



## Opioid Use/Opioid Use Disorder Community Needs Assessment

Lander County

Approved by the Lander County Board of Health on July 11, 2024

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## 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.

The Fund for a Resilient Nevada (FRN) was established in Nevada Revised Statutes (NRS) 433.712 through 433.744 and is specific to the State's portion of opioid litigation recoveries. It is administered by the Nevada Department of Health and Human Services (DHHS) Director's Office, as identified in NRS 433.732, utilizing the recoveries resulting from litigation concerning the manufacture, distribution, sale, or marketing of opioids. FRN monies are deposited through the Attorney General's Office from recoveries from opioid litigation, settlements, and bankruptcies.

Pursuant to NRS 433.734, one of the DHHS's responsibilities is the development of the statewide needs assessment and a statewide plan to identify priorities. FRN recoveries must be used to address risk, harms and impacts of the opioid crisis on the state, using a data-driven and evidence-based approach.

***A regional, local, or tribal government entity that receives a grant pursuant to paragraph (b) of Subsection 2 of NRS 433.738 shall conduct a new needs assessment and update its plan no less than every four (4) years as designated in NRS 433.740 through 433.744 or at the direction of the Department. The Department may coordinate with and provide support to regional, local, and tribal governmental entities in conducting needs assessments and developing plans.***

The requirements of NRS 433.712–433.744 were 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

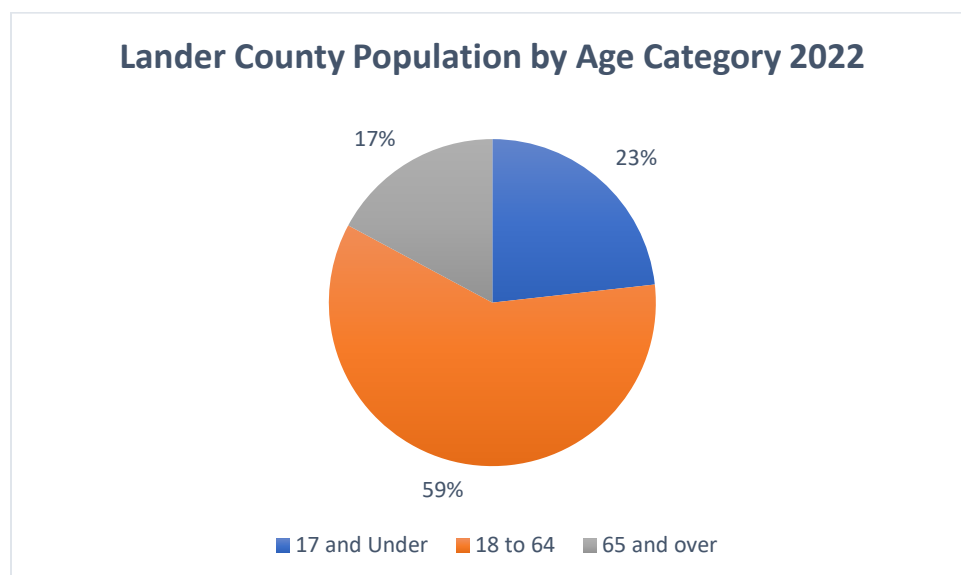
## Community Overview

Lander County, located in the heart of Nevada, encompasses a total area of 5,519 square miles. It is home to 6,315 residents in 2023, a sparsely populated region characterized by its rugged landscapes and rich mining history. The county encompasses diverse geography, ranging from mountainous terrain to expansive desert areas. Its largest community and county seat, Battle Mountain, serves as a hub for local activities. Lander County has a significant historical connection to mining, particularly gold and silver extraction, dating back to the 19th century. While mining remains an essential industry, the county has diversified its economic base over the years, incorporating sectors such as agriculture and tourism. The wide-open spaces, coupled with recreational opportunities like hiking and exploring the stunning landscape, attract visitors seeking a taste of Nevada's untamed beauty.

With a population of around 3,900 people, Battle Mountain stands as the most populous town in Lander County. Other smaller communities within the county contribute to its overall character, including Austin, with its historic charm and population of approximately 100 residents. These towns play a vital role in the county's identity, each contributing to the unique tapestry of Lander County's culture and history.

## Population Characteristics

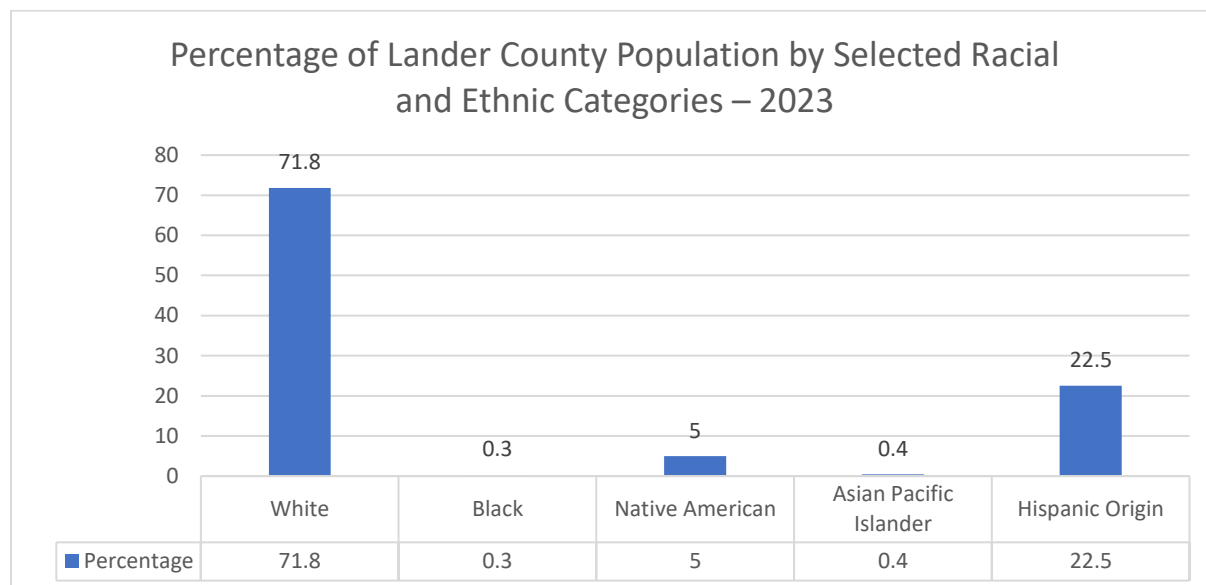
### Lander County Population by Age Category



Source: Nevada Rural and Frontier Health Databook 11<sup>th</sup> Edition

- Lander County's 65 years and over population (17% of total population) is slightly smaller than the 65 years and over percentage of population for all rural Nevada counties combined (22.2% for 65 years and over) and slightly higher than the entire state's percentage (15.9% for 65 years and over).

### Percentage of Population by Selected Racial and Ethnic Categories – 2023



Source: Nevada Rural and Frontier Health Databook 11<sup>th</sup> Edition, Table 1.10

- Lander County's population is predominantly white (71.8%), with a large minority community of Hispanic origin, nearly 1 in 4 residents (22.5%), as well as a Native American population of 5% of total county population.

### Lander County Veteran Data: Enrollment and Users of the Veterans Health Administration (VHA) as a Percent of Veteran Population — 2022

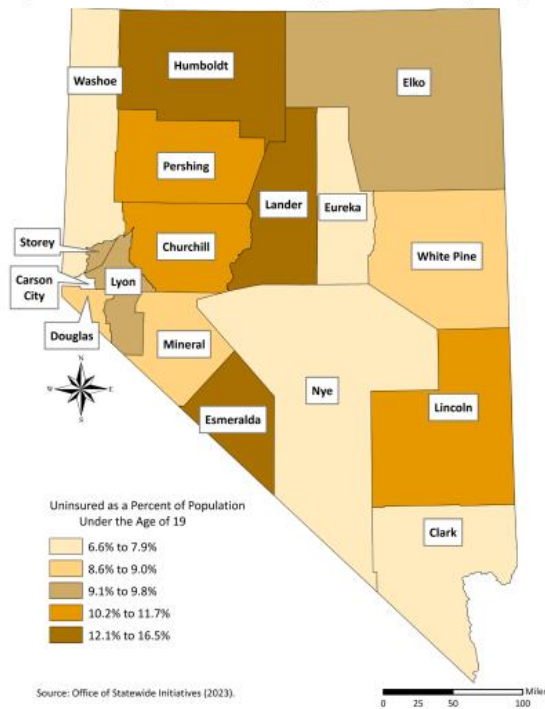
	Enrollees of VHA Services		Uses of VHA Services		Total Veteran Population
	Number	Percent of Veteran Population	Number	Percent of Veteran Population	
Lander County	176	44.8	103	26.2	393

Source: Nevada Rural and Frontier Health Databook 11<sup>th</sup> Edition, Table 3.11

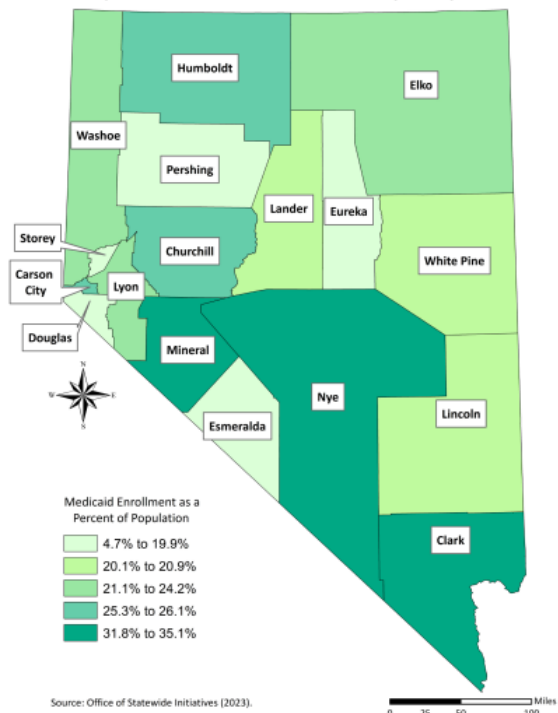
- Less than half of Lander County's veteran population is enrolled in VHA services, and only 26.2% of veterans utilize those services.
- Six percent of the Lander County population are veterans.

