



Opioid Use/Opioid Use Disorder Community Needs Assessment

Nye County
March 19, 2024

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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

Nye County is located in south-central Nevada. According to the 2020 census, the county has an area of 18,199 square miles, of which 18,182 square miles is land and 217 square miles is water. The population density is estimated at 2.8 persons per square mile (2020 Census). The county is adjacent to Churchill County, Lander County, Eureka County and White Pine County to the north, Lincoln County and Clark County to the east, Esmeralda County and Mineral County to the west and Inyo County, California to the south. Its county seat is Tonopah, Nevada.

Nye County is the largest county in Nevada and the third-largest county in the contiguous United States. The land area of 11,560,960 acres is larger than many states. Of the vast land area, only 822,711 acres, or just under 7% is private land; most of it is public land managed by the federal government.

The current estimated population of Nye County, according to the US Census Quick Facts report, is 54,738, up about 6.1% from the 2020 count of 51,591. The Median Age is 52.9. Population growth predictions vary by source and timeframe, but most sources predict steady growth over the next few years. According to the 2022 Census Data, adults aged 18 to 64 make up the majority of the population (52.3%), followed by individuals 65 and over (31.2%), and 17 and under (16.5%). Nye County has the 2nd largest population of 65 and over in the state (31.2%); second only to Storey County (34.3%).

Indicator – Estimates 2022	Nye	Nevada
Population	54,738	3,177,772
Population per Square Mile	2.8	28.3
Population Aged under 18	16.5%	21.7%
Population Aged 65 & Over	31.2%	16.9%
Population Veterans	6,978	202,503
Population in Poverty	14.9%	14.1%

In general, urban areas of Nevada are more racially and ethnically diverse than rural and frontier regions. Current 2022 US Census data reflects that 87% of the population of Nye County identifies as White, 4.2% as Black, 2.0% as Native American, 2.4% as Asian/Pacific Islander, and 3.9% identify as two or more races. More than 17% of the population identifies as Hispanic. This compares to urban Nevada with 46.5% White, 9.7% Black, 0.8% Native American, 10.9% Asian/Pacific Islander, and 32.1% of Hispanic Origin. Additionally, Nye County has a somewhat older population with 31.2% over the age of 65 years old, compared to the 16.9% for the state (Census, 2022). Nye County also has a disproportionately large number of persons with disabilities, with just under 17% of the population that are under 65 having a disability.

The US Census Quick Facts Report for Nye County shows the average per capita income is \$28,337. According to the Bureau of Economic Analysis for 2019, the Nye County average falls below the average per capita income for all rural and frontier counties (\$47,990), the urban average of \$54,879, and the U.S. average of \$56,490. In 2020, according to the Nevada Department of Education, 298,981 students or 63.2% of the total student population qualified for the Free and Reduced Lunch Program in Nevada. The rate for Nye County was 95.1%. The Nye County population in poverty percentage is 14.9%, compared to the Nevada rate of 14.1%. Further examination into poverty shows that for children aged 17 and younger the percentage was 16.8% for the United States, 17.6% for Nevada, and 26.9% for Nye County.

Nye County is a medically underserved area. The distances add to the impact of the lack of providers for medical, mental, dental, and behavioral health. According to the Nevada Rural and Frontier Health Data Book 10th Edition, in 2020 Nye County had only 10 Licensed Allopathic Physicians (MDs), 6 Primary Care Physicians (MDs and Dos), 8 Licensed Dentists, 2 Alcohol and Drug Counselors (ADC), 6 Licensed Alcohol and Drug Counselors (LADC), and 6 Marriage and Family Therapists (MFTs). This meager number of licensed providers serving the estimated 2020 Nye County population of 51,590 (2020 Census) illustrates the depth of how medically underserved Nye County is.

Nye County Health Profile

The three top priorities for Nye County, according to the Nevada State Health Needs Assessment Executive Summary 2019, are 1) Access to health care; 2) Employment, income, poverty, & housing; and 3) Chronic diseases. According to the County Health Rankings and Roadmaps (University of Wisconsin Population Health Institute), Nye County ranks 14th out of Nevada's 17 counties in health outcomes and 16th in health factors. With some major concerns relating to provider ratios, access to exercise opportunities, quality of life, life expectancy, health behaviors, food insecurity, and poverty.

