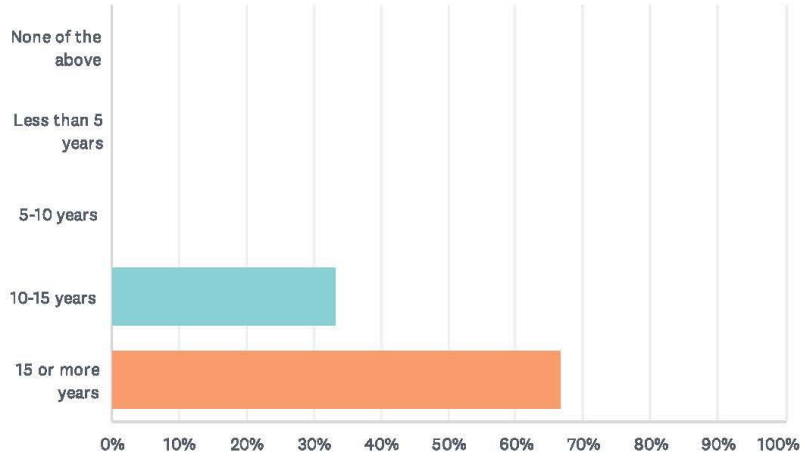
Answered: 3 Skipped: 49

#	RESPONSES	DATE
1	Deputy Chief	2/1/2024 10:59 AM
2	Captain	1/24/2024 11:47 AM
3	Detention Director	1/24/2024 10:14 AM

Opioid Assessment – Churchill County

Q64 How many years of experience do you have in law enforcement?

Answered: 3 Skipped: 49

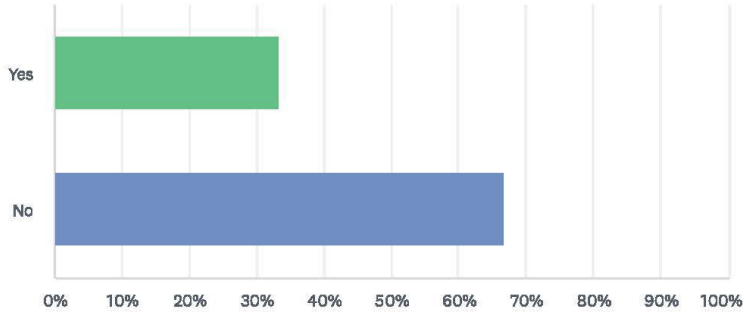


ANSWER CHOICES	RESPONSES	
None of the above	0.00%	0
Less than 5 years	0.00%	0
5-10 years	0.00%	0
10-15 years	33.33%	1
15 or more years	66.67%	2
TOTAL		3

Opioid Assessment – Churchill County

Q65 Have you received training specifically addressing the opioid crisis?

Answered: 3 Skipped: 49

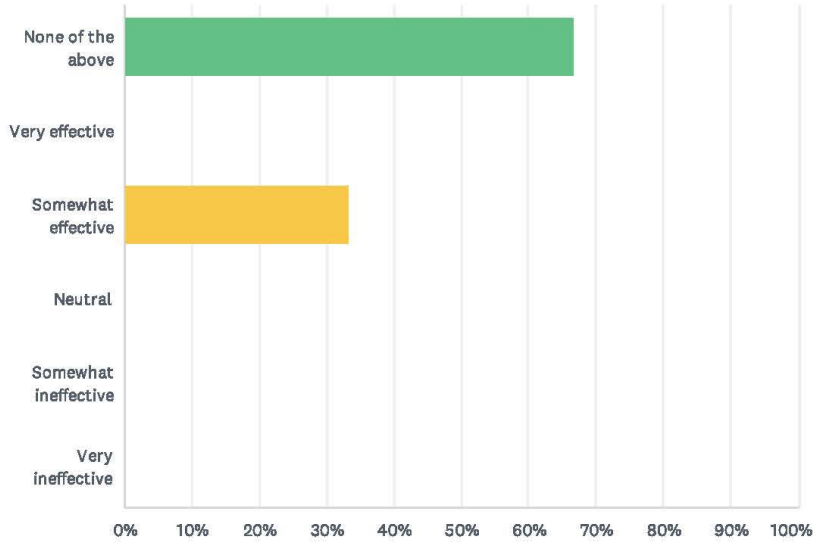


ANSWER CHOICES	RESPONSES	
Yes	33.33%	1
No	66.67%	2
TOTAL		3

Opioid Assessment – Churchill County

Q66 If yes, please rate the effectiveness of the training you have received.

Answered: 3 Skipped: 49



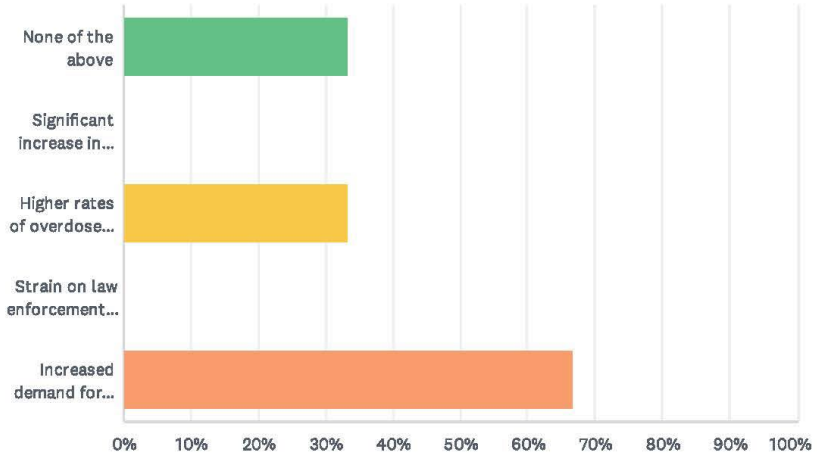
ANSWER CHOICES	RESPONSES	
None of the above	66.67%	2
Very effective	0.00%	0
Somewhat effective	33.33%	1
Neutral	0.00%	0
Somewhat ineffective	0.00%	0
Very ineffective	0.00%	0
TOTAL		3

#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

Opioid Assessment – Churchill County

Q67 In your opinion, how has the opioid crisis impacted your community?