## Map of Uninsured Population Under the Age of 19 in Nevada by County 2020 and Map of Medicaid Enrollment in Nevada by County 2021

Map 3.2: Uninsured Population Under the Age of 19 in Nevada by County – 2020



Map 3.3: Medicaid Enrollment in Nevada by County – 2021



Source: Nevada Rural and Frontier Health Data Book – 11th Edition Map 3.2, Map 3.3

- Compared to the majority of counties in the State of Nevada, Lander County has a higher percentage (12.1%) of residents under the age of 19 years who are uninsured (Nevada Rural and Frontier Health Data Book, Table 3.4)
- The percentage of Lander County population enrolled in Medicaid is 20% (Nevada Rural and Frontier Health Data Book, Table 3.6)

### Supplemental Nutrition Assistance Program Participation

Supplemental Nutrition Assistance Program participation has grown by 11.4% in Lander County from 0.6% of the population in 2012 to 12.0% in 2021. This growth is higher than the rural and frontier region of Nevada taken collectively, which has seen an increase of 4.4% (Nevada Rural and Frontier Data Book, Table 2.8)

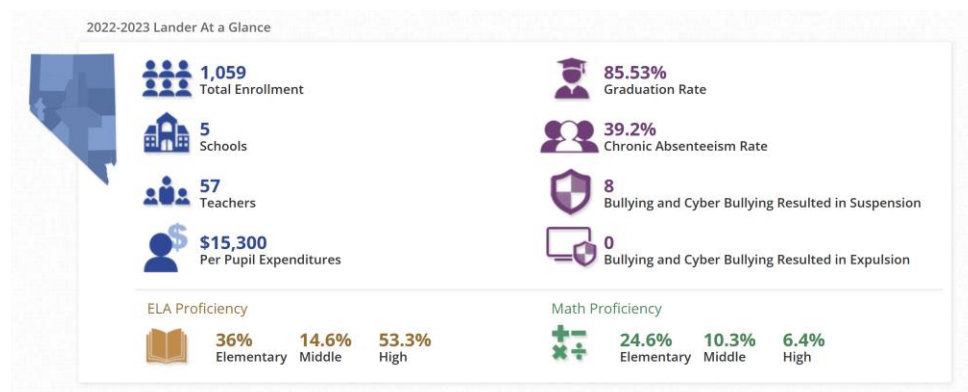
### Income and Poverty in Lander County

Lander County per capita personal income in 2020 was \$72,931, the second highest per capita personal income in the state behind Douglas County, and approximately \$20,000 higher than the rural region per capita personal income average (\$52,626) and state per capita personal income average (\$53,720). This represents 33.5% change since 2010 when the per capita personal income in the county was \$54,641 (Nevada Rural and Frontier Health Data Book, Table 2.1, 2.2).

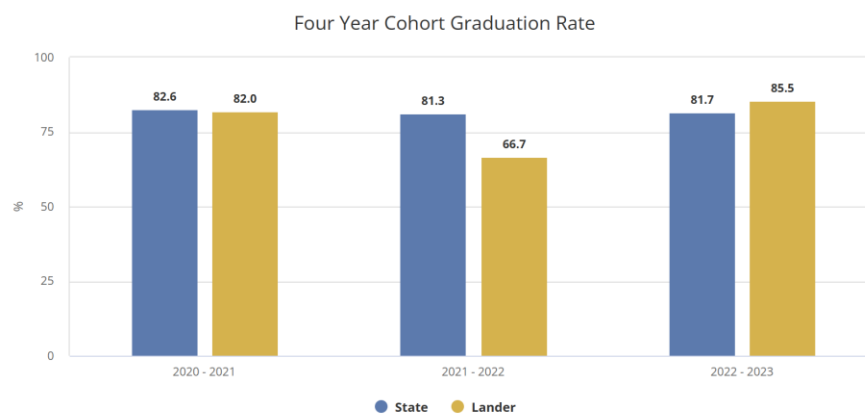
Median family income (\$89,921) and median household income (\$73,797) in 2020 in Lander County was also higher than state and national averages. The median family income for Lander County was 121.4% of the Nevada average and 112.3% of the national average. The median household income for Lander County in 2020 was 118.9% of the Nevada average and 113.5% of the national average (Nevada Rural and Frontier Health Data Book, Table 2.5).

The overall population in poverty in Lander County decreased 0.6% from 2010 to 2020. While a decrease in poverty is a positive trend, Lander County falls behind the rural region decrease over the same period (1.1% decrease) as well as the State of Nevada (2.5% decrease) (Nevada Rural and Frontier Health Data Book, Table 2.6).

### Educational Attainment and Graduation Rates in Lander County



Source: Nevada Department of Education Nevada Report Card, [Lander - Nevada Accountability Portal \(nv.gov\)](https://nv.gov)



Source: Nevada Department of Education Nevada Report Card, [Lander - Nevada Accountability Portal \(nv.gov\)](https://nv.gov)

Lander County has a High School Graduation Rate of 85.53% for the 2022-2023 school year, which is higher than the State average of 81.7%.

### Educational Attainment in Nevada by County – 2020

	Population Aged 25 and Older			
	Number	Percent with High School Diploma or Higher	Percent with Bachelor's Degree or Higher	Percent with Master's Degree or Higher
<b>Lander County</b>	3,884	86	12.3	5.5
<b>Rural and Frontier Region Subtotal</b>	203,228	88.5	26.2	6.3
<b>Nevada - Total</b>	2,001,450	86.9	25.5	8.8

Source: Nevada Rural and Frontier Health Databook 11<sup>th</sup> Edition, Table 2.13

- The percent of people aged 25 years and over in Lander County with a high school diploma (86%) is slightly lower than the rural region, but on par with the state percentage (86.9%)
- The percent of people with a bachelor's degree or higher (12.3%) is significantly lower than the rural and frontier region (26.2%) as well as the State of Nevada (25.5%)



## Lander County Population Health Profile

The Office of Statewide Initiatives at the University of Nevada, Reno School of Medicine produces county profiles for all Nevada counties utilizing county-level data from the Robert Wood Johnson Foundation's *County Health Rankings and Roadmaps* project. The following tables are extracted from *Health and Health Care in Lander County*, the 2023 county profile for Lander County.

### Health Outcomes – Mortality and Length of Life in Lander County

Health Outcomes Indicator	Lander County	Nevada	United States	Nevada Minimum	Nevada Maximum
<b>Premature death</b> – Years of potential life lost before age 75 per 100,000 population	10,167	7,493	7,300	5,900	13,800
<b>Life expectancy</b> – Average number of years a person can expect to live	75.6	78.1	78.5	71.6	82.9
<b>Child mortality</b> – Number of deaths among residents under age 18 per 100,000 population	No data	48	50	30	80
<b>Infant mortality</b> – Number of infant deaths (within 1 year of birth) per 1,000 live births	No data	5	6	5	8

Source: County Health Rankings and Roadmaps [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

- Years of potential life lost before age 75 years per 100,000 population is higher for Lander County than for the State of Nevada and the US
- Life expectancy in Lander County is shorter than it is for the State of Nevada and also for the US

### Health Outcomes – Morbidity and Quality of Life in Lander County

Health Outcomes Indicator	Lander County	Nevada	United States	Nevada Minimum	Nevada Maximum
<b>Poor or fair health</b> – Percentage of adults reporting fair or poor health	21%	20%	17%	15%	23%
<b>Poor physical health days</b> – Average number of physically unhealthy days reported in past 30 days	4.5	4.2	3.9	3.7	5.0
<b>Poor mental health days</b> – Average number of mentally unhealthy days reported in past 30 days	4.8	4.7	4.5	4.4	5.3
<b>Low birthweight</b> – Percentage of live births with low birthweight (< 2,500 grams)	13%	9%	8%	6%	13%
<b>HIV prevalence</b> – Number of people aged 13 years and older living with a diagnosis of HIV infection per 100,000 population	No data	416	378	0	478

Source: County Health Rankings and Roadmaps [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

- Lander County had a significantly higher percentage of live births with low birthweight (13%) when compared to the State of Nevada (9%) and the US (8%)

## Health Behaviors in Lander County

Health Behavior Indicator	Lander County	Nevada	United States	Nevada Minimum	Nevada Maximum
<b>Tobacco Use</b>					
<b>Adult smoking</b> – Percentage of adults who are current smokers	20%	15%	16%	16%	23%
<b>Diet and Exercise</b>					
<b>Adult obesity</b> – Percentage of adults that report a body mass index (BMI) $\geq 30$	35%	31%	32%	29%	37%
<b>Food environment index</b> – index of factors that contribute to a healthy food environment (0-10)	8.7	7.4	7.8	3.9	8.8
<b>Physical inactivity</b> – Percentage of adults aged 20 and over reporting no leisure-time physical activity	28%	26%	26%	21%	30%
<b>Access to exercise opportunities</b> – Percentage of population with adequate access to locations for physical activity	84%	90%	80%	5%	96%
<b>Food insecurity</b> – Percentage of population who lack adequate access to food	9%	12%	11%	9%	16%
<b>Limited access to healthy foods</b> – Percentage of population who are low-income and do not live close to a grocery store	4%	6%	6%	0%	44%
<b>Alcohol and Drug Use</b>					
<b>Excessive drinking</b> – Percentage of adults reporting binge or heavy drinking	19%	20%	20%	18%	24%
<b>Alcohol-impaired driving deaths</b> – Percentage of driving deaths with alcohol involvement	22%	27%	27%	0%	43%
<b>Drug overdose death</b> – Number of drug poisoning deaths per 100,000 population	No data	23	23	11	31
<b>Motor vehicle crash deaths</b> – Number of motor vehicle crash deaths per 100,000 population	33	11	12	9	33
<b>Sexual Activity</b>					
<b>Sexually-transmitted infections</b> – Number of newly diagnosed chlamydia cases per 100,000 population	542.3	578.8	551.0	115.8	619.6
<b>Teen births</b> – Number of births per 1,000 female aged 15 to 19	39	23	19	11	39

Source: County Health Rankings and Roadmaps [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

- Adult smoking is 5% higher in Lander County than in the State of Nevada (15%) and 4% higher than the US (16%).
- Adult obesity (35%) is higher in Lander County than in the State of Nevada (31%) and the US (32%).
- Food insecurity is lower in Lander County than in the State of Nevada and the US, and the percentage of the population who are low-income and do not live close to a grocery store is also lower than the State of Nevada and US percentages.
- At 39 births per 1,000 females aged 15 years to 19 years, Lander County has twice the teen births as the US on the whole (19 per 1,000 females aged 15 years to 19 years).

## Clinical Care in Lander County

Clinical Care Indicator	Lander County	Nevada	United States	Nevada Minimum	Nevada Maximum
<b>Access to Care</b>					
<b>Uninsured</b> – Percentage of population under age 65 without health insurance	12%	13%	11%	7%	18%
<b>Primary care physicians</b> – Ratio of population to primary care physicians	2,766:1	1,706:1	1,310:1	873:1	6,725:1
<b>Dentists</b> – Ratio of population to dentists	5,514:1	1,600:1	1,400:1	886:1	5,514:1
<b>Mental health providers</b> – Ratio of population to mental health providers	1,838:1	422:1	350:1	287:1	2,580:1
<b>Uninsured adults</b> – Percentage of adults under age 65 without health insurance	14%	16%	13%	7%	19%
<b>Uninsured children</b> – Percentage of children under age 19 without health insurance	10%	8%	6%	7%	17%
<b>Other primary care providers</b> – Ratio of population to primary care providers other than physicians	2,757:1	1,092:1	870:1	652:1	3,287:1
<b>Quality of Care</b>					
<b>Preventable hospital stays</b> – Number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	3,339	3,749	3,767	730	4,518
<b>Mammography screening</b> – Percentage of female Medicare enrollees aged 67-69 that receive mammography screening	21%	34%	43%	19%	47%

Source: County Health Rankings and Roadmaps [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

- Lander County residents have very limited access to primary care, with access to one primary care physician for every 2,766 people compared to the national ratio of one primary care physician for every 1,310 people.
- Access to dentistry is very limited for Lander County residents, with a ratio of 5,514:1 compared with the US ratio of 1,400:1.
- Mammography screening for female Medicare enrollees aged 67 years–69 years is over 10% lower in Lander County than in the State of Nevada (34%) and over 20% lower than the US (43%).

# Needs Assessment

## Methodology

Lander County conducted a community-wide survey to assess the most pressing needs related to opioid and other substance use and learn from the community what solutions are needed. Mercer Consulting, the State of Nevada's contractor for the statewide opioid needs assessment, and the Nevada Association of Counties Public Health Coordinator supported survey design with insight and review from the County Manager's office, County Health Officer, Community Health Nurse, and District Attorney's office.

