



Opioid Use and Misuse
Community Needs Assessment

Approved by the Lyon County Board of Health on 11/17/2022

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Executive Summary

Background

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

SB390 was developed using the following guiding principles identified by Johns Hopkins, Bloomberg School of Public Health's Principles for the Use of Funds from Opioid Litigation:

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

Community Overview

Lyon County is located in western Nevada. According to the U.S. Census Bureau, Lyon County has 2,001 square miles of land area and 23 square miles of water area, and the population density is estimated at 26 people per square mile. The county is adjacent to Storey and Washoe counties on the north, Mineral and Mono (California) counties on the south, Churchill and Mineral counties on the east, and Douglas County and Carson City on the west. Its county seat is Yerington (Lyon County Community Conditions, 2019)

Lyon County is the third largest county by population in the State of Nevada, making it the largest rural county. The current estimated population of Lyon County according the US Census Quick Facts report is 60,903, this up about 16% from a 2013 count of 51,124 (2022). Population projections vary by source and timeframe, but most reports agree that there will be some growth over the next few years followed by a period of population stability. Adults aged 18 to 64 make up the majority of the population (57.4%), followed by individuals under 18 (21.4%) and seniors (21.2%). Lyon County is home to the largest rural youth population in the State (exceeding Carson City and Elko) per the state demographer.

Lyon County has a disproportionately large number of people aged 55 or older for an area of its size. There are 19,483 people aged 55 or older in Lyon County, while the national average for an area this size is 15,429.5. The majority of Lyon County residents are White (89.6%), with the next most common groupings by racial or ethnic ancestry being multiracial (3.7%) and American Indian (3.3%). 17.7% of Lyon County residents are further identified to be of Hispanic or Latino ancestry (Lyon County Community Conditions, 2019).

Impacts of Opioid Use/Opioid Use Disorder in Lyon County

There continues to be a high number of prescription rates in Lyon County (4th highest in the state per the Department of Health and Human Services, State of NV), perhaps related to the increasing aging population. There also continues to be an increasing rate of children removed to foster care due to parental drug use, up from 36.4% in 2019 to 53.9% in 2021 (DHHS, Office of Analytics, Foster Care Removals). This trend of youth needing placement due to drug use has shown an increase in the number of older kin providing care and requiring additional community resources to keep Lyon County youth in Lyon County.

Stakeholders in the community have identified a lack of prevention based services for the youth and at risk adults. Another area that is also lacking is community education and easily available naloxone, particularly with the older adults using prescription medications for pain management. Early interventions such as evidence based screenings are not enacted in all settings where at risk individuals receive services, including the limited general medicinal centers. A general concern in regards to early intervention is the difficulty in connecting to services given they are at capacity, and extremely limited for youth.

In regard to interventions, there are no in-patient rehabilitation facilities within Lyon County. There are limited outpatient substance use clinics and most operating at maximum capacity. The surgeon general states the reasons why most individuals do not seek treatment when necessary (aside from readiness to stop using) is lack of insurance, impact on job, lack of available options, don't know where to go, and lack the transportation to get there (U.S. Department of Health and Human Services, Report on Alcohol, Drugs, and Health, p. 4-9). The opportunities in Lyon County align with the recommendations of the surgeon general with the most pressing gaps being lack of options and readily available transportation to the out-of-county inpatient rehabilitation facilities.

There are existing resources that could be maximized throughout the county such as the Medicaid transportation services, while an individual has to be full Medicaid with no gap coverage, and rides must be scheduled in advance, this is a potential option. Additionally, there is one organization that operate as Certified Behavioral Health Clinic (CCBHCs), with another re-entering the community after a long hiatus from services. These agencies have the potential to address a spectrum of concerns for two of the four Lyon County communities. Equally, there are naloxone resources through Lyon County Human Services and Rural Nevada Clinics.

Participating Agencies/Organizations

Lyon County Human Services hosted an Opioid Summit addressing prevention, intervention, and recovery in 2019 that included the following community stakeholders:

Toni Inserra	South Lyon Medical Center
Lori Whatley	South Lyon Medical Center
Susi Whitman	Carson Tahoe Behavioral Health
Jeff Page	Lyon County Manager
Eric Smith	Lyon County Juvenile Probation
Patrick Watson	Lyon County Court Services
Eric Pruitt	Lyon County Sheriffs Office
Steve Rye	Lyon County District Attorney's Office
Shayla Holmes	Lyon County Human Services
Heather Benson	Lyon County Human Services
Lisa Lee	Life Change Center (Former)
Amy Rhea	Community Chest Inc.
Erik Schoen	Community Chest Inc.
Dawn Tann	State of Nevada, Rural Clinics
Kathy McIntosh	NAMI
Laura Yanez	NAMI
Jessica Flood	Northern Regional Behavioral Health Coordinator (Former)
Kayla Valy	NV Community Health Worker Association
Quinn Cartwright	Healthy Communities Coalition (Former)
Patty Sanborn	Healthy Communities Coalition
Brandy Calvert	Healthy Communities Coalition
Lisa Godenick	Healthy Communities Coalition (Former)
Alisha Moss	Healthy Communities Coalition

Additionally, Lyon County has a public and behavioral health taskforce structure and executive committee that meets monthly and allows for two way feedback, information sharing, and community action planning.

The taskforce consists of the following agencies:

Lyon County Human Services	Lyon County Juvenile Probation
Division of Children and Family Services, local representation	Lyon County School Districts
Rural Nevada Counseling (CCBHC)	Rural Clinics
Community Chest Inc.	NAMI, Western Nevada
Healthy Communities Coalition	Boys and Girls Club of Mason Valley
Central Lyon Fire District	Lyon County Sheriffs Department
FISH	Rural Regional Center, local representation

The executive committee:

Lyon County Manager	Lyon County District Attorney
Director, Lyon County Human Services	Chief, Lyon County Juvenile Probation
Lyon County Sheriff	Regional Behavioral Health Coordinator
Director, Healthy Communities Coalition	

Lyon County Health Profile

The general overall health of Lyon County communities is fair, ranking 10th in 2022 for overall health outcomes and 12th for overall health factors according to the County Health Rankings and Roadmaps (University of Wisconsin Population Health Institute). These scores have improved since 2017 with some of the major health concerns relating around provider ratio, poverty and income inequality, and poor mental health days.

Identifying specific risk factors for opioid misuse and abuse is subjective to the individuals unique circumstance, there are certain characteristics supported by research that should be considered (Webster, 2017, Pergolizzi et al., 2012). For practitioners prescribing opioids as a form of pain management there are tools and assessments used to identify these risk factors (Jones, et al., 2014). Understanding the risk factors involved with opioid misuse and abuse in correlation to community data can provide a high level overview of risk for community and insight were to increase prevention efforts (U.S. Department of Health and Human Services, Spotlight on Opioids, p. 14).

