

Pershing County, Nevada

Opioid Needs Assessment

April 2024



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Acknowledgements

Pershing County would like to thank every community member who participated in a Focus Group or Key Informant Interview.

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Background and Purpose

The 2021 Nevada Legislature passed Senate Bill 390 (SB390), an act relating to behavioral health, which was eventually codified in Nevada Revised Statutes (NRS) 433.712 – 433.744.

This “Pershing County Needs Assessment” is intended to be used as a plan for Pershing County to:

1. Meet requirements in NRS 433.712 - 433.744;
2. Align local needs with regional and statewide needs; and,
3. Identify and prioritize needs for maximum impact.

A task force was formed, led by Pershing County District Attorney Bryce Shields (see acknowledgements page for all members). The task force contracted with Margo Teague of Impact Evaluation & Assessment Services to support the completion of this needs assessment.

Executive Summary

Pershing County’s population is relatively small in relation to other Nevada counties. Unfortunately, this has not shielded them from the plethora of negative consequences brought about by opioid misuse. After completing focus groups and key informant interviews and reviewing quantitative data, the Pershing County Opioid Response Task Force has prioritized the following actions:

- Priority 1: Support Criminal Justice System
- Priority 2: Support Youth, Parents/Guardians, and Schools
- Priority 3: Support and Increase Treatment Options

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

Overview of Pershing County

With a total of 6,037 square miles, Pershing County is one of sixteen counties within the State of Nevada. The nearest large settlement area is Reno, Nevada (93 miles).

The county seat of Pershing County is Lovelock. Pershing County includes census-designated places of Grass Valley, Humboldt River Ranch, Imlay, and Unionville. It is also home to the annual Burning Man Festival.

The tribal headquarters of the Lovelock Paiute Tribe of the Lovelock Indian Colony falls within this county. The Tribe is governed by a five-person tribal council.

This County is home to the famous “Lovelock Cave” where archeologists have found over 10,000 artifacts that are believed to date from 2200 BCE. This is considered a sacred place by the Northern Paiute people.

In more modern history (1850-60s), the area was settled by miners and ranchers. The railroad further settled the area in 1880. FCC’s offices are housed in the historic Lovelock Depot building today.

Demographics

Population	
<i>(Source: Nevada State Demographer, Population Estimates July 2022)</i>	
Pershing County	6,650
Largest Settlement: City of Lovelock	(Density: 1 person per square mile)

Median Age†: 40
Gender Ratio†: 187.3 Males to 100 Females

Race/Ethnicity								
<i>(Source: American Community Survey†)</i>								
County	White Alone	Hispanic or Latino	Black or African American Alone	American Indian and Alaska Native Alone	Asian Alone	Native Hawaiian and Other Pacific Islander Alone	Other	Two or More Races
Pershing	63%	22.5%	5%	3%	1.6%	.12%	.3%	4.4%
Nevada Totals	46%	28%	9.4%	.75%	8.5%	.73%	.55%	5.3%

Spanish Speaker†: 19.1%

2023 Active Voters by County and Party						
<i>(Source: Office of Nevada Secretary of State)</i>						
County	Democrat	Independent American	Libertarian	Nonpartisan	Other	Republican
Pershing	16.7%	4.3%	.8%	25.5%	.5%	52%
Nevada Totals	32%	4.3%	.8%	30%	2%	30%

Highest Level of Educational Achievement (Age 25 Years and Over) (Source: American Community Survey†)				
	Less than High School	High School Graduate	Some College or Associate's Degree	Bachelor's Degree or Higher
Pershing	15.9%	43.4%	30.4%	10.4%
Nevada	12.6%	27.9%	32.5%	27%

Veterant 487

Economics

Median Family Income†: \$62,841

Top Three Employment Sectors^: Prison, Mining, Hospital

Schools

Bachelor's Degree or Highert: 10.4%

Pershing County School Districts 6 Total Schools in District°
Imlay Elementary School
Lovelock Elementary School
Pershing County Middle School
Pershing County High School
Pershing Adult High School
Early Childhood Education PK

Total enrollment°: 684
 Graduation rate°: >95%
 Chronic absenteeism°: 20.8%

Health

- Pershing County does not have a standalone health board in their governance structure, but they are part of the Central Nevada Health District.
- Pershing County has a Community Health Nurse.

- Rates of chronic disease are not significantly higher or lower than that of the State of Nevada as a whole.§
- Death rates from heart disease, cancer, and influenza/pneumonia in Pershing County are significantly lower than the State of Nevada as a whole.§
- Pershing County has less than adequate prenatal care, higher percentage of population below poverty level, and higher percentage of uninsured residents when compared to the State of Nevada as a whole.§

Unless otherwise indicated, information in this section was provided by:

† US Census

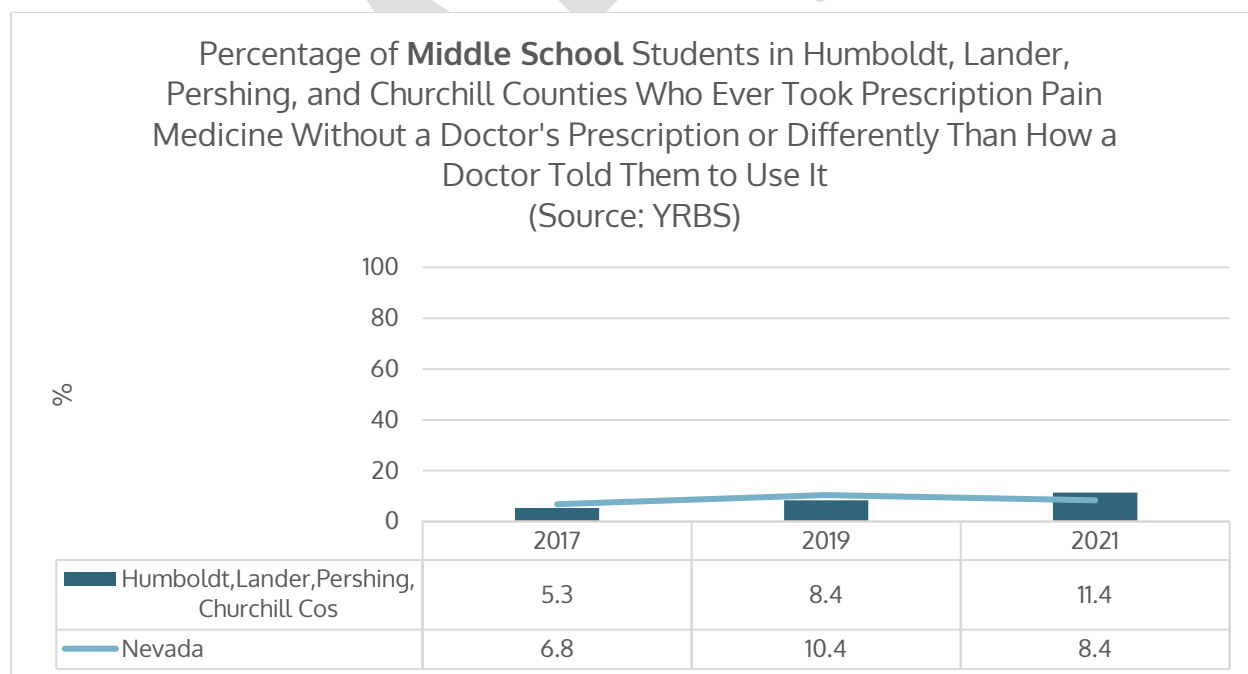
° State of Nevada, Department of Education, Report Card