The survey was available digitally and via paper format from November 21, 2023, to December 5, 2023, and then was reopened from February 1, 2024 to March 5, 2024 with the survey link provided to all community members via Lander County power bills. The survey yielded 197 responses from a diverse cross-section of community members, including the following sectors: those personally or otherwise directly impacted by the use of opioids and other substances, providers of treatment, providers of harm reduction services, veterans, seniors citizens, tribal members, representatives from law enforcements, courts, and justice agencies, individuals in recovery from opioid and other substance use disorders, persons working in the child welfare system, providers of social services, school system employees, workers in the mining and agricultural industries, incarcerated individuals, and members of faith-based organizations.

Together with Lander County leadership and staff, the Nevada Association of Counties Public Health Coordinator worked with Mercer Consulting, the Nevada Statewide Specialty Court Coordinator, the State of Nevada Office of Analytics, and the Fund for Resilient Nevada leadership to collect data on Lander County community demographics, public and behavioral health indicators, and opioid and other substance use indicators. Mercer Consulting provided analysis of the community survey results in conjunction with the secondary data to develop recommendations for opioid abatement in Lander County.

## Community-Based Opioid Use Indicators

The State of Nevada Department of Health and Human Services Office of Analytics provides electronic data dashboards on current status and trends related to substance use in Nevada separated into three categories collected from three different data sources: dependence (data source: hospital emergency department/room encounters), poisoning (data source: hospital inpatient admissions), and death (data source: the Division of Public and Behavioral Health's Office of Vital Records electronic death registry system). The data is available by behavioral health region. Lander County is included in the "Rural Behavioral Health Region" (Elko, Eureka, Humboldt, Lander, Pershing, and White Pine Counties).

## Opioid Prescribing

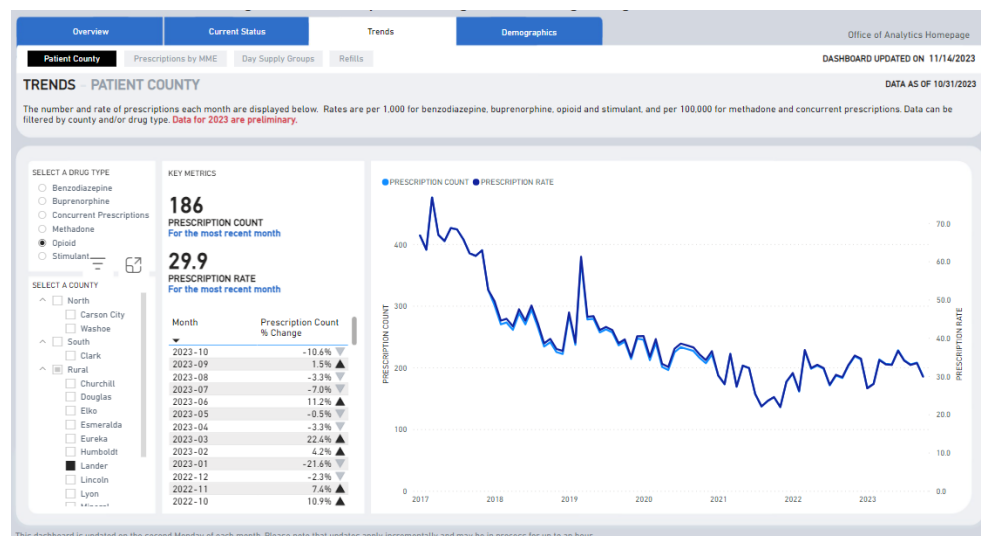
### Rate of Opioid Prescriptions for Lander and Surrounding Counties

County	Rate per 100 Persons	Difference between County and State Rate*	Difference between County and National Rate*
White Pine	28.6	-18.8	-14.7
Elko	25.2	-22.2	-18.1
Pershing	14.9	-32.5	-28.4
Humboldt	9.7	-37.7	-33.6
Eureka	8.2	-39.2	-35.1
Lander	1.7	-45.7	-41.6

Source: Nevada Opioid Needs Assessment and Statewide Plan 2022, State of Nevada Department of Health and Human Services, Dec. 1, 2022, p. 13-14.

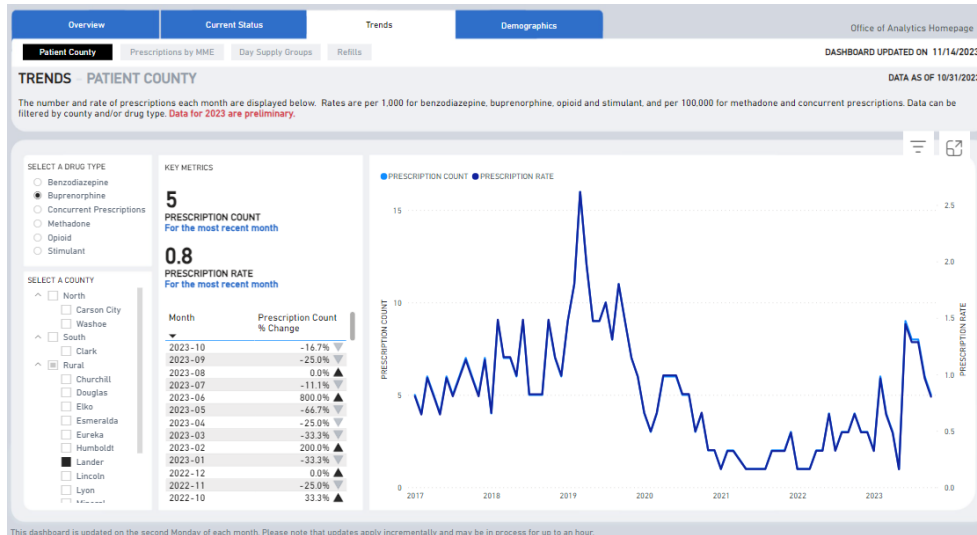
- Lander County has the lowest rate per 100 persons in the region and is also significantly lower than the state and national rate.

### Patient County Trends: Number and Rate of Opioid Prescriptions per 1,000 people for Lander County (data for 2023 are preliminary), 2017-2023



Source: State of Nevada Office of Analytics Monitoring the Prescription Drug Monitoring Program (PDMP) in Nevada  
<https://app.powerbigov.us/view?r=eyJrljoiYjgyYzkyMzctNDg0OS00ZGY1LWJiMWYtM2E0NDlkZjI0MmEyliwidCI6ImU0YTM0MGU2LWI4OWUtNGU2OC04ZWZhLTE1NDRkMjcwMzk4MCJ9>

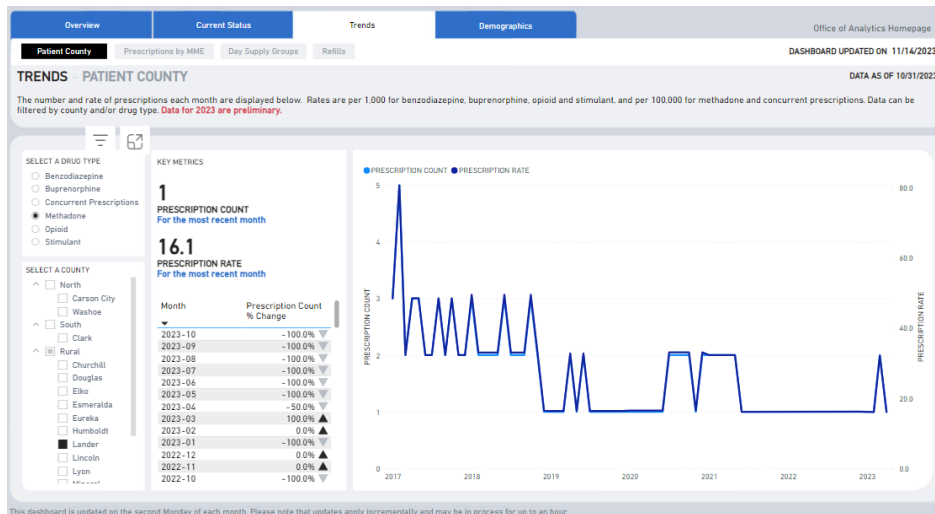
## Patient County Trends: Number and Rate of Buprenorphine Prescriptions per 1,000 people for Lander County (data for 2023 are preliminary), 2017-2023



Source: State of Nevada Office of Analytics Monitoring the Prescription Drug Monitoring Program (PDMP) in Nevada  
<https://app.powerbigov.us/view?r=eyJrljoiYjgyYzkyMzctNDg0OS00ZGY1LWJiMWYtM2E0NDlkZjI0MmEyliwidCI6ImU0YTM0MGU2LWI4OWUtNGU2OC04ZWZhLTE1NDRkMjcwMzk4MCJ9>

Buprenorphine is used for opioid addiction to reduce cravings and withdrawal symptoms without causing euphoria or dangerous side effects and helps prevent relapse. It works by being a substitute for the drug being abused, so the patient has minimal discomfort, which allows the patient to focus on their recovery. Buprenorphine for opioid use disorder (OUD) is used as part of a complete treatment program that also includes counseling and behavioral therapy.

## Patient County Trends: Number and Rate of Methadone Prescriptions per 100,000 people for Lander County (data for 2023 are preliminary), 2017–2023



Source: State of Nevada Office of Analytics Monitoring the Prescription Drug Monitoring Program (PDMP) in Nevada

<https://app.powerbigov.us/view?r=eyJrIjoieYjgyYzkyMzctNDg0OS00ZGY1LWJiMlYtM2E0NDlkZjI0MmEyIiwidCI6ImU0YTM0M0GU2LWI4OWUtNGU2OC04ZWZhLTE1NDRkMjcwMzk4M0M0>

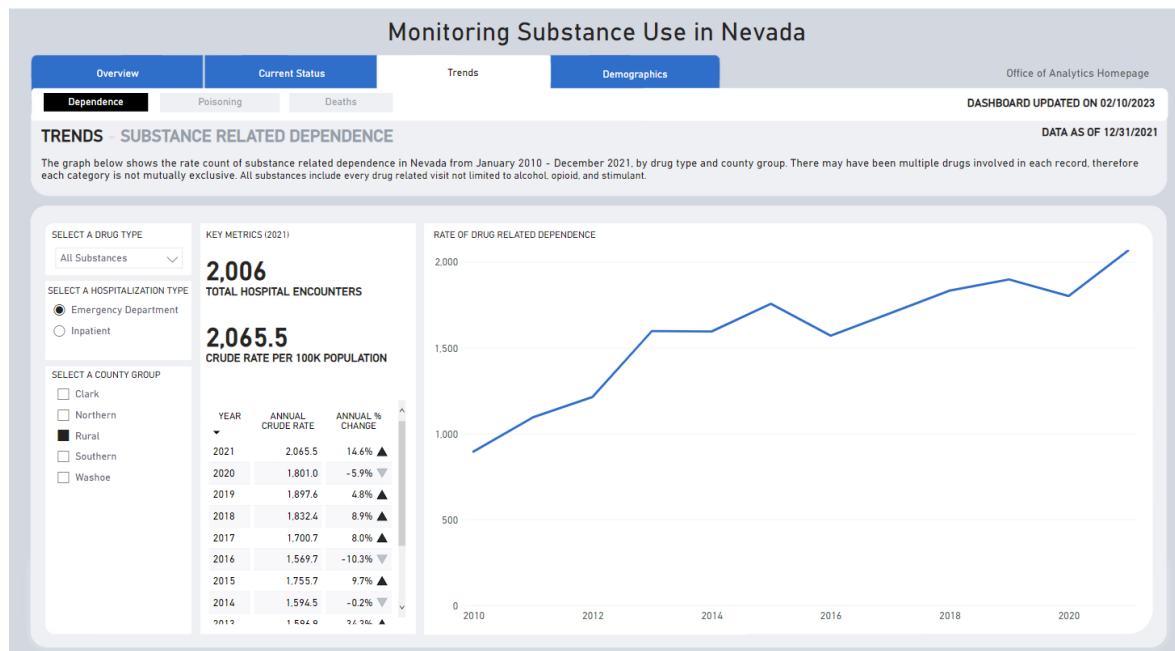
- Lander County had one prescription for methadone for the recent month (data pulled 11.14.2023)

Methadone is a long-acting opioid medication that is used to reduce withdrawal symptoms in people addicted to heroin or other narcotic drugs, and it can also be used as a pain reliever. When methadone is used for OUD, it reduces withdrawal symptoms and drug cravings, but does not cause the "high" associated with the drug addiction. Methadone is highly regulated medication (Schedule 2 Controlled Substances Act), and when used for OUD, is only available through approved opioid treatment programs that involve regular monitoring, counseling, and drug testing to make sure patients are making progress in their recovery.

