



Opioid Use/Opioid Use Disorder Community Needs Assessment

Storey County, Nevada

2024

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Executive Summary

Background

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

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

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

This document will serve as a template to assist local governments in completing the community needs assessments (Sec. 9.8) and the plan for funding implementation (Sec. 9.9) identified in SB390.

Community Overview

Storey County is the second smallest county in Nevada geographically, with a total land area of 264 square miles. The county's population of 4,123¹ makes it the third-smallest Nevada county by population, with a population density of 15.3 people per square mile.

Storey County is a rural county consisting of five distinct communities: Virginia City/Gold Hill, Virginia City Highlands ("the Highlands"), Mark Twain, Lockwood, and McCarran.²

McCarran is home to the Tahoe-Reno Industrial Center (TRIC), one of the largest industrial centers in the world at 167 square miles, taking up approximately 65% of Storey County's landmass³ (for comparison purposes, the city of Reno is 105.9 square miles). In addition,

¹ United States Census Bureau. 2019. Quickfacts Storey County, Nevada. Retrieved from <https://www.census.gov/quickfacts/storeycountynevada>

² Storey County Master Plan. 2016.

³ <http://tahoereno.com/maps/>

approximately 20% of Storey County’s land is federally owned.⁴ Both of these factors limit opportunities for residential development in the county.

Demographically, Storey County has a large senior population (34% compared to the Nevada average of 16.9%) and a relatively small youth population (12.4% compared to the Nevada average of 21.7%), which creates unique challenges for substance use prevention and opioid abatement planning.

Figure 1. Storey County Demographics from "Health and Healthcare in Storey County - 2024 Edition" (Nevada Health Workforce Research Center)

Demographic Indicator	Storey County	Nevada	United States	Nevada Minimum	Nevada Maximum
Population – Resident population in 2024	4,170	3,177,772	—	744	2,322,985
Youth population – Percentage of population below 18 years of age	12.4	21.7	21.7	12.4	26.6
Elderly population – Percentage of population aged 65 years and over	34.3	16.9	17.3	13.2	34.3
Non-Hispanic white population – Percentage of population self-identifying as non-Hispanic white	81.8	45.7	58.9	38.8	82.0
Non-Hispanic black population – Percentage of population self-identifying as non-Hispanic black	1.7	9.7	12.6	0.8	12.5
American Indian and Alaska Native population – Percentage of population self-identifying as AI/AN	2.2	1.7	1.3	1.3	17.9
Asian population – Percentage of population self-identifying as Asian	2.3	9.4	6.3	0.9	11.2
Native Hawaiian and Other Pacific Islander population – Percentage of population self-identifying as NH/PI	0.5	0.9	0.3	0.0	1.0
Hispanic population – Percentage of population self-identifying as Hispanic	9.6	30.3	19.1	9.1	32.6
Female population – Percentage of population self-identifying as Female	48.5	49.5	50.4	36.8	49.8
English proficiency – Percentage of population that is not proficient in English	0.5	5.2	4.1	36.8	49.8

Source: County Health Rankings and Roadmaps www.countyhealthrankings.org, United States Census Bureau data.census.gov

⁴ Storey County Master Plan. 2016.

Impacts of Opioid Use/Opioid Use Disorder in Storey County

The harmful impacts of opioid use have been experienced across all demographics in Storey County, and particularly amongst the senior citizen population. Because of the sheer volume of prescriptions taken, it has been easy and commonplace for seniors to experience harmful effects from using opioids. As indicated, similar harm has been observed by service providers in all demographics in Storey County including youth, family members, neighbors, and working adults. The widespread issue might be difficult to quantify as many of the data that would otherwise be reported for Storey County independently is instead subsumed into data of neighboring counties like Carson City and Washoe when Storey County residents are treated in area hospitals. The two largest providers of health and human services – Storey County Senior Services and Community Chest – consider the risk and harm from opioids to Storey County residents to be considerable.