Answered: 3 Skipped: 49



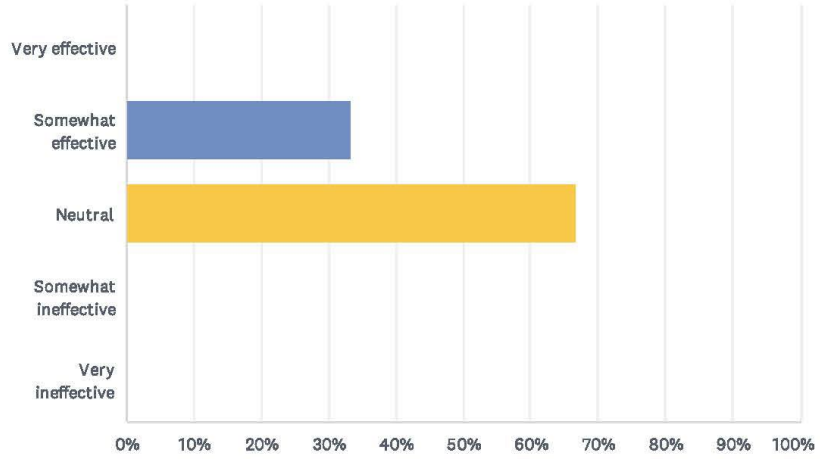
ANSWER CHOICES	RESPONSES	
None of the above	33.33%	1
Significant increase in drug-related crimes	0.00%	0
Higher rates of overdose incidents	33.33%	1
Strain on law enforcement resources	0.00%	0
Increased demand for community outreach programs	66.67%	2
Total Respondents: 3		

#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

Opioid Assessment – Churchill County

Q68 How effective do you believe current law enforcement strategies are in addressing the opioid crisis?

Answered: 3 Skipped: 49



ANSWER CHOICES	RESPONSES	
Very effective	0.00%	0
Somewhat effective	33.33%	1
Neutral	66.67%	2
Somewhat ineffective	0.00%	0
Very ineffective	0.00%	0
TOTAL		3

#	OTHER (PLEASE EXPLAIN)	DATE
1	Law enforcements strategies are all reactive. Proactive strategies are not really in our scope of practice.	1/24/2024 11:47 AM

Opioid Assessment – Churchill County

Q69 What specific challenges do you face in enforcing laws related to opioids? (Open-ended)

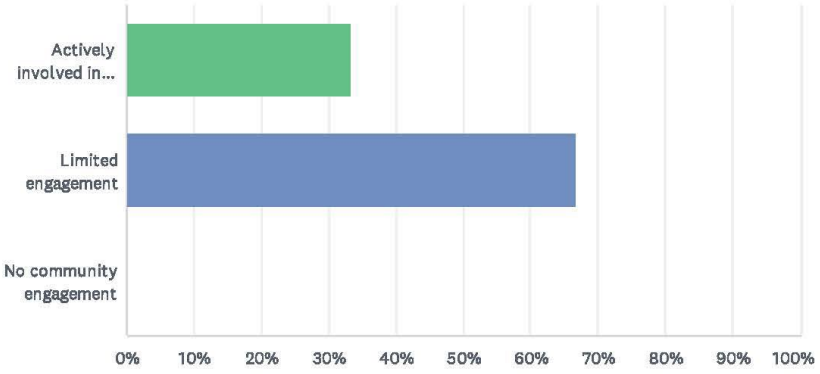
Answered: 2 Skipped: 50

#	RESPONSES	DATE
1	Access to the Opioids	2/1/2024 10:59 AM
2	Drug addiction leads to more crime	1/24/2024 10:14 AM

Opioid Assessment – Churchill County

Q70 To what extent does your agency engage with the community to address the opioid crisis?

Answered: 3 Skipped: 49



ANSWER CHOICES	RESPONSES	
Actively involved in community outreach programs	33.33%	1
Limited engagement	66.67%	2
No community engagement	0.00%	0
TOTAL		3

#	OTHER (PLEASE SPECIFY)	DATE
1	part of groups such as this.	1/24/2024 11:47 AM

71 / 80

Opioid Assessment – Churchill County

Q71 In your opinion, how can law enforcement better collaborate with the community to address the opioid crisis? (Open-ended)

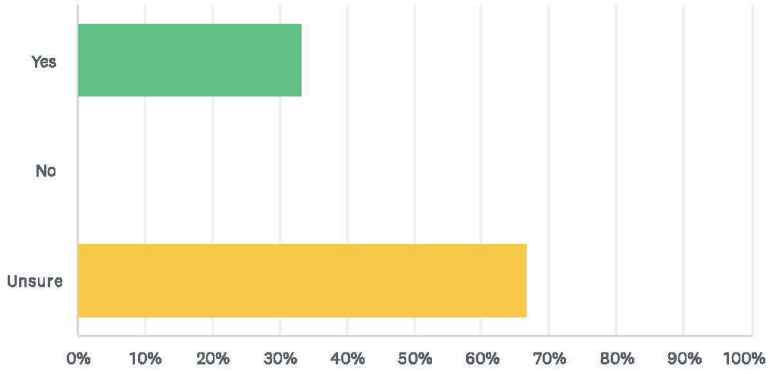
Answered: 2 Skipped: 50

#	RESPONSES	DATE
1	not sure	2/1/2024 10:59 AM
2	Don't know	1/24/2024 10:14 AM

Opioid Assessment – Churchill County

Q72 Do you feel your agency has adequate resources and support to address the opioid crisis?