### Substance-Related Dependence

The figures below show key metrics for the Rural Behavioral Health Region in 2021 as well as the trend in rate count of emergency department visits with substance-related dependence from January 2010–December 2021 for the region. They demonstrate an increase in emergency room visits for all substances, and opioids specifically. Note that these are based on diagnosis and may underrepresent the total number of emergency room visits for opioids in cases in which individuals may not receive an opioid dependence diagnosis during their visit despite opioids prompting the emergency.

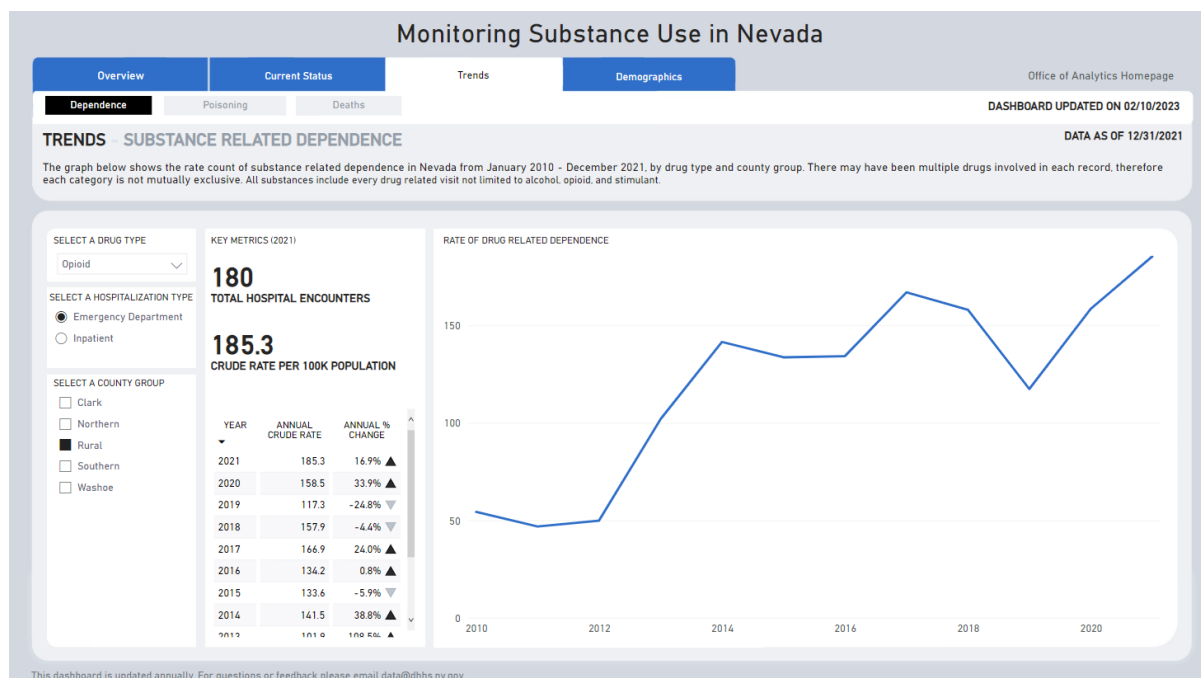
### Substance-Related Dependence (All Substances) – Emergency Department Encounters, Rural Behavioral Health Region



Source: State of Nevada Office of Analytics Substance Use Surveillance Dashboard

<https://app.powerbigov.us/view?r=eyJrIjojODQ2MjIjMjktOWE5NC00MThmLTlkMmEtYzZjMDU0YWU3MmUyIiwidCI6ImU0YTMO0GU2LWI4OWUtNGU2OC04ZWZhLTE1NDRkMjcwMzk4MCI9>

## Substance-Related Dependence (Opioid) – Emergency Department Encounters, Rural Behavioral Health Region



Source: State of Nevada Office of Analytics Substance Use Surveillance Dashboard

<https://app.powerbigov.us/view?r=eyJrIjojODQ2MjIjMjktOWE5NC00MThmLTlkMmEtYzZjMDU0YWU3MmUyIiwidCI6ImU0YTMO0GU2LWI4OWUtNGU2OC04ZWZhLTE1NDRkMjcwMzk4MCI9>

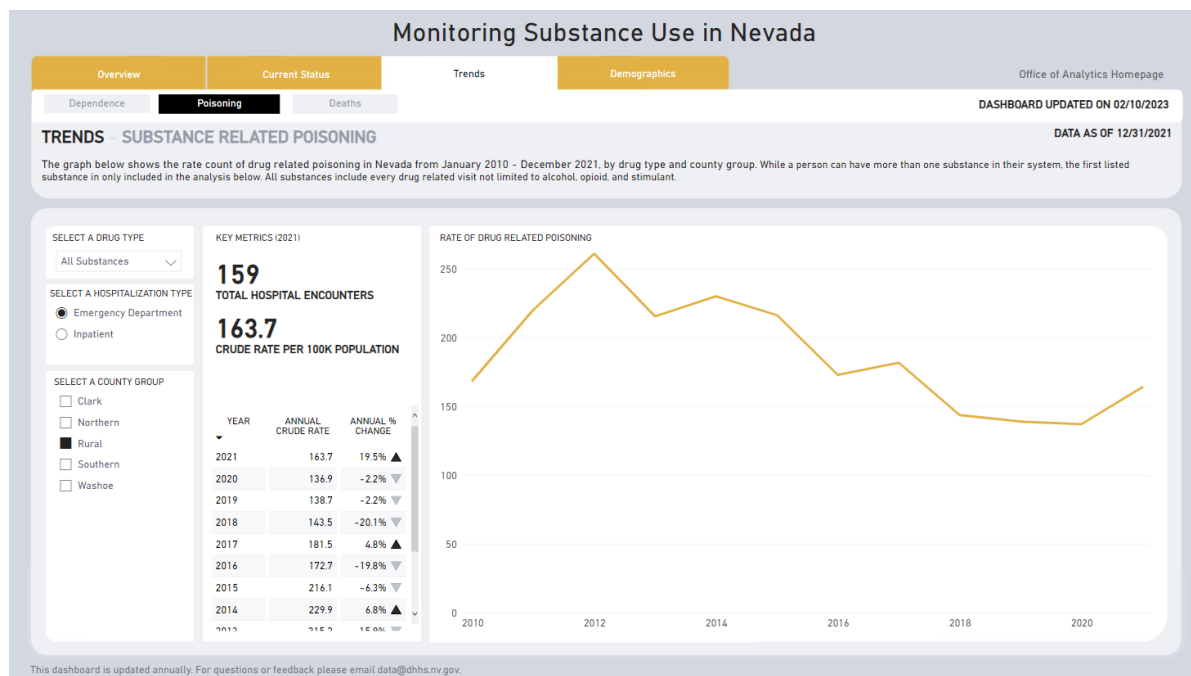


When compared with other behavioral health regions, only the rural region shows an upward trend between 2016 and 2021. Other counties and regions saw a spike in 2016 but have either trended downward consistently or had a slight uptick after 2020, but none other than the rural regions have increased beyond the rates in 2016. This indicates that prior efforts at opioid mitigation may not have been successful in rural areas, and additional work and resources tailored to these rural counties are needed. Additionally, the rates of emergency department encounters with opioid dependence diagnoses highlight a need for more access to opioid-specific treatment and better coordination of care in order to potentially avoid emergency room encounters.

## Substance-Related Poisoning

The figures below show key metrics for opioid and other substance-related poisoning in emergency departments in the rural behavioral health region in 2021 as well as the trend in rate count of substance- and opioid-related poisoning in the region from January 2010–December 2021.

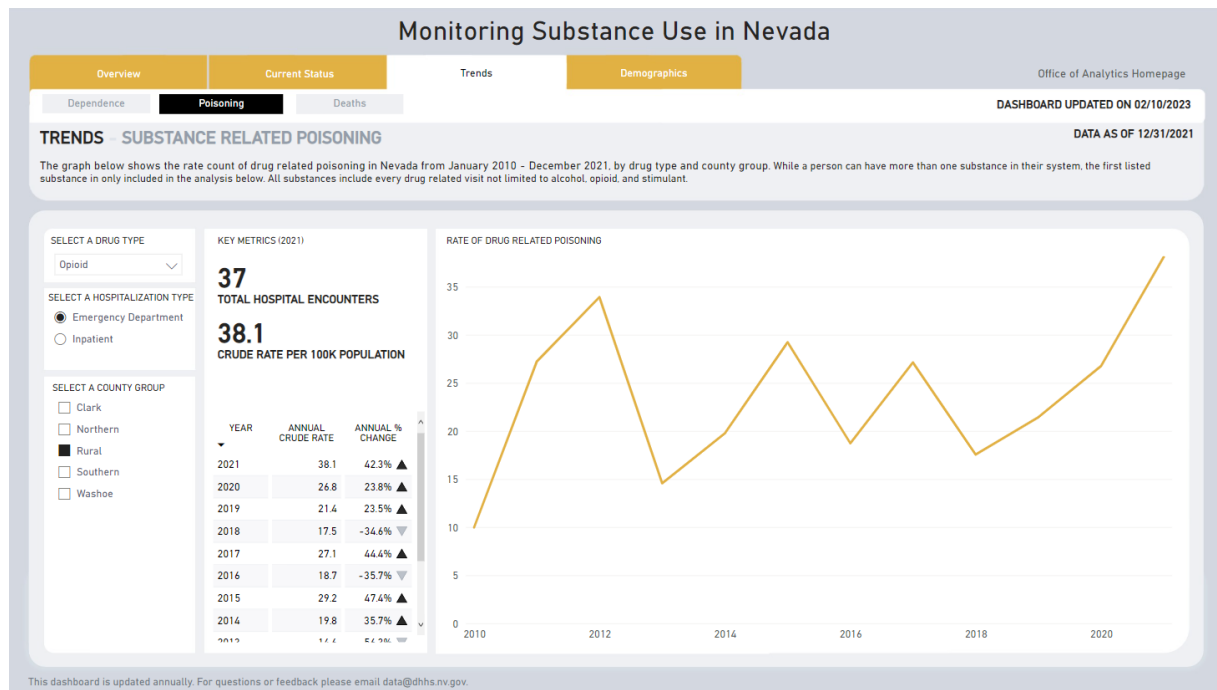
## Substance-Related Poisoning (All Substances) – Emergency Department Encounters, Rural Behavioral Health Region