^ State of Nevada, Department of Employment Training and Rehabilitation

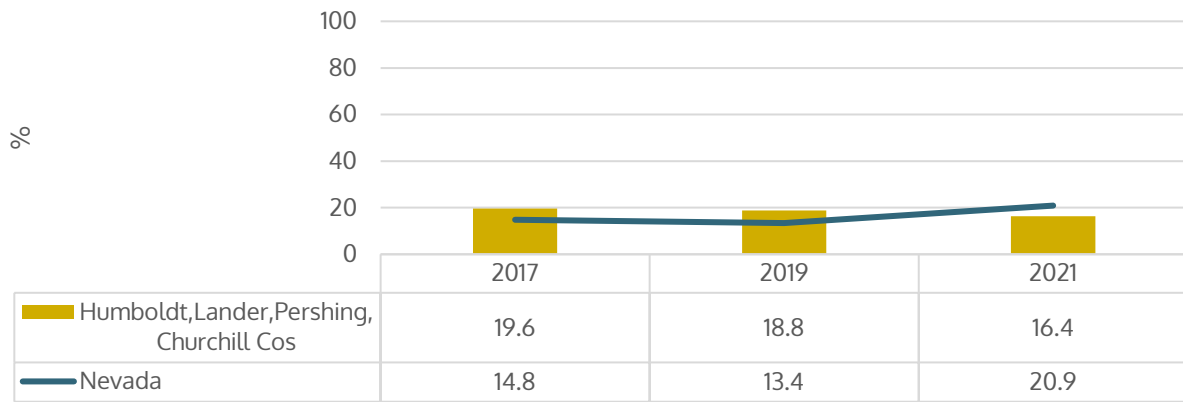
§ State of Nevada, 2019 County Health Profiles

Opioids in Pershing County, NV

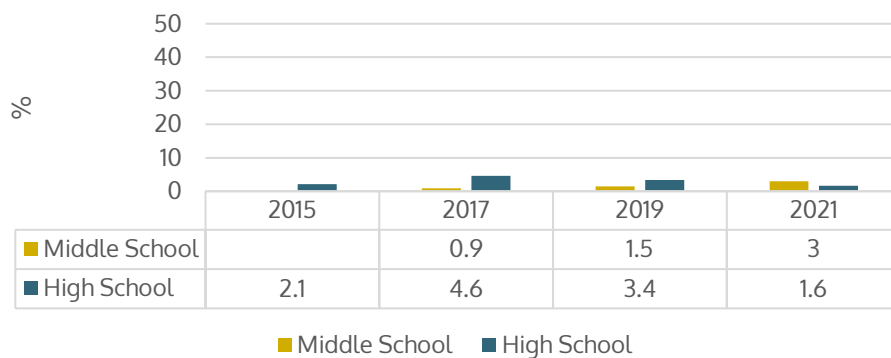
Scope of the Problem – Use



Percentage of **High School** Students in Humboldt, Lander, Pershing, and Churchill Counties Who Ever Took Prescription Pain Medicine Without a Doctor's Prescription or Differently Than How a Doctor Told Them to Use It
(Source: YRBS)



Percentage of Middle and High School Students in Humboldt, Lander, Pershing, and Churchill Counties Who Have Ever Used Heroin
(Source: YRBS)



