



**Opioid Use and Misuse
Community Needs Assessment**

**Mineral County
October 4, 2023**

Table of Contents

<i>Executive Summary</i>	3
Background and Participating Agencies/Organizations	3
Community Overview	3
Impacts of Opioid Use/Opioid Use Disorder in Mineral County	4
Existing Recourses.....	4
<i>Mineral County Health Profile</i>	6
Resource Gaps	7
Adult Risk Factor Prevalence	7
Youth Risk Factor Prevalence	9
Prevalence of Opioid Use in the General Population	9
Prevalence of Opioid Use in Youth	11
Opioid Use in Substance Abuse Treatment Population	12
Opioid-Attributed Deaths.....	12
Opioid-Related Arrests.....	13
Community-Based Participatory Research (CBPR)	13
<i>Funding and Recommended Implementation Plans</i>	15
Recommended Strategies to Implement:	16
<i>Conclusion</i>	16
<i>References</i>	18

Executive Summary

Background and Participating Agencies/Organizations

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

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

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

On October 5, 2022, the Mineral County Board of Commissioners established the Mineral County Opioid Assessment and Mitigation Planning Stakeholders and charged them to create this assessment. The members of the Stakeholder group included representatives from Mineral County Sheriff's Office, District Attorney's Office, Fire Department, the Health Officer, and the Grant Administrator, representatives from Mt. Grant Hospital, Community Chest, Eleventh Judicial District Court Youth and Family Services Office, and the Community Health Nurse. Members of the public, including representatives from the Mineral County Coalition, also participated in the effort.

Community Overview

Mineral County is located in west-central Nevada, covering a size of 3,752 square miles, and ranks as the twelfth largest county in Nevada, by total area. (U.S. Census Bureau). The County borders Mono County, California and Lyon County on the west, Churchill County on the north, and Nye and Esmeralda counties on the east. The County seat is Hawthorne.

Mineral County is Nevada's fourth smallest county by population with 4,600 residents. (Mineral County 2022 Master Plan). The population of Mineral County has decreased slightly over the past ten years, with a reported population of 4,554 in 2020. (U.S. Census Bureau). Adults aged 18 to 64 make up the majority of the population (54.2%), followed by individuals over 65 (26.4%) and children under 18 (19.4%). (U.S. Census Bureau).

The majority of Mineral County residents are White (65.6%), followed by Indian and Alaska Native (21.5%).

The economic issues in Nevada present challenges to Nevada's social programs. Nevada does not impose many of the taxes which other states use to fund and sustain their social programs such as personal income taxes, franchise taxes, inheritance taxes, or corporate income taxes (Chandler & Jones, 2011, p. 10).

Impacts of Opioid Use/Opioid Use Disorder in Mineral County

As of December 31, 2022, Mineral County has the second highest opioid prescription rate in the state just behind Nye County. The highest age populations filling opioid prescriptions are between the ages of 20-50 years old 50% Male and 50% Female (Nevada Drug Monitoring). Per the 2021 Census Poverty Data reports that the Mineral County School district has a 25.42% poverty rate (students ages 5-17). When comparing the high prescription opioid rate of adults between ages 20-50 years old and presuming many adults are parents to children within the school district, one can't help but be concerned for the connection between opioid use and poverty.

Collaborating agencies and stakeholders have identified a lack of evidence-based prevention services for the youth and at risk adults. Community education is also lacking. Mineral County has four sources where an individual can seek Naloxone; Mineral County Fire Department, Mineral County Sheriff's Office, Community Chest Inc., and the clean needle vending machine.

Early intervention such as the evidence-based screening: Screening Brief Intervention Referral to Treatment (SBIRT) was effective in identifying substance use and severity of use. Unfortunately, referrals were not completed by individuals due to lack of professional capacity, transportation, lack of insurance, and cost. The SBIRT is an effective entry screening tool for adults along with the skill set of "Motivational Interviewing." However, it does lack identifying mental health needs.

Early Intervention tools such as Child And Adolescent Needs and Strengths (CANS) for the youth populations prenatal – 21 years old is an evidenced based assessment tool. This assessment is comprehensive including early childhood, school-age, adolescents, and transition into adulthood. The assessment can take upwards of three-four visits/sessions to complete. CHW's have been successfully trained and certified within the assessment while being clinically supervised. Child And Adolescent Service Intensity Instrument (CASII) is a standardized assessment tool to assess severity of substance use and recommendation of level of care. These evidenced based tools help to sort acuity and help to decrease the time of referrals and connection to care/treatment.