Source: State of Nevada Office of Analytics Substance Use Surveillance Dashboard

<https://app.powerbigov.us/view?r=eyJrIjojODQ2MjJiMjktOWE5NC00MThmLTlkMmEtYzZjMDU0YWU3MmUyIiwidCI6ImU0YTM0MGU2LWI4OWUtNGU2OC04ZWFlTE1NDRkMjcwMzk4MCI9In>

## Substance-Related Poisoning (Opioid) – Emergency Department Encounters, Rural Behavioral Health Region



Source: State of Nevada Office of Analytics Substance Use Surveillance Dashboard

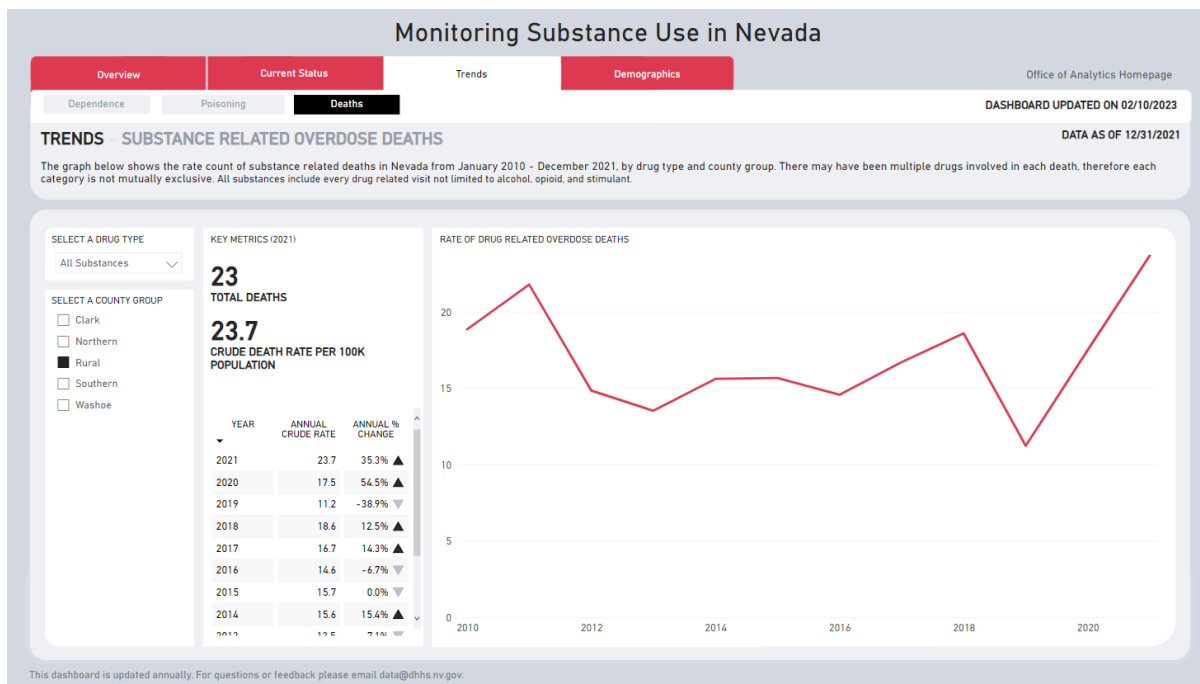
<https://app.powerbigov.us/view?r=eyJrIjojODQ2MjJjMjktOWE5NC00MThmLTlkMmEtYzZjMDU0YWU3MmUyIiwidCI6ImU0YTM0MGU2LWI4OWUtNGU2OC04ZWZhLTE1NDRkMjcwMzk4MCI9>

Opioid poisoning rates have increased since 2018 despite poisoning from other substances being flat or slowly rising. Opioid overdose rates spiked in 2020. These findings demonstrate the need for harm reduction (naloxone), prevention/education, and recovery supports (for relapse overdoses).

## Substance-Related Overdose Deaths

The figures below show substance and opioid-related overdose deaths for the rural behavioral health region in 2021 as well as the trend in rate count of substance- and opioid-related poisoning in the region from January 2010–December 2021.

### Substance-Related Overdose Deaths (All Substances) – Rural Behavioral Health Region

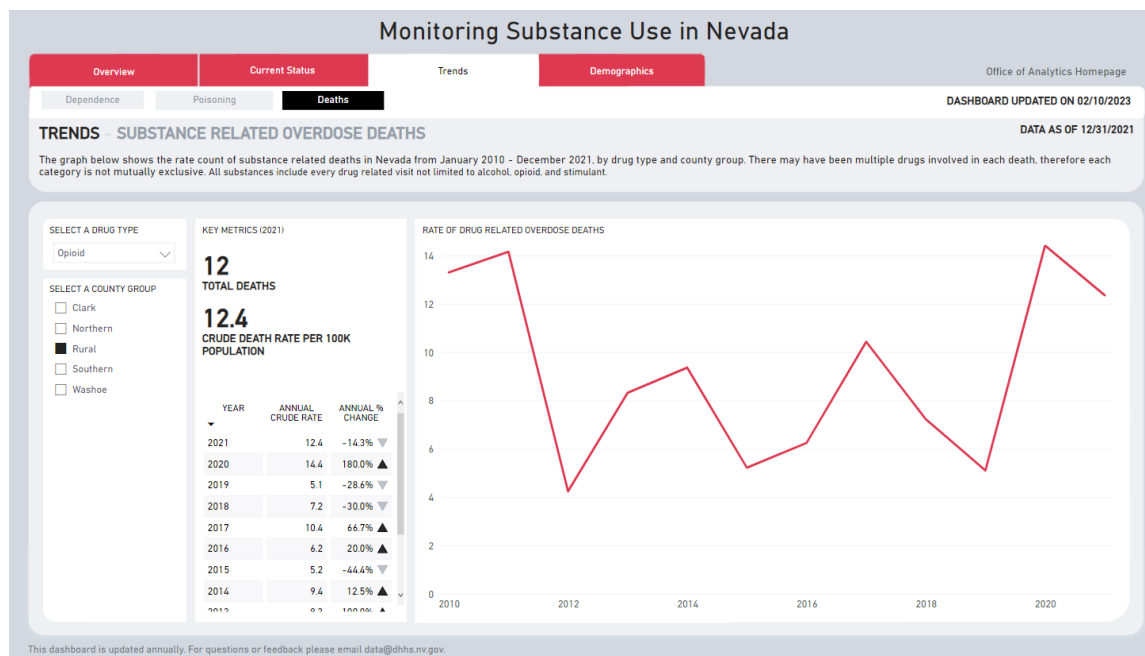


Source: State of Nevada Office of Analytics Substance Use Surveillance Dashboard

<https://app.powerbigov.us/view?r=eyJrIjojODQ2MjJjMjktOWE5NC00MTNmLTlkMmEtYzZjMDU0YWU3MmUyIiwidCI6ImU0YTMOGU2LWI4OWUtNGU2OC04ZWZhLTE1NDRkMjcwMzk4MCJ9>

Polysubstance overdoses, including stimulants, nearly doubled from 2019 to 2020, indicating that stimulants are a growing concern along with opioids. In 2021, the rural region saw an increase of 35.3% in polysubstance deaths from 2020.

## Substance Related Overdose Deaths (Opioid) – Rural Behavioral Health Region



Source: State of Nevada Office of Analytics Substance Use Surveillance Dashboard

<https://app.powerbigov.us/view?r=eyJrIjojODQ2MjJiMjktOWE5NC00MThmLTlkMmEtYzZjMDU0YWU3MmUyIiwidCI6ImU0YTU0MGU2LWI4OWUtNGU2OC04ZWFlTE1NDRkMjcwMzk4MCI9>

## Drug-Related and Opioid-Related Overdose Death Rates, Lander and Surrounding Counties

County	Drug-Related Overdose Death Rates			Opioid-Related Overdose Death Rates		
	2019	2020	Change	2019	2020	Change
Elko	5.5	12.7	↑ 7.2	1.8	12.7	↑ 10.9
Eureka	—	—	—	—	—	—
Humboldt	29.3	17.6	↓ 11.7	11.7	17.6	↑ 5.9
Lander	—	33.4	↑ *	—	33.4	↑ *
Pershing	—	14.4	↑ *	—	14.4	↑ *
White Pine	28.3	28.4	↑ 0.1	18.8	9.5	↓ 9.3

Source: As reported in State of Nevada Opioid Needs Assessment with data pulled from Suspected Nevada Drug Overdose Surveillance Monthly Report January 2022, Statewide Report. Data include accidental poisonings, intentional self-poisonings, and assault by drug poisonings, and drug poisoning of undetermined intent for drug-related overdose deaths and where any of the following opioid-related substances contributed to the cause of death: opium, heroin, natural and semi-synthetic opioids, methadone, synthetic opioids, and other/unspecified opioids. Note: “—” indicates data where the rate may be 0 or was suppressed due to low counts. “\*” indicates a change in the rate could not be calculated.

- The rate change could not be reported in the statewide assessment for Lander County, however the 2020 rate of drug-related and overdose related deaths in the county was higher than all neighboring counties.
- Data shows that drug-related and opioid-related overdose death rates have increased across several rural jurisdictions. This may be due to lack of capacity for higher level of treatment, limited medication-assisted treatment (MAT) providers or other responsivity factors.

### ODMAP (Overdose Detection Mapping Application Program)

The ODMAP program provides real-time data on suspected opioid overdose, suspected fatal overdose, and administration of naloxone in cases of suspected opioid overdose. The data is collected through the state Emergency Medical Services (EMS) database and pulled into ODMAP. Complete data sets are available starting from November of 2020. Data from January 2021 to October of 2023 are provided here. As data for ODMAP is collected from the State EMS database, it is likely to be an underreporting of suspected overdoses and should be considered together with other datasets. For example, if someone experiencing an overdose is taken directly to a hospital by a community member, or a community member administers naloxone to a peer without EMS intervention, those overdoses will not be reflected in the ODMAP tool.

	1/1/2021 – 12/31/2021	1/1/2022 – 12/31/2022	1/1/2023 – 10/18/2023
<b>Total Suspected Overdoses</b>	4	11	12
<b>Suspected Fatal Overdoses</b>	0	0	0
<b>Naloxone Distribution</b>	2	5	0

Source: ODMAP database

Data extracted on: October 18, 2023

Prepared by: Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP), State of Nevada Office of the Attorney General

- ODMAP surveillance indicates that total suspected overdoses are steadily increasing in Lander County, with a significant jump from 2021 to 2022.
- Naloxone distribution by EMS has dropped off for 2023 despite a slight increase in suspected overdoses and without an increase in suspected fatal overdoses. According to local EMS, the fatal overdose number seems off, but they reasoned that this may be due ODMAP data only including information collected by EMS and not by hospitals or other partners. They also believe the decrease in Narcan distribution for 2023 is due to how readily available Narcan is to the public and because Law Enforcement now also carries Narcan.
- Additionally, in May of 2024, local EMS reported that will they have not seen many overdoses in 2024, they do not believe the overall rate has gone down, but rather self-treatment has gone up.

## Battle Mountain General Hospital Community Health Needs Assessment

Together with the University of Nevada, Reno School of Medicine Office of Statewide Initiatives, Battle Mountain General Hospital conducted a Community Health Needs Assessment in 2023. The assessment included a community survey (paper, online, and both English and Spanish-language versions were available) that was open to the community from March 8 to June 2, 2023. There were 159 total responses (92.3% from Battle Mountain; 5.7% from Austin; 1.3% from Winnemucca; 0.6% from Valmy).