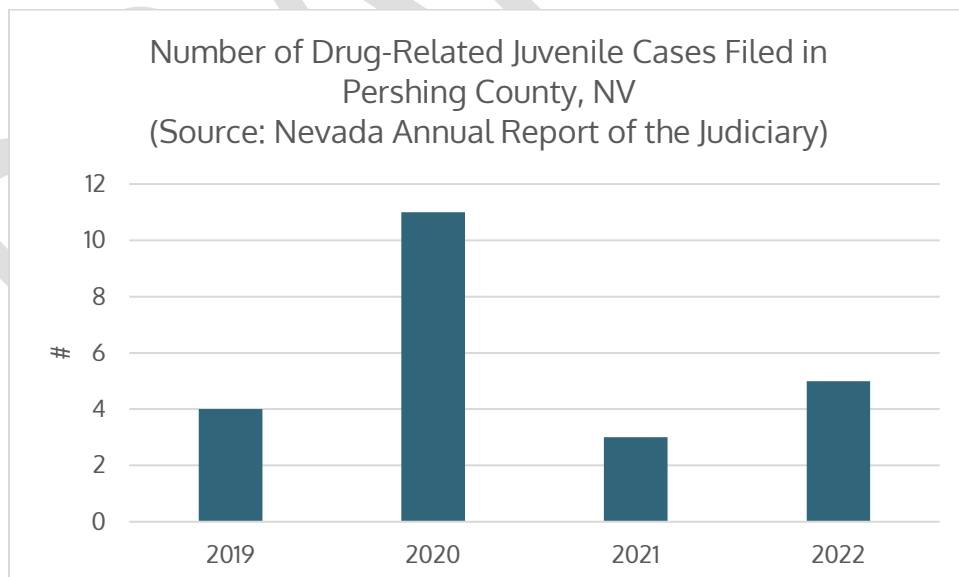
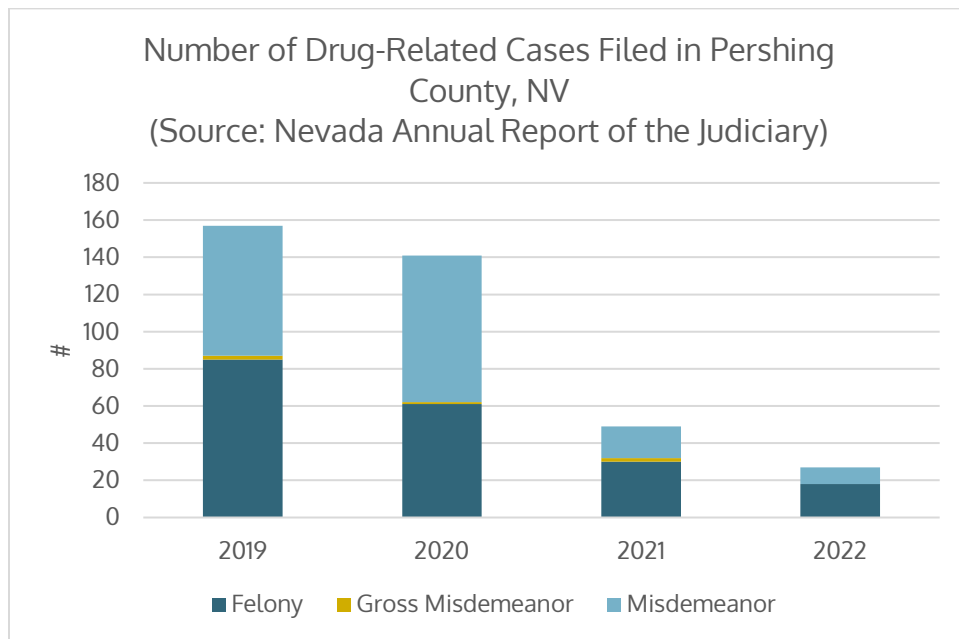
Adult Opioid/Opiate Use	Counties	State of Nevada
Use of Prescription Drugs, Without a Doctor's Order, To Get High, Adults Ages 18-54 (Source: NV Dept. of Health and Human Services 2022 BRFSS)	0	.9
Use of Illegal Drugs, Adults Ages 18-54 (Source: NV Dept. of Health and Human Services 2022 BRFSS)	.9	3.2
Opioid Use Disorder Rate per 10,000 patients at Pershing General Hospital (Source: Nevada Opioid Surveillance Hospital Profile – 2022)	19	50.8
Opioid prescription rates per 1,000 as of January 2024 (rural region – Humboldt, Pershing, Lander, Eureka, Elko and White Pine Counties) (Source: Nevada Overdose Data to Action Program)	27 per 1,000	32.6 per 1,000

Scope of the Problem – Perceptions of Access, Risk and Acceptance

Youth Perceptions of Access (YRBS 2021, Humboldt, Lander, Pershing, Churchill Counties)		
Topic	Counties	State of Nevada
Percentage of high school students who thought it would be "Fairly" or "Very" easy to get prescription pain medicine if they wanted some (Source: Nevada Youth Risk Behavior Survey, 2021)	29.9%	25.6%
Percentage of high school students who reported that they think people [are risking] "No" or "Slight" risk if they use prescription drugs that are not prescribed to them (Source: Nevada Youth Risk Behavior Survey, 2021)	36.5%	24.5%
Percentage of high school students who reported that their parents feel it would be "Not at All Wrong" or "Slightly Wrong" for them to use prescription drugs not prescribed to them (Source: Nevada Youth Risk Behavior Survey, 2021)	22.7%	14.4%
Percentage of high school students who reported that their friends feel it would be "not at all wrong" or "a little wrong" for them to use prescription drugs not prescribed to them (Source: Nevada Youth Risk Behavior Survey, 2021)	26.9%	21%

Scope of the Problem – Criminal Behavior & Safety

Neither the Pershing County Sheriff's Office nor the City of Lovelock Police Department employ Mobile Outreach Safety Team (MOST), Forensic Assessment Services Triage Team (FASTT), Crisis Intervention Training (CIT), or other practices that are intended to support law enforcement as they manage behavioral health or substance misuse crisis.



Note: The two charts above represent cases filed; this should not be construed to represent convictions or other legal dispositions. One should also keep in mind that the number of cases filed can be influenced

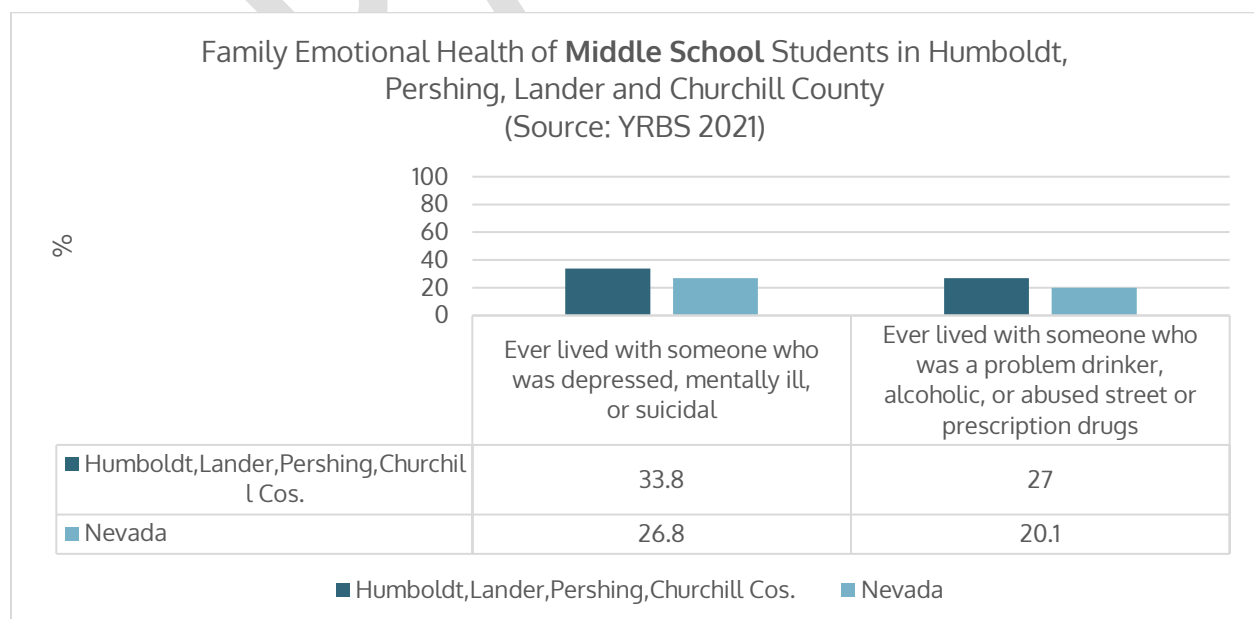
by a myriad of factors, including: policy changes; law enforcement staffing levels; culture of district attorney's office, etc. Finally, not all of these charges are related to opiates and may include other substances.