The Nevada Department of Health and Human Services Office of Analytics 2019 County Health Profile for Nye County showed multiple areas of concern as well. Nye County ranked worse than the state of Nevada in almost every category, including the rate of heart attacks and current smokers; emergency room all drug and opioid-related encounters; and all overdose and other death rates. The only categories that Nye county did not rank worse than the state are diabetes mellitus and meth death rates, which were comparable to the state.

Impacts of Opioid Use/Opioid Use Disorder in Nye County

Nye County has historically had significant issues with opioid misuse. In the beginning years of the opioid crisis, prior to even being referred to as a crisis, Nye County had some of the highest misuse rates, prescription rates, and eventually death rates. This may have been in part due to the older population of Nye County and the high number of opioids that have historically been prescribed in the county.

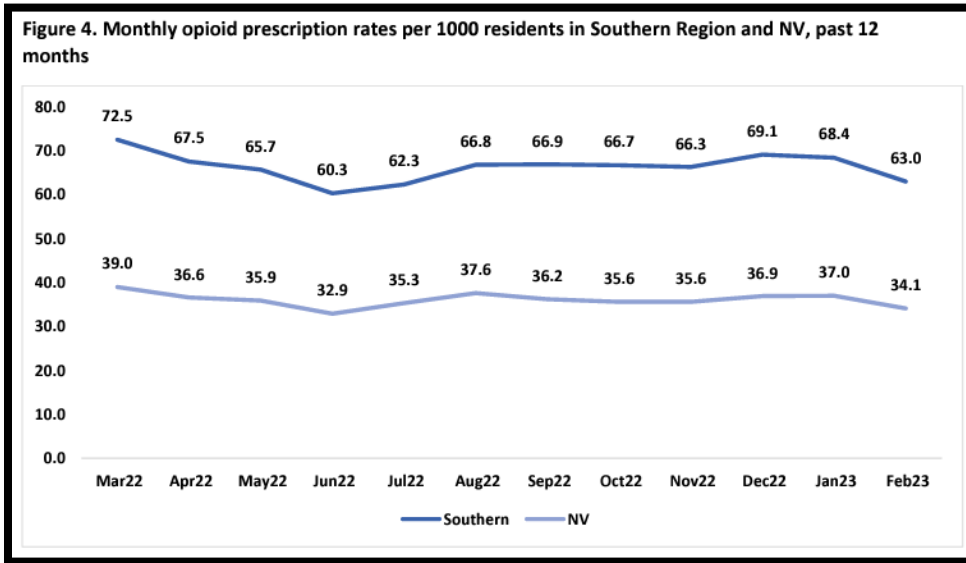
There are very limited prevention-based services for youth and at-risk adults. Community education is another area that is lacking in Nye County. Early interventions such as evidence-based screenings are not used in all settings where at-risk individuals receive services, including the limited general medical providers. Readily available access to and awareness of naloxone is another area of concern in Nye County, particularly with older adults using prescription medication and individuals at risk of overdose due to illicit drug use.

Regarding interventions, there are no inpatient rehabilitation facilities within Nye County. There are a limited number of outpatient substance use treatment providers which are mostly operating at maximum or near maximum capacity. Nye County also has a limited amount of sober living houses, and some are associated with outpatient treatment providers while others are less structured. In Nye County, the environment and available treatment opportunities align with some of the main barriers to treatment mentioned in the U.S. Department of Health and Human Services Report on Alcohol, Drugs, and Health, pages 4 – 9. The most concerning gaps are the lack of options, do not know where to go, and transportation to out-of-county inpatient treatment facilities.

Prescription Rates

According to the CDC, Nye County has been identified as having one of the highest rates of Milligram Morphine Equivalent (MME) prescribed in the nation. Nye County represents 85% of the total population of the Nevada Drug Overdose Surveillance June 2023: Southern Region report, where it is noted that there were 19 suspected drug overdoses, which equals a rate of 66.5 per 1,000 opioid prescriptions. The December 2018 Nevada Opioid Crisis Needs Assessment noted that Nye County is the