Existing Recourses

As a frontier county, Mineral County lacks some of the behavioral and substance use resources as compared to metropolitan areas. Individuals face multiple barriers when seeking treatment and services. Barriers include transportation, insurance or under-insured, cost, and time away from their job. No in-patient rehabilitation facilities are available. No intensive out-patient services are available within the County. However, existing resources work together to leverage the available resources. Out-patient services are available, including in-person counseling, case management

services, group meetings, and tele-health. The organizations listed below work together to optimize the available services and resources within Mineral County:

Consolidated Agencies of Human Services (CAHS): Acts as the social services agency for the community. The agency assists low-income residents with utility and rental assistance. The agency offers family services including car seat installation, parenting classes, and WIC. Other services provided include three separate food programs, domestic violence victim assistance, and children's programs such as Christmas angel tree, winter coat drive, and back-to-school supplies.

The agency also provides emergency assistance to transient individuals. This assistance includes Emergency shelter at a local motel, gas assistance to help them on their way, and bus tickets to the nearest city.

Community Chest, Inc.: Non-profit agency serving children and families in Northwestern Nevada since 1991. Provides holistic services with the goal of building and sustaining strong families and communities. Diverse range of services; counseling, family advocacy, youth enrichment, and employment placement services.

Eleventh Judicial District Court Youth and Family Services (Juvenile Probation): Offers interventions available for youth and their families. These interventions range from online programming to in-person courses, drug testing and referrals to other agencies. Services can be accessed on a walk-in basis or by court order. Programs offered include, but are not limited to, Nicotine WISE, Alcohol WISE, Marijuana WISE, Other Drugs WISE, Conflict WISE, Parenting WISE, Project MAGIC, and LifeSkills.

Mineral County Coalition: A collaboration of service providers, agencies, schools, businesses, citizens, faith-based organizations, and other community groups established to develop and implement initiatives which promote healthy communities in Mineral County. The Coalition works to build community, family, and individual positive attributes, decrease community/individual risk factors, promote science-based prevention strategies and generally promote the overall well-being of Mineral County and its residents. The Coalition provides assistance in substance use treatment placements, transportation, and other social services.

Mt. Grant General Hospital: A Critical Access Hospital founded in 1964, serving the community needs of Hawthorne, Schurz, Mina, Luning, Gabbs, Tonopah and emergency services for citizens in need. The rural health clinic staffs a Board Certified Psychologist and an APRN certified in Behavioral Health. Mental Health counseling and assessments are provided by both providers. The facility has telehealth contracts with Intermountain and Renown for behavioral health consultations both inpatient and outpatient. The emergency provider team has the authority to prescribe medication assisted treatment for patients in crisis to start the recovery process and coordinates with the Hospital's MAT program. In 2020, the Hospital's RHC established a MAT program. The MAT program can accept urgent referrals from the ER to initiate care and also receive referrals into the program from physicians, specialists, and community service resources. The MAT program was created to address the opioid crisis and support those with opioid addiction. The program provides medication assisted treatment combined with psycho-social treatment, counseling and mutual help groups for program success. Mt Grant General Hospital is a recognized a Recovery Friendly Workplace by the DHHS certification.

Hawthorne Community Health: A public program focused on the overall health of individuals, families, and adolescents with a broad range of family planning services, related preventative health services, public health and infectious disease. The TAPS tool is used to screen clients for tobacco use, alcohol use, prescription medication misuse, and illicit substance use. A needs assessment is also done to identify social determinants of health and challenges that the client may be facing for needs such as food insecurity, housing, transportation, and primary care services. When SUD is identified, the readiness to quit and seek treatment is discussed. The client is given education on the addiction and given resources and/or referrals for treatment.

Resilient 8 Coalition & Formidable 14: Community Chest Inc is the lead agency with more than 30 years of joining hands with other partners providing a variety of direct services to rural Nevadans. The Coalition addresses the needed health and human services capacity-building efforts across eight frontier and rural Nevada counties. Success of the Res8 Coalition is shown through service delivery of the certified Community Health Workers (CHW). The service delivery illustration helped get legislation passed that allowed for medical billing for CHW's. The momentum and success of the Res8 Coalition will be expanded and weaved into state and regional systems being developed forming the Formidable 14.

Thrive LLC: The agency offers counseling services and are the only Certified Behavioral health Clinic in Mineral County. Thrive provides behavioral health services to youth from 6-18 years old, adults and veterans.

Trac-B Exchange: The harm reduction vending machine was placed in 2021 as a collaborative effort with Trac-B and the Southern Nevada Health District. The vending machine can be accessed 24 hours a day by those over 18-years of age who are registered. The vending machine offers abscess kits, Narcan, personal hygiene kits, and needle exchange. Additionally, a large sharps container is available onsite.