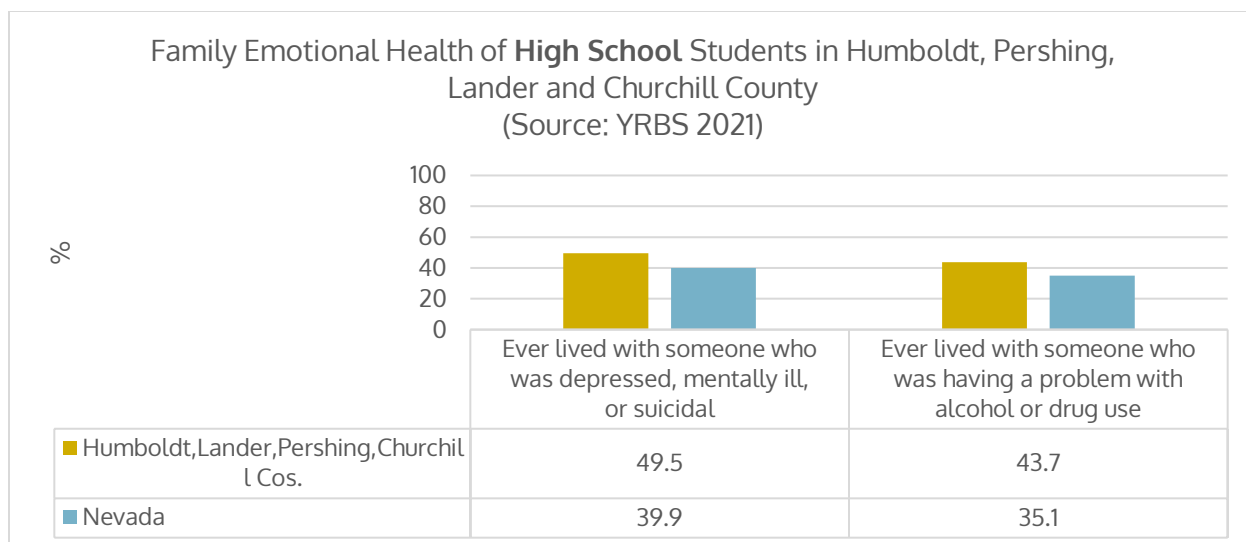
- 23% of the traumas reported in Pershing County were attributed to drug/alcohol use (compared to Nevada's total of 17%). (Source: Nevada Annual Trauma Registry Report June 2023).

Scope of the Problem – Pregnancy, Neonatal, Child Welfare

At the current time, pregnant women must travel out of town (typically to Reno) to give birth. It is unclear how a diagnosis of neonatal abstinence syndrome might be communicated from the hospital or birthing center to local medical providers or child protective services.

Neonatal Abstinence Syndrome (Source: Nevada Department of Health and Human Services, Office of Analytics)			
Newborn Admissions Per 1,000 Live Births			
	2020	2021	2022
Pershing County	0.0	0.0	0.0
Nevada	5.9	6.8	9.1
Child (1-5 Years Old) Admissions per 1,000 Live Births			
	2020	2021	2022
Pershing County	0.0	0.0	0.0
Nevada	0.0	0.0	0.0





The Division of Child and Family Services did not respond to requests for interview and data.

Scope of the Problem – Overdose and Death

Opioid/Opiate Overdose and Death	Counties	State of Nevada
Opioid Poisoning Emergency Department Visits (Source: Pershing General Hospital, Nevada Opioid Surveillance Hospital Profile 2022)	19	10.9
Substance related overdose deaths (Opioid only) (rural region – Humboldt, Pershing, Lander, Eureka, Elko and White Pine Counties) (Source: Nevada Office of Analytics Substance Use Surveillance Dashboard)	23.1 per 100K population	22.7 per 100K population

- Law enforcement officers report a “reactionary” response to opioid misuse that they consider to be unfortunate and ineffective. Rather, they are motivated to be part of effective prevention efforts. Officers who contributed to this needs assessment believed that prevention in the form of education and resilience building would be more effective in the long run than prevention in the form of stopping drug sales in the county.

Health Equity and Disparities

- 11.6% of Pershing County’s population is uninsured (compared to 10.9% of Nevada’s total population). Furthermore, 11.6% of those under age 19 are