Answered: 3 Skipped: 49



ANSWER CHOICES	RESPONSES	
Yes	33.33%	1
No	0.00%	0
Unsure	66.67%	2
TOTAL		3

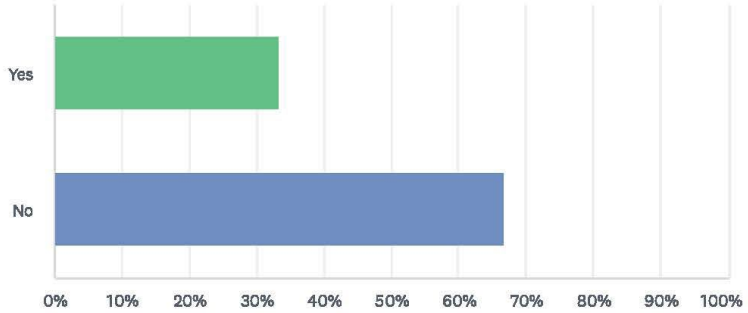
#	IF NO, WHAT ADDITIONAL RESOURCES OR SUPPORT DO YOU BELIEVE WOULD BE BENEFICIAL? (OPEN-ENDED)	DATE
	There are no responses.	

73 / 80

Opioid Assessment – Churchill County

Q73 Is your agency equipped with naloxone to respond to opioid overdoses?

Answered: 3 Skipped: 49



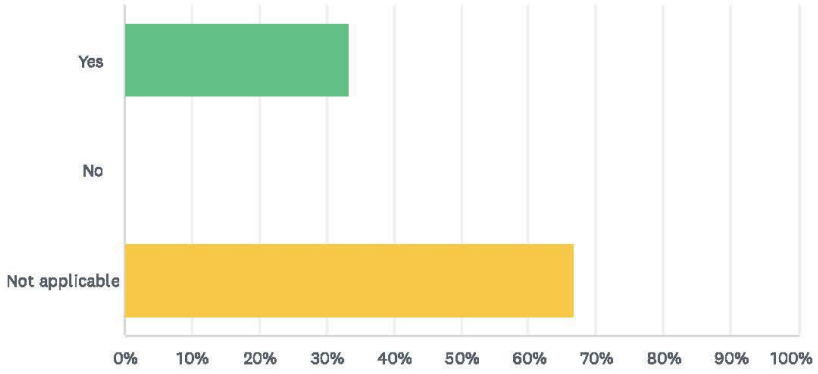
ANSWER CHOICES	RESPONSES	
Yes	33.33%	1
No	66.67%	2
TOTAL		3

#	COMMENT	DATE
	There are no responses.	

Opioid Assessment – Churchill County

Q74 Have there been instances where naloxone deployment was successful in saving lives?

Answered: 3 Skipped: 49



ANSWER CHOICES	RESPONSES	
Yes	33.33%	1
No	0.00%	0
Not applicable	66.67%	2
TOTAL		3

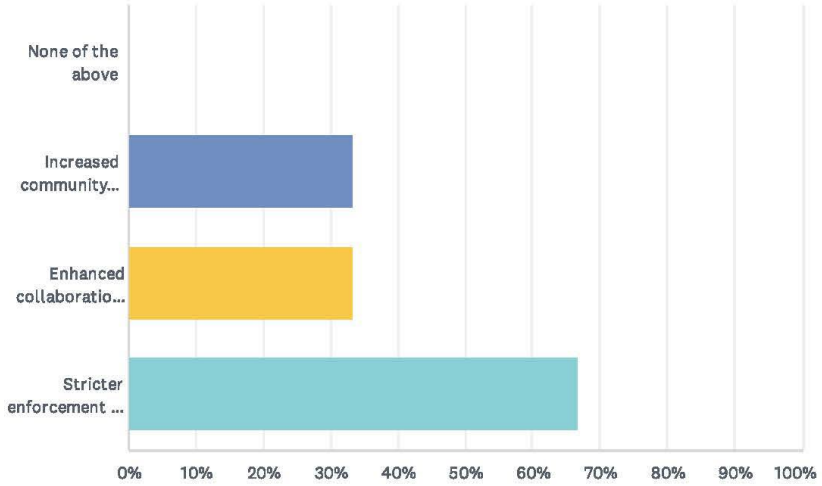
#	COMMENT	DATE
	There are no responses.	

75 / 80

Opioid Assessment – Churchill County

Q75 In your opinion, how can law enforcement contribute to preventing opioid misuse and promoting treatment?

Answered: 3 Skipped: 49



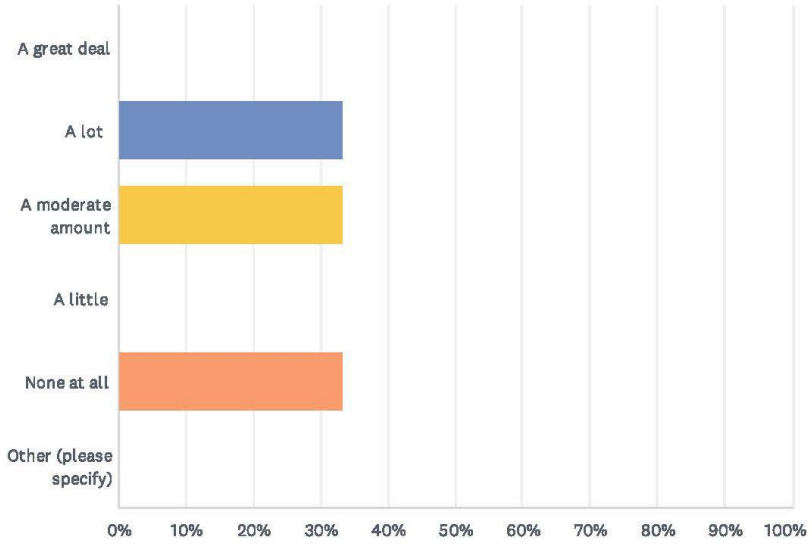
ANSWER CHOICES	RESPONSES	
None of the above	0.00%	0
Increased community education	33.33%	1
Enhanced collaboration with healthcare providers	33.33%	1
Stricter enforcement of drug-related laws	66.67%	2
Total Respondents: 3		