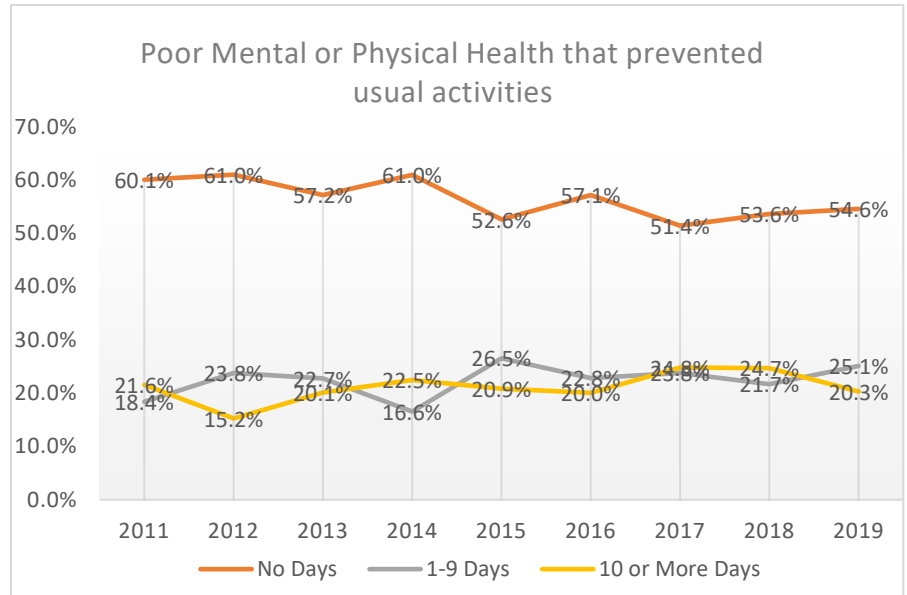
Outside of pain scale and current opioid licit use (which is considered a risk factor), mental health disorders such as depression, anxiety, mood disorders, dissociative disorders, schizophrenia, bi-polar disorders, PTSD, and more are risk factors for future opioid misuse. Age also has correlated indicators with seniors being more likely to utilize opioids, youth and adults from ages 16-45 are more likely to form misuse and abuse. Personal and family history of substance use is another potential indicator as well as legal problems, victimization, and adverse childhood events (Stein et al., 2017, Webster, 2017 & Pergolizzi et al., 2012).

For the purpose of this needs assessment reviewing available data within these risk factors is critical for providing accurate guidance on how to prevent, intervene, and treat opioid misuse and abuse in Lyon County.

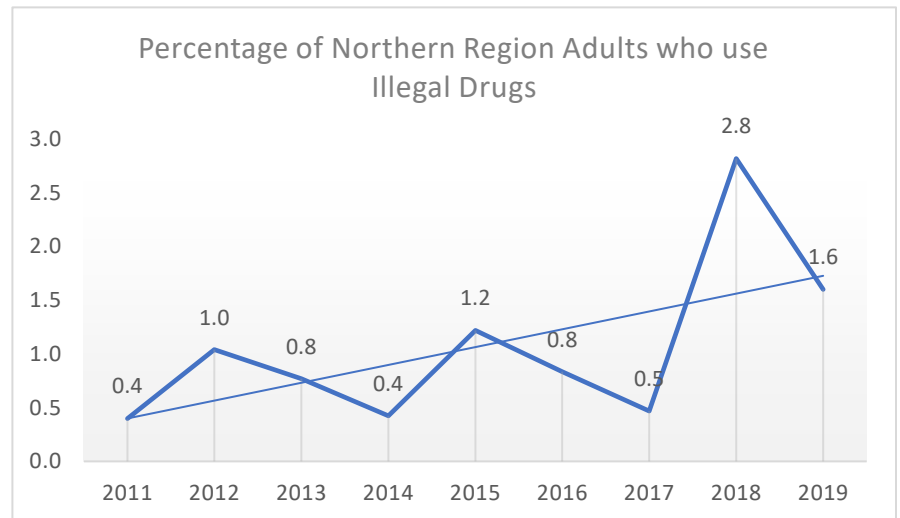
Adult Risk factor prevalence

The 2022 County Health Rankings and Roadmaps score Lyon County at 4.9 in poor mental health days and 4.4 in poor physical health days. Both of Lyon County scores are higher (meaning more severe) than the State of Nevada, and significantly more severe than the top U.S performers (University of Wisconsin Population Health Institute). Overall poor physical health and mental health are risk factors in opioid use and misuse (Pergolizzi et al., 2012). Data is collected using the Behavioral Risk Factor Surveillance System (BRFSS). The available data sets are broken down by legislatively defined behavioral health regions, Lyon County is a part of the Northern Behavioral Health Region.

This data reflects a majority of the Northern Regions' population having no days of poor mental or physical health, however this has been on a fairly steady decline. Research shows that depressive disorder can be a risk factor for opioid misuse, for the Northern Region this diagnosis has been increasing since 2011.

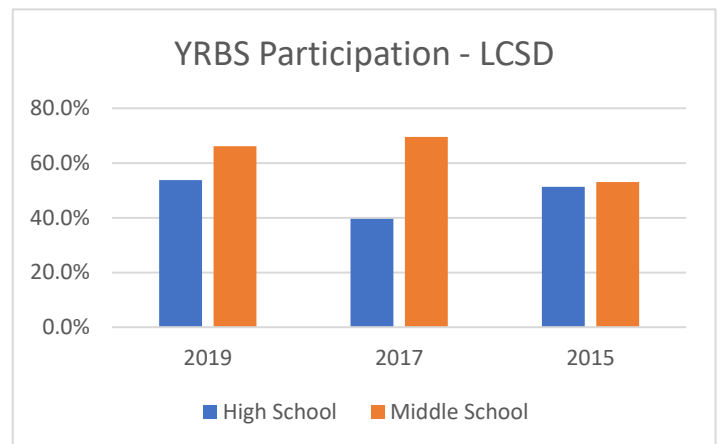


Prior use of illegal drugs is also a predictive factor in opioid misuse. The Northern Region has shown a steady increase in illegal drug use since 2011. These figures include heroin and illegal forms of opioids in addition to cocaine and methamphetamines, it excludes marijuana and hashish.