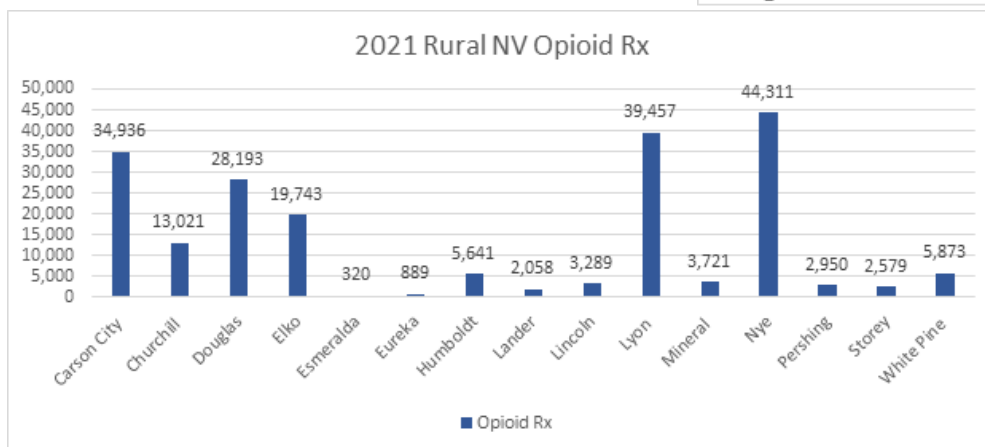
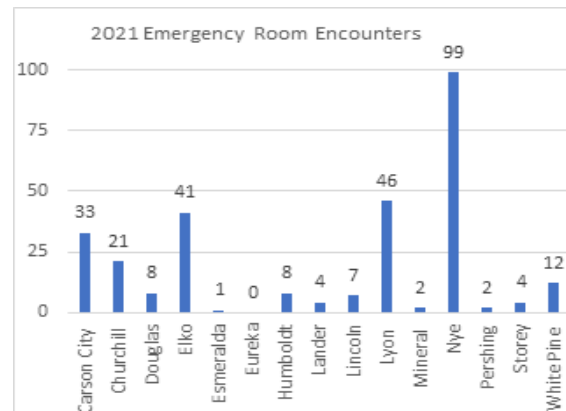
top opioid and benzodiazepine prescribing county at a rate of 54.9 per 100. This is compared to the Nevada state rate of 34 per 100.



According to the Nevada Drug Overdose Surveillance Monthly Report for February 2023, the Southern Region consistently has almost double the opioid prescription rates as the state of Nevada, per 1,000 people.

Hospital Encounters

The Nevada DHHS Office of Analytics data shows that in 2021 the Southern Region had a crude rate of 250.4 opioid-related emergency room encounters per 100,000 population, and 189 opioid-related inpatient stays lasting for an average of 7.9 days. This compares to 159.4 opioid-related emergency room encounters per 100,000 for the state. The graph shows 2021 BRFSS hospital admittance and emergency room contacts for opioid related visits. Nye County is the highest of all the rural counties in the state.



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

Infectious Diseases

From 2014 to 2018, the number of new cases of HIV/AIDS increased in all regions of Nevada, however the majority are in Clark County. The overall percentage of change for the 4 years was 17.6% increase of new HIV cases for the state with a 19.4% increase in Clark County and the rural Counties with an 18.2% increase.

Use During Pregnancy

In some of the rural Nevada Counties there are very high rates of opioid use by pregnant women, and several of the counties are higher than the statewide rate. There are very few OB/GYN services in the rural counties. In Nye County, where the rate for heroin use while pregnant is more than 5X the statewide rate, there are no full-time OB/GYN providers. The National Institute on Drug Abuse notes that the national incidence rate of NAS/NOWS (Neonatal Abstinence / Opioid Withdrawal Syndrome) is 7 cases per 1,000 hospital births. The rate in Nevada in 2017 was 7.7 per 1,000. Addiction Science & Clinical Practice notes in the “Addressing opioid use disorder among rural pregnant and postpartum women: a study protocol” that OUD has been increasing among women delivering at hospitals for more than 10 years and that in 2016 drug overdose deaths made up 10% of pregnancy associated mortality. They have noted there are disproportionate higher rates in rural areas of the United States.