[Mineral County Health Profile](#)

The general overall health of Mineral County communities is poor, ranking 16th out of the seventeen Nevada counties in 2022, according to the County Health Rankings and Roadmaps (University of Wisconsin Population Health Institute). These scores have fluctuated slightly over the past five years but have never been higher than 14th in the State. Some of the major health concerns relating around provider ratio, unemployment and poverty, and poor physical and mental health days.

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

Outside of pain scale and current opioid licit use (which is considered a risk factor), mental health disorders such as depression, anxiety, mood disorders, dissociative disorders, schizophrenia, bi-

polar disorders, PTSD, and more are risk factors for future opioid misuse. Age also has correlated indicators with seniors being more likely to utilize opioids, youth and adults from ages 16-45 are more likely to form misuse and abuse. Personal and family history of substance use is another potential indicator as well as legal problems, victimization, and adverse childhood events (Stein et al., 2017, Webster, 2017 & Pergolizzi et al., 2012).

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

Resource Gaps

Mineral County lacks a county-run behavioral health and behavioral health task force. Leadership often falls to community-based services which typically do not receive financial compensation from local government. Building a robust and engaging Behavioral Health Task Force Team should be a priority as the comprehensive needs are identified. The task force will help to ensure effective two-way feedback, information sharing to allow for continuity of care, and community action planning.

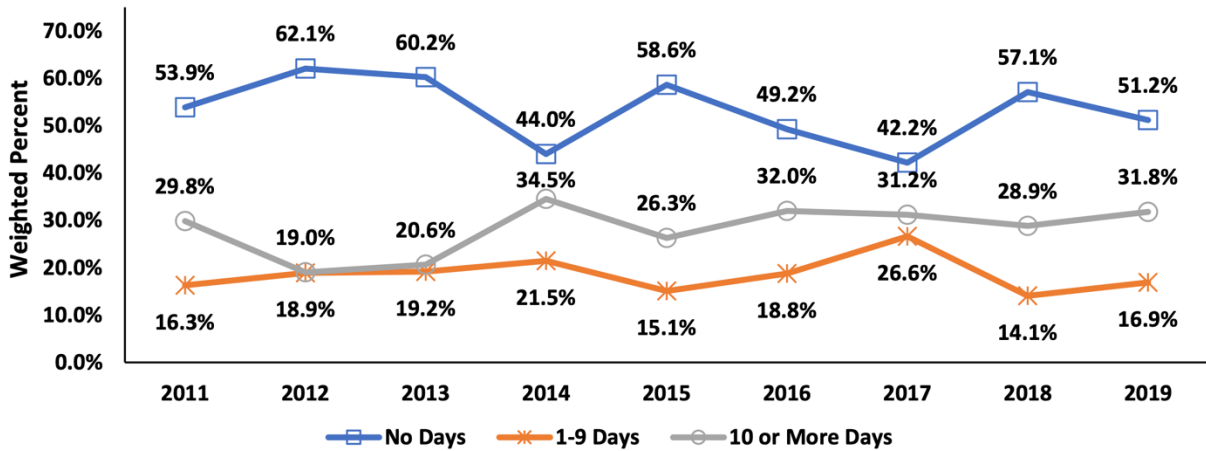
Other regions are fortunate to have consistent Behavioral Health Coordinators. The Southern Regional Behavioral position has historically been vacant. A coordinator is essential to ensuring the success of task force teams in the rural and frontier communities.

Adult Risk Factor Prevalence

The 2022 County Health Rankings and Roadmaps score Mineral County at 5.3 in poor mental health days and 5.0 in poor physical health days. Meaning that adults in Mineral County reported that their mental and physical health were not good on 5.3 and 5.0, respectively, of the previous 30 days. Both of Mineral County scores are higher than the State of Nevada, and approximately one day more severe than the top U.S performers (University of Wisconsin Population Health Institute).

Overall poor physical and mental health are risk factors in opioid use and misuse (Pergolizzi et al., 2012). Data is collected using the Behavioral Risk Factor Surveillance System (BRFSS). The available data sets are broken down by legislatively defined behavioral health regions, Mineral County is a part of the Southern Behavioral Health Region.

Percentages of Adults Who Experienced Poor Mental or Physical Health that Prevented Them from Doing Usual Activities by Days Affected in Past Month, Southern Region, 2011-2019.