#	COMMENT	DATE
	There are no responses.	

Opioid Assessment – Churchill County

Q76 Are there barriers to individuals seeking treatment for opioid use disorder that you have observed? (Open-ended)

Answered: 3 Skipped: 49



ANSWER CHOICES	RESPONSES	
A great deal	0.00%	0
A lot	33.33%	1
A moderate amount	33.33%	1
A little	0.00%	0
None at all	33.33%	1
Other (please specify)	0.00%	0
TOTAL		3

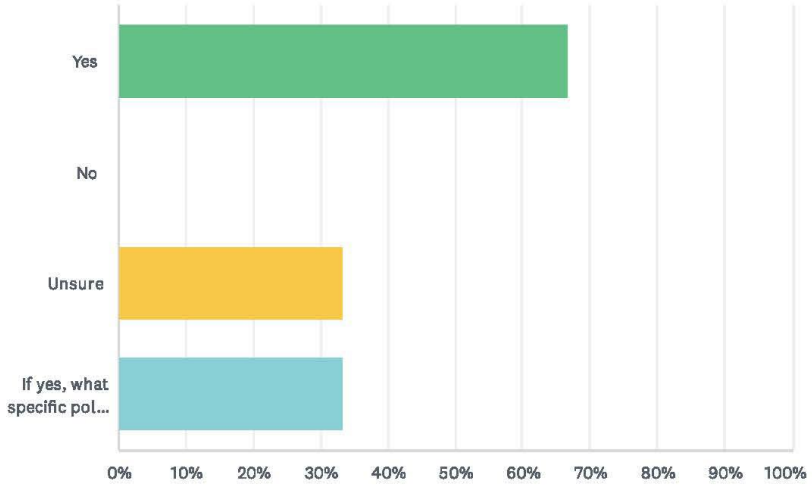
#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

77 / 80

Opioid Assessment – Churchill County

Q77 Do you believe changes in legislation or policies are necessary to address the opioid crisis effectively?

Answered: 3 Skipped: 49



ANSWER CHOICES	RESPONSES	
Yes	66.67%	2
No	0.00%	0
Unsure	33.33%	1
If yes, what specific policy changes do you believe would be most impactful? (Open-ended)	33.33%	1
Total Respondents: 3		

#	IF YES, WHAT SPECIFIC POLICY CHANGES DO YOU BELIEVE WOULD BE MOST IMPACTFUL? (OPEN-ENDED)	DATE
1	Allowing more officer discretion when coupled with treatment options.	1/24/2024 11:47 AM

78 / 80

Opioid Assessment – Churchill County

Q78 Are there specific areas of training or resources you believe would better prepare law enforcement to address the opioid crisis in the future? (Open-ended)

Answered: 3 Skipped: 49

#	RESPONSES	DATE
1	continuing education as it changes	2/1/2024 10:59 AM
2	recognition and other enforcement options	1/24/2024 11:47 AM
3	Not sure	1/24/2024 10:14 AM

Appendix D – Statewide Opioid Plan 2022 (MERCER)

Section 7
Statewide Opioid Plan

The Statewide Plan is derived from the recommendations in the Needs Assessment (Sections 3–6 of this report) as well as from public comment and feedback from government agencies, ACRN and SURG meetings. The goals align with the national efforts of the Office of National Drug Control Policy's (ONDCP) National Drug Control Strategy.[268] The first goal and associated strategies includes infrastructure and capacity development to ensure local and community partners have the capacity and resources to implement recommendations effectively and sustainably. Each of the activities in the Plan includes priority scores derived from the corresponding recommendations found in Section 6. In cases where an activity encompasses more than one specific recommendation from the Needs Assessment, the highest priority score was listed. The Plan will be continuously reviewed and revised a minimum of every four years, or more frequently as needed, and distributed through the SURG and ACRN. The DHHS will also provide annual publicly available reports of all funding allocations and program activities to the State legislature.

Goal 1: Ensure Local Programs Have the Capacity to Implement Recommendations Effectively and Sustainably

Technical assistance for local communities in the dissemination, implementation, and ongoing fidelity to proven models (or evidence-based practices) used in the Statewide Plan is essential to ensuring that the programs recommended are implemented in a way that is effective and maintains fidelity to the original funding initiative over the long-term. Technical assistance is needed to identify local capacity to implement programs, provide remediation to fill in gaps between current capabilities and implementation, and offer ongoing implementation support. Implementation science will inform technical assistance to ensure sustainability. Health provider training and continuing education are also essential to build the workforce to a capacity that can effectively implement best practices.

Strategy 1.1: Build State Infrastructure to Assist in Local Capacity-Building and Ongoing Monitoring

Objective 1.1.1: Build Capacity to Provide Training and Technical Assistance for Local Entities

Activities:

- Establish a Nevada opioid training and technical assistance hub to support local communities to build capacity, identify and implement best practices, and coordinate training and technical assistance opportunities from state and national subject matter experts (SME)

- Create a website to serve as a central repository for training and technical assistance materials

Objective 1.1.2: Facilitate Coordination of Funding and Efforts across the State

Activities:

- Evaluation and mapping of currently funded opioid and substance use disorder projects
- Establish positions for regional opioid training and technical assistance to facilitate information sharing on opioid-related activities between local, regional, and state entities
- Establish a quarterly meeting for coordinators

Strategy 1.2: Support Funding Recipients in Planning and Implementation of Evidence-Based and/or Evidence-Informed Activities

Objective 1.2.1: Support Local Planning Efforts

Activities:

- Entity needs assessment/gaps
- Plan for implementation using findings from implementation science
- Provide technical assistance around evidence-based practices (EBPs) and evidence-informed services and projects
- Offer technical assistance for developing baseline, outcome measures, and reporting
- Technical assistance for target population identification
- Convene statewide pharmacist round table event