Rate of Self-Reported Opiate Use While Pregnant 2012-2016 (rates per 1000 births)		
Area	Heroin	Opiates
Esmeralda/Lincoln/Nye Counties	5.2	2.1
Nevada	0.8	1.6

Fentanyl and Psychostimulants on the Rise

Richard Jenkins noted in a PubMed.gov article (<https://pubmed.ncbi.nlm.nih.gov/34482994/>), “The fourth wave of the US opioid epidemic and its implications for the rural US: A federal perspective” that we have “entered a fourth wave which can be characterized as a stimulant/opioid epidemic, with mental illness co-morbidities being more evident than in the past”. These exact words could have come from law enforcement and treatment providers throughout rural Nevada. Several rural Nevada drug courts have noted throughout the opioid epidemic that they continued to have large numbers of individuals enrolled due to the use of methamphetamine and other stimulants. OUD/SUD has overlapped with the COVID pandemic creating significant mental and behavioral health issues that are demonstrated by aggression and suicide and compounded with the use of psychostimulants and fentanyl.

Rates of unintentional drug overdose deaths by substance in Nevada from the Nevada State Unintentional Drug Overdose Reporting System (SUDORS), 2019-2020 (per 100,000 population)			
Area	Fentanyl	Psychostimulants	Fentanyl & Psychostimulants
Nye County	15	25.7	2.1
Nevada	10.7	24	3.9

Note: Fentanyl includes any deaths where toxicology results show that fentanyl contributed to death, which include both illicitly manufactured fentanyl and pharmaceutical fentanyl. Psychostimulant includes any deaths where toxicology results show that psychostimulants contributed to death, including methamphetamine, cocaine, and amphetamines. The combined fentanyl and psychostimulant group include deaths where both substances contributed to death.

Non-Fatal Overdoses

Nye County’s non-fatal overdose rate of 200 per 100,000 people is much higher than any other rural county in the state. The next closest rates are Lyon County at 125.0 and Lincoln County at 102.6. None of the rest of the counties even break 100.

Rate of suspected non-fatal opioid overdose EMS incidents by County in rural Nevada	
County / Area	Rate per 100,000
Churchill	53.3
Douglas	30.8
Elko	10.8
Esmeralda	27.5
Eureka	21.7
Humboldt	25.7
Lander	30.2
Lincoln	102.6
Lyon*	125.0
Mineral	0.0
Nye*	200.0
Pershing	71.7
Storey	39.6
White Pine	37.3
Nevada State EMS ImageTrend Elite Database *Data provided directly to Community by Sheriff’s Office not available at State office	

Death Rates

The Opioid Surveillance Report from Nevada Analytics reflects that the 2020 year in Nevada has shown a significant increase in male opioid-related deaths compared to females. While the rates for men have always been higher, there was usually only a couple of points difference in the crude rates. In 2020 rates increased to men at 22.6 (one year increase from 14.9) and women at 11.2 (one year increase from 9.1). The opioid-related deaths by age reflect that while the 15–24-year-old age group has been showing an upward trend, the jump from 2019 to 2020 was almost threefold from 34 to 98 persons. Every age group showed an increase in 2020, but the second highest increase was among 25–34-year-olds, and both age groups surpassed the 45–54-year-olds rates for the first time.

The Opioid Surveillance Report for 2020 from the Nevada Office of Analytics shows that there were 125 drug overdose deaths from heroin, 213 from natural and semi synthetic, 30 from methadone, 273 from synthetic opioids and 8 from unspecified narcotics in the state of Nevada. All were up from the previous year and synthetic opioids doubled in one year. Of those deaths 66% were White, 12% were Black, 1% were Native American, 2% were Asian/Pacific Islander and 18% were Hispanic; which is comparable to the Nevada population data.

According to the Nevada Opioid Needs Assessment and Statewide Plan 2022, Nye County opioid-related overdose death rates increased from a rate of 10.3 deaths per 100,000 to 20.5 per 100,000.

Community-Based Participatory Research (CBPR)

Overview

An initial meeting was held with a representative of NACO to explain the Opioid Settlement funding and discuss possible uses. Community Stakeholders discussed how the funds could be used, and listed issues that they see offhand that the funding might help mitigate.

Later, Karyn Smith of Nye County Health and Human Services attended an existing, regularly occurring, community meeting called Community Outreach. Karyn delivered a presentation on the funding history and possible uses in the county. She also collected surveys from everyone in attendance and asked for interested parties to attend stakeholder meetings to continue discussing community needs that the funding might help with.

Then a Stakeholder Meeting was held to discuss regional- and community-level data, and to thoroughly brainstorm where OD/ODU mitigation gaps lie in Nye County.

Between the surveys and the meetings, which engaged various stakeholders and community members, we were able to collect valuable information on where our gaps in resources lie and what the best uses for the Opioid Settlement Funding might be.