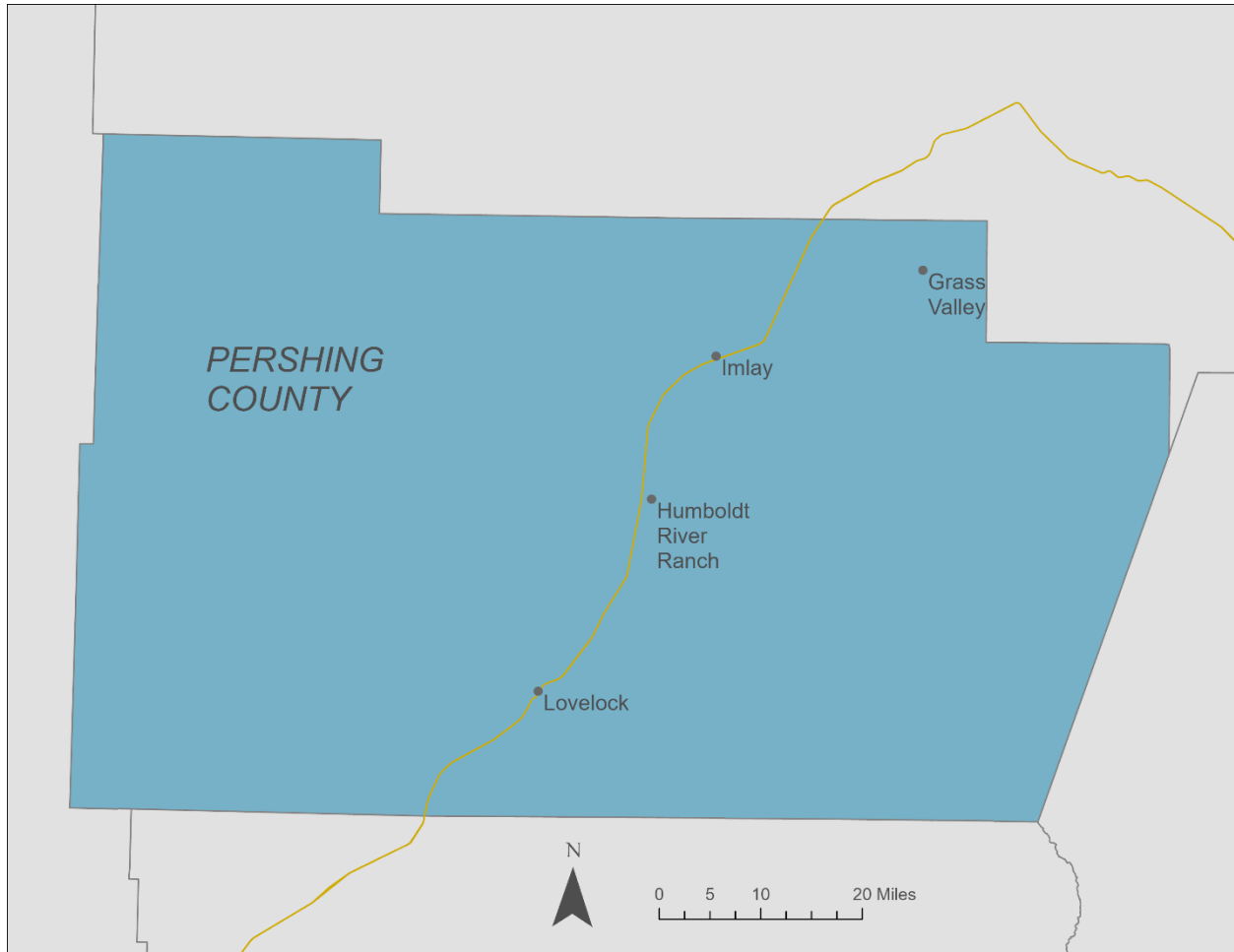
uninsured (compared to 8% of Nevada’s total population) (Source Nevada Rural and Frontier Health Data Book – 10th Edition).

- In 2021, opioid poisoning emergency department visits at the Pershing General Hospital tended to be people who were female (66.7%), equally distributed among age categories from 0-64 years old, and white (66.7%). (Source: Nevada Opioid Response 2022 Hospital Profiles).
- There was no “payer type” for opioid poisoning emergency department visits at Pershing General Hospital. In other words, Medicaid, Medicare, Military, and Commercial insurances were **not** utilized for payment. (Source: Nevada Opioid Response 2022 Hospital Profiles).
- The following tables analyze lifetime and current use rates among youth from different racial/ethnic, gender, sex, and sexual orientation. Only significant differences are noted:

Analysis of Lifetime Use Rates Among High School Students in Humboldt, Lander, Pershing, and Mineral Counties (Source: UNR School of Public Health, Data Request from 2021 YRBS)			
Non-Prescription Pain Medicine			
Sex	Sexual Orientation	Gender Identity	Race/Ethnicity
		“Transgender & Not Sure” significantly more likely than other Gender Identities	
Meth			
Sex	Sexual Orientation	Gender Identity	Race/Ethnicity
		“Transgender & Not Sure” significantly more likely than other Gender Identities	

Analysis of Current Use Rates Among High School Students in Humboldt, Lander, Pershing, and Mineral Counties (Source: UNR School of Public Health, Data Request from 2021 YRBS)			
Non-Prescription Pain Medicine			
Sex	Sexual Orientation	Gender Identity	Race/Ethnicity
Meth			
Sex	Sexual Orientation	Gender Identity	Race/Ethnicity

Pershing County residents who live in outlying areas (i.e., Grass Valley, Imlay, Ryepatch, etc.) must travel to Lovelock for basic services and to Winnemucca, Fallon, or Reno for other services. There is no public transportation between communities in Pershing County. Amtrack has a stop in Winnemucca and can transport east to Elko (and beyond) or west to Reno (and beyond). This region is heavily reliant on personal vehicles for transportation.



Mileage Chart					
	Lovelock	Winnemucca (Humboldt County)	Fallon (Churchill County)	Fernley (Lyon County)	Reno (Washoe County)
Lovelock		72	56	61	93
Humboldt River Ranch (Ryepatch)	24	50	80	85	117
Imlay	40	33	96	101	133
Grass Valley	74	11	130	135	167

- The nearest residential SUD treatment facility is in Fallon
- Reno is the closest access to most mental health treatment providers, especially psychiatrists and psychologists

Assets & Resources/Infrastructure & Program Gaps

Items highlighted in gold are areas where local conditions match priority recommendations from the Nevada Opioid Needs Assessment and Statewide Plan (2022) and/or the Rural Regional Behavioral Health Policy Board 2022 Annual Report.

Alignment of Conditions in Pershing County with Behavioral Health Policy Board Priorities (Rural Regional Behavioral Health Policy Board 2022 Annual Report)		
	Local Assets and Resources	Local Infrastructure and Program Gaps
Access to Care	Adult Drug Court	Limited access to outpatient and residential treatment
		Possibly one local MAT provider
	Rural Counseling (interactive video)	Lack of in-person local outpatient treatment
		No local detox or residential treatment
Insurance		High rates of uninsured
Workforce Development	FCC Community Health Worker program	
	Central Nevada Health District	
Quality of Care	Possibly one local MAT provider	
		No or limited local availability for outpatient or residential care, long wait times and travel are barriers to out of town care
Supporting Local Efforts	Rural Regional Behavioral Health Representative regularly coordinates with FCC	

Alignment of Conditions in Pershing County with Statewide Plan (Nevada Opioid Needs Assessment and Statewide Plan 2022)		
	Local Assets and Resources	Local Infrastructure and Program Gaps
Statewide Goal 1: Ensure local Programs Have the Capacity to Implement Recommendations Effectively and Sustainably	FCC policies and procedures	
		Pershing County is prepared to administer grant funds
	JPO policies and procedures	
Statewide Goal 2: Prevent the Misuse of Opioids	FCC knowledge, skills, and experience (example of programming: Youth Team, fund evidence-based JPO and school-based programs)	
	FCC drug disposal programs	
	FCC Community Health Worker utilizes SBIRT	Limited local knowledge of this service
	FCC Naloxone trainings	
	NIAA student policies and practices	
	PCSD has multi-disciplinary team in place	
Statewide Goal 3: Reduce Harm Related to Opioid Use	FCC Community Health Worker, knowledge and programming (Naloxone, Fentanyl test strips)	
		High rates of stigma