The top three health needs identified from the community were:

- 1) Access to healthcare services (13.6%)
- 2) Mental illness (12.7%)
- 3) Drug and alcohol abuse (11.5%)

Additionally, survey participants shared that the following issues in the community contribute to people's health and well-being in a negative way:

- Lack of specialty health services locally (18.3%)
- Substance abuse, smoking, and gambling (17%)
- Poor access to and costs of local healthcare services (13.7%)
- Poor mental health (10.2%)
- Lack of recreation amenities (9.4%)
- Unhealthy lifestyles, lack of healthy food options (6.0%)
- Lack of healthcare specialists and services (5.1%)

In sum, the Community Health Needs Assessment, while focused on a broader view of community health and well-being as well as access to care, still revealed a community concern for the prevalence of mental illness, poor mental health, and substance abuse.

## Justice Data

### 11<sup>th</sup> Judicial District Specialty Court Data

The 11<sup>th</sup> Judicial District Specialty Court serves Lander and Pershing counties. The data in the table below is specific to Lander County residents.

#### Admission, Discharge, and Successful Completion of 11<sup>th</sup> Judicial District Specialty Court, Lander County Residents, between 1/1/2020–11/15/2023

	Admission	Total Discharged	Successfully Completed
11th JDC-Lander Adult Drug Court	14	7	1

Source: Administrative Office of the Courts, State of Nevada, Data pulled 11/16/2023

#### Primary, Secondary, and Tertiary Drug of Choice for Lander County Residents Admitted to the 11<sup>th</sup> Judicial District Specialty Court between 1/1/2020–11/15/2023

	Primary Drug of Choice	Drug of Choice – Secondary	Drug of Choice – Tertiary
Alcohol	1	3	1
Heroin	0	0	2
Methamphetamine	10	2	1
Marijuana	3	3	1

Source: Administrative Office of the Courts, State of Nevada, Data pulled 11/16/2023.

There were zero participants from Lander County in the 11<sup>th</sup> Judicial District Specialty Court who reported the following substances as a primary, secondary, or tertiary drug of choice: opiate (other), synthetics, amphetamine, benzodiazepine, club drugs, cocaine, crack cocaine, hallucinogens, sedative/hypnotics.

- The specialty court data indicates that methamphetamine, followed by marijuana are the two most prevalent substances utilized by individuals admitted to specialty court.
- The data also indicates that only 1 of 7 total discharged participants successfully completed the program. More research is needed to determine barriers to successful completion of the program.

### Law Enforcement and Trends in the Jail

The Lander County Sheriff's Office is actively developing a Medication for Opioid Use Disorder (MOUD) Multi-Disciplinary Team to support inmates in the Lander County Jail. Through this process, improved data collection strategies are anticipated.

Currently, the Sheriff's Office reports that approximately 3 out of every 5 inmates have some substance use issues that have involved incarceration. With alcohol excluded, approximately 2 out of every 5 inmates have some substance use issues.



## Adult and Youth Risk Factor Prevalence

### Adult Risk Factor Prevalence

The Behavioral Risk Factor Surveillance System (BRFSS) is a survey conducted by the Centers for Disease Control and Prevention (CDC) that collects information on health behaviors, risk factors, and chronic conditions among adults in the United States. Monitoring the BRFSS data is a helpful tool for communities and stakeholders, including prevention coalitions, when planning interventions to reduce risky behaviors that may lead to increased substance use. [The Behavioral Health Wellness and Prevention 2022 Epidemiologic Profile: Nevada](#) published by the State of Nevada Department of Health and Human Services Office of Analytics provides BRFSS data by coalition region. Lander County is served by the Frontier Community Coalition (FCC), which also serves Humboldt County and Pershing County. The prevalence estimates for specific health indicators in this region are listed below. It is important to note that the BRFSS data relies on self-reported information and may not accurately reflect the true prevalence of illegal drug use in Nevada.

#### Prevalence Estimates of Health Risk Behaviors by FCC Coalition Region & State, Nevada Adults, 2021

Indicator	% FCC Region	% Nevada
Ever seriously considered attempting suicide during the past 12 months	9.2% (0.1–22.1)	4.5% (3.2–5.8)
Heavy drinkers	8.2% (1.0–15.3)	4.6% (3.6–5.6)
Binge drinkers	20.7% (5.1–36.3)	11.9% (10.1–13.6)
General health poor or fair	25.9% (9.6–42.1)	18.5% (15.6–21.5)
Depressive disorder diagnosis	12.1% (2.0–22.3)	16.9% (14.9–18.9)
Ten or more days of poor mental health	16.8% (0.0–34.8)	20.7% (18.4–22.9)
Ten or more days of poor mental health or physical health kept from usual activities	16.8 % (0.0–34.8)	25.7% (22.6–28.9)
Use marijuana/hashish in the last 30 days	36.4% (17.9–54.9)	18.2% (15.8–20.5)
Used other illegal drugs in the last 30 days	12.0% (0.0–26.2)	2.8% (1.2–3.3)
Used prescription drugs without doctor's order to get high in last 30 days	0.0% (0.0–0.0)	1.7% (0.7–2.7)
Current tobacco cigarette smokers	18.0% (7.6–28.4)	14.7% (12.7–16.7)
Difficulty doing errands alone because of physical, mental, or emotional condition	9.7% (0.0–20.2)	8.4% (6.8–10.0)
Serious difficulty concentrating, remembering, or making decisions because of physical, mental, or emotional condition	12.0% (1.4–22.6)	13.6% (11.7–15.5)

Source: Behavioral Risk Factor Surveillance System (BRFSS) data presented in Behavioral Health Wellness and Prevention 2022 Epidemiologic Profile: Nevada (Jan 2023), retrieved from: [https://dhhs.nv.gov/Programs/Office\\_of\\_Analytics/OFFICE\\_OF\\_ANALYTICS\\_-\\_DATA\\_REPORTS/](https://dhhs.nv.gov/Programs/Office_of_Analytics/OFFICE_OF_ANALYTICS_-_DATA_REPORTS/) p. 80.

Effective assessment of high-risk behaviors involves collecting data that aids policy makers, stakeholders, and community members to quantify substance misuse, mental health crises, and suicidality. Our coalition regions have a higher rate compared to the state rate in 8 of the 13 data elements. Noteworthy is the domain of “Used other illegal drugs in the last 30 days.” Lander, Pershing, and Humboldt County data shows a six-time higher rate than the statewide responses. Individuals contemplating suicide in the last twelve months was twice as high as the statewide rate.

### Youth Risk Factor Prevalence

On behalf of the Nevada Department of Education and the Nevada Division of Public and Behavioral Health, the University of Nevada, Reno's School of Public Health administers the Youth Risk Behavior Survey (YRBS). The YRBS is a survey of adolescent health behaviors and provides critical information to help us understand the health and well-being of youth in Nevada. The YRBS was designed by the CDC in cooperation with federal agencies and numerous State and local departments of education and health.

#### Churchill, Humboldt, Pershing, Lander Counties —YRBS, 2015–2021

<b>High School Indicators</b>	<b>2015</b>	<b>2017</b>	<b>2019</b>	<b>2021</b>
% Ever used heroin	2.1	4.3	3.5	1.6
% Ever used prescription drugs without doctor prescription	15.7	18.1	15.6	20.9
% Currently take prescription drugs without prescription (30 days)	5.6	11.1	8.6	10.2
% Ever injected illegal drugs	2.5	3.3	3.3	2.2
% Thought it would be very easy to get prescription medicine if they wanted some	-	-	10.9	12.1
% Thought it would be fairly easy to get prescription medicine if they wanted some	-	-	16.3	17.8
% Felt sad or hopeless almost every day for two or more weeks in a row during the 12 months prior	31.7	32.6	38.9	50.9
% Seriously considered attempting suicide	18.7	19.8	16.3	26.8
% Made a plan for suicide	16.9	15.2	13.1	18.5
% Attempted suicide	8.3	11.8	9	11.9
% Attempt that resulted in injury, poisoning, or overdose	1.8	3.3	3.7	3.0
% Did something to hurt themselves without wanting to die, such as cutting	-	21.6	24.4	24.1
<b>Middle School Indicators</b>	<b>2015</b>	<b>2017</b>	<b>2019</b>	<b>2021</b>
% Ever used heroin	-	0.8	1.8	3.0
% Ever used prescription drugs without doctor prescription	5.8	6.4	10.3	11.4

% Currently take prescription drugs without prescription (30 days)	1	-	4.5	5.9
% Felt sad or hopeless almost every day for two or more weeks in a row during the 12 months prior	27.8	29.4	34.8	37.5
% Seriously considered attempting suicide	19.9	19.6	21.1	20.5
% Made a plan for suicide	11.4	15.7	12	15.7
% Attempted suicide	9.1	9.3	10.1	11.1
% Did something to hurt themselves without wanting to die, such as cutting	15.3	18.7	20.6	23.3

Source: Nevada Youth Risk Behavior Surveillance System, 2015-2021. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno.

- Percent of high school students that felt sad or hopeless almost every day for two or more weeks in a row during the 12 months prior jumped from 31.7 in 2015 to 50.9 in 2021; the same measure for middle school students increased from 27.8 to 37.5 over the same period.
- There is a consistent rise of heroin use in middle school from 0 in 2015 to 3 in 2021, and consistent rise in use of prescription drugs without prescription in the last 30 days for both age groups.

### Adverse Childhood Experiences

Adverse Childhood Experiences (ACE) are also a risk factor for substance misuse. ACEs are stressful or traumatic events that occur during childhood, such as physical, emotional, or sexual abuse, neglect, or household dysfunction. These experiences can have significant long-term effects on health outcomes, including increased risk of substance use disorders and greater risk for individuals with higher ACE scores (Anda et al., 2006). These findings suggest that addressing the root causes of ACEs and providing appropriate support and interventions for affected individuals will be crucial in preventing drug misuse and addiction in the future. The Nevada YRBS includes ACE questions. The wording of all ACE questions and/or response options on the high school survey changed in 2021, so comparisons with prior years should not be made. As reported above, data for Lander County on the YRBS is combined with Churchill, Pershing, and Lander Counties.

### Churchill, Humboldt, Pershing, Lander Counties – Adverse Childhood Experiences (ACE) YRBS, 2021

ACES High School Indicators	Never/Rarely	Sometimes	Most of the time/Always
Percentage of students who have ever been hit, beaten, kicked, or physically hurt in any way by a parent or other adult in their home	88.7%	6.4%	4.8%
Percentage of students who have ever been sworn at, insulted, or put down by a parent or other adult in their home	51.2%	26.0%	22.9%
Percentage of students who have ever had an adult in their household who tried hard to make sure their basic needs were met	11.8%	5.3%	82.8%

Percentage of students who have ever had parents or other adults in their home slapped, hit, kicked, punched, or beat each other up	91.5%	5.4%	3.1%
	<b>Yes</b>	<b>No</b>	
Percentage of students who reported that an adult or person at least 5 years older than them made them do sexual things they did not want to do	16.5%	83.5%	-
Percentage of students who have ever lived with someone who was depressed, mentally ill, or suicidal	49.5%	50.5%	-
Percentage of students who have ever lived with someone who was having a problem with alcohol or drug use	43.7%	56.3%	-
Percentage of students who have ever been separated from a parent or guardian because their parent/guardian went to jail, prison, or a detention center	26.7%	73.3%	-
Percentage of students who have ever seen someone get physically attacked, beaten, stabbed, or shot in their neighborhood	23.9%	76.1%	-

Source: Nevada Youth Risk Behavior Surveillance System, 2021. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno.

