

# OPIOID USE AND MISUSE

COMMUNITY NEEDS ASSESSMENT

CARSON CITY, NEVADA



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## Executive Summary

### Background

The United States opioid epidemic began in 1999 due to an increase in drug overdose deaths from opioid prescription pain relievers. This marked the first wave of the epidemic, which has then been followed by the second wave beginning in 2010 due to a rise in heroin overdose deaths. The nation is currently in its third wave of the opioid epidemic, which started in 2013, and is continuing to worsen dramatically due to synthetic opioid overdose deaths. Out of every four drug overdose deaths in the United States in 2020, three of them involved an opioid. In the single year from 2019 to 2020, the number of drug overdose deaths increased by 30% (Centers for Disease Control and Prevention [“CDC”], 2022). The opioid crisis became a focus of national attention initially in 2015 when it was declared a national emergency by the executive administration of that time (State of Nevada Department of Health and Human Services [“DHHS”], 2022). This helped provide federal funding to help combat the crisis. Currently, the CDC helps to provide upstream support by giving resources to state and local entities, monitoring trends, supporting providers and healthcare systems, and educating the public to make safer choices about opioids (CDC, 2022).

With funding provided at the national level, Nevada implemented the High-Intensity Drug Trafficking Areas (“HIDTA”) program under the Drug Enforcement Administration (“DEA”) in 2017. HIDTA was enacted to identify high drug trafficking regions within the state that required immediate intervention (DHHS, 2022). Prior to implementation of HIDTA, in 2015 Nevada ranked thirteenth in opioid prescribing and twentieth among opioid-related deaths (CDC, 2022). These outcomes improved four years later; by 2019, Nevada improved to ranking twentieth in opioid prescribing and twenty-eighth in deaths related to opioid overdose nationally (DHHS, 2022). However, Nevada saw a drastic increase in deaths related to overdose of all stimulants from 2015 to 2020 (CDC, 2022).

In 2021, the Nevada Legislature passed Senate Bill (“SB”) 390, which was an act relating to behavioral health (2021). This bill helped to provide and establish the suicide prevention and crisis hotline in the State, the Fund for a Resilient Nevada, and guidance for state, local, and tribal government organizations to help address the impact of opioid and substance use disorders across the state (SB 390, 2021). This assessment aims to provide an overview of the impact of opioid use in Carson City, Nevada, risk factors affecting various populations

within the city, areas of intervention identified through CBPR, and strategies to mitigate further negative impacts within the area through available funding.

## **Community Overview**

### **Carson City's Geographical Information**

Carson City is located in western Nevada and is both a consolidated municipality and the capital of the state. The county is bordered by Washoe County to the north, Storey County to the northeast, Lyon County to the east, Douglas County to the south and Placer County, CA to the west (U.S. Census Bureau, 2021).

### **Carson City's Population**

As of 2020 (U.S. Census Bureau), Carson City is the fourth most populous county in the state with 58,639 residents. The county geographically is the smallest in Nevada with 144.53 square miles of land and has an estimated 405.7 population per square mile (U.S. Census Bureau, 2020), the highest population density within the state. Carson City has seen an increase in population growth by 6.1% from 2010 to 2020 (U.S. Census Bureau, 2021). The Nevada State Demographer (2022) estimates that the population of Carson City will grow steadily over the next twenty years ranging from a 0.1%-0.7% increase each year over the next two decades.

Carson City's gender demographics is nearly equal with 51.8% males and 48.2% females. The median age of Carson City residents is 42.1 years, which is older than the overall median age in Nevada of 38.3 years. One in five Carson City residents are over the age of 65 (20.5%), compared to 15.8% within Nevada. Carson City's residents under the age of 18 is 20.0%, compared to 22.2% within Nevada. The percent change of those aged 18 and over has increased by 9.0% since 2010, which will continue to increase as the population ages (U.S. Census Bureau). Carson City's population by age group breakdown in comparison to Nevada and the United States is shown in Figure 1.

Figure 1: Population by Select Age Groups

	United States	Nevada	Carson City
<b>Total Population</b>	329,725,481	3,059,238	58,639
<b>Median Age</b>	38.4	38.3	42.1
<b>Under 5 years</b>	5.9%	5.9%	5.2%
<b>5 to 9 years</b>	6.1%	6.2%	5.6%
<b>10 to 14 years</b>	6.6%	6.7%	5.8%
<b>15 to 19 years</b>	6.6%	6.1%	5.5%
<b>20 to 24 years</b>	6.5%	5.9%	5.9%
<b>25 to 34 years</b>	13.8%	14.5%	13.0%
<b>35 to 44 years</b>	12.9%	13.5%	12.1%
<b>45 to 54 years</b>	12.6%	13.0%	12.1%
<b>55 to 59 years</b>	6.7%	6.5%	7.4%
<b>60 to 64 years</b>	6.3%	6.0%	6.9%
<b>65 to 74 years</b>	9.6%	9.9%	12.0%
<b>75 to 84 years</b>	4.5%	4.5%	5.6%
<b>85 years and over</b>	1.9%	1.4%	2.9%

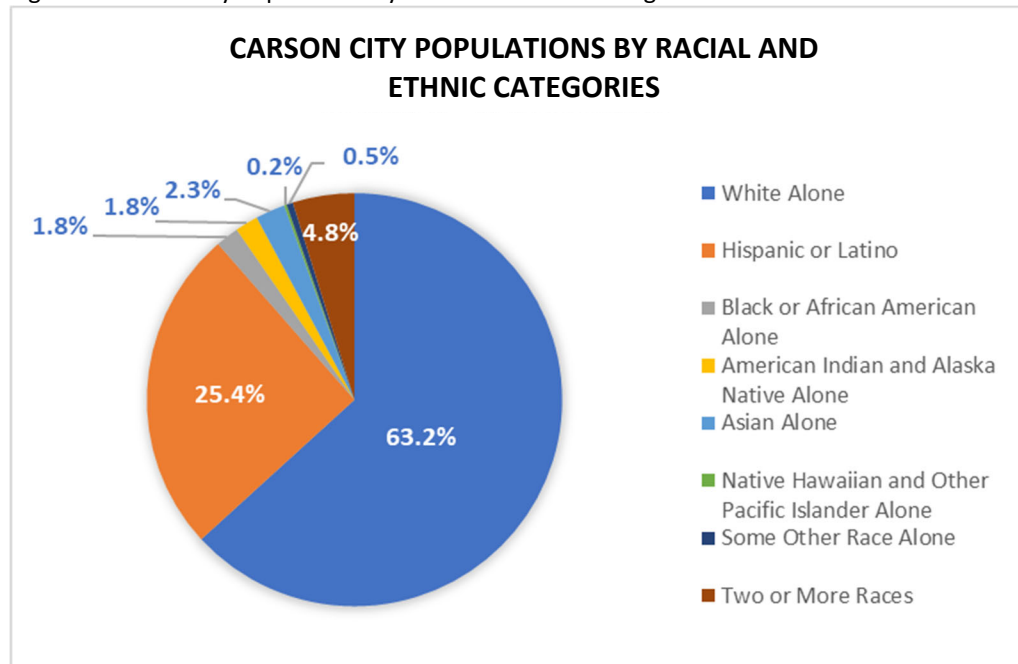
Source: U.S. Census Bureau, American Community Survey, 2022 5-year Estimates Data Profile

## Race and Ethnicity

The race and ethnicity characteristics of Carson City residents have changed considerably over the last decade. In 2010, the majority of Carson City residents were White, Not Hispanic or Latino (70.7%) with the second largest ethnic group being those who identified as Hispanic or Latino (21.3%). These numbers changed considerably by 2020 with the percentage of White, Not Hispanic or Latino residents decreasing slightly to 63.2%, residents who are Hispanic or Latino increasing to 25.4% and the third largest racial or ethnic group becoming individuals

identifying as Two or More Races, not Hispanic or Latino (4.8%) shown in Figure 2 (U.S. Census Bureau, 2020).

Figure 2: Carson City Populations by Racial and Ethnic Categories



Source: U.S. Census Bureau, American Community Survey, 2022 5-year Estimates Data Profile

## Language

For the population 5 years and older, 78% speak English as the primary language at home. The other primary languages spoken at home besides English are: Spanish – 81%, Asian and Pacific Islander – 9%, Other Indo-European – 7%, and other languages – 3%. Of those not speaking English as their primary language and speaking primarily Spanish at home, 31% do not speak English very well. It was reported in the 2022 Quad-County Regional Community Health Needs Assessment (“CHNA”) that access to Spanish speaking healthcare providers is limited. From 2010 to 2020, Carson City moved from the 7<sup>th</sup> most diverse to the 5<sup>th</sup> most diverse county in the state of Nevada (U.S. Census Bureau, 2020).

## Educational Attainment

In 2022, of the population 25 years and older, 4% had less than a 9<sup>th</sup> grade education, 7% had an education level between 9<sup>th</sup> and 12<sup>th</sup> grade with no diploma or equivalency, 26% have a high school diploma or the equivalency, 28% had some college with no degree, 11% had an Associate degree, 16% had a Bachelor’s degree, and 8%

had a Graduate or Professional degree. To summarize, 89% had a high school diploma or equivalency, which is very close to Nevada's percentage of 87%, and 24% had a bachelor's degree or higher, in comparison to Nevada's percentage of 26.5% (U.S. Census Bureau, 2020).

According to the 2023 Nevada Rural and Frontier Data Book, Carson City's 2020 graduation rate was 85.7% compared to 81.3% in Nevada. The percentages of males graduating were 82.4% and the percentage of females were 89.5%.

### Industry and Occupations of Carson City Civilian Residents

Carson City's civilian residents aged 16 years and older are employed in a variety of industries (Figure 3). The top three industries are: educational services, and healthcare and social assistance – 17.7%; arts, entertainment, and recreation, and accommodation and food services – 14.4%; and public administration – 12.2%.

Figure 3: Employment by Industry

	Carson City	Douglas County	Lyon County	Storey County
<b>Population Aged 16 +</b>	25,998	21,579	23,278	1,500
Agriculture, forestry, fishing and hunting, & mining	0.7%	1.7%	2.3%	0.6%
Construction	9.1%	8.4%	8.2%	7.6%
Manufacturing	9.4%	8.5%	12.7%	7.5%
Wholesale trade	2.2%	0.9%	4.3%	3.1%
Retail trade	11.8%	10.1%	13.9%	9.0%
Transportation & warehousing, & utilities	3.4%	4.0%	7.9%	5.3%
Information	1.7%	1.4%	0.9%	4.0%

	Carson City	Douglas County	Lyon County	Storey County
Finance and insurance, and real estate & rental and leasing	3.7%	6.4%	3.2%	8.0%
Professional, scientific, and management, & administrative and waste management Services	9.4%	9.0%	7.5%	14.1%
Educational services, & healthcare and social assistance	17.7%	18.4%	14.5%	10.8%
Arts, entertainment, and recreation, & accommodation and food services	14.4%	15.2%	11.6%	17.4%
Other services, except public administration	4.5%	5.2%	5.1%	6.9%
Public administration	12.2%	10.8%	7.8%	5.7%

Source: U.S. Census Bureau, American Community Survey, 2022 5-year Estimates Data Profile

### Computer and Internet Usage

Of the total households in Carson City, 93.1% have a computer. The households with a broadband internet subscription are 87.6%. (U.S. Census Bureau, 2022)

## Household Income

In 2020, the median household income for Carson City was \$67,465, the lowest in comparison to Nevada and the surrounding counties – Nevada - \$72,333, Douglas County - \$84,262, Lyon County - \$70,026, Storey County - \$86,932 (Figure 4). Carson City had the highest percentage of households with an income below \$25,000 and below \$75,000. Storey County had the highest percentage of households with an income of \$100,000 or more, and Carson City had the lowest percentage.