Participating Agencies/Organizations

Community Chest Inc.	Eric Schoen
Cub Scouts (Boy Scouts of America)	Jessica Smith
Desert View Hospital	Kyle McComas
Desert View Hospital	Susan Davila
Division of Child and Family Services	Michael Cason
Emergency Management and Fire Chief	Scott Lewis
Great Basin College	Laura Debenham
Indivisible Nye County	Maria Esqinoza
Living Free Health	Shelly Peorio
Living Free Health	Kim Koehler
Living Free Health	Ed Bikle
Moms Demand Action	Carolene Logue
Nevada Outreach Training Organization	Freddie Lopez
Nevada Outreach Training Organization	Kristy Mills
Nevada Outreach Training Organization	Jessica Barlow
Nevada Outreach Training Organization	Kathie McKenna
Nevada Outreach Training Organization	Holli Parks
Nevada Rural Mental Health Pahrump	Sue Haut
NyE Communities Coalition	Stacy Smith
NyE Communities Coalition	Michael Quattrocchi, Facilitation
NyE Communities Coalition	Amanda Hammar, Facilitation
Nye County Community Health Nurse	Crystal Kennedy
Nye County Democrats	Diane Southworth

Nye County Health & Human Services	Jennie Martin
Nye County Health & Human Services	Karyn Smith
Nye County Manager	Tim Sutton
Nye County School District	Karen Holley
Nye County School District	Kaylee Harker
Nye County Sheriff's Office	Lt. Harry Williams
Nye County Sheriff's Office	Sheriff Joe McGill
Nye County Sheriff's Office	Sharron Wehrly
P.O.L.E. Foundation	Angelito Duran
Pahrump Seventh Day Adventists	Aleta Alexander
Recovery Community	Kathy Smith
Red Cross	Charles Ballew
Regional Behavioral Health Workgroup	Mark Funkhouser
SDA Church	Patty Hobson
Serenity Health	Gaby Cruz
Theopolis Ministries	Frank Espisito
United Methodist Church	Ron Dennis
Veterans Administration	Alphonso Gibbs

Also invited but unable to attend meetings: Jennifer Dobbins, West Care; Chief Adam McCauley, Juvenile Probation Office; Alicia Lewis, Nye County School District; Melissa Stepp, Fifth Judicial Drug Court.

Methodology

Community members filled out surveys that included the following questions:

- What do you feel is your biggest concern related to opioid misuse?
- What do you think your community needs to address opioid misuse?
- Do you have any data or information that would help strengthen our opioid plan?

In addition, multiple meetings were attended and held to engage a wide range of community members and stakeholders in discussions regarding OU/OD needs and priorities within the county.

Responses from all surveys and discussions were recorded and analyzed for common themes. This analysis was used to generate the findings.

Summary of CBPR Findings

Gaps / Needs in Nye County:

Capacity:

- Increase workforce – CHW, PRSS, etc.
- County employee specialized in substance misuse
- Coordinate community-level data collection and understanding of opioid misuse; establish plans
- Increase education of front-line professionals about substance misuse – screening and intervention side. Identification and referral.
- Encourage Rx providers to train on misuse
- Increase access to Medically Assisted Treatment (MAT)
- Remove barriers that limit access to treatment

Prevention:

- Deliver community- and/or school-based education
- Provide public awareness of resources/problem
- Assist with disposal of RX drugs possibly through home healthcare / caregiver
- Promote awareness with marketing to youth and others
- Engage Youth with alternative activities, mentoring programs (i.e. Big Brothers, Big Sisters), peer support, mental and behavioral awareness, and community drug free events / teen hangouts (may need to address transportation)

Identification and Referral:

- Screen pregnant people / parents to identify substance misuse and emotional needs
- Examine what happens during and after an overdose. Strengthen systems
- Provide resource guides and screening tools at naloxone vending machines
- Increase awareness and availability of MAT to reduce withdrawal issues

Treatment:

- Support access to detox and treatment (transportation); providing for the pathways and connections; consider rural only held beds in Vegas facilities. Fund and hold them
- Meeting support – transportation and ride share

Recovery and Maintenance:

- Promote awareness of local recovery activities
- Support the development of additional recovery support including research-based
- Examine the connection between criminology / social determinants / ACES (Adverse Childhood Experiences) and address a holistic recovery