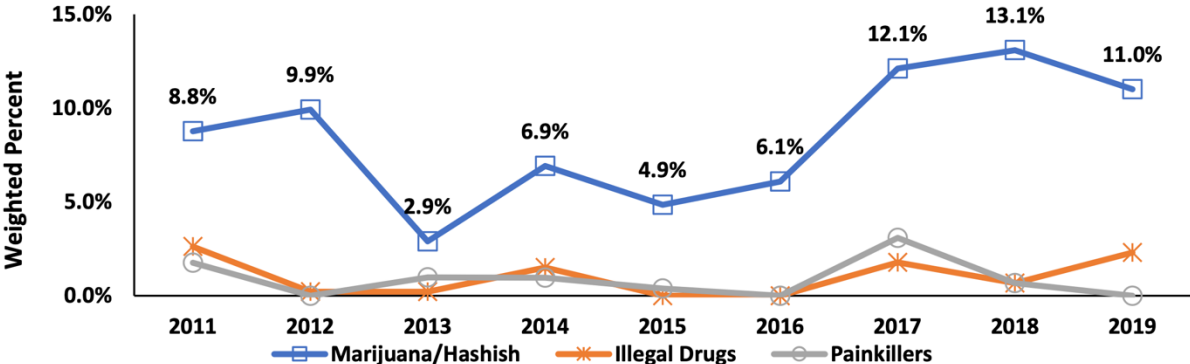


Source: Behavioral Risk Factor Surveillance System.
 Chart scaled to 70% to display differences among groups.
 Specific question asked in survey: "During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?"

This data reflects that over the last nine years, in six of those years the majority of the Southern Regions' population having no days of poor mental or physical health. In the other three years, the data showed that the majority of Southern Regions' population had one or more days in a month where poor mental or physical health prevented them from daily activities. There was an increase in adults who had more than 10 days of poor mental and physical health from 28.9% (2018) to 31.8% (2019). There are more adults in the Southern Region experiencing 10 or more days of poor mental or physical health compared to those with less than 10 days of poor mental or physical health. The numbers of those experiencing these issues are increasing steadily.

The Prior use of illegal drugs is also a predictive factor in opioid misuse. The Southern Region has shown an overall steady increase in illegal drug use since 2011. These figures for illegal drugs include heroin and illegal forms of opioids in addition to cocaine and methamphetamines. Of interest, there is a correlation between the use of illegal drugs and is that the use of marijuana and hashish.

Adults in Southern Region Who Used Marijuana/Hashish, Illegal Substances, or Painkillers to Get High in the Last 30 Days, 2011-2019.



Source: Behavioral Risk Factor Surveillance System.
 Chart scaled to 15% to display differences among groups.
 Specific question asked in survey: "During the past 30 days, on how many days did you use marijuana or hashish/any other illegal drug/prescription drugs without a doctor's order, just to "feel good," or to "get high"?"

In 2019, 11.0% of Southern Region adults have used marijuana in the past 30 days, an increase from 8.8% in 2011. Marijuana use is expected to increase as marijuana was legalized in Nevada in 2017. Of Southern Region adults surveyed, approximately 0.9% (on average) used painkillers to get high in the last 30 days and 1.0% used other illegal drugs to get high in the last 30 days.

Youth Risk Factor Prevalence

Data on opioid-related risk factors impacting youth in Mineral County is limited. However, evidence shows that factors impacting opioid use by youths start as early as preconception/prenatal and continue into early adulthood. The more risk factors that occur early in life and their longevity, can increase the chance of substance use. Anecdotally, prevalent risk factors in Mineral County include lack of parental support and engagement, abuse and neglect, academic struggles, undiagnosed mental health issues, poverty, lack of resources, and continuity of care.

Mineral County's limited resources contributes to the increase in Youth Risk Factors as there are minimal Protective Factors to provide balance.

Prevalence of Opioid Use in the General Population

There is no data regarding the actual use of opioids in Mineral County. This lack of data is due to several factors, including the criminal nature of non-prescription opioids. For this reason, other data must be used as indicators.

Perhaps the best indicator of opioid use in Mineral County is the prescription data. The Prescription Drug Monitoring Program in Nevada collects data on the rates of prescriptions for benzodiazepines, buprenorphine, opioids, and stimulants. The resulting data is calculated per 1,000 population. The

data shows that Mineral County has the second highest prescription rate in the State. At 735.3, Mineral County is almost double the State average of 423.5. It should be noted that the data is tied to individuals and the county in which they reside, not the location where the prescription was issued. Results for 2022 are still preliminary.