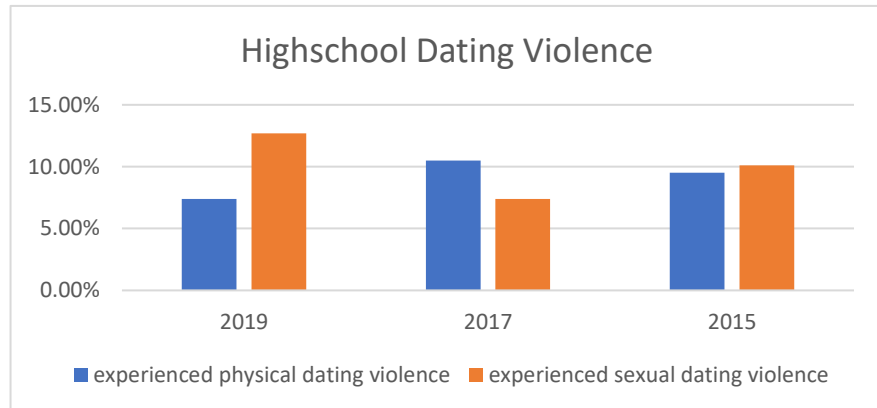
Youth Risk Factor Prevalence

Youth specific data is available through the Youth Risk Behavior Survey (YRBS) conducted by the State of Nevada's Department of Health and Human Services, Division of Public and Behavioral Health, Office of Public Health Investigations and Epidemiology. This survey changed significantly in 2015 and is not recommended to compare data with previous years due to the changes.



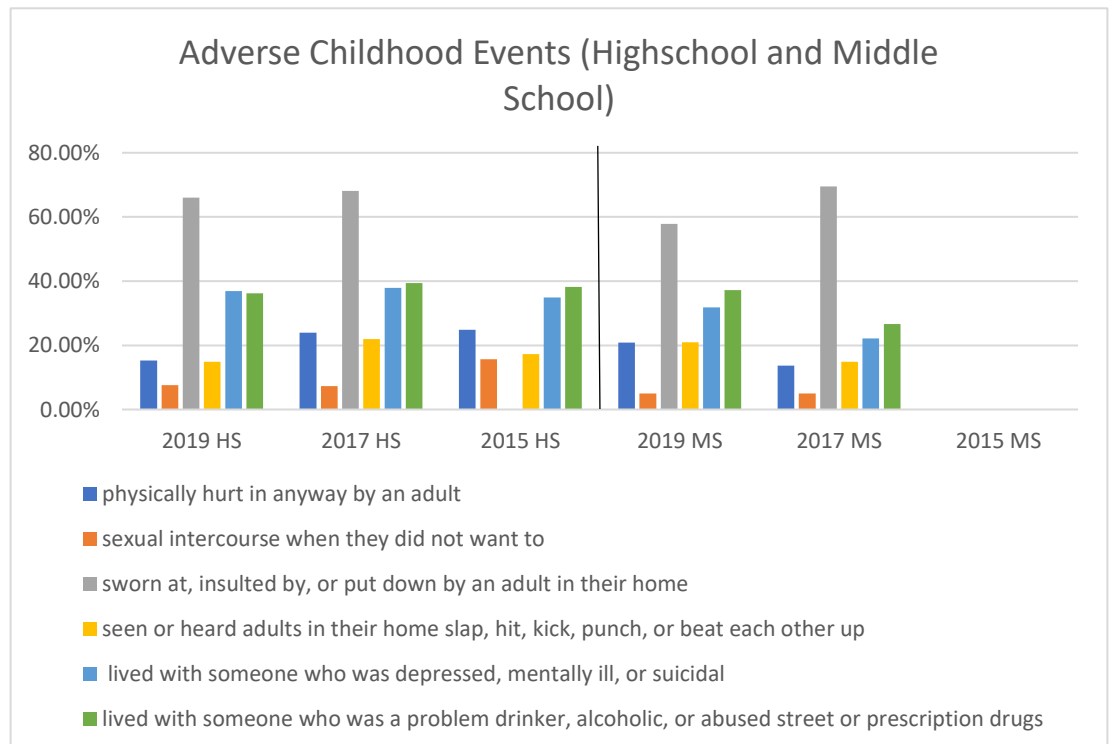
An item for consideration with these data sets is the participation levels vary by year which could impact the year by year comparison. This report is conducted through active consent in Lyon County School Districts and the data is compiled with Lyon, Storey, and Mineral Counties aggregated together. There is a survey conducted at the Middle School and High School level some questions are not asked at the middle school level. The following data is not representational of the full report as it covers many other topics.

Victimization is a risk factor identified as a potential risk factor opioid misuse. The YRBS shows steady trends in physical dating violence and a potential increasing trend in sexual dating violence.



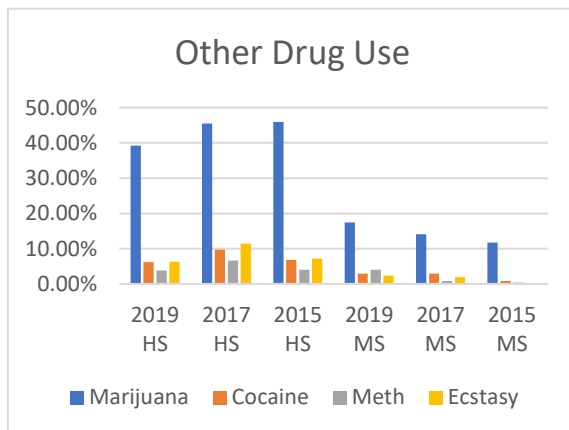
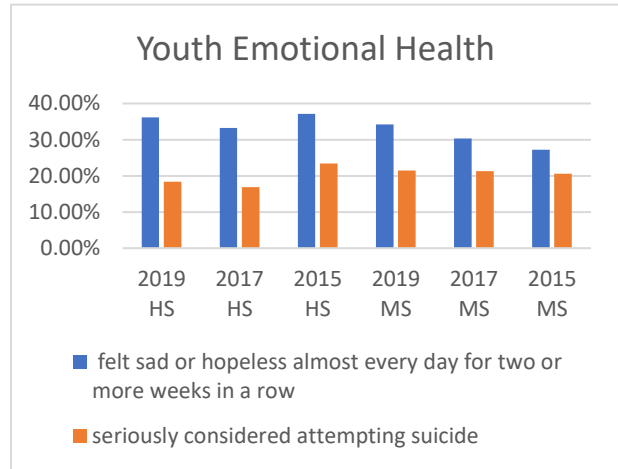
Adverse Childhood Events (ACES) have a correlation to opioid dependence as an adult, as study in 2017, showed strongest correlation between the living with a problem drinker or someone who used drugs and having an adult in the home who often swore or humiliated them, as well as divorce (Stein et al., 2017). This study also showed a strong

correlation to having four or more ACES as a predictor for future opioid use. While the YRBS does not indicate the number of ACES per student and does not account for divorce, it does collect data on the remaining ACE questions.