	Local Assets and Resources	Local Infrastructure and Program Gaps
Statewide Goal 4: Provide Behavioral Health Treatment	PCSD MOU with Zephyr Counseling for youth	Operating over capacity
	Possibly one local MAT provider	Limited local knowledge of this service
		Nearest residential SUD Tx is New Frontier in Fallon (50 Miles), transportation is a barrier
		No local outpatient treatment providers, transportation is a barrier
	Rural Counseling offers outpatient treatment through interactive video	Unclear whether providers have received appropriate training for interactive video
		Unclear of processes for identifying and treating neonatal opioid withdrawal syndrome
	Adult Drug Court	Limited outpatient and residential treatment options
	FCC's CHW MOU with Open Beds	
		No local detox
Goal 5: Implement Recovery Community Across Nevada	Motivated informal recovery community	No local Peer Recovery Support Specialists
	Narcotics Anonymous	Low attendance at NA
		Limited availability of Recovery Capital (work readiness, aftercare, etc.)

	Local Assets and Resources	Local Infrastructure and Program Gaps
Statewide Goal 6. Provide Opioid Prevention and Treatment Consistently across the Criminal Justice and Public Safety Systems	JPO prevention, intervention, and treatment programming	Operating over capacity
		Lacking sufficient jail supports for managing MH and SUD
		Neither Pershing County Sheriff's Office nor Lovelock PD employ FASTT, MOST, CIT or other practices
	Adult Drug Court	
Statewide Goal 7: Provide High Quality and Robust Data and Accessible, Timely Reporting	FCC practices	

Funding and Implementation Plans

All funding and the administration of programs or grants established under the Needs Assessment shall occur in accordance with generally accepted accounting principles and SB 390 (1)(a)(c) or applicable Nevada law.

The priorities and related strategies Pershing County will focus on are described on the following pages. The strategies are numbered according to the expected impact, urgency, feasibility, and alignment with priorities established by the State of Nevada (see Methodology section for process and Appendix D for results of scoring).

Priority 1: Support Criminal Justice System

Pershing County will improve the ability of their criminal justice system to prevent and intervene with opioid use and, when necessary, refer offenders to treatment.

Alignment with Statewide Priorities

Access to Care (Rural Regional)

Prevention (State Goal 2)
Reduce Harm (State Goal 3)

Treatment (State Goal 4)
Criminal Justice (State Goal 6)

Through the Following Potential Activities...

1. Explore options to evaluate individuals for Legal 2000 holds
2. Pursue Crisis Intervention Training (CIT) and Mobile Outreach Safety Team (MOST) for county and local law enforcement
3. Collaborate with judicial system to explore implementing pretrial services program and/or family treatment program
4. Collaborate with judicial system to explore ways to bolster drug testing program
5. Explore options to replace/expand discontinued VeeSee DPBH evaluation process
6. Research best practices for detox in custody and will support implementation. Possible collaboration with Bill Teel (contracted with DHHS for MAT/detox in jails)
7. Collaborate with 11th Judicial District Youth and Family Services and Frontier Community Coalition to expand JPO's existing effective programs (i.e., MAGIC, Functional Family Therapy, and, WISE).
8. Collaborate with 11th Judicial District Youth and Family Services to identify an approach to truancy that will improve youth and parent connections to school.

With the Assistance of the Following Potential Partners...

- | | |
|---|------------------------------------|
| -Pershing County Sheriff's Department | -Lovelock Police Department |
| -Pershing County School System | -Appropriate state agencies |
| -Frontier Community Coalition | -Other judicial districts in state |
| -11 th Judicial District Youth and Family Services | -Rural Regional Behavioral Health |
| -11 th Judicial District Specialty Courts | |

Priority 2: Support Youth, Parents/Guardians, and Schools

Pershing County will support prevention and intervention efforts related to youth, parents/guardians, and schools.

Alignment with Statewide Priorities

Prevention (State Goal 2)

Reduce Harm (State Goal 3)

Through the Following Potential Activities...

1. Collaborate with law enforcement officers, school district representatives, and Frontier Community Coalition to identify, implement, and evaluate an evidence-based prevention program(s) for school-age youth
2. Collaborate with school district to expand MTSS counseling program
3. Explore options to support school district's existing efforts to meet health-related educational standards
4. Collaborate with school district and Frontier Community Coalition to expand scholarship program that would allow youth to participate in extra-curricular programs from which they might otherwise be excluded
5. Collaborate with school district officials and Frontier Community Coalition to explore implementation of evidence-based parenting program (e.g., Parent Project Program) for all interested parents and in families when indicated
6. Collaborate with school district officials and Frontier Community Coalition to explore effectiveness and any unintended consequences of existing NIAA policies
7. Collaborate with school district and Boys & Girls club to implement after hours transportation (fka "Night Bus") to transport children from the City of Lovelock to outlying areas
8. Collaborate with school district to identify opportunities for evidence-based, high quality tutoring programs
9. Identify how maternal opioid use and/or neonatal abstinence syndrome is currently identified and treated and will strengthen system as necessary

With the Assistance of the Following Potential Partners...

-Pershing County School District, including MTSS
-Lovelock Boys & Girls Club
-Appropriate state agencies

-Rural Regional Behavioral Health
-Frontier Community Coalition

Priority 3: Support and Increase Treatment Options

Pershing County will support and promote existing treatment options while increasing availability of high quality treatment options

Alignment with State Priorities

Access to Treatment (Rural Regional)

Capacity (State Goal 1)
Treatment (State Goal 4)

Quality of Care (Rural Regional)

Through the Following Potential Activities...

1. Recruit treatment provider to travel to Lovelock at least 2 x / month
2. Work with Frontier Community Coalition to explore options for supporting and/or expanding services of Community Health Worker (SBIRT screening, referral for treatment, transportation and logistic support and Open Beds referrals)
3. Work with specialty courts to build evidence-based aftercare/recovery capital program
4. Work with Frontier Community Coalition to explore options for offering secular options for support groups (e.g., SMART Recovery) and/or options for supporting family members (e.g., Al Anon, Celebrate Recovery, etc.)
5. Explore possibility of supporting individuals from current pool of persons in recovery obtaining certification as Peer Recovery Specialists (see <https://nevadacertboard.org/prss/>)
6. Work with school district to support, expand, and/or promote "To Be Honest" hot line
7. In addition, or as an expansion to the "To Be Honest" hotline, consider options to create hotline for residents to contact social worker who can connect them with referrals for prevention, intervention, treatment, harm reduction, aftercare, and social determinants of health resources
8. Work with local NA program to identify areas for support, promotion, or expansion.
9. Confirm availability of local MAT provider and spread awareness
10. Confirm/encourage/offer treatment providers who provide video-conference technology to complete training specific to that technology (see telehealth.hhs.gov).