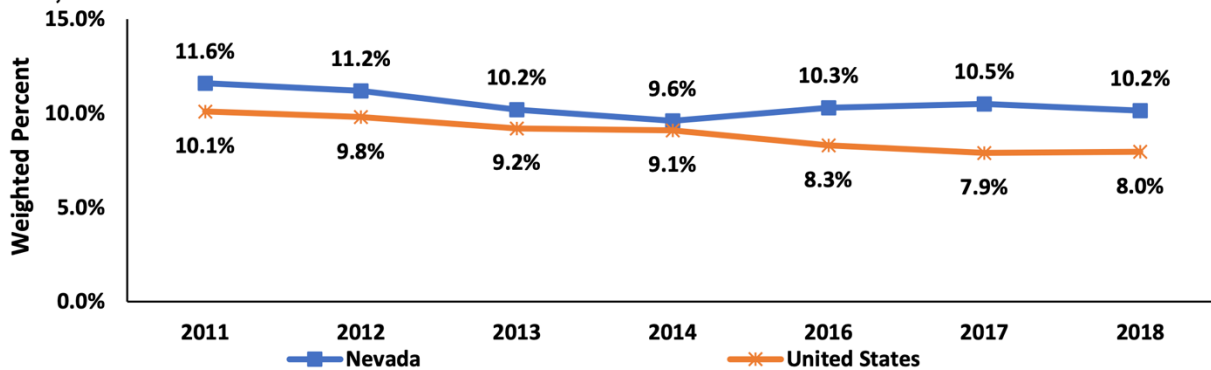
COUNTY	POPULATION	PRESCRIPTION TOTAL	PRESCRIPTION RATE
Nye	50,156	41,093	819.3
Mineral	4,715	3,467	735.3
Lyon	58,901	36,250	615.4
Carson City	57,222	32,559	569.0
Lincoln	5,177	2,891	558.4
White Pine	10,526	5,537	526.0
Douglas	49,535	25,755	519.9
Storey	4,182	2,117	506.2
Churchill	26,242	11,112	423.4
Clark	2,378,903	974,429	409.6
Washoe	482,146	197,488	409.6
Pershing	6,775	2,399	354.1
Eureka	1,885	646	342.7
Humboldt	16,897	5,594	331.1
Elko	54,035	17,649	326.6
Lander	5,992	1,951	325.6
Esmeralda	971	194	199.8
Total	3,214,260	1,361,131	423.5

Another indicator of prevalence of opioids within Mineral County could be the incidents in which Naloxone was administered and reported by the Mineral County Fire Department, over the past three years. In 2019, it was reported that Naloxone was administered four times. That number grew in 2021, to six. And in 2022, it was reported that Naloxone was administered three times.

Similarly, the Opioid-Related Incidence Counts and Rates by County, Nevada Residents 2021 report shows Mineral County having only two incidents of emergency room use for an opioid related issue in 2021. However, this rate is high per capita as compared with the other rural Nevada counties.

Prevalence of Opioid Use in Youth

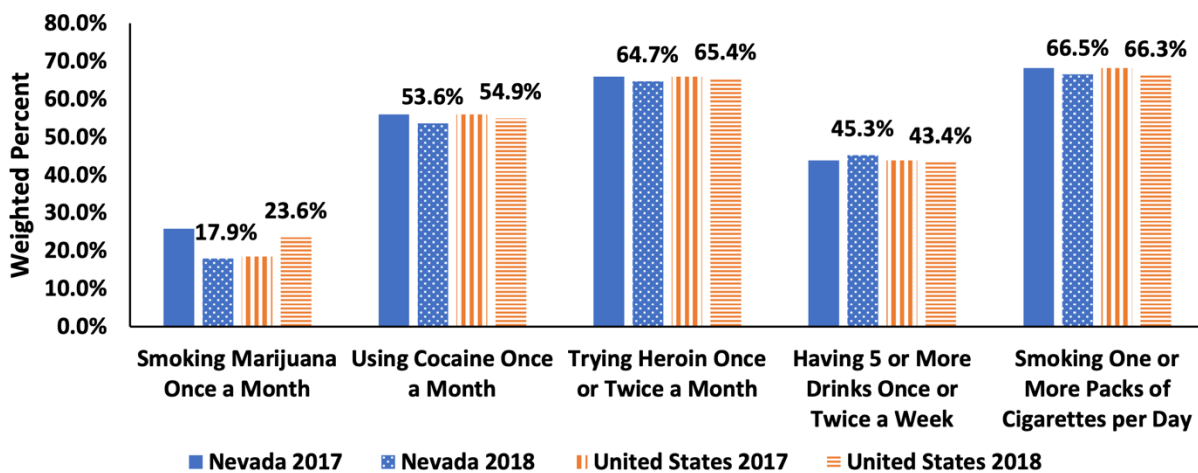
Illicit Drug Use Among Adolescents in the Past Month, Aged 12-17, Nevada and the United States, 2018.



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health. Chart scaled to 15% to display differences among groups.

Nevada adolescents illicit drug use has remained within 2% from 2011 to 2018, when 10.2% reported illicit drug use in 2018. Alcohol use disorder in the past year has decreased from 9.0% in 2011 to 5.5% in 2018.