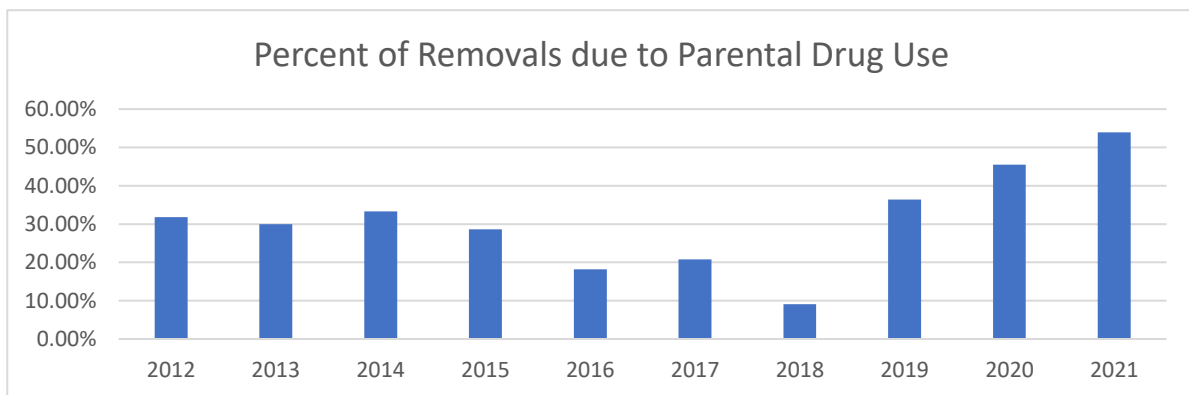
According to the YRBS data, ACES appear to be occurring at a steady rate since 2015. There is a high rate of youth who experience being sworn at, insulted by or being put down in their home and those living with someone who is a problem drinking, alcoholic, or abused street or prescription drugs. It is important to note promising research being conducted that identifies Positive Childhood Experiences (PCEs) and their ability to reduce adult depression and poor mental health days (Bethel, et al., 2019).

Depression and suicidality were identified as risk factors for opioid use, youth in the area show consistent trends, while middle schoolers appear to be increasing in depression.



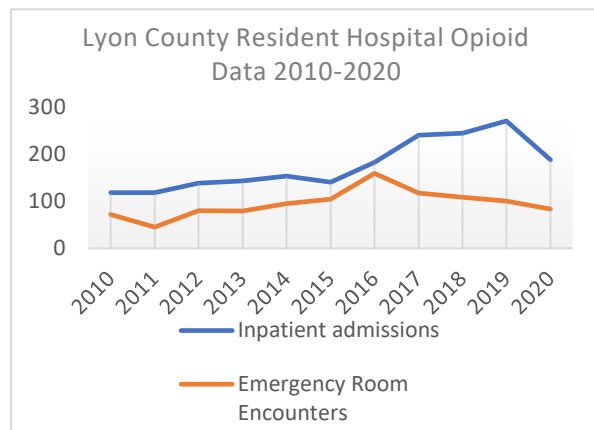
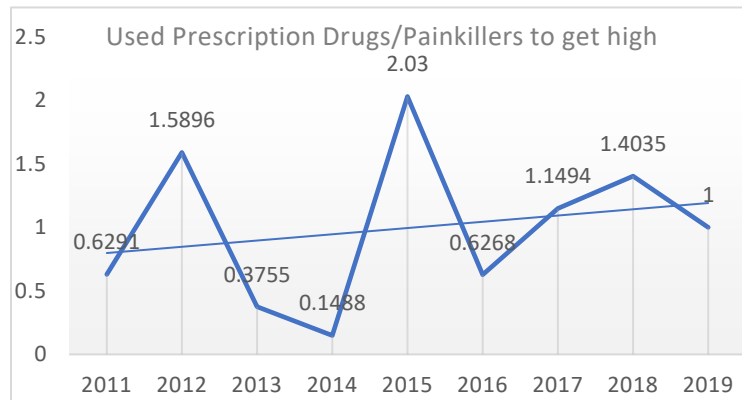
Comfortability with other drugs has been linked to potential opioid misuse. Area youth have a consistent trend with drug experimentation, with again, middle schoolers showing an increasing trend in marijuana use.

ACES have already been identified as a risk factor for opioid misuse as well as having a family history of drug abuse (Pergolizzi, et al., 2012, & Stein, et al, 2017). The Division of Child and Family Services reports Lyon County has an increasing trend in child removals to foster care due to parental drug use could be a strong indicator of youth who have family history of drug use