Objective 1.2.2: Support Initial Implementation of EBPs and Best Practices

Activities:

- Train on EBPs and evidence-informed services and projects during implementation
- Provide ongoing training as needed
- Offer technical assistance while monitoring the implementation
- Establish initial reporting requirements and process for funded programs
- Develop quality assurance activities that can braid across organizations

Strategy 1.3: Monitor Implementation and Fidelity to Program Models and Requirements

Objective 1.3.1: Timely Monitoring of Program Progress and Outcomes

Activities:

- Gather process reporting and financial reports from local entities
- Gather baseline and outcome data
- Provide technical assistance on remediation and quality improvement

Objective 1.3.2: Ensure Entities are Performing with Fidelity to the Chosen Model of Services or Programs

Activities:

- Conduct quality assurance and fidelity reviews
- Provide technical assistance to remediate any negative findings
- Monitor corrective actions plans
- Provide technical assistance on EBP or national best practices

Goal 2: Prevent the Misuse of Opioids

Prevention must be implemented at all levels, from targeting the general public to preventing overdose among those using opioids. However, not all prevention strategies work for everyone, so activities implemented must include consideration of any differential impacts or accessibility limitations potentially experienced by population subgroups that could result in health disparities. Many interventions necessitate alternative strategies for subgroups due to cultural and environmental differences from the general population. Detailed data collection and monitoring on demographic characteristics, selection of appropriate interventions, and involvement of the potentially impacted community members in planning and implementation are essential for ensuring health equity across prevention efforts.

Strategy 2.1: Prevent Opioid Use from Progressing to Misuse and Overdose

Objective 2.1.1: Identify Risk Factors for Opioid Misuse and Overdose

Activities:

- Identify risk factors through implementation of a disease investigation model for non-fatal overdoses and fatality review committees *(Priority Score: 14.8)*
- Identify substances involved in overdoses quickly (e.g., distribute hand-held drug testing equipment; *Priority Score: 14.0*)

Objective 2.1.2: Educate the General Public on Opioid Prevention and Treatment

Activities:

- Educate the public on the identification of treatment needs and treatment access and resources *(Priority Score: 14.2)*
- Leverage 211 to decrease stigma *(Priority Score: 11.7)*
- Promote available resources

Objective 2.1.3: Equip Providers to Prevent Opioid Misuse and Overdose

Activities:

- Educate providers and pharmacists on alternative pain management and on educating patients on patient pain management expectations and safe opioid use *(Priority Score: 13.8)*
- Increase opioid prescribing training in graduate schools for providers *(Priority Score: 11.8)*
- Decrease stigma/offer anti-stigma training for providers, including pharmacists *(Priority Score: 8.7)*
- Establish physician champions for addiction treatment training *(Priority Score: 8.3)*
- Standardize clinical guidelines for non-pharmacological pain management *(Priority Score: 12.7)*

Objective 2.1.4: Promote Safe Pain Management for Patients with Chronic Pain or Opioid Prescriptions

Activities:

- Educate patients on safe use, storage, and disposal of opioids *(Priority Score: 14.2)*
- Inform patients on addictive potential of opioids and alternative therapies for chronic pain *(Priority Score: 13.8)*

Objective 2.1.5: Educate Youth and Families in the Community to Reduce the Risk of Adverse Childhood Experiences (ACEs), Child Welfare Involvement, Opioid Misuse, and Overdose

Activities:

- Educate parents and the public on ACEs prevention and intervention *(Priority Score: 13.7)*
- Implement family-based prevention strategies and expand activities under the Family First Prevention Act *(Priority Score: 13.2)*

- Offer ACEs screening and referral to treatment in schools and medical settings *(Priority Score: 12.7)*

Objective 2.1.6: Support Youth and Adolescents Who Have Experienced ACEs and are At-Risk

Activities:

- Implement child welfare best practices for impacted families *(Priority Score: 12.0)*
- Implement safe baby courts for families impacted by SUD *(Priority Score: 9.3)*
- Ensure family-related efforts are coordinated across agencies *(Priority Score: 12.5)*
- Provide home visit programs for families impacted by SUD *(Priority Score: 8.3)*

Objective 2.1.7: Prevent Opioid Misuse and Overdose in Schools

Activities:

- Embed prevention specialists in K-12 schools *(Priority Score: 13.0)*
- Implement trauma-informed schools *(Priority Score: 12.8)*
- Increase access to aftercare, summer, and intramural programs *(Priority Score: 12.7)*
- Increase prevention in schools *(Priority Score: 12.8)*
- Require prevention education and educator training *(Priority Score: 12.3)*
- Provide school survey results on drug trends/issues to school leaders *(Priority Score: 9.3)*
- Provide access to prevention activities for the transitional aged youth (TAY) to ensure all youth/adolescent populations are targeted (*Priority Score: 12.5)*

Strategy 2.2: Detect Potential Misuse Early and Intervene to Prevent Increased Severity

Objective 2.2.1: Monitor the Prescription of Opioids and Related Substances

Activities:

- Provide enhanced PDMP analytics (including demographics and additional prescribed substances) information to providers *(Priority Score: 12.8)*
- Ensure PDMP data is obtained from all bordering states *(Priority Score: 9.0)*

Objective 2.2.2: Implement Screening and Early Intervention for All Nevadans

Activities:

- Prevent, screen for, and treat those with Adverse Childhood Experiences (ACEs) *(Priority Score: 12.3)*
- Implement ages zero to three programming to support families impacted by substance use *(Priority Score: 12.0)*
- Increase Screening, Brief Intervention and Referral to Treatment (SBIRT) statewide and train providers in integrated care *(Priority Score: 13.7)*
- Educate providers on the signs of trauma and appropriate referral options *(Priority Score: 12.8)*

Strategy 2.3 Define immediate solutions to reduce the risks for overdose and prepare for responses

Objective 2.3.1 Implement a Cross-sector Task Force to address overdose

Activities:

- Determine necessary action to reduce the risk of overdose in Nevada's communities.
- Prepare responses for the State and local jurisdictions in the event an increase in overdoses occurs
- Provide technical assistance, guidance, and resources to rapidly implement best practices to reduce risk for overdoses, enhance capacity to respond to events, and recover should such overdose events occur.