Figure 4: Carson City's Annual Household Income Percentages

ANNUAL HOUSEHOLD INCOME					
	Carson City	Douglas County	Lyon County	Storey County	Nevada
Less than \$10,000	3.9%	3.3%	5.5%	3.0%	5.6%
\$10,000 - \$14,999	3.9%	2.7%	3.3%	4.3%	3.1%
\$15,000 - \$24,999	8.2%	5.7%	5.2%	5.3%	6.5%
\$25,000 - \$34,999	7.3%	7.2%	7.7%	9.7%	7.4%
\$35,000 - \$49,999	11.3%	9.7%	12.0%	10.9%	11.6%
\$50,000 - \$74,999	21.0%	16.0%	19.0%	12.3%	17.6%
\$75,000 - \$99,999	14.0%	15.3%	14.4%	10.2%	13.6%
\$100,000 - \$149,999	17.1%	19.0%	20.7%	25.5%	17.9%
\$150,000 - \$199,999	5.6%	9.2%	7.2%	10.6%	7.9%
\$200,000 and above	7.7%	12.0%	5.0%	8.2%	8.8%

Source: U.S. Census Bureau, American Community Survey, 2022 5-year Estimates Data Profile

## **Residents Living with a Disability**

According to the 2022 CHNA, nearly one in six, (16.5%), Carson City's residents are living with a disability. One in two of these residents (50.3%) residents are ages 75 and over, and slightly more than one in four of these residents (28.0%) are between the ages of 65-74. Older adults are at higher risks of disability and mortality. (Office of Disease Prevention and Health Promotion, n.d.). According to the CDC's Health Equity for People with Disabilities (2021), people with disabilities tend to engage in more risky health behaviors more often, have less access to healthcare, and experience more depression and anxiety. A participant in the 2022 CHNA stated, "We have a large senior population...from the EMS side, our biggest struggle is to and from appointments for people with disabilities and wheelchairs who can't walk more than 10 feet in their walker" (p. 44).

## **Poverty**

Poverty rates have decreased in many communities since 2010. Carson City's poverty rate in 2020 was 12.5% down from 15.1% in 2010. The poverty rates of the quad counties were Douglas County - 8%, Lyon County - 10.1%, Storey County - 7.8%. Nevada's poverty rate is 12.5%, and the United States' poverty rate is 11.9% (Nevada Rural and Frontier Health Data Book - 11th Edition, 2023). Carson City's poverty rate is higher than the surrounding counties, and the United States. People living in poverty are at high risk for adverse health effects resulting from obesity, smoking, substance use, and chronic stress. (Office of Disease Prevention and Health Promotion, n.d.).

Poverty affects children in multiple ways. Children living in poverty are at high risk for poor development and psychosocial outcomes. This leads to children not graduating from high school, teenage parent being more likely, more likely to be unemployed, and to be incarcerated (American Academy of Pediatrics' Policy Statement, 2016). According to the Nevada Rural and Frontier Health Data Book - 11th edition, Carson City's children, aged 17 and younger, living in poverty was 15.9% in 2020, down from 21.5% in 2010. Nevada's 2020 rate was 16.7% down from 21.3% in 2010. The United States' 2020 rate was 15.7%, down from 21.6% in 2010. The overall child poverty rates of the surrounding counties are Douglas County - 11%, Lyon County - 13.1%, and Storey County - 11.2%. Carson City has the highest child poverty rate in the region and is slightly higher than

the United States' rate. Carson City, and the surrounding counties rates are lower than Nevada's rate (Figure 5).

Figure 5: Poverty Rates

	United States	Nevada	Carson City	Douglas County	Lyon County	Storey County
Poverty Rate (2020)	11.9%	12.5%	12.5%	8.0%	10.1%	7.8%
Children Living in Poverty (2020)	15.7%	16.7%	15.9%	11%	13.1%	11.2%

Source: University of Nevada, Reno School of Medicine's Office of Statewide Initiatives, U.S. Census Bureau 2022.

### Public Assistance

Within Carson City, 17.5% of children under the age of 18 are living in a household receiving Supplemental Security Income ("SSI"), cash public assistance income, or food stamps/SNAP within the last 12 months. For comparison, within Nevada the percentage is 25.8%; 14.1% within Douglas County, 23.4% within Lyon County, and 14.6% within Storey County. Carson City does not have the highest percentage when compared to Nevada and Lyon County; however, there are still nearly 1 in 5 children living in a household needing public assistance.

Not every child defined as food insecure receives food stamps/SNAP. Food insecurity is defined by the USDA Economic Research Services as having "limited or uncertain access to adequate food". The food insecurity rate for Carson City residents in 2021 was 15.4% and the childhood insecurity rate was 21.9%. This is a higher percentage when comparing households with children receiving some type of public assistance (Feeding America, Map the Meal Gap).

### Access to Basic Needs

According to the 2022 CHNA, the pandemic had an impact on nearly everyone, especially our vulnerable populations and because of this the effects continue to linger and make it difficult for some residents to

get and stay healthy. “Some of the top community needs identified throughout the primary and secondary research include access to basic needs such as affordable housing, childcare, affordable and accessible prescriptions, and access to healthcare services for low-income individuals” (p. 26).

### **Affordable Housing**

Housing is an important social determinant of health, as poor-quality housing is associated with negative health outcomes, including chronic disease, injury, and poor mental health” (CHNA, 2023, p. 106). The 2022 median home value in Carson City was \$299,900, which was slightly higher in comparison to the State of Nevada - \$290,200; Lyon County - \$238,600; and Storey County - \$264,000, and significantly lower than Douglas County - \$416,900. The homeownership rate in Carson City is approximately 61.3%, compared to 60.3% for Nevada. The average median mortgage and median rent is shown in Figure 6.

In 2022, it is estimated that there were 24,132 household units in Carson City. The vacancy rate for Carson City was 5.3%. Douglas and Storey Counties had the highest vacancy rates at 14.2% and 13.5% respectively. Lyon County had a vacancy rate of 8.3%. Of the vacancy rates, the availability of rental units was Carson City - 2.1%, Douglas County - 5.4%, Lyon County - 5.3%, and Storey County - 0.0% (U.S. Census, 2022). To summarize, the rental units’ inventory is low.

The inhabitants of the household units are 43% married, 8% co-inhabiting, 21% single male head of household, and 28% single female head of household. Nearly one in two types of households are single heads of household with 43% being male and 57% being female. Of the total single head of household type, 12% have children under the age of 18, and 40% are male head of households and 60% are female head of household. Over 300 households are grandparents responsible for their grandchildren. Slightly above 1 in 3 households are individuals living alone, and 52% of those are over the age of 65 (U.S. Census, 2022).

Figure 6: Median Cost of Housing

	United States	Nevada	Carson City	Douglas County	Lyon County	Storey County
Median Mortgage	\$1,621	\$1,574	\$1,489	\$1,805	\$1,365	\$1,397
Median Rent	\$1,096	\$1,159	\$982	\$1,169	\$1,062	\$704

Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-year Estimates

According to the U.S. Department of Housing and Urban Development (“HUD”) (2024), the definition of cost burdened is paying more than 30.0% of their income for housing costs. Figure 7 shows the percentage of Carson City households determined to be cost burdened compared to surrounding counties, Nevada and the United States.

Figure 7: Cost Burdened Households (Percentage of Household Income Paying for Housing Costs)

	United States	Nevada	Carson City	Douglas County	Lyon County	Storey County
With a Mortgage	20.6%	23.0%	30.9%	34.6%	29.2%	27.7%
Without a Mortgage	10.4%	8.7%	10.2%	12.7%	11.2%	11.5%
Renter (35.0% or more spent on rent)	40.0%	40.8%	29.6%	36.9%	36.2%	32.9%

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

One in nearly three households with a mortgage are cost burdened which is higher in comparison to Nevada and the United States. One in ten with no mortgage are cost burdened and nearly one in three renters are cost burdened, which is lower than Nevada and the United States.

Fair market rents (“FMR”) is defined as the cost to rent a moderately-priced dwelling unit in the local housing market according to HUD. These are the amounts used for housing assistance and are usually a couple of years behind the current market. In 2023, FMRs in Carson City are \$921 for an efficiency/studio apartment, \$1,066 for a one-

bedroom, \$1,359 for a two-bedroom, \$1,915 for a three-bedroom, and \$2,306 for a four-bedroom. Rent prices have increased approximately 6-8% for the last couple of years. Carson City is the 6<sup>th</sup> most expensive county in Nevada in terms of FMRs, and the 7<sup>th</sup> most expensive county for housing behind Clark, Douglas, Elko, Esmeralda, Storey, and Washoe counties (huduser.gov).

A focus group participant of the 2022 CHNA stated, "Rents are in the \$2,000 range and most of our clients live on less than \$900 a month. We've got motels that have transitioned to a monthly rate and people are paying \$900 a month to live in a facility with no kitchen or other amenities" (p. 26). It should be noted that a Carson City initiative is to work with owners of motels serving as long-term living quarters for individuals to convert to either traditional motels or apartments to provide safe living conditions.

The fair market wage is the wage individuals need to make to afford a two-bedroom rental unit renting for the FMR plus utilities without paying more than 30% of income on housing. The Nevada minimum wage has increased to \$10.50 if health insurance is offered; however, the wage has not kept up with inflation. Within Carson City, the fair market wage is \$24.48, which equates to \$50,918 annually. (National Low Income Housing Coalition, Nevada Factsheet Out of Reach, 2023) For the Fiscal Year 2023, individuals working full-time at minimum wage need 2.33 full-time jobs based on \$10.50/hour.

In 2021, Carson City had the highest number of units that were subsidized at 770 within the quad county region. Douglas County had 236, and Lyon County had 164. (U.S. Department of Housing & Urban Development: A Picture of Subsidized Households Housing Insecurity, 2021)

### **Housing Instability**

According to the 2023 HUD Point in Time Count Report, 316 individuals within Carson City were housing instable. Housing instability takes into account the different issues people face, such as affordability, safety, quality, insecurity, and loss of housing (huduser.gov). It needs to be noted that this number is low as individuals living in motels were not included in the count. The motel data is not required by HUD; however, it has been deemed in Nevada that it is important data to collect since there are individuals who are possibly under-housed or at-risk of becoming homeless. To obtain this number, motel owners or

operators collect the data. The 2022 Point in Time Count had 606 living in motels.

### **Childcare**

The current childcare crisis came to light due to the pandemic. Childcare can be a huge barrier for individuals with children to obtain employment. Barriers include the lack of openings at the existing facilities, the cost, and the hours childcare facilities are open. Carson City has a number of employment opportunities that are either 24/7 operations, shift work, or the hours of operations do not match with the hours of the childcare facilities. During the interviews for the 2022 CHNA, a stakeholder stated, "In general, we need more childcare facilities, there are only five places. They don't take many kids and it's very expensive. Many parents don't work because it only covers gas and childcare. When COVID hit, I had three kids in daycare, and I paid \$1,700 every paycheck and I have a 50% discount due to my family owning the facility" (p. 27). The childcare issue had been discussed by the Carson City Behavioral Task Force and it has been noted that older children are not attending school on a regular basis so they can babysit the younger children while the parent goes to work leading to chronic absenteeism. Chronic absenteeism further puts youth at risk for behaviors leading to substance use.

### **Affordable and Accessible Prescriptions**

According to the 2022 CHNA, access to affordable and accessible prescriptions was ranked the fifth highest need in the community survey and for those younger than 35, the top need for individuals. For those participating in the telephone survey, it was ranked the third highest. One of the biggest challenges is the affordability of the prescriptions.