In 2019, Community Chest, Inc. received funding to complete two different needs assessments for Storey County, Nevada with the purpose of developing strategies to mitigate harm from opioid usage. One needs assessment was funded through the U.S. Health Resources and Services Administration (HRSA) as part of the “Resilient Eight” project and provided an opportunity for a broader look, while the other was funded through the Overdose Mapping and Application Program (ODMAP) of the State AG’s office and provided an opportunity for looking at strategies focused on strengthening the County’s emergency response. In both instances, a community committee was developed that included: general members of the public impacted by substance use, law enforcement, court representatives, community organizations that provide direct and in-direct services to treatment, counselors, and prevention groups.

Storey County Health Profile

The 2024 County Health Rankings and Roadmaps scores for Storey County indicate that on average, adults reported experiencing 5.5 poor mental health days over the previous 30 days, which is the same as the Nevada average, but higher than the national average (4.8 days). Additionally, 17.5% of adults reported 14 or more days of poor mental health per month, which is also higher than the national average of 15%.

Figure 2. Health Outcomes - Morbidity and Quality of Life in Storey County from "Health and Healthcare in Storey County - 2024 Edition" (Nevada Health Workforce Research Center)

Health Outcomes Indicator	Storey County	Nevada	United States	Nevada Minimum	Nevada Maximum
Poor fair health – Percentage of adults reporting fair or poor health	15.8	17.8	14.0	14.3	23.4
Poor physical health days – Average number of physically unhealthy days reported in past 30 days	4.0	4.1	3.3	3.8	5.2
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days	5.5	5.5	4.8	5.4	6.3
Low birthweight – Percentage of live births with low birthweight (< 2,500 grams)	9.0	9.0	8.0	4.6	12.6
Frequent physical distress – Percentage of adults reporting 14 or more days of poor physical health per month (age-adjusted)	11.7	13.1	10.0	11.3	15.8
Frequent mental distress – Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted)	17.5	18.1	15.0	16.9	21.0
Diabetes prevalence – Percentage of adults aged 20 and above with diagnosed diabetes (age-adjusted)	8.7	10.2	10.0	8.0	12.5
HIV prevalence – Number of people aged 13 years and older living with a diagnosis of HIV infection per 100,000 population	—	430.5	382.0	0.0	503.4

Source: County Health Rankings and Roadmaps www.countyhealthrankings.org

Access to clinical care is a challenge in isolated Storey County, which compounds physical and behavioral health challenges as community members do not always have access to services. The ratio of population to mental health providers is 596:1 (compared to 399:1 in Nevada, 320:1 nationally).

Figure 3: Clinical Care in Storey County from "Health and Healthcare in Storey County - 2024 Edition" (Nevada Health Workforce Research Center)

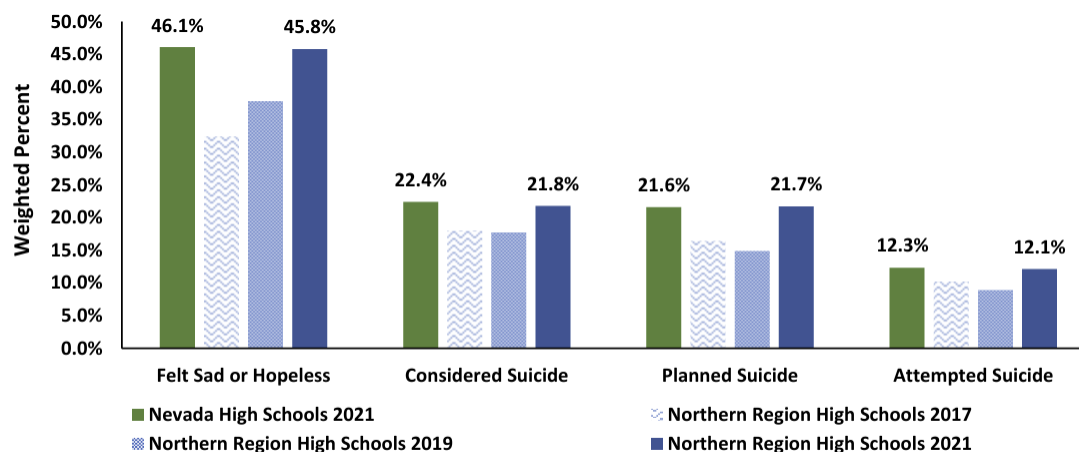
Clinical Care Indicator	Storey County	Nevada	United States	Nevada Minimum	Nevada Maximum
Access to Care					
Uninsured – Percentage of population under age 65 without health insurance	13.1	13.8	10.0	7.7	20.9
Primary care physicians – Ratio of population to primary care physicians	—	1,763:1	1,330:1	743:1	4,112:1
Dentists – Ratio of population to dentists	—	1,528:1	1,360:1	744:0	5,766:1
Mental health providers – Ratio of population to mental health providers	596:1	399:1	320:1	244:1	2,883:1
Uninsured adults – Percentage of adults under age 65 without health insurance	13.4	15.8	12.0	7.9	21.5
Uninsured children – Percentage of children under age 19 without health insurance	12.3	8.5	5.0	6.8	18.8
Other primary care providers – Ratio of population to primary care providers other than physicians	—	917:1	760:1	612:1	3,241:1
Quality of Care					
Preventable hospital stays – Number of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	2,511	2,684	2,681	599	3,600
Mammography screening – Percentage of female Medicare enrollees aged 67-69 that receive mammography screening	37.0	35.0	43.0	18.0	49.0
Flu Vaccines – Percentage of population which are vaccinated	39.0	37.0	46.0	11.0	44.0