Goal 3: Reduce Harm Related to Opioid Use

Harm reduction is an approach that emphasizes engaging directly with individuals who use drugs to prevent overdose and transmission of infectious disease. Harm reduction is also meant to improve the physical, mental, and social well-being of those served, reducing stigma and offering low-threshold options for accessing substance use treatment.

Strategy 3.1: Prevent Opioid Overdoses among Those Already Using Opioids and Other Substances

Objective 3.1.1: Increase the Availability of Naloxone and Fentanyl Testing Supplies across Nevada

Activities:

- Implement Mobile Crisis Teams with naloxone leave-behind *(Priority Score: 14.2)*
- Provide access to fentanyl testing *(Priority Score: 14.0)*

- Increase naloxone distribution, targeting populations in need using data, including those using drugs and MAT clinics *(Priority Score: 13.8)*

Objective 3.1.2: Prevent Suicide-Related Overdoses

Activity:

- Implement Zero Suicide prevention efforts *(Priority Score: 11.0)*
- Establish crisis stabilization units, expand mobile crisis teams statewide, and ensure 988 funding *(Priority Score: 10.5)*

Objective 3.1.3: Support Safe Harm Reduction Behaviors among People Using Opioids

Activities:

- Establish safe places for opioid use that include harm reduction resources *(Priority Score: 11.7)*
- Expand the availability of harm reduction products in vending machines *(Priority Score: 13.2)*

Objective 3.1.4: Implement Statewide Harm Reduction Philosophy

Activities:

- Include people in recovery and those with lived experience with opioid use in planning efforts, to include peer programming *(Priority Score: 12.8)*
- Educate on the addictive potential of opioids and alternative therapies for chronic pain *(Priority Score: 13.8)*
- Promote public support for harm reduction efforts *(Priority Score: 11.7)*

Strategy 3.2: Decrease the Spread of Injection-related Morbidity and Mortality

Objective 3.2.1: Support Safe Intravenous Use

Activities:

- Expand accessibility of needle exchanges across the state *(Priority Score: 11.7)*
- Use exchange sites for additional harm reduction efforts *(Priority Score: 11.7)*

Goal 4: Provide Behavioral Health Treatment

Behavioral Health generally refers to mental health, substance use, and or co-occurring disorders which can include life stressors, crises, and stress-related physical symptoms. Behavioral health care and behavioral health integration refers to the prevention, diagnosis and treatment of these conditions by promoting whole-person care, closing treatment gaps, enhancing greater access to long-term monitoring services, reducing risk of self-harm,

increasing positive health outcomes, improving patient satisfaction and promoting long-term cost effectiveness. Behavioral health treatment is integral to aiding communities in recovering from substance use disorders and preventing new SUD among those with mental health diagnoses.

Strategy 4.1: Increase the Availability of Evidence-Based Treatment

Objective 4.1.1: Increase Training and Implementation Support for EBPs:

Activities:

- Improve upon evidence-based SUD and OUD treatment and recovery support training and resources for providers, including for subpopulations (e.g., children and families, tribal members) who need tailored treatment *(Priority Score: 13.0)*
- Increase evidence-based suicide interventions and trauma-informed care *(Priority Score: 13.0)*
- Increase the availability of evidence-based treatment for co-occurring disorders (COD) and use of multiple substances for adults and children through training and reimbursement for use of specific evidence-based models *(Priority Score: 12.0)*
- Monitor outcomes from the Association of State and Territorial Health Officials (ASTHO) Opioid Use, Maternal Outcomes, and Neonatal Abstinence Syndrome Initiative and State Opioid Response grant, especially identifying health disparities *(Priority Score: 11.3)*
- Improve OUD screening, referral, and treatment for pregnant women through Project ECHO *(Priority Score: 9.3)*

Objective 4.1.2: Provide a Variety of Evidence-Based and Best Practices Accessible to Nevada's Frontier, Rural, and Urban Populations

Activities:

- Increase withdrawal management services in the context of comprehensive treatment programs *(Priority Score: 10.0)*
- Implement Comprehensive Addiction and Recovery Act of 2016 (CARA) Plans of Care with resource navigation and peer support *(Priority Score: 10.0)*
- Use EBPs to support mothers, babies, and families impacted by opioid use *(Priority Score: 9.3)*
- Increase availability of peer recovery support services *(Priority Score: 8.7)*
- Ensure all providers prioritize best practices for patients, family/caregivers, and neonates/infants *(Priority Score: 8.3)*
- Require all SUD treatment programs to measure standard patient outcomes and implement best practices *(Priority Score: 8.2)*

- Implement community health workers throughout recovery supports, behavioral health, and social service agencies *(Priority Score: 9.0)*
- Provide grief counseling and support for those impacted by the fatal overdose by a family or friend *(Priority Score: 9.0)*
- Engage nontraditional community resources to expand treatment access in rural or underserved areas and target populations that experience health disparities *(Priority Score: 13.8)*
- Expand IOTRC hub classification beyond CCBHC, FQHC, and OTP *(Priority Score: 12.7)*
- Continue to work with tribal communities to meet their needs for prevention, harm reduction, and treatment *(Priority Score: 12.8)*
- Support referral to evidence-based practices *(Priority Score: 10.2)*
- Continue to expand MOUD in Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) *(Priority Score: 10.0)*
- Increase longer-term and short-term rehabilitation program capacity *(Priority Score: 9.7)*
- Provide continuity of care between levels of care *(Priority Score: 8.8)*