Perceptions of Great Risk from Alcohol or Substance, Aged 12-17, Nevada and the United States, 2018.



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2017. Chart scaled to 80% to display differences among groups.

For perceived risks, the higher percent the more the person perceives there is a risk from it. Nevadans perceived risk among both teens and young adults is lower than the nation for most substance uses, including smoking one or more packs of cigarettes per day in young adults, 22.0% in Nevada and nationally at 67.0%

Opioid Use in Substance Abuse Treatment Population

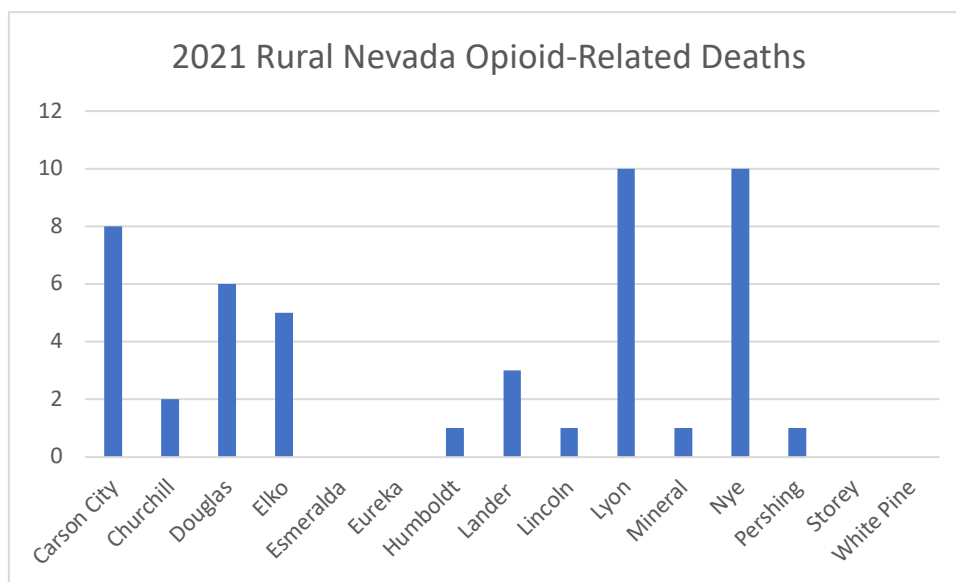
Treatment for Opioid Use Disorder in Mineral County is limited. While individuals may seek private treatment, participate in narcotics anonymous programs, engage in therapy, other us means, finding resources within Mineral County is difficult. Mt. Grant General Hospital is the only local provider with Medication Assisted Treatment (MAT). The MAT program is managed by the Hospital's APRN BHS specialist and supports program participants weekly with medications and psycho-social support and resources. MAT can accept referrals from the Hospital's ER providers, PCP's, outside specialists and community resources. The MAT program was established in 2020 and has capacity to continue to accept new patients at this time.

As part of its criminal justice system, Mineral County operates a specialty court program for individuals struggling with substance abuse. Participants in the program receive regular counseling and are subject to random testing multiple times per week. Data shows that those within the program are subject to relapse, especially during the early stages of their program.

Opioid-Attributed Deaths

According to the State of Nevada, Department of Health and Human Services, Office of Analytics in the 2010-2022 Opioid Surveillance report, there has been a significant rise in synthetic and natural and semi-synthetic (NSS) opioid deaths in Nevada. The 2022 data is preliminary, so these numbers may be higher than shown below. However, the data shows that between 2019 and 2020, NSS opioid deaths went up 41%.

The 2021 report from the Department of Health and Human Services, Office of Analytics, Opioid-Related Incidence Counts and Rates by County, Nevada Residents, 2021 shows Mineral County having one such death in the time period. However, the surrounding counties of Lyon and Nye had the highest rate of deaths from opioids in the rural counties, making the central-western region of Nevada one of the hardest hit.