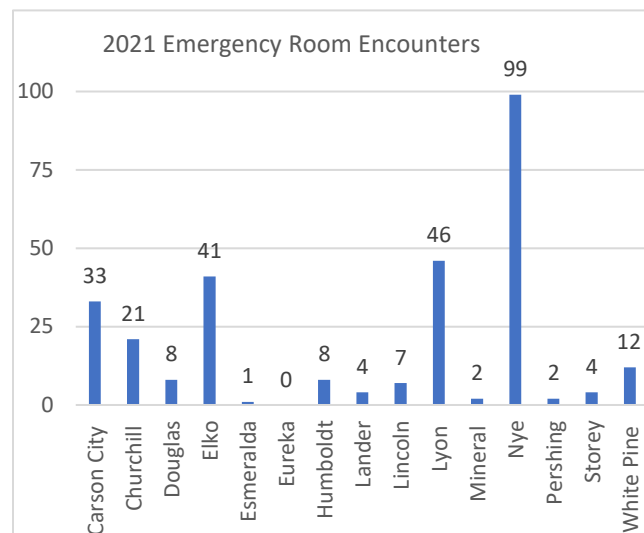


Prevalence of Opioid Use in the General Population

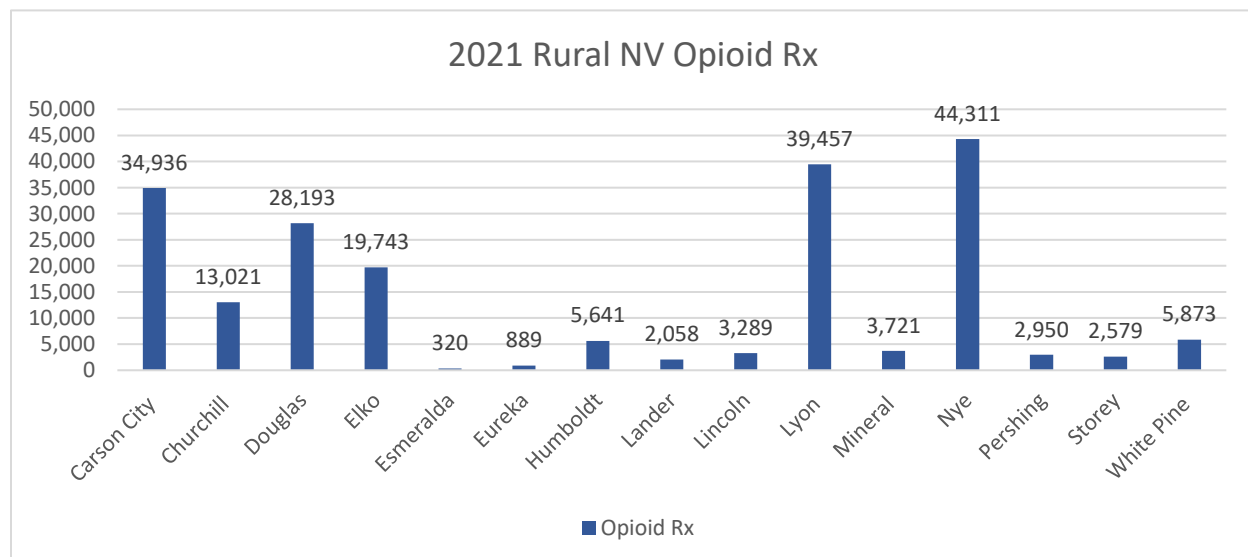
Regional data and hospital data sets available to identify the general prevalence of opioid use in Lyon County. The BRFSS reflects a small but steady increase in adults who use prescription painkillers to get high since 2011.



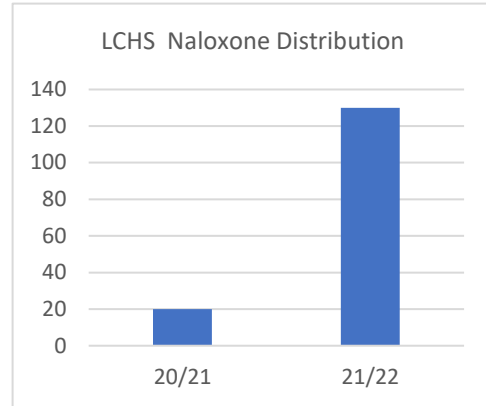
Hospital admittance and emergency room contacts for opioid related visits reflects a decline from the opioid surveillance data available through the office of analytics.



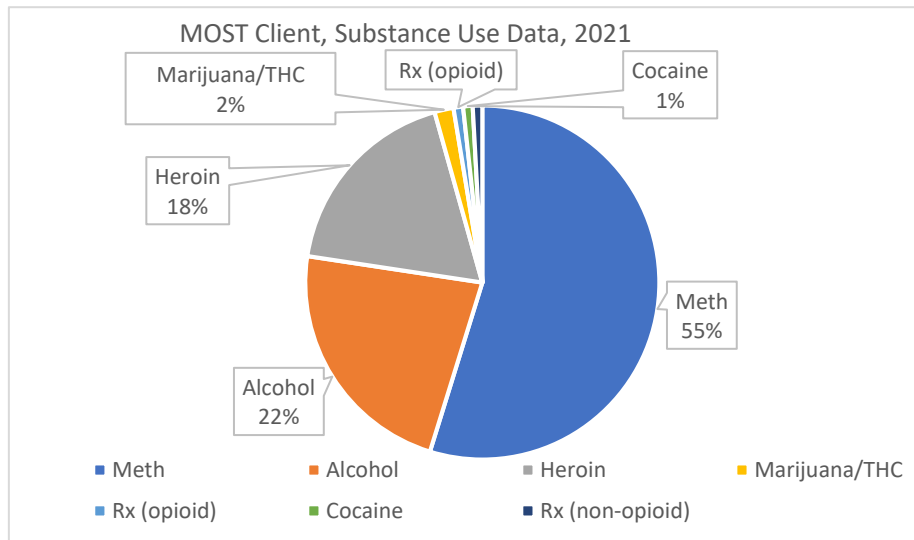
The Opioid-Related Incidence Counts and Rates by County, Nevada Residents, 2021 report showing county comparison reflects Lyon County Being the second highest utilizer of emergency rooms for opioid related issues and prescription rates.



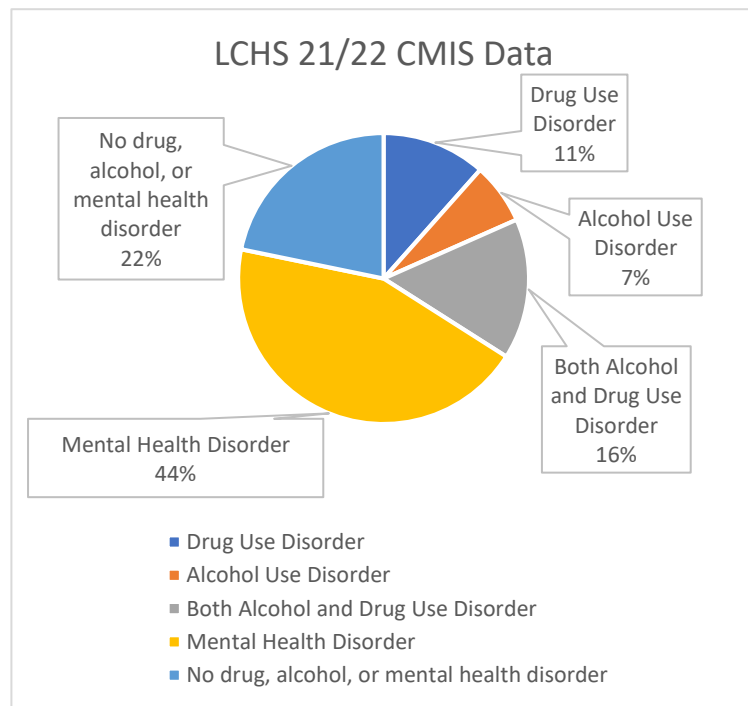
Perhaps an indicator of prevalence of opioids within the Lyon County communities could be the amount of Naloxone distributed. Lyon County Human Services has been distributing naloxone since mid FY19/20, within the two full years of data collection the amount distributed has increased exponentially. This could also be due to marketing and increase of staff and community member awareness and knowledge.



Local data for LCHS' Mobile Outreach Safety Team shows contacts with substance use concerns. In 2021, MOST had 92 unique contacts (305 total) involving known substance use. Heroin was the third highest reported substance.