Assets and Resources

Assets and resources currently available in Nye County to mitigate OU/OD include:

- Crisis Call Centers
 - Crisis Hotline (Nevada Outreach Training Organization)
 - 988
- Community Health Workers
 - NyE Communities Coalition
 - Nevada Outreach Training Organization
- Harm Reduction Programs
 - NyE Communities Coalition
 - Nye County Community Health Nurse
- Jail and Prison Reentry Programs
 - Deflection Program (NyE Communities Coalition)
 - Novum-U
- Medication Assisted Treatment (MAT) Providers
 - Derek Griffith, APRN (Mind Space Mental Health)
 - Stephen Andracki, MD (Intermountain Health)
- Mental Health Treatment Providers/Co-Occurring Disorders for Adults/Youth
 - Nevada Rural Clinics
 - Living Free Health (Co-Occurring Disorders)
 - Serenity Mental Health
 - Aspire Therapeutic Solutions
 - Changes Recovery Counseling
 - Pahump Valley Counseling, Rebecca Oikawa (Outpatient)
- Mobile Crisis Teams (Adults and Children)/Mobile Outreach Safety Teams
 - Rural Mobile Crisis Response Team
- Naloxone Distribution Sites
 - NyE Communities Coalition
 - Living Free Health
 - Nevada Outreach Training Organization
- Peer Support Specialists
 - NyE Communities Coalition
 - Living Free Health
- Prevention and Early Intervention Programming
 - NyE Communities Coalition
 - Nye County Community Health Nurse
- Specialty Courts
 - Drug Court
 - Family Specialty Court
- Substance Use Primary Prevention Programs
 - Boy's & Girl's Club
 - Community Chest

- Nye County School District
- Nevada Outreach Training Organization
- Nye Communities Coalition
- Treatment Providers (OP, IOP, Transitional Living, Residential, Detox, Inpatient)
 - Living Free Health (IOP, OP, and Sober Living Houses)
 - Changes Recovery Counseling (OP, IOP, Sober Living House)
 - West Care (OP, IOP)
 - Pahrump Valley Counseling, David VanderBeek (Outpatient)
 - Pahrump Valley Counseling, Rebecca Oikawa (Outpatient)
 - Serenity Mental Health (Outpatient, Transitional Living)
 - Fresh Start (Transitional Living)
 - Sober Homies (Transitional Living)
 - Novum-U (Transitional Living)

State Summary of Priorities

- Goal 1: Ensure Local Programs Have the Capacity to Implement Recommendations Effectively and Sustainably
 - 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
 - Objective 1.1.2: Facilitate Coordination of Funding and Efforts across the State
 - 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
 - Objective 1.2.2: Support Initial Implementation of EBPs and Best Practices
 - Strategy 1.3: Monitor Implementation and Fidelity to Program Models and Requirements
 - Objective 1.3.1: Timely Monitoring of Program Progress and Outcomes
 - Objective 1.3.2: Ensure Entities are Performing with Fidelity to the Chosen Model of Services or Programs
- 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
 - Objective 2.1.2: Educate the General Public on Opioid Prevention and Treatment
 - Objective 2.1.3: Equip Providers to Prevent Opioid Misuse and Overdose
 - Objective 2.1.4: Promote Safe Pain Management for Patients with Chronic Pain or Opioid Prescriptions
 - 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
 - Objective 2.1.6: Support Youth and Adolescents Who Have Experienced ACEs and are At-Risk
 - Objective 2.1.7: Prevent Opioid Misuse and Overdose in Schools
 - 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
 - Objective 2.2.2: Implement Screening and Early Intervention for All Nevadans
 - 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
- 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
 - Objective 3.1.2: Prevent Suicide-Related Overdoses
 - Objective 3.1.3: Support Safe Harm Reduction Behaviors among People Using Opioids
 - Objective 3.1.4: Implement Statewide Harm Reduction Philosophy