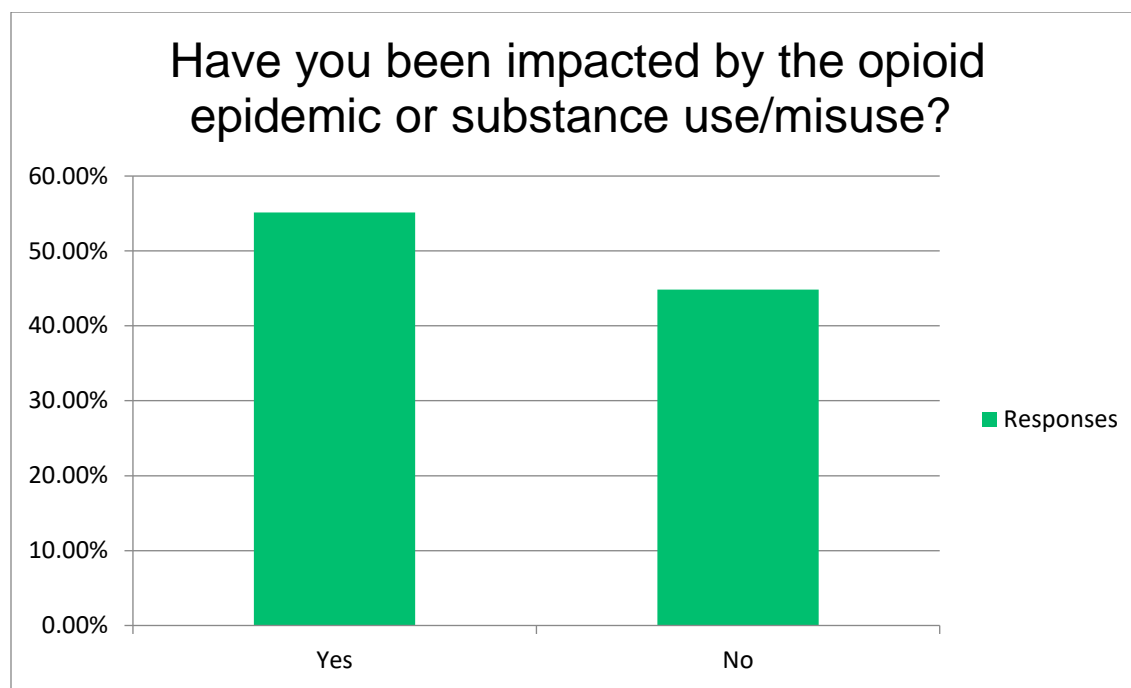
- Nearly half of all students reported having lived with someone who was depressed, mentally ill, or suicidal
- Over 40% of students reported having lived with someone who was having a problem with alcohol or drug abuse
- Over a quarter of students have been separated from a parent or guardian because their parent/guardian went to jail, prison or detention

As discussed above, ACES are risk factors for future substance misuse. Effective evidence-based strategies to reduce ACES and support youth and parents can be employed to prevent future substance use.

## Opioid Needs Survey: Results of the Community-Based Participatory Research (CBPR)

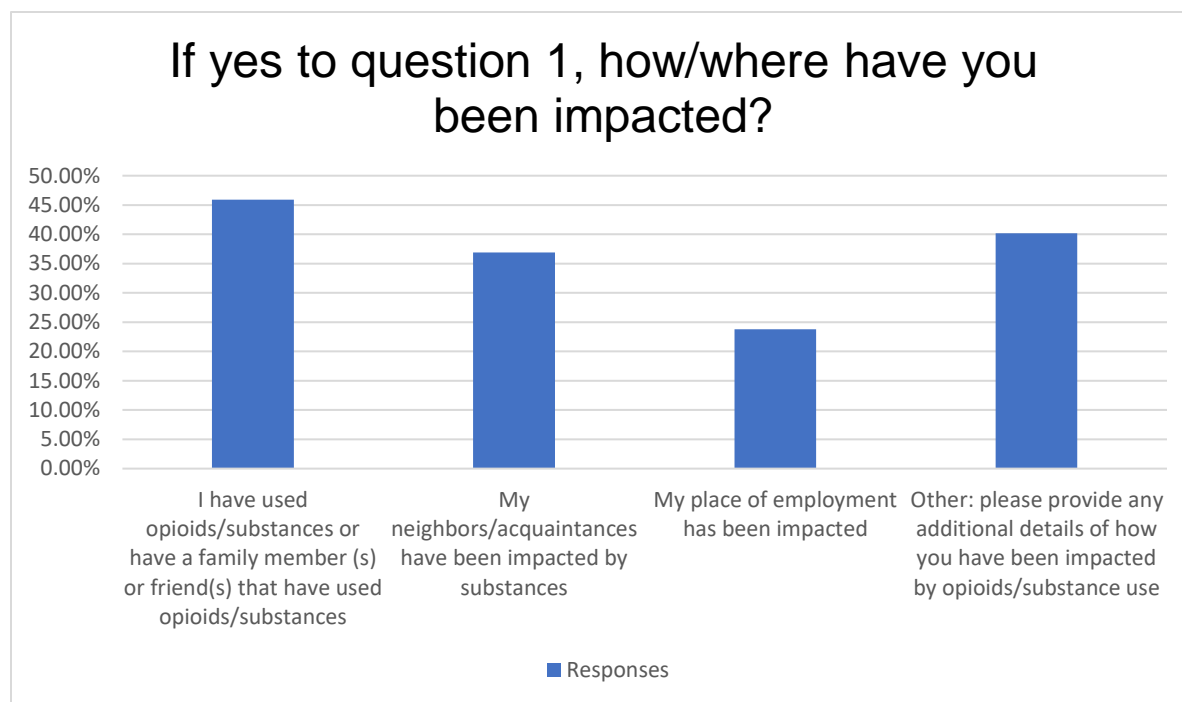
Lander County conducted a community-wide survey to assess the most pressing needs related to opioid and other substance use and learn from the community what solutions are needed.

### Question 1. Have you been impacted by the opioid epidemic or substance use/misuse?



Answer Choices	Responses	
Yes	55.15%	107
No	44.85%	87

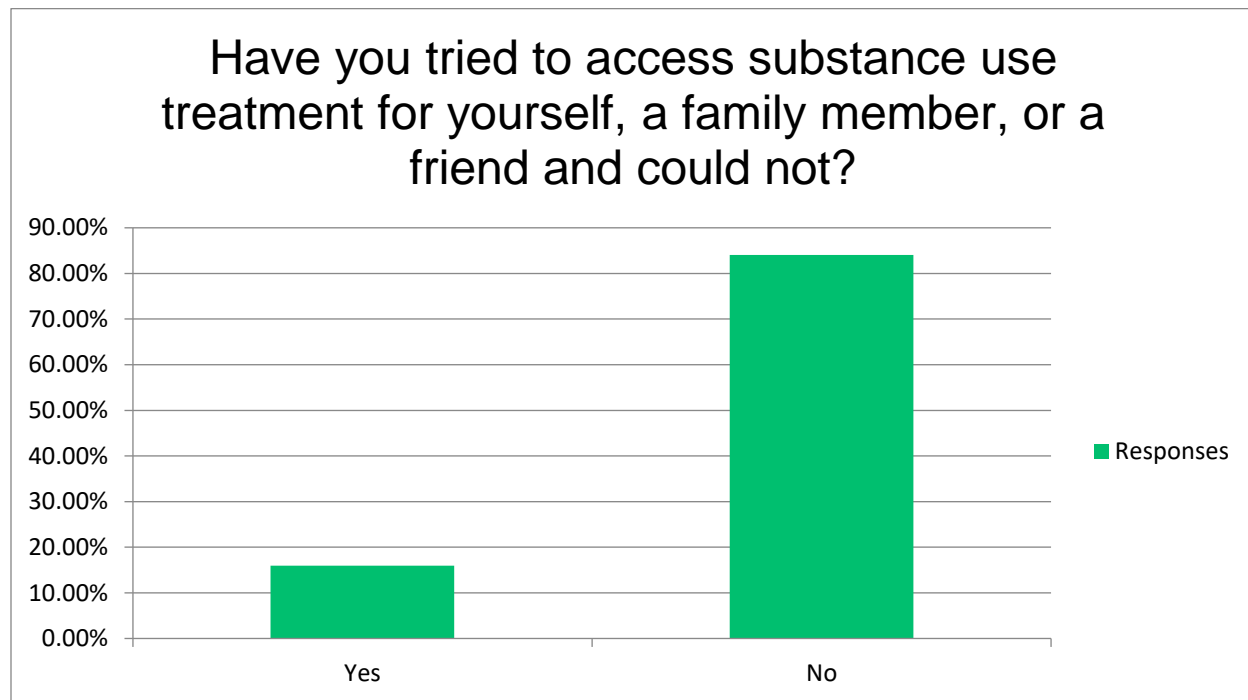
**Question 2. If yes to Question 1, how/where have you been impacted?**



Answer Choices	Responses	
I have used opioids/substances or have a family member (s) or friend(s) that have used opioids/substances	45.90%	56
My neighbors/acquaintances have been impacted by substances	36.89%	45
My place of employment has been impacted	23.77%	29
Other: please provide any additional details of how you have been impacted by opioids/substance use	40.16%	49
	<b>Answered</b>	<b>122</b>
	<b>Skipped</b>	<b>75</b>

Respondents to the survey also had the option to provide more information in a free-form text box. Of the 48 individuals that provided more information, many detailed further information on family members addicted to opioids. Several individuals noted that their family member had fatally overdosed on opioids. Additionally, other themes in responses included seeing the impact of opioid use in the schools, in the community, and in the justice system. A sub-theme of note was the lack of available treatment options, such as a rehab program, in the community for individuals seeking help.

**Question 3. Have you tried to access substance use treatment for yourself, a family member, or a friend and could not?**



Answer Choices	Responses	
Yes	15.98%	31
No	84.02%	163
	<b>Answered</b>	<b>194</b>
	<b>Skipped</b>	<b>3</b>

Respondents were also able to provide free text responses to this question on the survey. The responses further underscored the lack of resources noted in the previous question, with the biggest barriers to receiving treatment being a lack of health insurance or funding for services, lack of transportation to access services as available options may be at some distance, and lack of community services when returning from an inpatient program. A lack of available beds for inpatient treatment was also noted in addition to a lack of services for aftercare support.

Survey respondents identified the top five issues in Lander County as follows:

- Children and teens do not understand the risks of opioids and substance use (34.46%)
- It is too easy for people to get opioids (25.57%)
- Treatment and crisis services for mental health and substance use is not available or accessible enough (24.43%)
- People are dying from overdoses (23.86%)
- Community members do not have access to enough healthy community activities or outlets (22.99%)

There was also an 'Other' option in which residents could describe problems they see that do not fit under the listed categories. These responses indicated:

- Children are bored and need outlets, besides drugs, as well as mentors and education on the impact of substance use
- There is a need for transportation resources, as well as increased community resources, for mental health and substance use
- There is a need for an awareness campaign such as Families and Felons Against Fentanyl

For community supports needed to better serve residents with substance use challenges, Lander County residents indicated the following:

- Supports for people recovering from substance use: 76.92%
- Prevent substance use: 72.44%
- Treatment for substance use: 72.44%
- Education/awareness campaigns: 69.23%
- Programming for parents that supports health childhood experiences: 67.31%
- Crisis services: 67.31%
- Justice programs: 58.97%
- Reduce harm: 56.41%
- Reduce neonatal abstinence syndrome: 54.49%
- Data: 53.85%



## Current Community Efforts to Address Opioid Use

### Primary Prevention: Preventing Misuse and New Cases of OUD

- Frontier Community Coalition
  - Youth teams at Junior High and High School
- Lander County School District:
  - Drug use prevention education
  - Wrap-around services
- Mills Pharmacy
  - Refers interested persons to Lander County Community Health for naloxone/narcan that is available free of charge. This allows individuals to avoid paying \$50-100 for naloxone/narcan
- Battle Mountain General Hospital
  - Patient counseling regarding safe storage and overdose reversal
  - Avoidance of opioid prescriptions when possible
  - Utilization of alternative treatment modalities which may include physical therapy, tens units, etc.
- Lander County Community Health
  - Annual student health fairs
  - Educational events

### Secondary Prevention: Early Identification of Misuse and Opioid Use Disorders and Overdose Prevention

- Battle Mountain General Hospital
  - Patients who are prescribed opioids are screened for opioid misuse annually
  - Patients may be subject to urine analysis to identify substance misuse up to every three months.
- Juvenile Detention and Probation
  - Project MAGIC (in conjunction with the Frontier Community Coalition)
  - “Other Drugs” online program
  - Substance abuse counseling
  - Functional Families (in conjunction with Frontier Community Coalition)
- Frontier Community Coalition
  - Treatment referral (via OpenBeds)
  - Naloxone distribution
  - Work in conjunction with the juvenile detention and probation as described above.