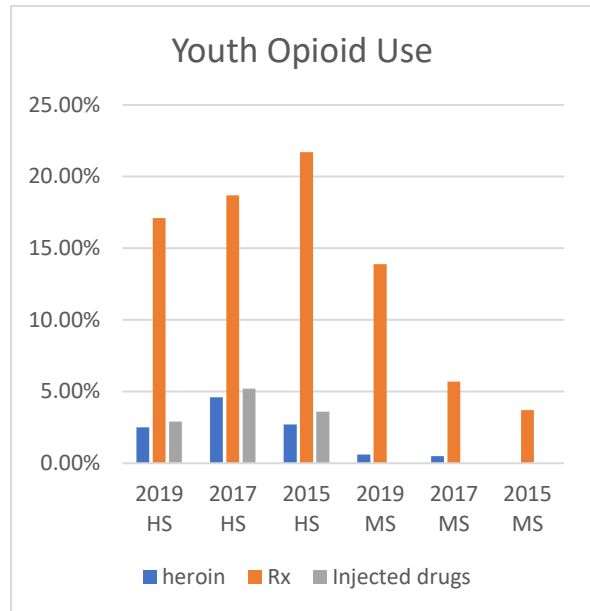
LCHS is also the coordinated entry site for Lyon County in the Rural Nevada Continuum of Care (RNCOC). CoC's were created by HUD to provide aid and reduce homelessness within their areas. Data from LCHS's homeless population who has completed an assessment through the CoC coordinated entry process show that generalized drug and alcohol use to be present for 34% and a mental health disorder (risk factor for opioid use) at 44%.



Prevalence of Opioid Use in Youth

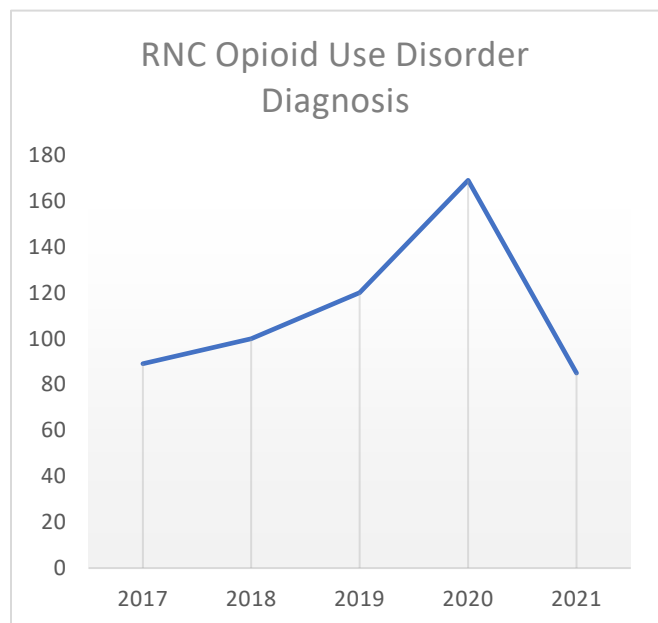
There is limited data to reflect current use of opioids by youth. Lyon County Juvenile Probation continues to report minimal opioid use, if any, on an annual basis with the highest drug usage being marijuana. Utilizing the YRBS data, there is self-reported opioid use by High Schoolers and Middle Schoolers.

High school youth appear to be on a decline for prescription and heroin use, while Middle schoolers are showing an increase in prescription drugs. Injectable drugs were not asked to middle schoolers, and neither was heroin in 2015.



Opioid Use in Substance Abuse Treatment Population

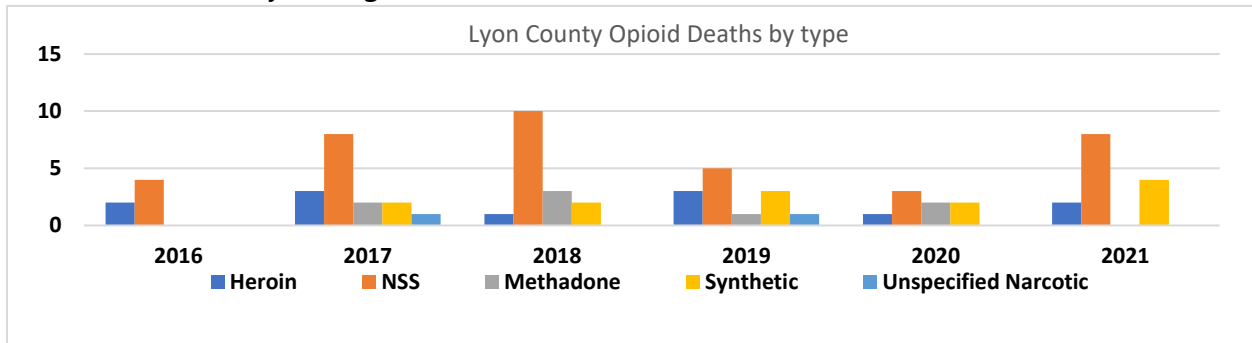
Treatment for Opioid Use Disorder in Lyon County is limited. While individuals may seek private treatment, participate in narcotics anonymous programs, engage in therapy, or a provider outside of the county, RNC is the only local full service substance use provider with Medication Assisted Therapy. RNC shows a significant drop in diagnosis in 2021 following several years of a steady increase. There was internal structure changes occurring within RNC during this timeframe and it is unknown if this impacted services rendered.



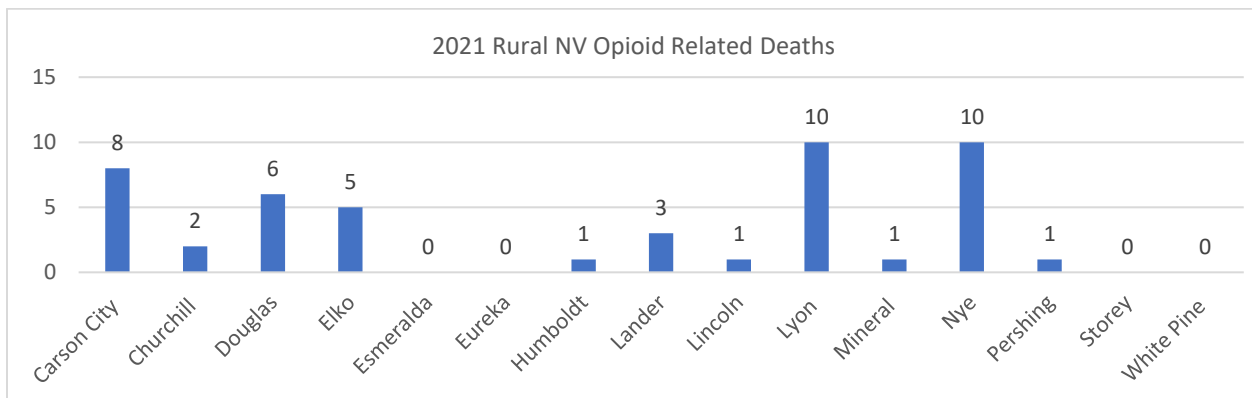
Opioid-Attributable Deaths

According to the State of Nevada, Department of Health and Human Services, Office of Analytics in the 2010-2021 Opioid Surveillance report there is a rise in synthetic and natural and semi-synthetic (NSS) opioid deaths. The 2021 data was not yet solidified so

these numbers may be higher than shown below.