### **Access to Healthcare Services for Low-Income Individuals**

According to the Nevada Rural and Frontier Health Data Book (2023), 12.3% of Carson City residents are uninsured. Of those insured, one in four residents are enrolled in Medicaid or 26.1%. According to the 2022 CHNA, 5,336 children under the age of 19 are uninsured. Of those children, approximately 900 or 15.9% were enrolled in Nevada Check Up. According to the 2022 CHNA, one in four adults with employer health insurance plans are estimated to be considered as underinsured and likely struggle to pay for out-of-pocket healthcare costs. In the telephone survey, approximately three in four individuals

said, “within the past two years there has been at least one occasion where they needed medical or mental healthcare but chose not to get it” (p. 29). The reasons given were the inability to pay and long wait times to see providers. The survey respondents ranked access to healthcare services for low-income individuals as the eighth-top need. A participant stated, “We have a lot of seniors, and a lot of people won’t take new Medicare patients. A lot of seniors have no access to primary care and when they do, they are struggling because they have no family support here” (p. 44).

## Special Populations

### Individuals Who Identify as LGBTQIA+

As stated in the 2022 CHNA, “the LGBTQIA + community has a significantly higher percent of depressive disorder diagnoses and more days of poor mental health” (p. 213). In Nevada, gay, lesbian, and/or bisexual students were twice as likely to be bullied on school property according to the 2019 Youth Behavioral Risk Factor Surveillance System (“BRFSS”). Research has shown that all forms of bullying are significantly associated with increases in suicidal ideation according to the National Institutes of Health’s (“NIH”) *Cyberbullying linked with suicidal thoughts and attempts in young adolescents*, 2022. Electronic bullying includes being bullied through texting, Instagram, Facebook, or other social media, during the 12 months before the survey.

According to The Trevor Project’s 2021 National Survey on LGBTQ Youth Mental Health, (2021), which collected data between October and December of 2020 and had 34,759 LGBTQ youth respondents, the majority of LGBTQ youth (52%) who were enrolled in middle or high school reported being bullied in the past year, and LGBTQ students who reported being bullied in the past year had three times greater odds of attempting suicide in the past year. However, transgender and nonbinary youth who reported having pronouns respected by all of the people they lived with attempted suicide at half the rate of those who did not have their pronouns respected by anyone with whom they lived. The same study found that 75% of LGBTQ youth reported that they had experienced discrimination based on their sexual orientation or gender identity at least once in their lifetime. The Trevor Project is the world’s largest suicide prevention and crisis intervention organization for LGBTQ

young people. (CHNA, 2022) According to Girouard, Michael Paul, "LGBTQ people are also prescribed opioids at higher rates than their sexual and gender majority counterparts, though the cause is not known" (2020, p.1).

### **Pregnant Women**

Opioids are not safe to take during pregnancy; although, there are some circumstances in which opioids are prescribed. According to Ko et. al (2019), 20,643 responded to questions on the Pregnancy Risk Assessment Monitoring Survey ("PRAMS") about opioid use during pregnancy. Among the respondents, 6.6% reported prescription opioid use. Of the women reporting opioid use, 8.9% reported having a non-healthcare provider source. These included pain relievers left over from an old prescription (5.4%), getting from a friend or family member (1.9%), another way without a prescription (3.0%), and other or undetermined manner (4.3%). Questions were asked about the reason for the opioid use of which 6.3% answered. Reasons for any pain (88.8%), included pain relief from an injury, condition, or surgery prior to pregnancy (22.2%), pain relief from an injury, condition, or surgery during pregnancy (63.8%), and pain relief from an injury, condition, or surgery during an undetermined period of time. The respondents that reported any non-pain reason were 14.4%. The reasons included to relax or relieve tension or stress (7.7%), help with feelings or emotions (3.7%), help to sleep (7.9%), to feel good or get high (1.1%), "hooked" or had to use (2.4%). The conclusion was that an estimated one in five women (21.2%) reported opioid misuse.

According to the CDC, there has been a 131% increase from 2010 to 2017 of opioid-related diagnosis at birth. Opioid use risks during pregnancy include preterm labor and preterm birth, placental abruption, preeclampsia, and miscarriage or stillbirth. Approximately 72 hours after birth, if opioids were used regularly, the baby will go through withdrawals, known as neonatal abstinence syndrome, and may have the following symptoms: tremors, sweating, hyperactive reflexes, vomiting or loose stools, stuffy or runny nose, irritability and crying, sleep problems, poor feeding, and seizures. Symptoms may last about 28 days and are called neonatal withdrawal syndrome.

There are lasting effects on the child as well. There can be developmental issues, such as low birth weight or congenital conditions such as heart structural changes causing functionality problems, glaucoma, a hole near the belly button allowing the

intestines to protrude outside the body, and brain, spinal cord and spine defects. Sudden infant death can also be the result of opioid usage by the pregnant person.

## Veterans

The veteran population in Nevada is decreasing according to the Veterans Health Administration. Carson City's veteran's population has decreased from 5,824 in 2016 to 4,695 in 2022. This has been seen in the surrounding counties as well. In 2022, veterans were 7.5% of the population. In comparison, the veteran's population in Nevada is 5.4%, in Douglas County - 9.1%, in Lyon County - 9.1%, and in Storey County - 8.2%. The average age of veterans is shown in Figure 8.

Figure 8: Average Age of Veterans

	Carson City	Douglas County	Lyon County	Storey County
Under 45	772	664	1,224	64
45 - 64	1,171	1,023	1,653	124
65 - 85	2,317	2,410	2,693	221
over 85	435	361	346	14
Total	4,695	4,458	5,916	423

Source: University of Nevada, Reno School of Medicine's Office of Statewide Initiatives, Veterans Health Administration. (2022).

According to the American Addiction Centers, "Veterans are more susceptible to opioid addiction as they are more likely to suffer from chronic pain. In addition, many veterans suffer from mental health problems like Post-Traumatic Stress Disorder ("PTSD"), making them more likely to abuse drugs and alcohol in an attempt to self-medicate" (Accessed on 1/14/24 at <https://americanaddictioncenters.org/veterans/opioid-addiction>).

## Population Analysis for Opioid Use Risk Factors

Carson City's population has a number of risk factors for opioid misuse and abuse. Each risk factor is discussed below.

*Aging population* - The population is aging with one in five (20.5%) being 65 years and older. Older adults are at higher risk for disabilities

and mortality (Office of Disease Prevention and Health Promotion, n.d.).

*Limited healthcare providers speaking native languages* - Carson City has a diverse population with 22% speaking a language other than English at home. The majority (81%) of those that speak another language at home speak Spanish primarily and it was stated in the CHNA that there are a limited number of healthcare providers that speak Spanish. One in three of the 22% do not speak English very well which can lead to not understanding healthcare providers' instructions about opioid use.

*Education attainment* - Eleven percent of the population does not have a high school diploma. This can lead to poverty which puts individuals at a higher risk of opioid abuse.

*Disability* - Nearly one in six (16.5%) of Carson City's residents are living with a disability. Based on age, slightly more than one in four (28.0%) residents between the ages of 65-74 have a disability, and one in two (50.3%) ages 75 and over have a disability. According to the CDC's Health Equity for People with Disabilities webpage (2022), people with disabilities tend to engage in more risky health behaviors more often, have less access to healthcare, and experience more depression and anxiety.

*Children in poverty or living in a low-income household* - Nearly one in five (17.5%) children under the age of 18 are living in a household receiving SSI, cash public assistance income, or food stamps/SNAP. One of the highest within the region. Not every child defined as food insecure receives food stamps/SNAP. Slightly more than one in five (21.9%) children are food insecure meaning they have "limited or uncertain access to adequate food".

*Poverty and low income* - The median household income in Carson City is \$67,465, the lowest within the region and Nevada. In addition, Carson City had the highest percentage of households with an income below \$25,000 and below \$75,000. As a result, Carson City has the highest number of units that are HUD subsidized at 770 within the quad county region.

Carson City's poverty rate is 12.5%, which is higher than the surrounding counties, and the United States. People living in poverty

are at high risk for adverse health effects resulting from obesity, smoking, substance use, and chronic stress; older adults are at higher risks of disability and mortality. (Office of Disease Prevention and Health Promotion, n.d.). Nearly 16% (15.9%) of children under the age of 17 are living in poverty. These children are at high risk for poor development and psychological outcomes putting the individual at risk for not graduating from high school, being a teenage parent, being unemployed, and being incarcerated. One in six (15.4%) residents are food insecure meaning they have “limited or uncertain access to adequate food”.

*Housing* - Carson City is the 6th most expensive county in Nevada in terms of FMRs, and the 7th most expensive county for housing. Along with being expensive, the rental vacancy rate is very low at 2.1% for rental units. It takes more than two full time jobs at an hourly wage of \$24.48 to afford a two-bedroom unit. Within Carson City, there are one in two (49%) living in a single male or female head of household. Of these, 12% have children under the age of 18. In addition, there are over 300 households in which the grandparents are responsible for their grandchildren.

Being cost burdened means that over 30% of income is spent on housing expenses. One in nearly three (30.9%) households with a mortgage are cost burdened; nearly one in three (29.6%) renters are cost burdened.

According to the 2023 HUD Point in Time County Report, 316 individuals within Carson City are housing instable, this includes the individuals living on the streets.

*Childcare Crisis* - Childcare in Carson City is a need according to the 2022 CHNA. This problem has been discussed at the Carson City Behavioral Health Task Force. The need for childcare could be resulting in absenteeism issues seen within the school district. The lack of childcare options could be resulting in the older children taking care of the younger children so the parent(s) can work. The chronic absenteeism in Carson City is a problem of which the Carson City School District is taking action. Chronic absenteeism further puts youth at risk for behaviors leading to substance use.

*Access to healthcare services for the low-income population* - Over one in eight (12.3%) of Carson City residents are uninsured. Of the

residents insured, slightly over one in four (26.1%) are enrolled in Medicaid. Of those with insurance obtained through their employer, one in four adults are estimated to be considered uninsured and likely struggle to pay for out-of-pocket healthcare costs according to the 2022 CHNA.

### **Special Populations**

*Individuals who identify as LGBTQIA+* - This population has a significantly higher percentage of depression, experience discrimination, are more likely to be bullied at school and electronically, and at higher risk for attempting suicide. According to Girouard, Michael Paul, "LGBTQ people are also prescribed opioids at higher rates than their sexual and gender majority counterparts, though the cause is not known" (2020, p.1).

*Pregnant Women* - According to a PRAMS study, 6.6% of the respondents reported prescription opioid use, and 8.9% reported obtaining opioids from a non-healthcare provider source. The conclusion of the study was an estimated one in five women (21.2%) reported opioid misuse. These women are at risk for preterm labor and preterm birth, placental abruption, preeclampsia, and miscarriage or stillbirth. The fetuses and newborns are at risk for neonatal abstinence syndrome, neonatal withdrawal syndrome, low birth weight, and/or congenital conditions such as heart issues, glaucoma, hole in the abdominal wall causing intestinal issues, and/or brain, spinal cord and spine defects, and sudden infant death. Lasting effects to the child may include neonatal withdrawal syndrome or NOW. There can be developmental effects as well.