- Strategy 3.2: Decrease the Spread of Injection-related Morbidity and Mortality
 - Objective 3.2.1: Support Safe Intravenous Use
- 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
 - Objective 4.1.2: Provide a Variety of Evidence-Based and Best Practices Accessible to Nevada’s Frontier, Rural, and Urban Populations
 - Objective 4.1.3: Expand Treatment Options for Special Populations, Including Adolescents and Individuals with Co-Occurring Disorders
 - Objective 4.1.4: Expand/Maximize Capacity of Current Services and Increase Workforce
 - Strategy 4.2: Increase Access to Evidence-Based Treatment
 - Objective 4.2.1: Expand Treatment Funding Options
 - Objective 4.2.2: Increase Effective Utilization of Telehealth
 - 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
 - Objective 4.3.2: Increase Access to MOUD
 - Objective 4.3.3: Increase Provider Proficiency in Treatment with MOUD
 - Strategy 4.4: Increase Treatment for Neonatal Abstinence Syndrome (NAS)
 - Objective 4.4.1: Screening, Intervention, and Referral for Pregnant Women
- Goal 5: Implement Recovery Communities across Nevada
 - Strategy 5.1: Address Social Determinants of Health
 - Objective 5.1.1: Screen and Connect people to Social Determinants of Health (SDOH) Resources
 - Objective 5.1.2: Access to Housing
 - Objective 5.1.3: Employment Supports
 - Objective 5.1.4: Access to Childcare
 - Objective 5.1.5: Access to Transportation
- Goal 6: Provide Opioid Prevention and Treatment Consistently across the Criminal Justice and Public Safety Systems
 - 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
 - Strategy 6.2: Prevent Overdose after Release from Jails and Prisons
 - Objective 6.2.1: Increase Access to Quality Care for Justice-Involved Individuals
 - Objective 6.2.2: Support Individuals with Opioid Use History Leaving Jails and Prisons
- Goal 7: Provide High Quality and Robust Data and Accessible, Timely Reporting
 - Strategy 7.1: Provide Consistent, High-Quality Data for Surveillance and Reporting
 - Objective 7.1.1: Improve the Quality of Toxicology Data
 - Objective 7.1.2: Improve and Standardize Surveillance Reporting
 - Strategy 7.2: Increase Availability of Data for Rapid Response to Opioid Trends
 - Objective 7.2.1: Increase Breadth of Data Collected
 - Objective 7.2.2: Ensure Data is Shared Across Agencies and Providers
 - Objective 7.2.3: Provide Immediate Access to Critical Opioid-Related Data

Funding and Implementation Plans

Goal 1: Increase capacity for grant management, stakeholder involvement, and OUD support.

- Strategy 1.1: Build County infrastructure to assist in local capacity-building and ongoing grant management and monitoring
- Strategy 1.2: Increase OU/OUD-related workforce (i.e. PRSS, CHW, SMS, etc.)
- Strategy 1.3: Support community engagement in ongoing assessment and planning

Goal 2: Prevent the misuse of opioids.

- Strategy 2.1: Provide education and tools to the general public to prevent Opioid / Substance Misuse
- Strategy 2.2: Implement community-wide media campaign to educate about opioid / substance misuse and prevention/treatment resources
- Strategy 2.3: Provide school- and/or community-based education for youth on opioid and substance misuse prevention and treatment
- Strategy 2.4: Provide alternative activities, mentorship programs, sports sponsorship, or drug-free events for youth

Goal 3: Strengthen systems surrounding OU/OUD identification and referral.

- Strategy 3.1: Provide support and education for frontline employees for screening and linkages
- Strategy 3.2: Implement screening and early intervention for pregnant people and other at-risk populations

Goal 4: Increase access to treatment options.

- Strategy 4.1: Increase access to detox and treatment (remove barriers)
- Strategy 4.2: Increase availability of and access to MAT

Goal 5: Support recovery and maintenance.

- Strategy 5.1: Increase awareness of recovery groups and meetings
- Strategy 5.2: Provide more research-based recovery support in various settings

Conclusion

The data reflected within this needs assessment in conjunction with stakeholder discussion highlights a few areas of concern that should be addressed. In addition to educating youth and the general public on opioid prevention and treatment options, better support and resources need to be available for front-line employees and others involved in identification and referral. There is significant opioid use while pregnant, hospital encounters, and non-fatal overdoses that could all be reduced with more education and support to both prevent these instances in the first place, and to get people on the path to recovery when it does happen.

Nye County providers strive to avoid duplication of services and work collaboratively 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 Nye County communities will have a reduced risk for opioid use and misuse.

Contributors

Community partners and key stakeholders attended multiple meetings and provided information and data during the process of developing this document. NyE Communities Coalition and Nye County Health and Human Services provided staff time to create this document and facilitate meetings.