The 2021 report from the Department of Health and Human Services, Office of Analytics, Opioid-Related Incidence Counts and Rates by County, Nevada Residents, 2021 shows Lyon and Nye Counties as having the highest rate of deaths from opioids.

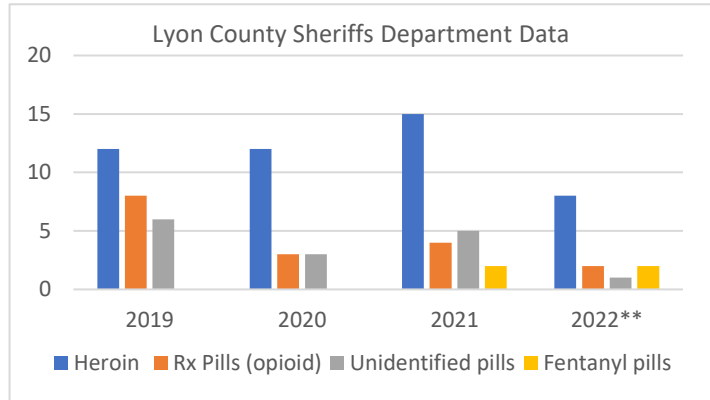


Opioid-Related Arrests

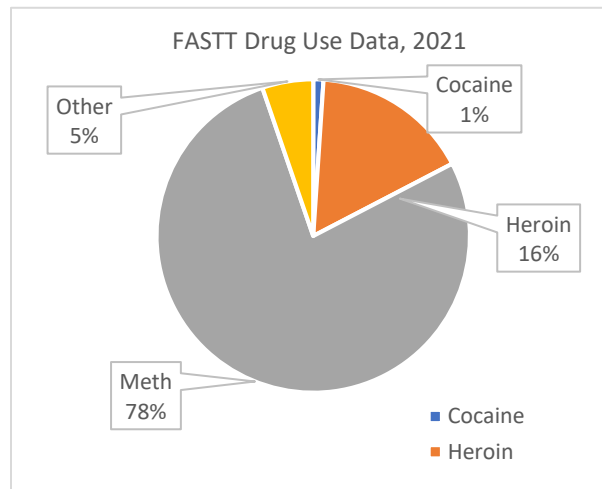
There are data constraints within existing systems to be able to show through existing data sets the full extent of crime that can be related to opioid use. Lyon County is situated to be a thoroughfare for vehicle traffic running north to south using highway 95 and east to west using Interstate 80 and highway 50. These major highways and interstate offer direct access through Lyon County to the high intensity drug trafficking areas of Reno and Las Vegas (Whitehouse). With the City of Fernley there are three major truck stops that contribute to a high transient population. Anecdotally, the Lyon county Sheriff's department can attest to the majority of burglaries and petty-larceny is correlated to drug use in some capacity.



Arrests where opioids were present are shown, with 2022 numbers being only for 6 months of the year. Knowing the 2022 data is incomplete with just a simple doubling of the existing statistics it would be safe to assume heroin, fentanyl pills, and prescription pills will meet or exceed those in 2021.



Additional data is collected through the Lyon County Human Services Forensic Assessment Services Triage Team on drug usage for those enrolled in the program while in custody. These individuals may or may not have been detained due to a drug related charge, however, they have self-reported use while receiving services. There were 236 individuals enrolled with 179 having scored positive on the CAGE- AID screening tool.



Community-Based Participatory Research (CBPR)

Overview

In 2019, Lyon County Human Services hosted an Opioid Summit. The purpose of the summit was to engage community stakeholders from across various fields in a workshop to learn about Lyon County specific opioid issues and action plan to address the needs. Interactive presentations on regional trends and demographics, local trends from Lyon County Sheriffs department, individuals with lived experience, and harm reductions and social determinants of health, participants were provided. After presentations participants engaged in a facilitated discussion answering the following questions:

- What does good look like?
- What are the existing resources and programs?
- What are opportunities in prevention, treatment, and recovery?
- What are strategies to implement in prevention, treatment, and recovery?
- What are strategies to address the gap in the workforce?

- Identify plans to train and retain new and existing providers?
- What is the vision for affordability and accessibility?
- How can we tell that we have made an impact?

Methodology

The responses from the workshop were recorded and analyzed for common themes and words. This analysis was used to generate the findings.

Summary of CBPR Findings

- Increase community member education opportunities and marketing campaigns focusing on drug use prevention, harm reduction strategies, and holistic pain management.
- Identify the most efficient agency(s) to implement and host community education events, addressing a variety of partners working across the lifespan.
- Identify effective harm reduction strategies and work with key stakeholders to increase access.
- Increase crisis response services tailored to youth and seniors.
- Create a marketing campaign and available community education regarding holistic pain management and overall general well-being.
- Increase access to Naloxone through a variety of approaches, engaging pharmacies, private practice, and community organizations.
- Implement standard screening for drug use throughout all community programs to intervene earlier.
- Engage with community partners providing essential services to implement the standard evidence based screening.
- Provide community training opportunities regarding using the screening and next steps in the conversation such as the model of change, motivational interviewing, and trauma informed care, and resource connection.
- Address transportation barrier with innovative strategies that will work for the landscape such as rideshares and app-based technology.
- Identify stakeholders in ridesharing and engage community in fostering the transportation method.
- Foster community outreach regarding Medicaid's available transportation services for eligible individuals.
- Maximize available Medicaid structure to create models of sustainability.

Assets and Resources

The current capacity to prevent, intervene, and treat opioid related disorders is limited within Lyon County. The same six agencies are heavily utilized to meet the needs of the community, this is due to the lack of permanent local providers that will physically attend to Lyon County residents. It is critical to note the positive partnerships and relationships that are maintained within Lyon County across all major systems including the Sheriff's Department, County Government, the School District, and the non-profit arena including but not limited to: Rural Nevada Counseling, Healthy Communities Coalition, Community Chest Inc., Carson Tahoe Health, and NAMI Western Nevada.