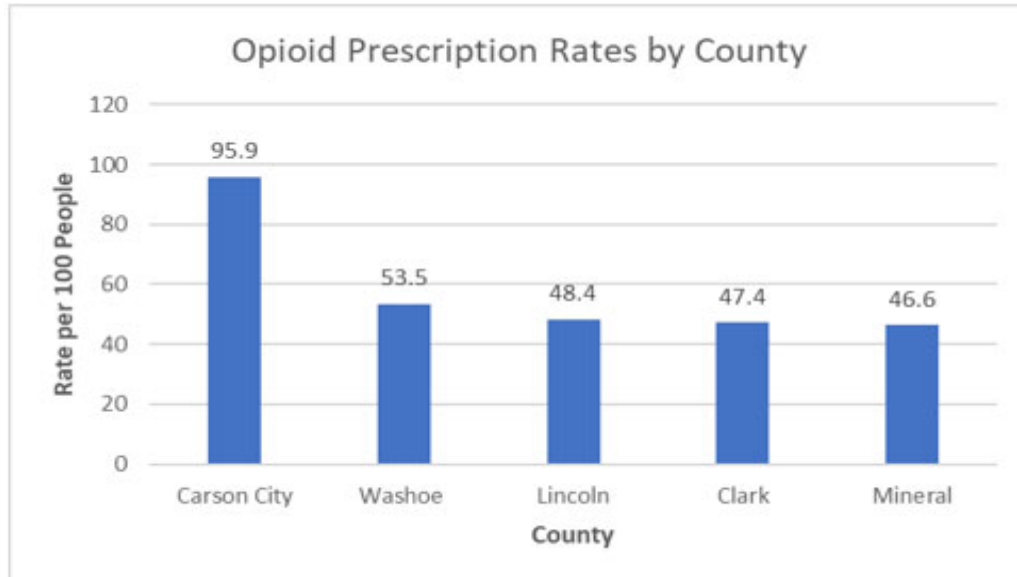
*Veterans* - Carson City's veteran's population is aging. According to the American Addiction Centers, "Veterans are more susceptible to opioid addiction as they are more likely to suffer from chronic pain. In addition, many veterans suffer from mental health problems like PTSD, making them more likely to abuse drugs and alcohol in an attempt to self-medicate" (Accessed on 1/14/24 at <https://americanaddictioncenters.org/veterans/opioid-addiction>).

### **Impacts of Opioid Use/Opioid Use Disorders in Carson City**

According to the CDC (2020, 2021, 2022), Carson City saw a decline in opioid prescription rates from 2016 to 2020. However, as of 2020 Carson City has the highest rate of opioid prescriptions, which includes

new orders and refills, in the state at 95.9 per 100 people. Figure 9 displays Carson City in comparison to the other four counties with the highest opioid prescription rates in the state. Washoe, Lincoln, Clark, and Mineral Counties show similar rates from 46.6 to 53.5 prescriptions per 100 people, which is drastically lower than Carson City's prescription rate.

Figure 9: Opioid Prescription Rates by County



Source: CDC, U.S. County Opioid Dispensing Rates 2020. 2022

It is important to note that opioid prescription counts are based off the location of the prescriber rather than the location of the pharmacy, which may suggest that individuals seeking prescriptions may be living in a different county. Some possible contributing factors that impact the rate of opioid prescriptions according to CDC's webpage, [Prescribing Practices | Drug Overdose | CDC Injury Center](#), may include being a smaller city, having a high percentage of white residents, having an aging population, and having many residents that are uninsured, unemployed, or have a chronic condition such as diabetes, arthritis, or a disability. In addition to also having a large proportion of older and white residents, Carson City is at a higher risk of over prescription of opioids with a 57.9% employment rate, 10.5% of residents without health insurance (U.S. Census Bureau, 2021), and 16.5% of residents having a disability (CHNA, 2022). Carson City is also a healthcare hub for surrounding counties.

Opioid use in Carson City is greatly affecting families countywide. The Division of Children and Family Services [DCFS] within the State Office

of Analytics (2022) reported a 14.9% increase in children removed to foster care due to parental drug use from 20% in 2019 to 34.9% in 2021. This measure encompasses parental drug abuse, meth use, and opioid use. This is similar to data regarding children less than 1 year of age where 35.7% of removals to foster care in 2021 were due to parental drug use, a 10.7% increase in comparison to 2020 (DCFS, 2022). Children in foster care can face increased risks of unstable housing or homelessness, limited education, health problems, limited access to health care, delinquency, and overall lack of social connection and support if they are within the foster care system for an extended amount of time during their youth (Youth.gov, n.d.).

Increases in opioid use among Carson City residents puts additional pressure on limited resources providing care for those with opioid use disorders. Although Carson City has both inpatient and outpatient behavioral health services available as resources, there are possibilities of those resources being strained further as the opioid crisis continues. It is also important to consider that neighboring rural county residents may also need to seek care within Carson City due to barriers to care within other jurisdictions.

## **Carson City Health Profile**

As of 2022 (University of Wisconsin Population Health Institute) the *County Rankings and Roadmaps* ranks Carson City 11 of 16 (Esmeralda County was not surveyed in 2022) counties in the state regarding health outcomes and factors. This is an improvement from its previous ranking of 13 the year prior (University of Wisconsin Population Health Institute, 2021). One out of 5 Carson City residents report having poor or fair health and approximately 1 out of 3 residents are obese (University of Wisconsin Population Health Institute, 2022). Close to 1 out of 5 adults and 1 out of 10 children are uninsured in the county (University of Wisconsin Population Health Institute, 2022). The overall provider shortage is exacerbated further when looking at the ratio of primary care physicians (88.7:100,000) and dentists (79.8:100,000) to the population (University of Nevada, Reno School of Medicine, 2021).

Factors such as those mentioned prior can be risk factors for poor health outcomes. However, risk factors for opioid misuse may not be as linear as something such as obesity leading to diabetes if left unmanaged. Risk factors for opioid misuse are multifaceted and can be

heavily influenced by personal experiences and beliefs. It is crucial to understand where Carson City falls regarding risk factors and to identify high-risk groups as well as areas to intervene to mitigate opioid use and misuse within the community.

### **Risk Factors for Opioid Misuse**

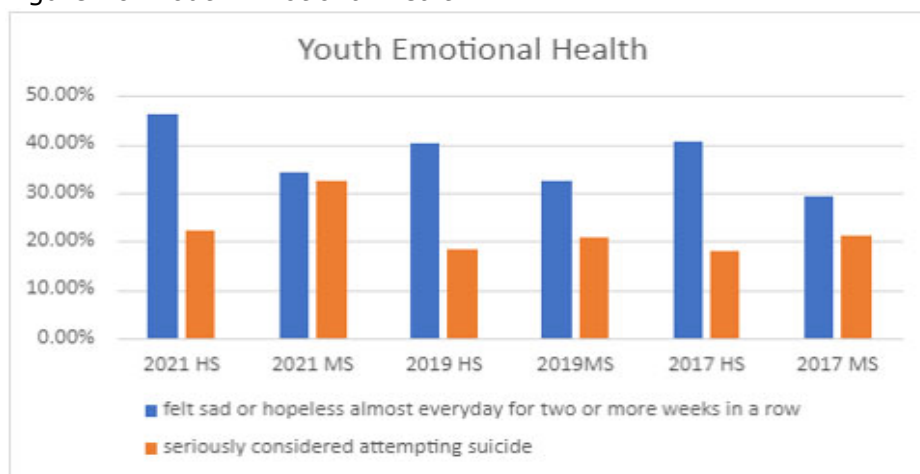
The National Institute on Drug Abuse (“NIDA”), under the NIH, states there is no single factor that is the main determinant of an individual having an addiction but is rather based around the number of risk factors someone has.

(NIDA, 2020). Studies completed to determine the amount that biological factors play in the likelihood of someone having an addiction range from 40 - 60% if they have a family history of addiction (NIDA, 2020). However, there are other risk factors that could put individuals at higher risk of developing an opioid use disorder.

### **Mental Health**

A risk factor for opioid use in both adult and youth populations is having a mental health disorder or chronic health condition (CDC, 2022; U.S. DOL, n.d.). The Youth Risk Behavior Survey (“YRBS”) measures adolescent health behaviors and offers critical data to assist us in understanding the health and welfare of the youth population in Carson City. Data collected on youth emotional health in 2021 (Figure 10), states that almost one in two high school students identify as feeling sad or hopeless almost every day for two or more weeks in a row (Anderson, M., Brandon, K., Zhang, F., Peek, J., Clements-Nolle, K., & Yang, W., 2022).

Figure 10: Youth Emotional Health

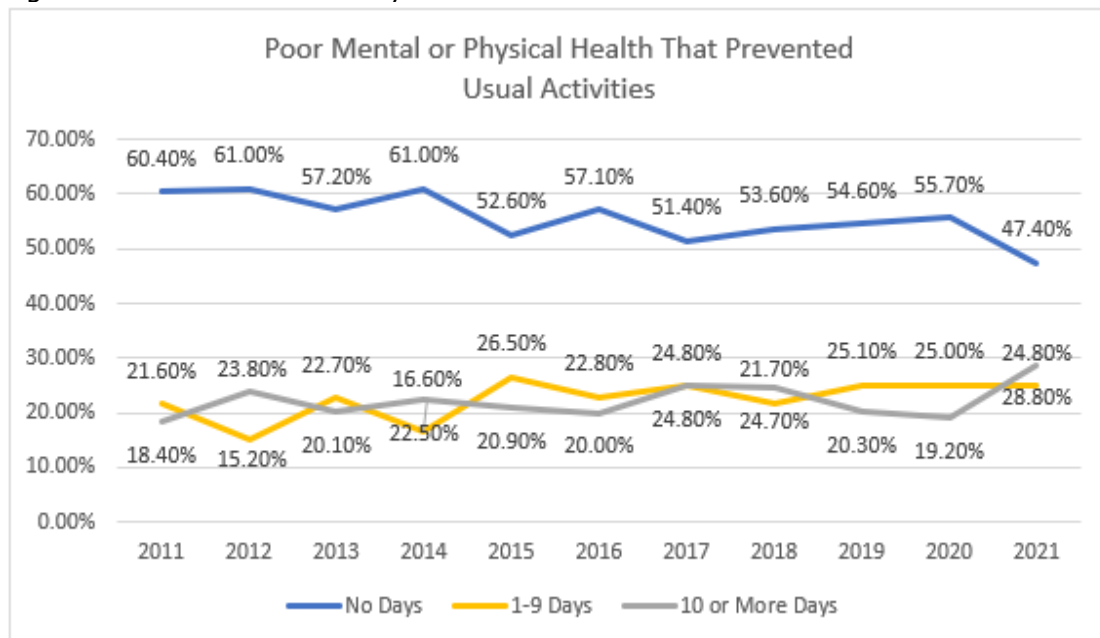


Source: Anderson, Deidrick, Lensch et al., YRBS Reports, 2017-2021

Comparing depression rates among high schoolers between 2019 and 2021, there was a 15% increase over the 2-year period (Anderson, M. et al., 2022). This increase in depression amongst high schoolers correlated with a rise in suicidal ideation by 20% from 2019 to 2021 (Anderson, M. et al., 2022). This increase of depression and suicidal ideation was also found in middle school students, with a slight increase of depression by 6% and a drastic rise in the consideration or attempt of suicide by 57% (one in three middle schoolers) (Anderson, M. et al., 2022).

The BRFSS gathers information on health-related risk behaviors among adults. Data presented from DHHS Office of Analytics' 2022 Epidemiologic Profile of the Northern Regions (Figure 11), demonstrates a rise, over a ten-year period, in the number of days where mental or physical health prevented an individual from completing daily activities (DHHS, 2023).

Figure 11: Poor Mental or Physical Health That Prevented Usual Activities



Source: DHHS Office of Analytics Behavioral Health Wellness and Prevention 2022 Epidemiologic Profile, 2023

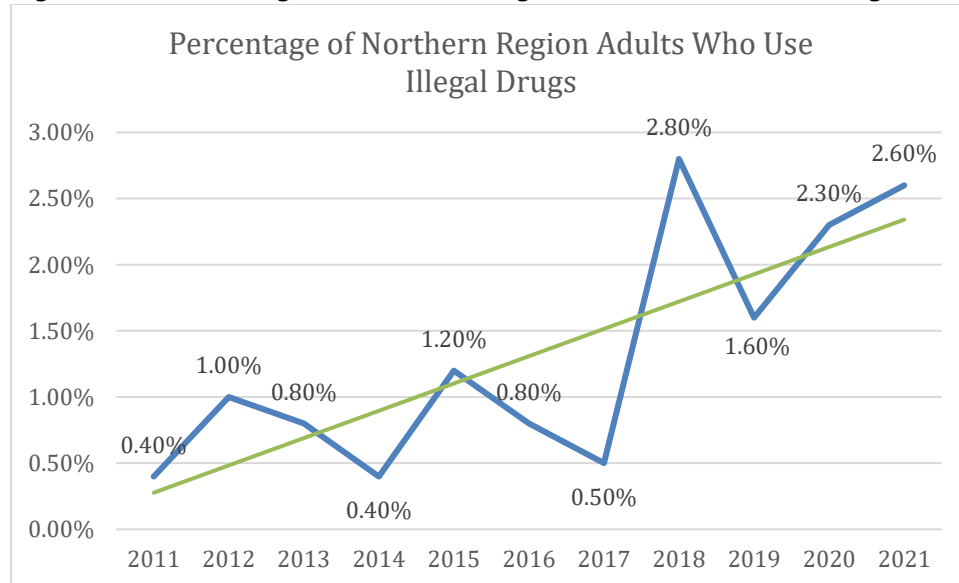
The sharpest decline in “No Days of Poor Mental Health” occurred between 2020 and 2021 with a decline from 55.7% to 47.4% within the year (DHHS, 2023). In 2022, residents of Carson City reported an average of having 4.69 poor mental health days in the last 30 days,

which was similar to the state average during this time of 4.7 days (University of Wisconsin Population Health Institute, 2022).