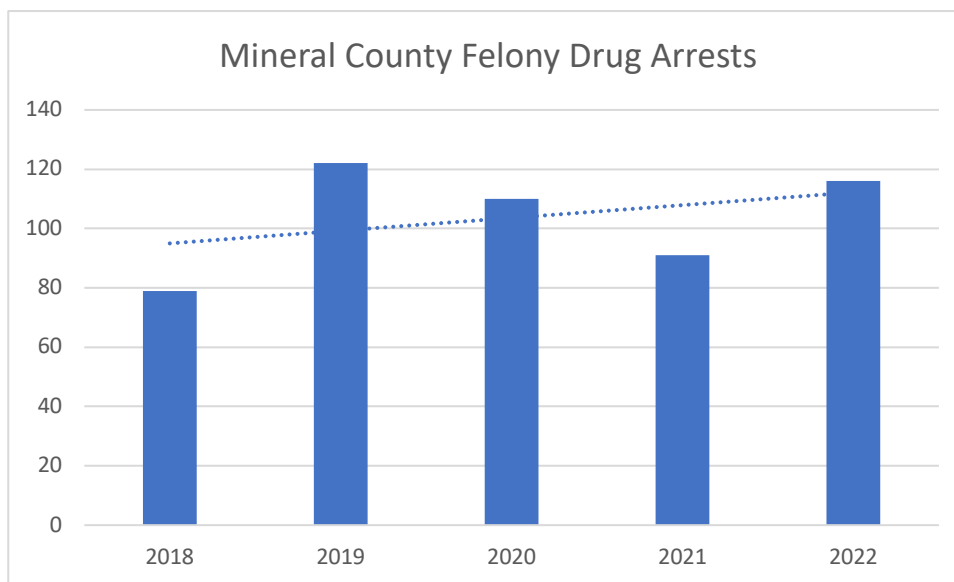


Opioid-Related Arrests

Mineral County is situated to be a thoroughfare for vehicle traffic running north to south using highway 95. This major highway offers the most direct route between U.S. northwest and U.S. southwest regions, outside of California. Hawthorne is a major stopping point along this route due to the lack of services in each direction.



The data, along with an understanding of contributing factors, shows that felony drug arrests continue to increase each year. The perceived decline between 2019 and the years 2020 and 2021, can potentially be attributed to legislative changes and the COVID pandemic, not necessarily a decline the activity of individuals possessing or using opioids. Yet, despite this perceived decline, the data shows that felony drug arrests in Mineral County tend upward between 2018 and 2022.



Anecdotally, a majority of the for non-drug related felonies in Mineral County can be correlated to drug use in some capacity, including burglaries and larceny.

Community-Based Participatory Research (CBPR)

In 2019, the Resilient 8 Coalition held multiple in person meetings with various professional stakeholders focusing on strategies to overcome the effects of opioid use. Representation included members from Americorp, Community Chest Inc., Mineral County Sherriff's, Mineral County Fire Department, Mineral County Community Health Nurse, Mineral County Emergency Manager, and the Walker River Paiute Tribe.

The Mineral County Drug Free Coalition held an Opioid Summit inviting both community members and professionals. The summit focused on harm reduction and community education.

After stakeholder meetings and the summit, the Mineral County Resilient 8 Opioid Response Reporting Plan was developed. Participants engaged in a facilitated discussion answering the following questions:

1. What opportunities and gaps do you see in opioid use disorder prevention and treatment in Mineral County?
2. What opportunities and gaps do you see with respect to the recovery workforce, services, and access to care within Mineral County?
3. What existing federal, state, and local opioid use disorder resources are you aware of that could be leveraged in Mineral County?
4. What are the Top 5 quantifiable metrics in order to assess the impact of future activities in Mineral County?

The responses from the stakeholders and those in attendance at the summit were recorded and analyzed for common themes and words. This analysis was used to generate the findings.

Summary of CBPR Findings

Metric #1 – Multidisciplinary Team Structure Continuing to Improve Resulting in Better Health Outcomes for Residents

- Time for turn-around on social services calls
- Number of meaningful interventions versus just handing out a business card
- Continuous improvement process
- Depth of collaboration
- Everyone at the table
- MDT team growing
- Frequency and quality of communication

Metric #2 -- Increase in Number of Available Services/Supports in All Mineral County Communities

- Number of prevention activities
- Number of regular community events
- Access to information
- Quality of comprehensive prevention program/structure
- Number of community members supporting one another
- Number of transportation options
- Standardized/similar services in all communities
- Number of services available
- Number of people utilizing those services
- Number of opportunities for careers/employment in Mineral County
- Number of healthy options/activities in all communities
- Number of parent-child interaction activities

Metric #3 -- Solid and Sustainable Funding/Resource Base

- Solid funding -- established, sustained positions

- Dedicated/sustainable funding base
- Having plans in place if needed to utilize for variety of emergent situations

Metric #4 -- Reduced Number of Problems Related to Use of Opioids

- Number of folks using opioids
- Reduce folks languishing in jail
- Less family recidivism
- Community education

Metric #5 -- Increased Community Member Engagement and Satisfaction

- Community Member Satisfaction
- Blended/balanced feedback from newer residents
- Townhall meetings

Funding and Recommended Implementation Plans

The Mineral County Board of Commissioners (BOCC) has the ultimate funding approval authority. SB390 dictates funds must be utilized to abate opioid use and misuse within Mineral County. Any organization seeking to use County allocated opioid settlement dollars will need to present to the BOCC their project with a detailed budget and intended outcomes that align with priorities set forth by SB390 and this plan. Agencies and/or programs must be in good standing with local, regional, state, or federal regulatory licensing boards and registries. Best practice and evidence-based services are the gold standard. Providers must supply non-identifying service delivery information for the purpose of collecting, analyzing, and tracking provided services.