### Tertiary Prevention: Reducing Harm and Restoring Health

- 11<sup>th</sup> Judicial Courts
  - Drug Court (currently active with approximately 6-10 clients)
  - Family Treatment Court
  - Veterans Court
- Juvenile Detention and Probation

- Substance abuse counseling
- Frontier Community Coalition
  - Naloxone/Narcan distribution and education
  - Referrals to treatment
- Lander County Community Health
  - Naloxone/Narcan distribution and education
- Indian Health Services
  - Naloxone/Narcan distribution and education
- Battle Mountain General Hospital
  - Support to overcome substance abuse through utilization of healthcare providers
  - Substance abuse/behavioral health assistance through utilization of mental health providers

## Priorities and Planning Recommendations

The following strategies and objectives in alignment with the State plan and the needs of Lander County.

### 1. Implement Prevention Programs in one or more Lander County Schools

**State strategy 2.1: Prevent Opioid Use from Progressing to Misuse and Overdose, Objective 2.1.7**  
**Prevent Opioid misuse and overdose in schools — increase prevention in schools, require prevention education and educator training, provide access to prevention activities for transitional-aged youth to ensure all youth/adolescent populations are targeted.**

The primary concern noted in the survey is that adults are worried that children and adolescents do not have adequate education about the impact of opioids and substance use. The schools in the county are:

- Battle Mountain Elementary School is a public school located in Battle Mountain. It has 420 students in grades PK, K–4 with a student-teacher ratio of 18 to 1.
- Eleanor Lemaire Junior High School is a public school located in Battle Mountain. It has 311 students in grades 5–8 with a student-teacher ratio of 28 to 1.
- Battle Mountain High School is a public school located in Battle Mountain. It has 286 students in grades 9–12 with a student-teacher ratio of 16 to 1.
- Austin School is a public school located in Austin. It has 13 students in grades PK, K–12.

When considering prevention, educational, and awareness programs, it is important to look at the evidence and outcomes of the programs being considered. For example, Drug Abuse Resistance Education (DARE) is a well-known, widespread education and awareness program for middle and high school students. However, when looking at the outcomes of DARE, research has found it to be minimally effective:

(<https://ajph.aphapublications.org/doi/full/10.2105/AJPH.94.6.1027>)

Note, this research was completed on the original/old DARE model, and not on the revised 2001 model. (<https://www.sciencedirect.com/science/article/abs/pii/S0091743596900614>)

Some programs that could be considered include:

- LifeSkills Training ([www.lifeskillstraining.com](http://www.lifeskillstraining.com)) this curriculum includes elementary and middle school substance use and violence prevention programs that increase personal self-management skills, general social skills, and drug resistance skills. There are also digital programs for students to complete that focus on preventing bullying, cyberbullying, substance use, and violence.
- One Circle Foundation ([onecirclefoundation.org](http://onecirclefoundation.org)) This strengths-based approach focuses on positive youth development, ages nine and older.
- Too Good for Drugs ([www.mendezfoundation.org](http://www.mendezfoundation.org)) This 10-lesson substance use prevention curriculum can be used in kindergarten through eighth grade settings. The program is evidence based and designed to reduce students' intentions to use alcohol, tobacco, and illegal drugs.
- Project SUCCESS (<http://www.sascorp.org/success.html>) This middle and high school-aged school-based program is endorsed by SAMHSA, and provides students with information,

prevention education, and problem identification and referral using community-based and environmental approaches.

- Project Towards No Drug Abuse (TND) (<https://tnd.usc.edu/>) is an evidence-based program proven to be effective in reducing hard drug use in youths ages 14–19.

The programs listed above have some level of review, research, or evidence base supporting that they have demonstrated effectiveness in achieving their stated goals. The requirements for opioid settlement fund disbursement focusing on funding projects and programs that have some evidence base.

Another consideration is supporting the provision of school counseling services through telehealth. School counselors fill a valuable role in identifying social determinant of health needs, assessing and addressing mental health needs, supporting education staff in addressing behavioral problems, and supporting students' overall academic development. Funding could be leveraged to procure telehealth equipment and a qualified school counselor to provide services. Based on the Lander County School District webpage, Battle Mountain Elementary School has a school social worker, and Battle Mountain High School has a school counselor. It appears Eleanor Lemarie Junior High School and Austin School do not have a social worker or counselor on staff at this time.

## **2. Support the Expansion of Substance Use Treatment Services**

### **State Strategy 4.1: Increase the Availability of Evidence-Based Treatment, Strategy 4.2: Increase Access to Evidence-Based Treatment**

Treatment was the second highest response in the Lander County Opioid Assessment. The Nevada RFH Data Book indicated that in 2020, Lander County had:

- 4 Licensed allopathic physicians (MDs and DOs)
- 3 Licensed primary care physicians (MDs and DOs)
- 1 Licensed physician assistant
- 1 Licensed advanced practice nurse
- 22 Registered nurses
- 5 Licensed practical nurses
- 29 Certified nursing assistants
- 2 Licensed alcohol and drug counselors
- 43 Emergency medical responders
- 18 EMTs
- 9 Advanced EMTs

Lander County is part of the Rural Health Behavioral Health Policy Board which represents a six-county region in northeastern Nevada. On their website, they list the following gaps and needs that align with the Nevada Opioid Needs Assessment and Statewide Plan:

- Appropriate numbers of behavioral health providers to meet community needs. This includes licensed marriage and family therapists, clinical professional counselors, licensed clinical social workers, psychologists, psychiatrists, and all types of drug and alcohol counselors
- Availability of care specifically for children and youth

- Safe and sober transitional housing in all communities for those in recovery

The Board further identifies the following priorities that also align with the Nevada Opioid Needs Assessment and Statewide Plan:

- Improved Medicaid and Medicare reimbursement rates for behavioral health services
- Behavioral health workforce development, including filling provider gaps and ensuring high-quality care
- Develop and improve access to high-quality services for youth, elderly, and minority groups
- Improved quality and access to veterans' services

Projects that align with the Lander County Community Assessment Data, the Rural Behavioral Health Policy Board, and the Nevada Opioids Needs Assessment and Statewide Plan include:

- ***Improve upon evidence-based substance use disorder and OUD treatment and recovery support training and resources for providers.*** The Lander County Opioid Board could develop a short survey asking what current substance use-specific evidence-based practices are being used, if additional training on those practices would be beneficial, and if there are additional evidence-based practices that providers would benefit from having training on. Funding could be used to provide both initial training and orientation to evidence-based practices, as well as advanced training and mentoring in practices currently being used
- ***Partner with a TeleMAT service provider to increase MAT access to rural and frontier populations.***
- ***Increase provider training and education on the effective use of telehealth.***
- ***Increase provider rates for treatment in rural areas to incentivize providers who serve rural communities.***

### 3. Increase Supports to People in Recovery from Substance Use

#### State Strategy 5.1 Address Social Determinants of Health

Providing supports to people in recovery was the highest ranked need for individuals completing the survey, with 77% of respondents identifying this as important. These supports go beyond typical behavioral health services, and are inclusive of housing, food, transportation, and other everyday needs. Some potential projects in this area could include:

- ***Identify opportunities for faith-based organizations to provide recovery supports in local communities.***
- ***Develop sober and affordable housing resources through partnerships.*** This can include developing housing vouchers to support individuals in recovery into community housing instead of focusing on developing residential treatment programs. Scattered site housing could be more feasible in a rural/frontier area as opposed to starting and developing a small residential program.
- ***Provide tenancy supports for individuals to maintain housing through the recovery process.*** These tenancy supports should be provided in the individual's home and community to ensure the individual has the best opportunity to succeed in housing. Again, providing recovery housing

in this scattered site manner, with supports delivered in the home and community, could improve the long-term sustainability of the program as opposed to a residential treatment program. Peer support specialists could be leveraged for the provision of tenancy supports and also would be able to provide ongoing recovery supports.

- ***Address transportation as a SDOH, support providers with start-up and transportation costs under Nevada's new, Medicaid-funded non-emergency Secure Behavioral Health Transport service***

It will be critical when considering ways to use opioid settlement funding to support Lander County to ensure that the residents are closely involved at every step of the process. Attempts to implement programs without community involvement could result in those programs not succeeding, even if the community needs and wants that service. Attempts should also be made to utilize any existing resources in the county prior to bringing in external programs.

Another consideration is how potential programs can support each other. The county should consider how potential program staff could serve across more than one program. For example, peer workers in the drug court program could also provide community health worker supports. A school counselor in the elementary school can be trained to implement and oversee the Fast Track intervention (prevention).

The ability to leverage technology should also be weighed into potential programs. Lander County should consider telemedicine and telehealth to ensure that residents have access to services and supports.

One of the biggest challenges to address opioid use disorder in Lander County is a lack of available resources. The county is not big enough to support a large residential program and could be better served by maximizing use of telehealth services, including substance use counseling and MAT.

Some considerations that could support Lander County's treatment options with the current resources available, that also align with the Nevada Opioid Needs Assessment and Statewide Plan include:

- Engage non-traditional community resources to expand treatment access in rural areas. For example, encouraging churches and community centers to serve as spokes in the MAT hub-and-spoke model
- Partner with a behavioral health provider in a neighboring county to establish a mobile MAT treatment program, which could additionally provide access to therapy, case management, and physical health care services
- Partner with a TeleMAT service provider to expand access to MAT
- Expand the availability of peer recovery support services
- Increase provider rates for treatment in rural areas to incentivize providers to serve rural communities — *this recommendation could be helpful if considering partnering with a behavioral health provider to establish a mobile MAT program, utilizing telehealth/telemedicine, expanding the availability of peer recovery services, and expanding the hub-and-spoke model into Lander County*

It will be critical that any treatment options brought into the county have the support of the community. Consideration should be made for attempts to engage providers and agencies that are sensitive to the unique culture and needs of the community.

## Plan for the Use of Funds for the Mitigation of Opioid Impact

Lander County will utilize local opioid abatement funds to support the recommendations as outlined in the “Planning Priorities and Recommendations” section of this assessment. Lander County encourages organizations serving Lander County that wish to support implementation of the priorities to coordinate efforts with the County. If seeking funding through the Fund for Resilient Nevada (State of Nevada portion of Opioid Recoveries) or other funding sources to support the Lander County opioid abatement strategy, please communicate your plans through the following email address to facilitate a coordinated county-wide effort: [lander-co@copystopshere.com](mailto:lander-co@copystopshere.com)