### Experimentation with other Drugs

An additional risk factor for opioid use in youth and adult populations is the usage or experimentation of illegal drugs (NIDA, 2020; Webster, 2017). The 2022 Epidemiologic profile provides additional information on adults in the Northern Region that utilize illegal drugs. This indicator includes using drugs such as cocaine, methamphetamines, and illegal forms of opioids such as heroin and opioid prescription pain relievers (DHHS, 2023). Figure 12 shows the trends from 2011 to 2021 in adults using illegal drugs in the Northern Region (DHHS, 2022).

Figure 12: Percentage of Northern Regional Adults Who Use Illegal Drugs

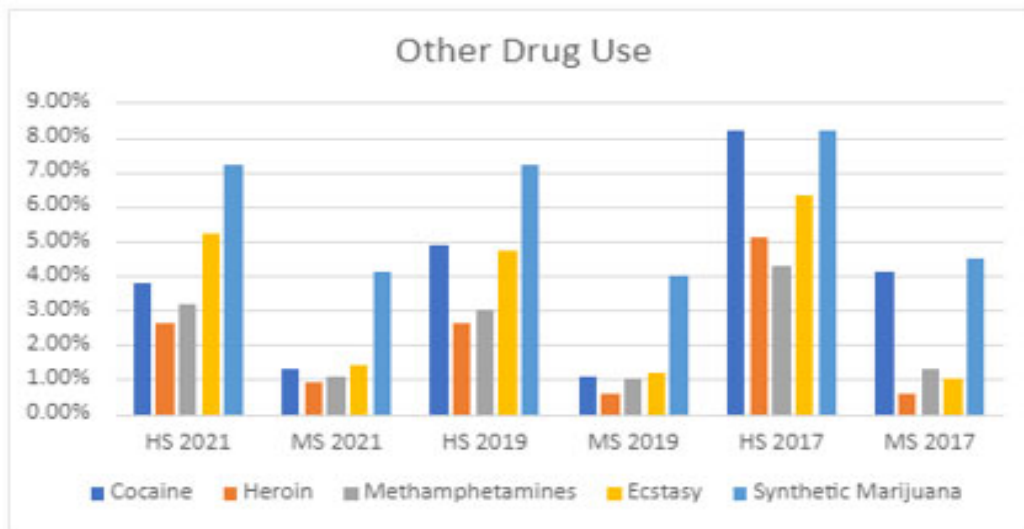


Source: DHHS Office of Analytics Behavioral Health Wellness and Prevention 2022 Epidemiologic Profile 2023

From 2019 to 2021 there has been an increase in adults who use illegal drugs with 2021 levels approaching historic levels of 2018 which was 2.8% (DHHS, 2022).

Figure 13 uses YRBS data to show a consistent trend in drug experimentation, with synthetic marijuana being the most prevalent drug use among middle and high schoolers in Nevada (Anderson et al., 2022; Diedrick et al., 2020; Lensch et al., 2018).

Figure 13: Youth, Other Drug Use



Source: Anderson, Diedrick, Lensch et al., YRBS Reports, 2017-2021

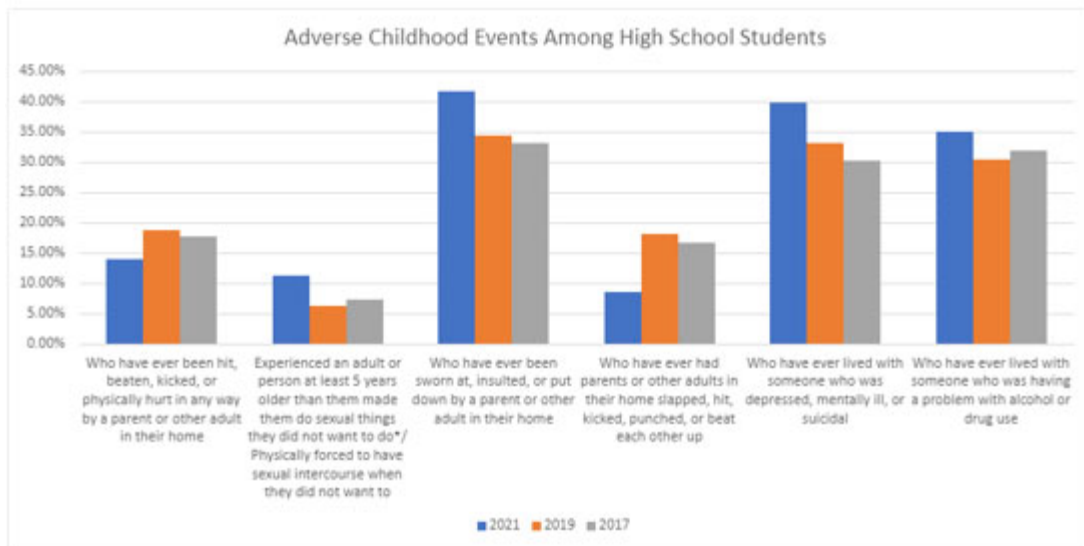
Drug use among high school and middle school students remains consistent between 2019 and 2021 and has decreased from previous rates reported in 2017 (Anderson et al., 2022).

### **Adverse Childhood Events (“ACEs”)**

Adolescent years and experiences are extremely impactful in affecting an individual’s transition into adulthood. Stein et al. (2017), found a strong association between ACEs and opioid dependence as an adult. ACEs can include characteristics such as living with a chronic drinker or someone who uses drugs (Stein et al., 2017). The study also found that risk of future opioid use increases dramatically when someone has four or more ACEs (Stein et al., 2017).

According to the YRBS data, since 2017, ACEs appear to be occurring more frequently. Figure 14 shows that nearly 1 in 2 high school students reported experiencing being sworn at, insulted by, or being put down by a parent or other adult in their home (Anderson et al., 2022; Diedrick et al., 2020; Lensch et al., 2018).

Figure 14: Adverse Childhood Events Among High School Students



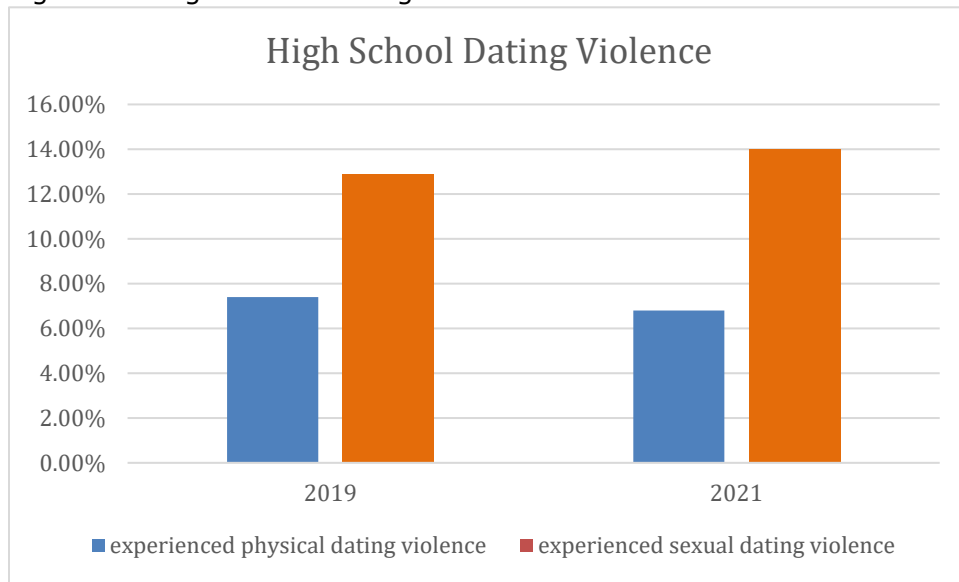
Source: Anderson, Diedrick, Lensch et al., YRBS Reports, 2017-2021

Additionally, 40% of youth identified as living with someone who was depressed, mentally ill, or suicidal. YRBS data reported that nearly 9 out of 10 youths identified having an adult in their household who tried hard to make sure their basic needs were met (Anderson et al., 2022; Diedrick et al., 2020; Lensch et al., 2018).

### Special Considerations for Youth

The youth population is particularly vulnerable to the impacts of opioid use. During formative years, youth are influenced greatly by their relationships with those close to them and the experiences they have. CDC (2022) identifies both peer influence and victimization as risk factors for opioid misuse. YRBS data (Figure 15) between 2015 to 2021 demonstrates a decrease in experienced physical dating violence while percentage of students experiencing sexual dating violence inadvertently increased (Anderson et al., 2022).

Figure 15: High School Dating Violence



Source: Anderson, Diedrick, Lensch et al., YRBS Reports, 2015-2021

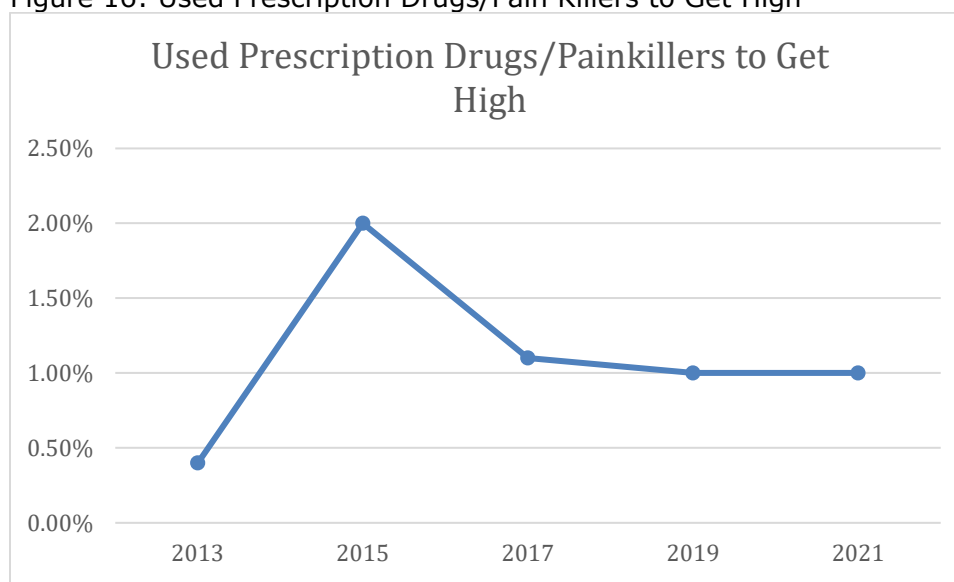
It is important to screen and address risk factors in youth populations, as early intervention can be imperative in preventing lifelong opioid dependency. The CDC states the best methods to reduce opioid use in adolescent populations is by a targeted approach within schools. Interventions such as improving health education, connecting at-risk youth to health services, and making schools a safer and more supportive environment for kids to discuss such matters (CDC, 2022) are some examples of methods to utilize.