Objective 4.1.3: Expand Treatment Options for Special Populations, Including Adolescents and Individuals with Co-Occurring Disorders

Activities:

- Expand adolescent treatment options across all ASAM levels of care for OUD with co-occurring disorder integration *(Priority Score: 13.3)*
- Expand treatment options for transition-age youth *(Priority Score: 9.8)*
- Provide specialty care for adolescents in the child welfare and juvenile justice systems *(Priority Score: 9.7)*
- Increase adolescent beds certified to treat young adolescent and transition-age youth, as well as capable of treating co-occurring disorders *(Priority Score: 9.2)*
- Establish Community Health Worker/Peer Navigator program for pregnant and parenting persons with OUD *(Priority Score: 9.0)*
- Increase parent/baby/child treatment options including recovery housing and residential treatment that allow the family to remain together *(Priority Score: 9.2)*

Objective 4.1.4: Expand/Maximize Capacity of Current Services and Increase Workforce

Activities:

- Promote healthcare profession career tracks in high school *(Priority Score: 8.8)*

- Encourage and support medical school students from rural or frontier communities *(Priority Score: 11.5)*
- Evaluate provider enrollment process to ensure it is not a deterrent for providers *(Priority Score: 9.8)*
- Incentivize providers to serve in rural and underserved communities *(Priority Score: 13.5)*
- Create a scholarship fund dedicated to individuals directly affected by the epidemic *(Priority Score: 7.8)*

Strategy 4.2: Increase Access to Evidence-Based Treatment

Objective 4.2.1: Expand Treatment Funding Options

Activities:

- Ensure funding for the array of OUD services for uninsured, underinsured, and tribal populations *(Priority Score: 12.2)*
- Offer sustainable funding for the IOTRCs *(Priority Score: 9.7)*
- Enforce parity across physical and mental health *(Priority Score: 9.3)*
- Modify or remove prior authorization requirement for selecting outpatient behavioral health services *(Priority Score: 9.2)*
- Align utilization management policies between Medicaid managed care and fee-for-service *(Priority Score: 8.5)*
- Implement a reimbursement model that reduces the administrative burden on providers of administering grant funds *(Priority Score: 8.2)*
- Utilize FRN funding for state's share for 1115 SUD Waiver, room and board, and uncompensated care *(Priority Score: 8.0)*

Objective 4.2.2: Increase Effective Utilization of Telehealth

Activities:

- Partner with a TeleMAT service provider *(Priority Score: 12.5)*
- Increase provider training and education on the effective use of telehealth *(Priority Score: 12.0)*

Strategy 4.3: Increase Availability of and Access to MOUD

Objective 4.3.1: Increase the Volume of Waivered Prescribers of Medications for Opioid Use Disorder (MOUD) Providing Treatment in Rural and Underserved Areas

Activities:

- Incentivize providers for Office-Based Opioid treatment (OBOT) through bonuses *(Priority Score: 13.5)*
- Implement a plan for expansion of mobile MOUD treatment for rural and frontier communities *(Priority Score: 13.3)*
- Monitor the capacity of SUD and OUD treatment providers *(Priority Score: 12.7)*
- Expand statewide Patient-Centered Opioid Addiction Treatment (PCOAT) model *(Priority Score: 9.2)*

Objective 4.3.2: Increase Access to MOUD

Activities:

- Create street outreach teams to provide street medicine programs, harm reduction, psychiatry, and care management *(Priority Score: 12.2)*
- Expand access to long-acting buprenorphine medications *(Priority Score: 11.8)*
- Increase education, adoption, and support for buprenorphine as a first-line treatment for reproductive/birthing/pregnant, etc., patients *(Priority Score: 10.7)*
- Initiate buprenorphine in the emergency department and during inpatient stays *(Priority Score: 10.0)*
- Expand access to MOUD treatment for youth in primary care and behavioral health settings *(Priority Score: 9.8)*
- Support low threshold prescribing for buprenorphine treatment *(Priority Score: 9.7)*
- Fully implement Nevada's hub-and-spoke system for MAT regardless of payer *(Priority Score: 11.7)*

Objective 4.3.3: Increase Provider Proficiency in Treatment with MOUD

Activities:

- Expand use of Project ECHO® to increase provider capacity *(Priority Score: 9.3)*
- Establish addiction medicine fellowships *(Priority Score: 8.3)*

- Create a provider forum for treatment and other resource-sharing *(Priority Score: 8.0)*

Strategy 4.4: Increase Treatment for Neonatal Abstinence Syndrome (NAS)

Objective 4.4.1: Screening, Intervention, and Referral for Pregnant Women

Activities:

- Offer parenting programs and home visits for at-risk pregnant women *(Priority Score: 10.2)*
- Establish SBIRT in OBGYN offices and engage Project ECHO *(Priority Score: 9.2)*
- Continue to monitor and expand ASTHO programs for Neonatal Abstinence Syndrome (NAS) with special attention to preventing health disparities *(Priority Score: 11.3)*

Goal 5: Implement Recovery Communities across Nevada

Social Determinants of Health (SDOH) include financial resources, social and community factors, education access and quality, health care access and quality, and the neighborhood and environment in which a person lives, including transportation, crime, and environmental quality. Recovery Communities take a holistic view that includes SDOH as an integral part of maintaining recovery and living successfully in the community. They provide connections to treatment and services for individuals in recovery to reintegrate into the community with better chances of maintaining recovery.