- Prevention and Early Intervention Programming
 - Lyon County Human Services
 - Healthy Communities Coalition
- Certified Community Behavioral Health Clinics (CCBHCs)
 - Rural Nevada Counseling (Silver Springs)
 - Vitality (Dayton)
- Crisis Intervention Programs
 - (CIT) Training Partnership with Lyon County Sheriffs Department and Human Services
 - Part time Mobile Outreach Safety Team (MOST/LCHS)
 - Rural Clinics CARES and MCRT
- Community Health Workers
 - Lyon County Human Services
 - Healthy Communities Coalition
 - Community Chest Inc.
- Harm Reduction Programs
 - Healthy Communities Coalition
- Jail Reentry Programs
 - Forensic Assessment and Services Triage Team (LCHS)
- Medication Assisted Treatment (MAT) Providers
 - Rural Nevada Counseling
- Naloxone Distribution Sites
 - Lyon County Human Services
 - Rural Nevada Counseling
- Peer Support Specialists
 - Rural Nevada Counseling
 - NAMI, Western Nevada
 - Healthy Communities Coalition

- Treatment Providers
 - Rural Nevada Counseling
 - Community Chest Inc.
 - Vitality

Funding and Recommended Implementation Plans

The Lyon County Board of County Commissioners (BOCC) has the ultimate funding approval authority. SB390 dictates funds must be utilized to abate opioid use and misuse within the Lyon County jurisdiction. Any organization seeking to use county allocated opioid settlement dollars will need to present to the BOCC their project with a detailed budget and intended outcomes that align with priorities set forth by SB390 and this plan.

Grants awarded through the State of Nevada for the purpose of opioid abatement will align with the following plan and must be approved through the Board of County Commissioners for any funds being used by a county entity.

The following outlines the eligible uses of grant money by a state, local or tribal governmental entity may allocate money pursuant to SB390, paragraph (b) of subsection 1 to:

(a) Projects and programs to:

- (1) Expand access to evidence-based prevention of substance use disorders, early intervention for persons at risk of a substance use disorder, treatment for substance use disorders and support for persons in recovery from substance use disorders;
- (2) Reduce the incidence and severity of neonatal abstinence syndrome;
- (3) Prevent incidents of adverse childhood experiences and increase early intervention for children who have undergone adverse childhood experiences and the families of such children;
- (4) Reduce the harm caused by substance use;
- (5) Prevent and treat infectious diseases in persons with substance use disorders;
- (6) Provide services for children and other persons in a behavioral health crisis and the families of such persons; and
- (7) Provide housing for persons who have or are in recovery from substance use disorders;

- (b) Campaigns to educate and increase awareness of the public concerning substance use and substance use disorders;
 - (c) Programs for persons involved in the criminal justice or juvenile justice system and the families of such persons, including, without limitation, programs that are administered by courts;
 - (d) Evaluation of existing programs relating to substance use and substance use disorders;
 - (e) Development of the workforce of providers of services relating to substance use and substance use disorders;
 - (f) The collection and analysis of data relating to substance use and substance use disorders; and
 - (g) Capital projects relating to substance use and substance use disorders, including, without limitation, construction, purchasing and remodeling.
3. The projects described in subsection 2 may include, without limitation, projects to maximize expenditures through federal, local and private matching contributions.

Recommended Strategies to Implement:

High Priority

To address the recommendations of the community:

- Increase crisis response services tailored to youth and seniors.
- Maximize available Medicaid structure to create models of sustainability
- Increase Naloxone access
- Increase transportation services

The following plan is considered high priority:

- Invest in a database for Lyon County Human Services to appropriately collect, analyze and track substance use, naloxone distribution, prevention supplies, and referrals to treatment throughout all services in one platform.
- Expand Lyon County Human Services to include a Behavioral Health division that will include:
 - Full time co-responder teams (MOST) to respond to the lifespan in crisis (Youth, Adult, and seniors).

- Provide assessments and treatment plans for at-risk individuals across the lifespan in a variety of settings such as homes, schools, juvenile probation offices, senior centers, etc.
- Lyon County Human Services to become a Medicaid provider to maximize expenditures and create stability for provided services including targeted case management for Juvenile Probation and non-severe mentally ill adults, and non-severe emotionally disturbed youth, and transportation.

To execute the plan the following is needed:

1. Create a clinical director position within the LCHS structure (allows for Medicaid billing provider type 14)
2. Hire a full time administrative assistance to allow capacity for Medicaid billing (will be located in the Yerington Human Services office allowing this location to increase naloxone distribution and equal access to services).
3. To implement a database that will allow for Medicaid billing as well as full department data collection and reporting.

Mid-level Priorities

These are areas that could potentially be funded through the grant process for State of Nevada Opioid dollars, listed in no particular order.

- Train and implement all local social service providers in screening, brief intervention, and referral to treatment.
- Implement mentorship program(s) for youth.
- Contract with professional marketing firms to generate local opioid prevention and intervention campaigns including holistic pain management strategies.
- Implement medication assisted treatment within the jail.
- Embed substance use counselor(s) within the county jail.
- Embed a full time discharge case manager within the county jail to aid in connection to services upon release.
- Increase access to medication assisted treatment to be readily available in all Lyon County communities through CCBHC's and other substance use treatment providers.
- Create an inpatient treatment center within Lyon County.
- Embed social workers throughout all Lyon County schools across all age levels.
- Implement evidence based youth prevention and education programming throughout Lyon County School District across all ages.

- Increase evidence based programs and services available to parents to strengthen families (such as Multi-Dimensional Family Therapy for youth and families and Family Check-Up).
- Implement evidence based fall prevention programs for seniors.
- Provide tools to keep seniors safe while using opioids such as naloxone, timer caps, and prescription lock boxes.
- Create warm-hand off services such as hospital discharge planners to Community Health Workers and/or Peer Support Specialists for overdose and substance related hospital stays.

Low-level priorities

These are areas that could be completed with other funding sources or in collaboration with existing services, listed in no particular order.

- Co-locate naloxone with all stop the bleed kits and AED locations.
- Increase targeted naloxone distribution and community education opportunities.
- Create supportive housing within Lyon County to aid in the transition from homeless and housed while providing treatment and services.
- Create opportunities for youth and families to engage with the community through activities and substance free events.

Conclusion

The data reflected within this needs assessment in conjunction with stakeholder discussion and the 2019 Opioid Summit shows a significant need to invest in services available to youth. Youth services are lacking in prevention, early intervention, and treatment. According to research and the surgeon general any evidence based programming tackling adverse childhood events, increasing positive childhood events, and providing health education will have significant positive outcomes on the future of opioid use and misuse in Lyon County.

Expanding local crisis support services for the lifespan is necessary to meet the community where they are at, when they need it most. Making these in-person connections shows increased connection to resources with case management follow-up. Additionally, supporting and expanding existing behavioral health providers to reach the full extent of the county is critical to ensure treatment options are available when individuals are ready for change.

Lyon County has a high rate of prescriptions and aligns with the high population of seniors. Increasing services available to seniors to ensure they are safely managing their prescriptions in home is necessary to avoid accidental opioid related deaths. Additionally offering evidence based education on pain management and alternatives as well as activities that will prevent catastrophic physical injury through slips and falls could aid in reducing prescriptions to this population.

Lyon County providers strive to avoid duplication of services and work in a collaborative effort to ensure that the needs of the community are met. By utilizing this needs assessment to make funding decisions that create and enhance programs and services, the Lyon County communities will have a reduced risk for opioid use and misuse.

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