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

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

(a) Projects and programs to:

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

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

Recommended Strategies to Implement:

1. Behavior Health and Counseling
 - Support programs/organizations providing behavior health and counseling services.
 - Support programs/organizations providing assessments and treatment plans for at-risk individuals across the lifespan in a variety of settings such as homes, schools, juvenile probation offices, senior centers, etc.
2. Case Management
 - Support programs/organizations providing case management services for individuals as it relates to prevention, substance use, and behavior health.
3. Exposure Prevention
 - Provide funding to Mineral County Sheriff's Office and/or Mineral County Fire Department to acquire technology allowing for the safe and efficient identification of opioids.
 - Support programs/organizations that supply harm reduction technology to at risk communities.
4. Peer to Peer Support
 - Support programs/organizations providing peer-to-peer support services for individuals as it relates to prevention, substance use, and behavior health.

Conclusion

The data reflected within this needs assessment in conjunction with stakeholder discussion shows a significant need to invest in the areas of (1) Behavior Health and Counseling, (2) Case

Management, (3) Exposure Prevention, and (4) Peer to Peer Support. Service providers and opportunities for individuals in need are lacking within Mineral County.

Expanding local support services is necessary to meet the needs of the community, especially for those whose economic standing impairs their ability to seek services outside the County. Making these in-person connections shows increased connection to resources with case management follow-up. Additionally, supporting and expanding existing behavioral health providers to reach the full extent of the county is critical to ensure treatment options are available when individuals are ready for change.

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

References

Jones, PhD, T., Lookatch, MA, S., Grant, MS, ANP-C, P., McIntyre, MS, ANP-C, J., & Moore, PhD, T. (2014). Further validation of an opioid risk assessment tool: The brief risk interview. *Journal of Opioid Management*, 10(5), 353–364. <https://doi.org/10.5055/jom.2014.0226>

Nevada Department of Health and Human Services, Office of Analytics (Feb. 2021). 2020 Southern Behavior Health Profile.

[https://dhhs.nv.gov/uploadedFiles/dhhsnv.gov/content/Programs/Office_of_Analytics/Bureau%20of%20Behavioral%20Health%20Wellness%20and%20Prevention,%20Epidemiologic%20Profile%20for%20Southern%20Region,%202020\(1\).pdf](https://dhhs.nv.gov/uploadedFiles/dhhsnv.gov/content/Programs/Office_of_Analytics/Bureau%20of%20Behavioral%20Health%20Wellness%20and%20Prevention,%20Epidemiologic%20Profile%20for%20Southern%20Region,%202020(1).pdf)

Pergolizzi, J. V., Gharibo, C., Passik, S., Labhsetwar, S., Taylor, R., Pergolizzi, J. S., & Müller-Schwefe, G. (2012). Dynamic risk factors in the misuse of opioid analgesics. *Journal of Psychosomatic Research*, 72(6), 443–451. <https://doi.org/10.1016/j.jpsychores.2012.02.009>

Stein, M. D., Conti, M. T., Kenney, S., Anderson, B. J., Flori, J. N., Risi, M. M., & Bailey, G. L. (2017). Adverse childhood experience effects on opioid use initiation, injection drug use, and overdose among persons with opioid use disorder. *Drug and Alcohol Dependence*, 179, 325–329. <https://doi.org/10.1016/j.drugalcdep.2017.07.007>

University of Wisconsin Population Health Institute. County Health Rankings Nevada State Report 2022.

U.S. Census Bureau quickfacts: Mineral County, Nevada. (n.d.). Retrieved December 5, 2022, from <https://www.census.gov/quickfacts/minerlacountynevada>

U.S. Department of Health and Human Services (HHS), Office of the Surgeon General, Facing Addiction in America: The Surgeon General's Spotlight on Opioids. Washington, DC: HHS, September 2018

Webster, L. R., & Webster, R. M. (2005). Opioid risk tool. PsycTESTS Dataset. <https://doi.org/10.1037/t70823-000>

Webster, L. R. (2017). Risk factors for opioid-use disorder and overdose. *Anesthesia & Analgesia*, 125(5), 1741–1748. <https://doi.org/10.1213/ane.0000000000002496>