With the Assistance of the Following Potential Partners...

- Recovery community
- Local NA program
- Frontier Community Coalition
- Pershing County School District

Methodology

Pershing County contracted with Impact Evaluation & Assessment Services to assist in the completion of their Opioid Needs Assessment.

Qualitative Data/Community-Based Participatory Research

The Opioid Needs Assessment Task Force worked together to identify representatives from each of the sectors recommended by SB390 §7-9.9 (see graphic below). One focus group was held on March 18, 2024, with a total of participants. Several key informant interviews were held subsequently with individuals who could not attend the focus group.

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

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



As a result of this methodology, input was received from all recommended community sectors other than Child Welfare and local Treatment Providers. Input was obtained from the tribal community as well.

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

Quantitative Data Collection

Data was reviewed from multiple archival sources, which are cited throughout.

Scoring

In the interests of consistency and transparency, the Pershing County Opioid Taskforce and Impact Evaluation & Assessment Services utilized a similar scoring system used by [Mercer](#) in the Nevada Opioid Needs Assessment and Statewide Plan 2022.

Specifically, the Pershing County Opioid Taskforce utilized Likert scales (1-5) to prioritize strategies within each priority based on the potential scope of impact, the urgency of the topic, and how feasible the strategy might be. The Pershing County Opioid Taskforce then scored each strategy based on its alignment with the three legislative priorities identified in NRS 433.736(1)(1):

1. Prevention of overdoses;
2. Addressing disparities in access to health care; and,
3. Prevention of substance among youth.

The Pershing County Opioid Taskforce and Impact Evaluation & Assessment Services fully credit Mercer for the creation of this scoring protocol.

See Appendix B for the results of this scoring protocol.

Appendix A – Hypothetical Vignettes

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

Prevention

Heather is a senior at Pershing County High School in Lovelock, NV. Heather’s parents divorced when she was ten years old. She lives with her mother in Lovelock and spends time (some weekends and holidays) with her dad at his place near Rye Patch. Heather’s mom works as an administrative assistance at the Lovelock Correctional Center and her dad works as a surveyor for Coeur Mining.

Heather has a reputation as being a rebel. She has had trouble controlling impulsive behaviors since she pulled the fire alarm in first grade. Heather’s friends are used to her coming up with crazy ideas, although they are not always sure they are good ideas. She got caught with alcohol a last year and is still on probation. She plays volleyball and was disciplined according to the school district’s NIAA policies.

Heather’s parents are never quite sure how to respond to the trouble she gets into. Her mom tends to want to punish her (e.g. ground her to the house, take away her phone, and restrict internet access). Her mom’s job at the prison makes her hyper aware and, in Heather’s opinion, paranoid about Heather ending up in trouble. Heather’s dad tends to say things like, “kids will be kids,” and thinks they should just let her figure things out on her own. Because she lives with her mom most of the time, her mom is usually in charge of discipline. Her parents fight about this frequently. From their perspectives, Heather’s parents really just wish someone would tell them what to do. Neither of them feels confident in their parenting decisions.

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

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

Pershing County's priorities and strategies have the potential to intervene in Heather's situation as follows:

Priority 1: Support Criminal Justice System, Strategies 4 and 7. Heather is required to drug test randomly as part of her probation. This allows her probation officer to detect and monitor her opiate (and other substance use). Heather is referred to WISE programming and she and her parents are referred to Functional Family Therapy. These two programs increase Heather's understanding of the negative impacts of substance use. Heather and her parents increase their communication skills and set clear expectations for her behavior.

Priority 2: Support Youth, Parents/Guardians, and School, Strategies 1, 2, 3, 5, 6, 7. Heather is learning more about substance use and health consequences from evidence-based education (through health standards as well as extra programming). She is also learning how to better identify her emotions and respond in healthy, effective ways, which is helping Rachel to control her impulsive behaviors [Strategies 1 and 3]. When Heather is caught drinking during her volleyball season she was referred for screening through the MTSS counseling program and she received a short course of counseling treatment [Strategy 2 and 6]. Heather's parents attended a parenting course offered through the school district with the hopes of becoming better co-parents [Strategy 5]. Finally, Heather is spending more time with her father now that they have improved their relationship and that she has access to the Night Bus to go back and forth to his place [Strategy 7].

Because Heather has received timely and effective prevention and intervention services, she is not in need of treatment services.

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

Intervention

Courtney is 23 years old and lives in Lovelock with her parents. Courtney works at Pershing General Hospital as a CNA. Courtney hurt her back while moving a patient six months ago. She underwent surgery and was prescribed Oxycontin.

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

Courtney's parents began to notice some changes in Courtney's behaviors shortly after the surgery. She seemed fixated on when she could take her next pill and worried about whether or not her doctors would give her a refill. They don't have any experience with substance abuse or misuse so they aren't sure what is going on.

Pershing County's priorities and strategies have the potential to intervene in Courtney's situation as follows:

Priority 3: Support and Increase Treatment Options, Strategies 1, 2, 5, 10. Courtney's parents learned about the option for brief screening through Frontier Community Coalition [Strategy 2]. They were able to convince her to be screened. They learn Courtney is using opioids in a problematic way but has not yet reached the level of addiction. She is referred to meet with the local treatment provider [Strategy 1] for a full evaluation and brief intervention counseling. Courtney meets with the counselor in person once and then through video conferencing three additional times [Strategy 10]. Courtney is also connected to a local Certified Peer Recovery Specialist who is available to her whenever she feels overwhelmed or has an urge to use substances [Strategy 5].

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

Treatment

James is 28 years old and works in the maintenance department for Pershing County. He was recently pulled over and arrested for DUI. During the course of his arrest, the Sheriff found that James was in possession of 5 Oxycontin pills without a prescription.

He was released following his arrest. He attended his first appearance and entered into a plea agreement. He paid his fines and went back to life as usual, including continuing to party. His use has escalated and he has begun to commit additional crimes to support his habit.