Strategy 5.1: Address Social Determinants of Health

Objective 5.1.1: Screen and Connect people to Social Determinants of Health (SDOH) Resources

Activities:

- Incorporate screening for standard SDOH needs as a routine intake procedure for all services *(Priority Score: 9.8)*
- Expand 211 to identify and match individuals to resources for SDOH *(Priority Score: 11.7)*
- Identify opportunities for faith-based organizations to provide recovery supports in local communities *(Priority Score: 8.0)*
- Include recovery support services such as recovery centers in the work of local community coalitions *(Priority Score: 8.0)*

Objective 5.1.2: Access to Housing

Activities:

- Develop housing and recovery supports for homeless youth with OUD *(Priority Score: 9.0)*
- Establish policies and funding to support evidence-based recovery housing *(Priority Score: 8.5)*
- Provide tenancy supports for individuals to maintain housing through the recovery process *(Priority Score: 9.0)*
- Develop sober and affordable housing resources through partnerships *(Priority Score: 9.0)*

Objective 5.1.3: Employment Supports

Activities:

- Develop employment supports for those in treatment and in recovery *(Priority Score: 8.7)*
- Provide education for employers through Recovery Friendly Workplace Initiative *(Priority Score: 14.2)*

Objective 5.1.4: Access to Childcare

Activity:

- Expand access to childcare options for families seeking treatment/recovery supports *(Priority Score: 9.2)*

Objective 5.1.5: Access to Transportation

Activities:

- Address transportation needs as a SDOH *(Priority Score: 12.0)*
- Support providers with start-up and transportation costs under Nevada's new, Medicaid-funded non-emergency Secure Behavioral Health Transport service *(Priority Score: 12.0)*

Goal 6: Provide Opioid Prevention and Treatment Consistently across the Criminal Justice and Public Safety Systems

Access to MAT and other treatment interventions within the jails and prisons is limited, and individuals transitioning from incarceration to the community often have little or no access to treatment or care management in the community. Progress has been made through drug treatment courts and similar interventions; these opportunities are uniformly available in all criminal detention centers. More work is needed in providing treatment both in criminal

justice settings and during transitions so that people can recover from opioid use disorders and maintain their recovery in the community.

Strategy 6.1: Promote Safe Response to Opioid Use in the Community

Objective 6.1.1: Ensure Laws and Law Enforcement Agencies Do Not Deter Interventions for People in Need of Harm Reduction Interventions

Activity:

- Train law enforcement on laws to increase appropriate enforcement to protect interventions for people who have overdosed *(Priority Score: 11.5)*
- Ensure state laws do not prevent harm reduction efforts *(Priority Score: 11.5)*

Strategy 6.2: Prevent Overdose after Release from Jails and Prisons

Objective 6.2.1: Increase Access to Quality Care for Justice-Involved Individuals

Activities:

- Provide MAT in all adult correctional and juvenile justice facilities *(Priority Score: 12.7)*
- Expand drug court treatment availability and include treatment for multiple substances *(Priority Score: 9.3)*
- Monitor outcomes related to SUD treatment for the criminal justice-involved population *(Priority Score: 10.3)*

Objective 6.2.2: Support Individuals with Opioid Use History Leaving Jails and Prisons

Activities:

- Connect people leaving jails and prisons to post-release treatment, housing, and other supports as well as educate about overdose risk *(Priority Score: 13.3)*
- Educate parole and probation officers on the need for treatment, recovery, housing, and employment *(Priority Score: 12.8)*

Goal 7: Provide High Quality and Robust Data and Accessible, Timely Reporting

Nevada has experienced serious impacts from the opioid epidemic over the last 10 years, resulting in high rates of opioid-related overdoses, increased health care utilization, escalating rates of neonatal abstinence syndrome, insufficient access to treatment, and increased family involvement within child welfare. To understand the impact of the opioid epidemic on Nevada, it is important to consider indicators of opioid use, such as prescription

monitoring, survey data, criminal justice data, and overdoses, as well as co-occurring behavioral health and comorbid physical health conditions and opioid-related utilization of EDs and hospitals. Focusing on health disparities for marginalized populations and the impact on youth within each of these areas further elucidates the impact of opioids and can offer potential solutions.

Strategy 7.1: Provide Consistent, High-Quality Data for Surveillance and Reporting

Objective 7.1.1: Improve the Quality of Toxicology Data

Activities:

- Establish a statewide forensic toxicology lab and improve funding mechanisms *(Priority Score: 9.2)*
- Support a forensic pathology training program *(Priority Score: 7.0)*
- Standardize and improve toxicology testing procedures, including more detailed reporting of demographic characteristics *(Priority Score: 9.8)*

Objective 7.1.2: Improve and Standardize Surveillance Reporting

Activities:

- Expand surveillance testing *(Priority Score: 6.8)*
- Standardize reporting and query code/logic across reporting agencies *(Priority Score: 8.3)*
- Establish minimum data set for suspected and actual overdose for use in all agencies, including demographic characteristics *(Priority Score: 11.7)*

Strategy 7.2: Increase Availability of Data for Rapid Response to Opioid Trends

Objective 7.2.1: Increase Breadth of Data Collected

Activities:

- Ensure data elements include demographic characteristics to identify and address health disparities *(Priority Score: 9.5)*
- Collect data from the poison control hotline *(Priority Score: 13.5)*
- Include demographics and methadone in the state prescription drug monitoring program *(Priority Score: 12.5)*
- Increase provider utilization of the Treatment Episode Data Set (TEDS) *(Priority Score: 8.2)*

Objective 7.2.2: Ensure Data is Shared Across Agencies and Providers

Activities:

- Implement the All-Payer Claims Database *(Priority Score: 14.7)*
- Increase Health Information Exchange (HIE) data sharing and utilization when prescribing opioids *(Priority Score: 8.8)*
- Create an Automated Program Interface (API) connection to Emergency Medical Services (EMS)/Image Trend *(Priority Score: 13.5)*

Objective 7.2.3: Provide Immediate Access to Critical Opioid-Related Data

Activities:

- Provide access to real-time SUD and OUD reports from various systems (e.g., EHR, PDMP, HIE, etc.) *(Priority Score: 7.8)*
- Facilitate prompt "bad batch" communications *(Priority Score: 15.5)*
- Connect public safety and local overdose spike monitoring agencies *(Priority Score: 12.0)*