## Opioid-Related Outcomes

### Prevalence of Opioid Use

Data regarding the prevalence of opioid use in Carson City is provided by regional and hospital data sets. Figure 16 shows a decrease from 2015 to 2021 among adults using prescription painkillers to get high in the last 30 days among the Northern Nevada region (DHHS, 2022).

Figure 16: Used Prescription Drugs/Pain Killers to Get High

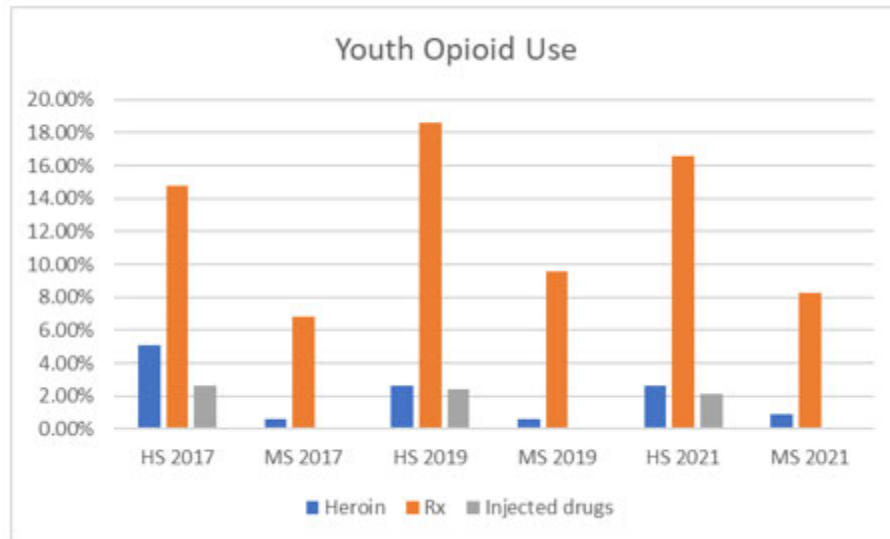


Source: DHHS Office of Analytics Behavioral Health Wellness and Prevention 2022 Epidemiologic Profile: Northern Region, Nevada, 2023 2023

The percentage of adults utilizing prescription drugs and painkillers to get high decreased to an average of 1.0% by 2021 (DHHS, 2022). However, this could suggest that individuals seeking substances could be obtaining them from elsewhere rather than only using prescription opioids to become high.

There is limited data to reflect current use of opioids among the youth population in Carson City, Nevada. YRBS collects data on youth opioid use in Nevada from both middle and high school students. According to 2021 data (Figure 17), nearly 1 in 5 high school respondents and 1 in 10 middle school respondents were using opioids (Anderson et al., 2022).

Figure 17: Youth Opioid Use

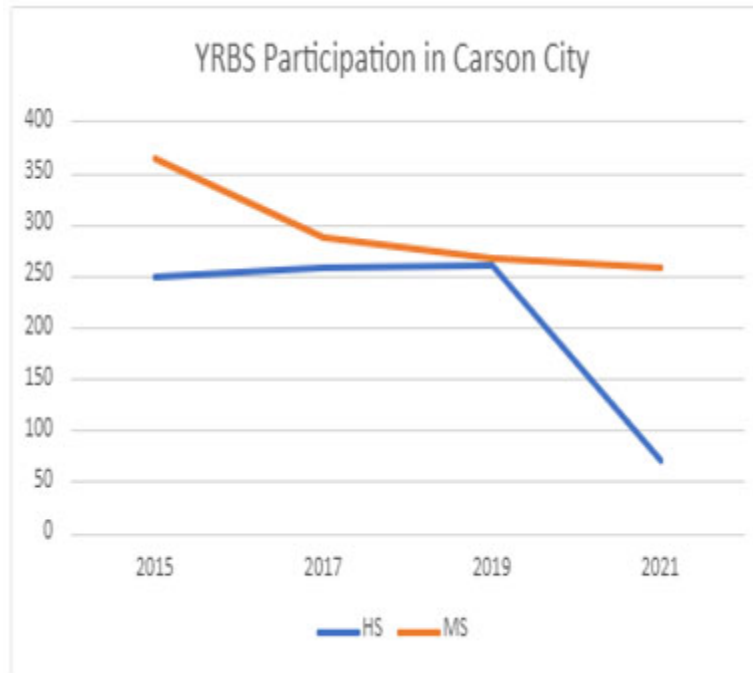


Source: Anderson, Diedrick, Lensch et al., YRBS Reports, 2017-2021

There is a significant use of prescription opioids amongst high school and middle school students compared to other forms of opioids, such as heroin or other injected drugs (Anderson et al., 2022).

However, when comparing youth opioid use rates over the previous year's, the 2021 use rates are suggestive of a downward trend compared to 2019 rates (Anderson et al., 2022). Although this may seem like a positive change in substance use among these populations, the YRBS is done voluntarily by students opting-in, meaning permission is needed from the parent or guardian. In the 2023 Legislative Session, the survey will be administered to all students, except those that opt-out meaning a parent or guardian must request that the student be exempt from participating. Shown in Figure 18, there has been a drastic decline in high school participants since 2019 and a slow decrease in middle school participation beginning in 2015 (Anderson, 2021; Diedrick, 2015; Lensch, 2017).

Figure 18: YRBS Participation in Carson City



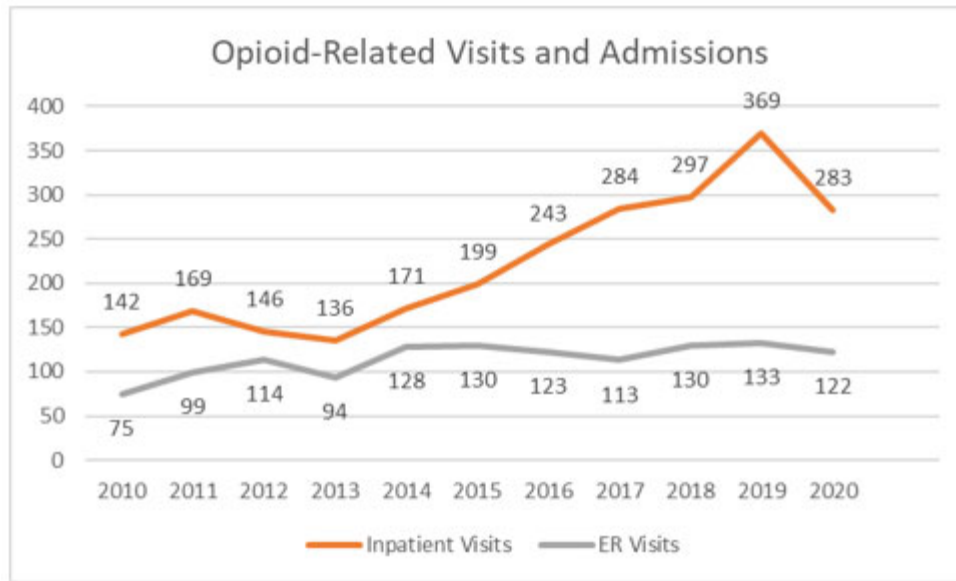
Source: Anderson, Diedrick, Lensch et al., YRBS Reports, 2015-2021

This is important to consider when interpreting data that is beginning to look as though it is improving. The YRBS may not be able to gather information from the students who are most likely to use substances as they may be less willing to participate.

### **Hospitalizations and Emergency Room Visits**

Inpatient hospital opioid-related admissions have been on the rise in Carson City since 2013 (Figure 19), peaking at 369 admissions in 2019 (DHHS, 2021). However, emergency room visits have been plateauing since 2014 (DHHS, 2021).

Figure 19: Opioid-Related Visits and Admissions



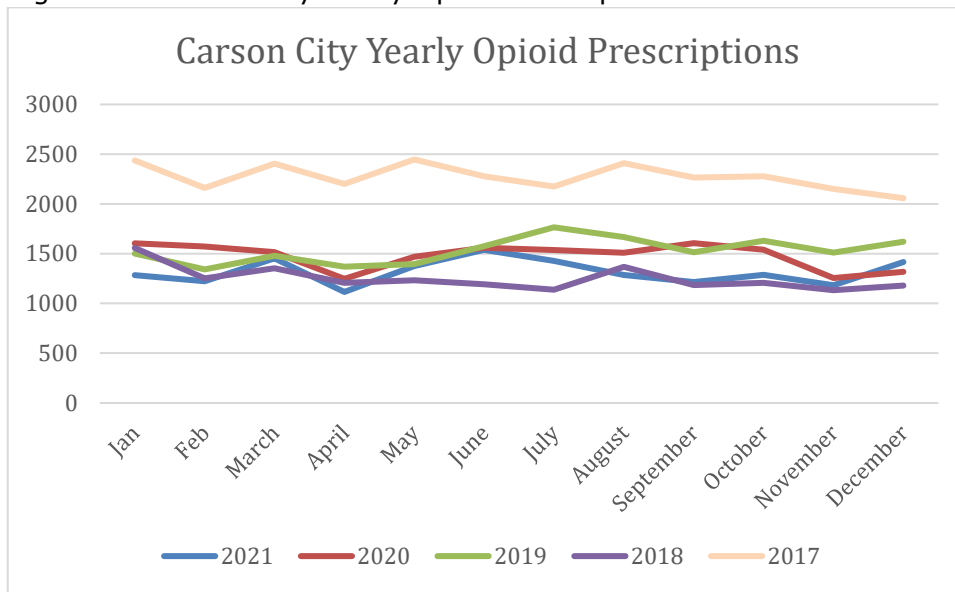
Source: DHHS Office of Analytics, Opioid Surveillance Data Set, 2021

Although a decline in inpatient visits was reported in 2020 (369 to 283), there is limited recent data to compare to. It is a possibility that this decline could be related to strains on hospital systems during the COVID-19 pandemic in which those seeking medical attention due to opioid use may have been referred to other facilities for care or potentially chose to not get treatment due to fear of contracting COVID-19.

### Opioid Prescribing

Opioid prescription data is monitored at the county level by the State of NV Office of Analytics through the Prescription Drug Monitoring Program ("PDMP"). Figure 20 shows that opioid prescription rates have remained steady since 2018 from 1,000-2,000 prescriptions every year (DHHS, 2023).

Figure 20: Carson City Yearly Opioid Prescriptions



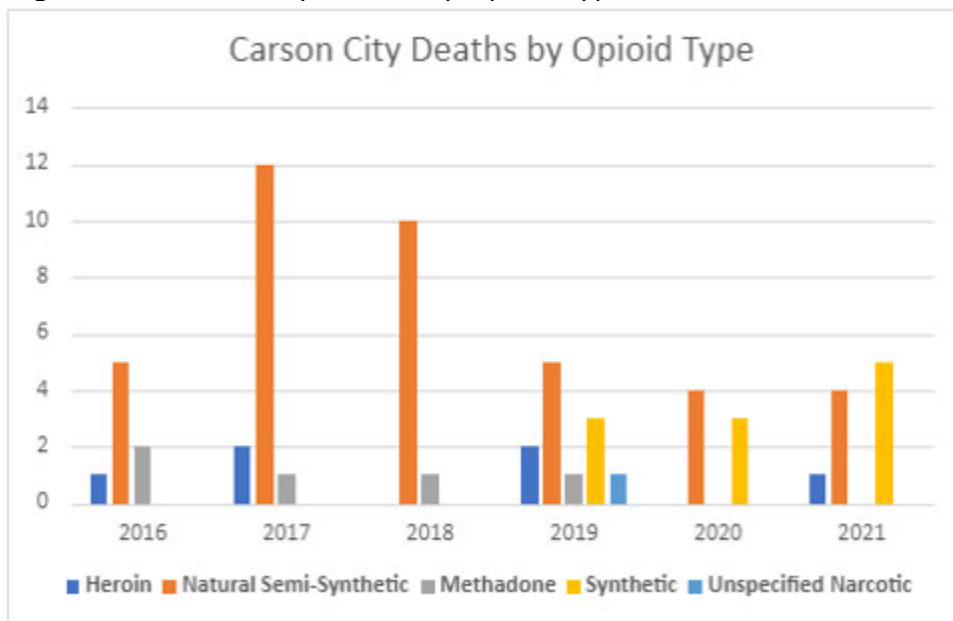
Source: DHHS Office of Analytics, Monitoring the PDMP in Nevada, 2023

In the two most recent months of data, November to December 2021, the largest monthly increase was observed. This increase totaled 233 prescriptions and ended 2021 with a steep increase that would most likely surpass 2019, the second highest prescription number, if the trend is to continue (DHHS, 2023).