Pershing County's priorities and strategies have the potential to intervene in Jame's situation as follows:

Priority 1: Support Criminal Justice System, Strategies 1, 2, 3, 4 and 6.

At the time of Jame's arrest he is acting erratically. The law enforcement officers have been trained in CIT and are able to de-escalate the situation [Strategy 2]. His behavior is very concerning so they implement their established protocols for Legal 2000 holds [Strategy 1]. James does not meet requirements for a hold. Jail personnel recognize that James may undergo detox while in custody and implement their protocol [Strategy 6]. James undergoes brief screening for mental health and substance use disorders with the pretrial services coordinator [Strategy 3]. He screens positive and is released from jail with the condition that he take part in the pretrial services program. One of the requirements of his release is random drug testing [Strategy 4]. James attends all hearings and is eventually accepted into the adult drug court.

Priority 3: Support and Increase Treatment Options, Strategies 1, 2, 3, 4, 5, 7, 8, 9, 10.

Another condition of Jame's release from jail and participation in pretrial services, and eventually adult drug court, is that he take part in treatment [Strategy 1]. He meets with his counselor in person twice a month and over video conferencing twice a month [Strategy 10]. It is determined that James requires residential treatment so his counselor coordinates with a Community Health Worker to find placement using OpenBeds [Strategy 2]. James requires MAT to maintain his sobriety while waiting for a residential treatment facility [Strategy 9]. After James successfully completes residential treatment he is ordered to attend a SMART Recovery Group or NA and is connected to a Peer Recovery Specialist [Strategies 4, 5 and 8]. As James nears graduation from adult drug court, he and his counselor work with a social worker to plan for his health care, transportation and workforce readiness [Strategies 3 and 7].

With Pershing County's priorities and strategies in place, James will be more likely to achieve and maintain long-term sobriety. He will be less likely to continue to commit crimes.

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

DRAFT #4

Appendix B – Scoring of Proposed Strategic Priorities

Priority 1: Support Criminal Justice System					
	Impact Score	Urgency Score	Feasibility Score	Legislative Target	Total Score
Pursue Crisis Intervention Training (CIT) and Mobile Outreach Safety Team (MOST) for county and local law enforcement	3.2	2.3	1.4	Yes	Yes
Collaborate with 11 th Judicial District Youth and Family Services to identify an approach to truancy that will improve youth and parent connections to school.	2.3	1.6	3.5	No	No
Collaborate with 11 th Judicial District Youth and Family Services and Frontier Community Coalition to expand JPO's existing effective programs (i.e., MAGIC, Functional Family Therapy, and, WISE)	3.3	1.6	2.8	Neutral	Yes
Collaborate with judicial system to explore implementing pretrial services program and/or family treatment program	3.4	2	1.9	Yes	Yes
Collaborate with judicial system to explore ways to bolster drug testing program	3	2.6	2.1	Yes	Yes
Research best practices for detox in custody and will support implementation. Possible collaboration with Bill Teel (contracted with DHHS for MAT/detox in jails)	3.6	3	1.75	Yes	No
Explore options to replace/expand discontinued VeeSee DPBH evaluation process	3.3	2.3	2.1	Yes	Yes
Explore options to evaluate individuals for Legal 2000 holds	3.7	3	2.1	Yes	Yes

Priority 2: Support Youth, Parents/Guardians, and Schools					
	Impact Score	Urgency Score	Feasibility Score	Legislative Target	Total Score
Collaborate with school district officials and Frontier Community Coalition to explore effectiveness and any unintended consequences of existing NIAA policies	2.8	2.3	3.4	Neutral	Yes
Collaborate with school district officials and Frontier Community Coalition to explore implementation of evidence-based parenting program (e.g., Parent Project Program) for all interested parents and in families when indicated	3.4	1.6	2.3	Neutral	Yes
Collaborate with law enforcement officers, school district representatives, and Frontier Community Coalition to identify, implement, and evaluate an evidence-based prevention program(s) for school-age youth	3.7	2.3	2.8	Yes	Yes
Explore options to support school district's existing efforts to meet health-related educational standards	4	2.5	3.2	Neutral	Neutral
Collaborate with school district and Boys & Girls club to implement after hours transportation (fka "Night Bus") to transport children from the City of Lovelock to outlying areas	3.5	1.6	2	No	No
Collaborate with school district and Frontier Community Coalition to expand scholarship program that would allow youth to participate in extra-curricular programs from which they might otherwise be excluded	3.7	1.3	2.4	Neutral	Yes
Collaborate with school district to identify	3.5	2.3	2	No	No

opportunities for evidence-based, high quality tutoring programs					
Collaborate with school district to expand MTSS counseling program	3.4	1.6	3.8	Yes	Yes
Identify how maternal opioid use and/or neonatal abstinence syndrome is currently identified and treated and will strengthen system as necessary	2.8	2	2	Neutral	Neutral
Priority 3: Support and Increase Treatment Options					
	Impact Score	Urgency Score	Feasibility Score	Legislative Target	Total Score
Work with Frontier Community Coalition to explore options for supporting and/or expanding services of Community Health Worker (SBIRT screening, referral for treatment, transportation and logistic support)	3.6	2	2	Yes	Yes
Explore possibility of supporting individuals from current pool of persons in recovery obtaining certification as Peer Recovery Specialists	3	2	1.7	Yes	Yes
Work with local NA program to identify areas for support, promotion, or expansion	2.9	1.6	2.3	Yes	Yes
Work with Frontier Community Coalition to explore options for offering secular options for support groups (e.g., SMART Recovery) and/or options for supporting family members (e.g, Al Anon, Celebrate Recovery, etc.).	3.6	1.6	1.7	Yes	Yes
Work with school district to support, expand, and/or promote "To Be Honest" hot line	3.3	1.5	2.6	Neutral	Yes
In addition, or as an expansion to the "To Be Honest" hotline, consider options to create hotline for residents to contact social worker who can connect them with referrals for prevention, intervention,	3.4	1.6	2.2	Yes	Yes

treatment, harm reduction, and social determinants of health resources					
Confirm/encourage/offer treatment providers who provide video-conference technology to complete training specific to that technology	2.3	1.5	3.2	Neutral	Neutral
Confirm availability of local MAT provider and will spread awareness	3	2.3	1.6	Yes	Yes
Work with specialty courts to build evidence-based aftercare/ recovery capital program	3.7	2.6	1.8	Yes	Neutral
Recruit treatment provider to travel to Lovelock at least 2 x / month	4.2	2	1.3	Yes	Yes