### Opioid-Attributable Deaths

Opioid surveillance data reported by DHHS, Office of Analytics (Figure 21) depicts a decrease in deaths related to natural semi-synthetic opioids from 2016 to 2021. (DHHS, 2021). However, deaths due to synthetic opioids have been increasing every year since 2019 (DHHS, 2021).

Figure 21: Carson City Deaths by Opioid Type

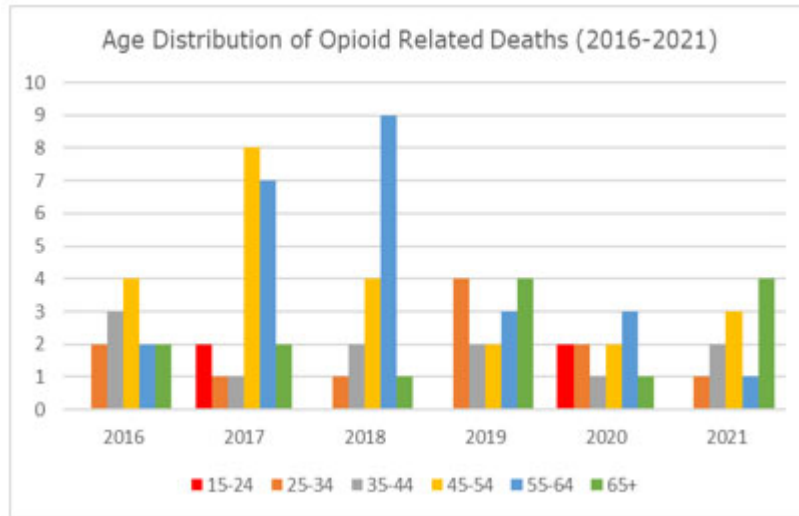


Source: DHHS Office of Analytics, Opioid Surveillance Data Set, 2021

This could suggest a turning point in the opioid environment in Carson City where other synthetic forms of opioids are more available and being sought out by individuals. It is important to note that the 2021 data has not yet been solidified so numbers may potentially be higher than shown below. Opioid-related deaths were highest among White, Caucasian individuals during the time period shown (DHHS, 2021).

Opioid-related deaths affected all age groups from age 15 to over age 65 in Carson City. The age distribution of opioid-related deaths has been changing dramatically since 2018 (Figure 22) when more than half of the deaths were in the 55 to 64 age categories (DHHS, 2021).

Figure 22: Age Distribution of Opioid Related Deaths (2016-2021)

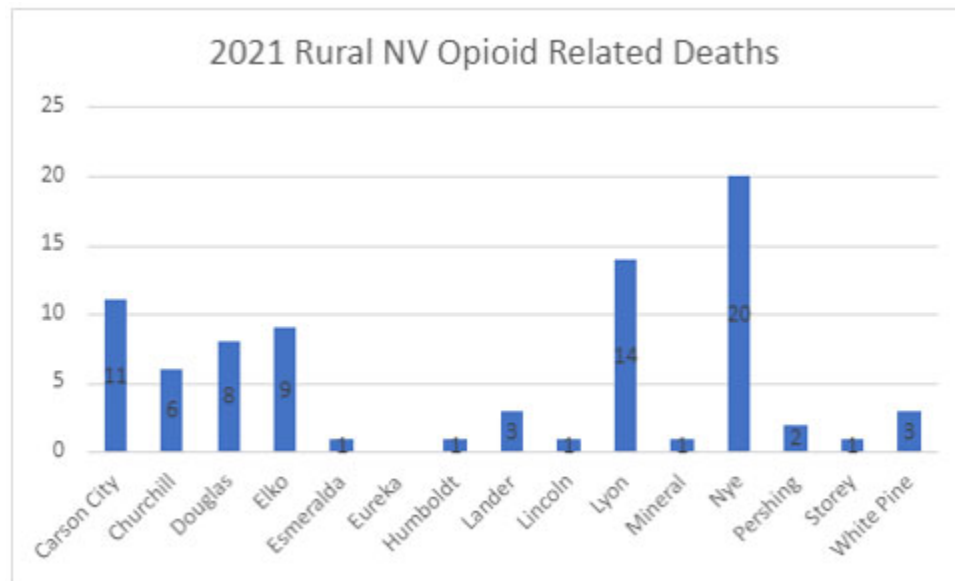


Source: DHHS Office of Analytics, Opioid Surveillance Data Set. 2021

By 2021, the 55 to 64 age category was least affected with only one death in this group and in the 25 to 34 age group (DHHS, 2021). Deaths in the over 65 age group increased as well as in the 35 to 44 and 45 to 54 age groups. This could suggest that individuals within the 45 to 54 age group in the county may be becoming more affected by the opioid crisis than in 2019 and 2020.

The 2021 report from DHHS, Office of Analytics, *Opioid Related Incidence Counts and Rates by County, Nevada Residents, 2021*, shows Carson City (Figure 23) as having the third highest prevalence of deaths from opioids amongst rural counties in the state with 11 deaths (DHHS, 2021).

Figure 23: 2021 Rural Nevada Opioid Related Deaths



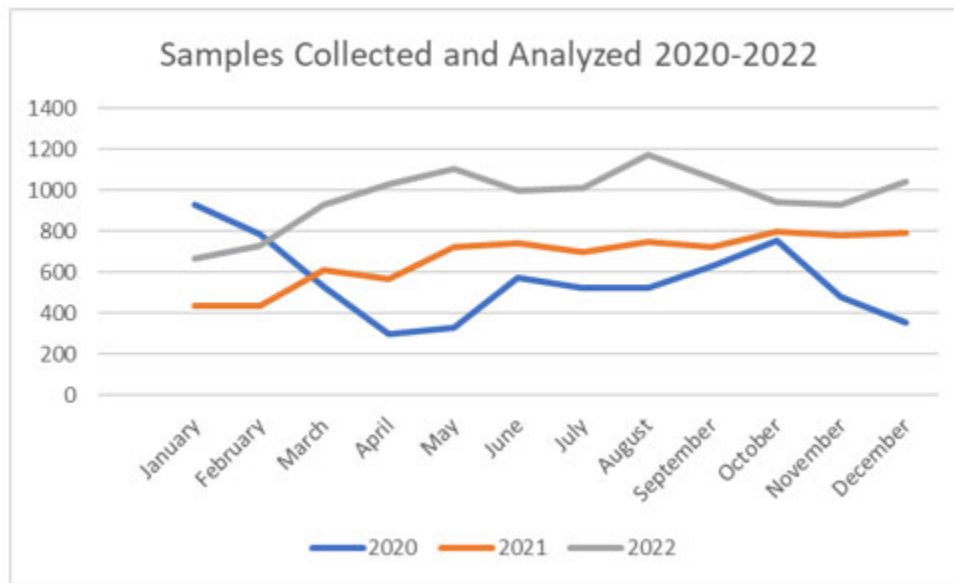
Source: DHHS Office of Analytics, Opioid Surveillance Data Set. 2021

Carson City follows behind Lyon County with 14 deaths and Nye County with 20 deaths in 2021 (DHHS, 2021).

### Opioid-Related Arrests

There is limited data regarding numbers of opioid-related arrests in the Carson City area. However, data through the *2022 End of Year ("EOY") Laboratory Statistics Report* provided by the Carson City Department of Alternative Sentencing (2023), provides a look into testing of substances gathered through law enforcement operations. Figure 24 shows a three-year trend (2020-2022) of substance samples collected and analyzed. Samples collected and analyzed in 2022 greatly exceeded the two preceding years totaling 11,430 specimens.

Figure 24: Samples Collected and Analyzed 2020-2022



Source: Department of Alternative Sentencing, 2022 EOY Laboratory Statistics Report, 2023

There was a large decrease in the number of samples collected and analyzed from January to March 2020. Restrictions on operations during the COVID-19 pandemic may have contributed to this drastic decline. It is difficult to conclude that the 2020 numbers would have been similar to those in 2022; however, January 2020 samples totaled 933 while those in January 2022 totaled 670 (Dept Alt Sentencing, 2023). As the trend at the end of 2022 shows an increasing direction of numbers of samples collected, this could suggest a potential influx of substances into the Carson City area that may be of concern.

## Community-Based Participatory Research ("CBPR")

### Overview

Carson Tahoe Health sponsored the 2022 Quad-County Regional CHNA with collaboration from Carson City Health and Human Services, in addition to other community agencies. The purpose of the CHNA is to identify community health priorities through community, agency, and member participation. This mirrors the overall goal of CBPR, which is to benefit participants and the communities they live in (Nevada Minority Health and Equity Coalition, n.d.). There were several CBPR participants from Carson City including:

<b>Qualitative Research Participants</b>
Carson City Behavioral Health Taskforce
Carson City Fire Department
Carson City Health and Human Services
Carson City Sheriff's Office
Carson Medical Group
Carson Tahoe Behavioral Health Assertive Community Treatment Focus Group Discussions (15 groups, 125 participants within the Quad-County Region)
Carson City Friends in Service Helping ("FISH")
JOIN Inc.
National Alliance on Mental Illness ("NAMI") Western Nevada
Nevada Association of Counties
Nevada Business Group on Health
Nevada Urban Indians
Northern Regional Behavioral Health Policy Board
One-on-one Telephone Interviews (46 within the Quad-County Region)
PFLAG - Carson City
Ron Wood Family Resource Center
Washoe Tribe Health Center
Western Nevada College

Outside of the CHNA, other Carson City agencies and individuals were consulted concerning opioid-related community gaps and needs. These agencies and individuals include:

<b>Carson City Agencies/Individuals</b>
Nicki Aaker, MSN, MPH, RN; Director of Carson City Health and Human Services
Shelly Aldean; Business Owner; and Carson City CIRCLES Co-founder
Faith Barber; CCHHS Workforce Case Manager; Alcoholics Anonymous Group Leader within the Carson City Detention Center; Person with Lived Experience
Carson City Department of Alternative Sentencing
Carson City Department of Juvenile Services ("Juvenile Services")
Carson City School District
Carson City Sheriff – Ken Furlong
Carson City Specialty Courts

<b>Carson City Agencies/Individuals Continued</b>
Carson Tahoe Health
Christie Contreras; Community Health Worker at Carson City Health and Human Services; Previously employed at Salvation Army
Amy Hyne-Sutherland; Public Health Coordinator; Nevada Association of Counties
Dr. David Johnson, MD; Carson Tahoe Health Chief of Staff
Dr. Lisa Keating, PhD; Psychologist
Deacon Craig LaGier; Minister to the Homeless at St. Teresa of Avila Catholic Community; St. Vincent Advisor; Carson City Sheriff Office's Chaplin; Founding Director of the Night Off The Streets ("NOTS") Program
Dr. Colleen Lyons; Carson City Public Health Officer
Dr. Joe McEllstrem, PhD; Psychologist
Kitty McKay; Director of Customer Experience & Foundation Development; Carson Tahoe Health
Mary Jane Ostrander; Human Services Division Manager; Carson City Health and Human Services
Partnership Carson City
Cherlyn Rahr-Wood, MSW; Northern Regional Behavioral Health Coordinator; Secretary of NAMI Western Nevada's Leadership Board
Charles Odgers; Carson City Public Defender
Stephen Wood; Former Carson City Government Affairs Liaison; Public Information Officer
Lisa Yesitis, LSW; Ron Wood Family Resource Center

## Methodology

The CBPR within the CHNA utilized a qualitative research approach consisting of both one-on-one interviews and focus group discussions with community members, healthcare providers, community organization leaders, and policymakers in the area. The one-on-one interviews were conducted over the telephone and lasted approximately 20 to 30 minutes. These telephone calls included in-depth conversations regarding strengths and challenges to various health topics and possible solutions to those issues. There were 15 total focus group discussions over various platforms including open forums at routine community meetings, hybrid in-person, and Zoom meetings. The format of the focus groups typically began with introductions and concerns and solutions to various issues regarding health topics in the community. Questions for both the one-on-one interviews and focus groups contained questions surrounding health

equity and social determinants of health and their impact on barriers to care in Carson City.

In addition, in order to get a broader view of the problem, gaps, and needs within Carson City, information was obtained from an Opioid Use Working Group and during a meeting of the Carson City Behavioral Health Task Force. These individuals are included within the list of agencies/individuals above.

### **Summary of CBPR Findings**

Results of the qualitative research provided insight regarding concerns in the Carson City community including, but not limited to:

- Spanish-speaking residents are facing barriers to health care financially, lingually, and sometimes feel fearful when seeking care.
- Older adults are having challenges when seeking care such as lack of transportation, familial support, and barriers from limited providers covering Medicare or Medicaid.
- Carson City is facing a severe healthcare workforce shortage, especially in behavioral health providers.
- Healthcare providers mentioned that recruitment of more individuals to work in the field is a challenge.
- First responders are noticing an increase in calls related to opioid overdoses.
- Opioid use is increasing in the school system among youths.
- School counselors are not trained in substance abuse and how to support students suffering from addiction.
- Many participants noted an increase in substance use in the community overall.
- Providers are noting a lack of services across substance use care overall, including prevention, treatment, and recovery resources.
- Organizations are making efforts to raise awareness and create prevention programs to help act against the increases in substance use.
- Community members noted that patient care facilities have limited capacity and that residents from other counties may seek care in Carson City.
- Stigma is a barrier for some individuals who would like to receive care.
- There is not enough Medication-Assisted Treatment centers and transportation is a barrier to accessing the centers.

- Carson City does not have enough supportive housing options.
- There is not easy access to fentanyl strips, Narcan, and other harm reduction items.
- Youth providers are very hard to find, and it takes months to get an appointment.
- For individuals in a crisis, it is hard to get into someone immediately.
- Limited detox beds in Carson City.

## **Assets and Resources**

Carson City has several resources that can be utilized to address concerns brought forth by various community stakeholders through the CBPR. These resources include:

### **Inpatient Services**

- Carson Tahoe Behavioral Health Services
  - Serves individuals 18 years and older
  - Individual and group counseling
  - Medical model detox services
  - Inpatient and outpatient psychiatric services
  - Psychological testing
  - Dialectical Behavioral Therapy (“DBT”)
  - Substance abuse treatment, including 14-day addictive disorder rehabilitation
  - Support groups
  - Residential treatment – adults - 52 beds
- Carson Tahoe Health – Mallory Center
  - Serves individuals 18 years and older
  - 24-hour assistance for mental health or substance use emergency
  - 16 beds
- Community Counseling Center (“CCC”) – Wellness Program (CCBHC)
  - Serves individuals 18 years and older
  - Residential Treatment for drugs and alcohol (50-bed) (Adult only)
  - Transitional Living - Woman Only
  - Treatment
    - Intensive Outpatient (“IOP”)
    - Court Ordered Programs
    - Gambling Addiction

- Peer support services
- Case Management
- SMART Recovery
- DBT
- Trauma Informed
- Cognitive Behavioral Therapy ("CBT")
- Seeking Safety Program
- Vitality Carson City (CCBHC)
  - Case Management
  - Civil Protective Custody ("CPC")
  - Crisis Management
  - Detox program
  - Medication Management
  - Peer Support
  - Residential treatment (adults)

### **Outpatient Services**

- Carson City Rural Clinics
  - Case Management
  - Medication Management
  - Therapy
- Carson Tahoe Behavioral Health Services
- Carson Tahoe Behavioral Health Outreach Programs
  - ACT
  - First Episode Psychosis ("FEP")
  - School suicide risk assessment
  - Community education around mental health awareness and suicide
- Carson Tahoe Emergency Services
- Carson Tahoe Medical Group
- CCC – outreach programs (adults, children, and families)
  - Assertive Community Treatment ("ACT")
  - Case management
  - Domestic Violence Counseling
  - Eye Movement Desensitization and Reprocessing ("EMDR")
  - Emergency Crisis Intervention
  - Mental Health Services
  - Therapy (individual, family and couples, child and play, group)
  - Trauma treatments

- The Life Change Center of Carson City
- Vitality Carson City
  - Behavioral health screening, assessment and diagnosis
  - Behavioral health risk assessment
  - Counseling
  - IOP
  - Medical-assisted therapy (“MAT”)
  - Psychotherapy (family and group)
  - Targeted case management
  - Telehealth

### **School Services**

- Carson City School-Based Health Center
- Carson City School District
  - School Resource Officers
  - School Social Workers

### **Social Support Groups**

- Alcoholics Anonymous Meetings
- Narcotics Anonymous Meetings

### **Community Resources**

- Carson City Health and Human Services
- Carson City C.I.R.C.L.E.S
- FISH
- Nation’s Finest
- Night Off The Streets
- Northern Nevada Dream Center
- Partnership Carson City
- Ron Wood Family Resource Center – Children’s Therapy
- St. Vincent de Paul
- Salvation Army

### **Law Enforcement/Emergency Response**

- Carson City Sherriff’s Department
- Carson City Mobile Outreach Safety Team [MOST]

### **Medication Assisted Treatment**

- The Life Change Center of Carson City
- Vitality Carson City

## Carson City Treatment Centers Overview

Carson City has both inpatient and outpatient services for adults seeking care for opioid use disorders. There are two Certified Community Behavioral Health Centers (“CCBHC”) within Carson City - CCC and Vitality. According to the Substance Abuse and Mental Health Services Administration (“SAMHSA”) (2023), CCBHCs are required to serve anyone requesting services for substance abuse or mental health regardless of their ability to pay, residence, or age. Crisis services are required to be available 24 hours a day, 7 days a week. CCC, Carson Tahoe Behavioral Health and Vitality Integrated Programs provide inpatient and outpatient resources to patients. CCC provides inpatient and outpatient care supporting those facing substance use disorders and their families allowing single parents to obtain the care they need. Carson City also has a 24-hour behavioral health crisis center. The Carson Tahoe Mallory Behavioral Health Crisis Center (“Mallory Center”) helps to provide critical care to individuals needing attention for either mental health or substance use emergencies. By providing an option without needing to go through an emergency department, the Mallory Center also helps to alleviate pressure on hospitals in the area. Mallory Center recently expanded to 16 beds.

Although these services in Carson City are available to help support the community, the county is not protected from the ongoing behavioral health provider shortages affecting the state overall. These resources can be further strained as Carson City may be the closest location for residents of neighboring counties seeking care. According to the *2022 County Health Rankings and Roadmaps* (University of Wisconsin Population Health Institute), the ratio of population to mental health providers in Carson City is 330:1. An additional barrier to these resources is that many services in the area are only provided to adults, 18 years or older, which is a barrier for youth that may need care.

## Funding

### Carson City’s Direct Allocation

The Carson City Board of Supervisors (“Board”) has the ultimate authority in determining how funds received directly through the One Nevada Agreement on Allocation of Opioid Recoveries (“Agreement”) will be allocated pursuant to the requirements of the Agreement.

According to the Agreement, funds must be used to remediate the harms, impact, and risks caused by the opioid epidemic to the State of Nevada and its residents and are consistent with the uses required by SB 390 of the 2021 Nevada Legislative Session.

The following outlines the eligible uses pursuant to SB 390:

(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 ACEs and increase early intervention for children who have undergone ACEs 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.

The City's proposed projects and programs will be developed in accordance with the Agreement and to achieve the goals identified below.

### **Fund for a Resilient Nevada**

All money received by the State pursuant to any judgement or settlement of opioid litigation will be deposited in the Fund for a Resilient Nevada. The statewide plan sets out the goals and strategies for the implementation of programs and services potentially funded by the Fund for a Resilient Nevada and other funding sources. According to SB 390, the statewide plan may allocate money to grants to regional, county, local and tribal agencies, and private-sector organizations whose work relates to opioid use disorder and other substance use disorders. Eligible entities can apply for funding through the State of Nevada DHHS. The statewide plan can be found here: [Nevada Opioid Needs Assessment and Statewide Plan 2022 \(nv.gov\)](https://www.nv.gov/dhhs/assessments/2022-opioid-needs-assessment)

DHHS will release Notification of Funding Opportunities at various intervals at which time local entities may apply for funding for eligible uses outlined above in accordance with SB 390 that align with state and local goals.

State grants that are awarded to Carson City from the Fund for a Resilient Nevada will be administered in accordance with the grant award and Carson City's Grant Administration Policy.

## **Recommended Implementation Goals and Tactics**

### **Goal 1: Prevent the Misuse of Opioids and Other Substances**

Stakeholders in Carson City, recognizing the increase in opioid use over recent years, as previously indicated in this assessment, identified prevention efforts for both youth and adults as a critical need.

Tactic 1: Place safe drug disposal kits for unused prescription drugs in pharmacies throughout the community.

Tactic 2: Provide the Carson City Sheriff's Office with equipment for the disposal of prescription medication and other illicit substances.

Tactic 3: Provide increased access to life-saving overdose prevention medication such as Naloxone and fentanyl testing strips to organizations and agencies that work with at risk populations.

Tactic 4: Increase the capacity for prevention education for youth and families by hiring juvenile outreach specialists.

Tactic 5: Add an opioid education component to Carson City Health and Human Services' current Tobacco Program that engages students, school faculty and parents.

Tactic 6: Develop campaigns to educate and increase awareness of substance use and substance use disorders.

## **Goal 2: Enhance Behavioral Health Treatment Resources**

This goal identifies the need for additional behavioral health services and behavioral health personnel within the community. Stakeholders recognized that additional services are needed, especially for at risk and uninsured or underinsured populations, and that these added resources will play a critical role in the prevention and treatment of substance use and opioid misuse within Carson City.

Tactic 1: Support existing and additional residential treatment programs.

Tactic 2: Expand the City's Street Outreach Program to provide services that address opioid and other substance use by the unhoused population.

Tactic 3: Hire a full-time licensed drug and alcohol counselor to provide services for youth involved in the juvenile justice system.

Tactic 4: Provide the Carson City Public Defender's Office with staff to provide case management services for their indigent clients.

### **Goal 3: Enhance Prevention and Treatment Efforts in the Criminal Justice System**

Stakeholders throughout the community identified the need to support both substance abuse and opioid misuse treatment and prevention efforts throughout Carson City's criminal justice system.

Tactic 1: Remodel and expand the Juvenile Probation facilities to provide more space for classroom instruction, offices for staff and space to support outreach activities and drug and alcohol counseling efforts.

Tactic 2: Identify additional tools and software that can provide real-time access to information and electronic supervision of those enrolled in the court ordered programs of the Department of Alternative Sentencing.

Tactic 3: Provide the necessary equipment and testing supplies to the Department of Alternative Sentencing to allow the Department to keep up with current and future demand for drug testing and other court required services.

Tactic 4: Support the hiring of additional staff in the Department of Alternative Sentencing to provide those enrolled in court ordered programs with the supervision and resources necessary to ensure they meet the requirements of the Courts.

Tactic 5: Provide the necessary training for current and future Carson City staff engaged in prevention and treatment efforts to ensure the application of best practices and prevention strategies.

Tactic 6: Hire a full-time information technology systems technician to provide technology support to the specialty courts.

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