Source: County Health Rankings and Roadmaps www.countyhealthrankings.org

Data on Storey County youth risk prevalence for substance use, including opioids, is difficult to attain as Storey County's data is combined with a total of five counties that make up the Northern Behavioral Health Region (Storey, Douglas, Lyon, Carson City, Churchill). Even so, the data is reported here to demonstrate regional trends and for reference alongside Community Based Participatory Research methods that produce a more specific picture of Storey County.

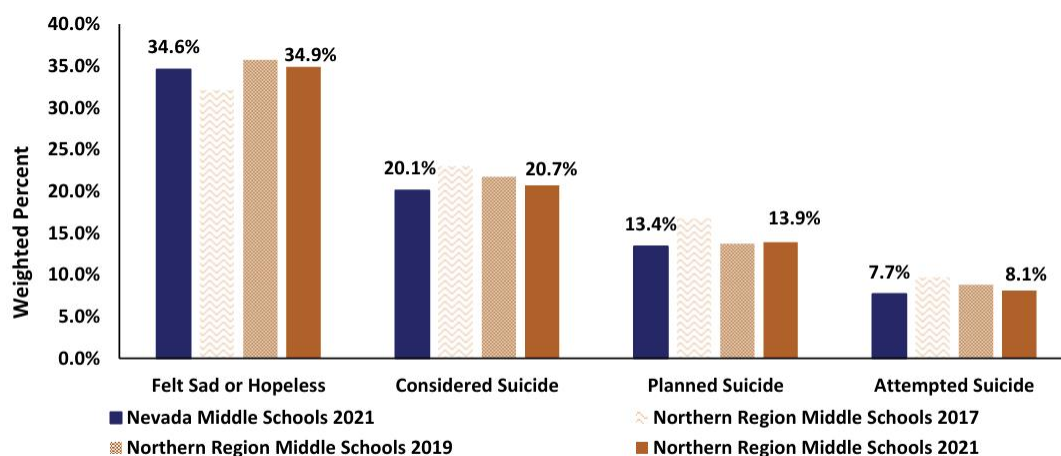
The following figures (4 and 5) are from the Behavioral Health Wellness and Prevention 2022 Epidemiologic Profile: Northern Region, Nevada (April 2023). For high schools students across each mental health behavior (Felt Sad or Hopeless, Considered Suicide, Planned Suicide, and Attempted Suicide), the percentage of students increased from 2019 to 2021. Middle schools students reported slight decreases across three of the four measures, with a slight increase in planned suicides in 2021.

Figure 4: Mental Health Behaviors, Northern Region High School Students, 2017, 2019, 2021, and Nevada High School Students, 2021 from the Behavioral Health Wellness and Prevention 2022 Epidemiologic Profile: Northern Region, Nevada (2023)



Source: Nevada Youth Risk Behavior Survey (YRBS).
Chart scaled to 50.0% to display differences among groups.

Figure 5: Mental Health Behaviors, Northern Region Middle School Students, 2017, 2019, 2021, and Nevada Middle School Students, 2021 from the Behavioral Health Wellness and Prevention 2022 Epidemiologic Profile: Northern Region, Nevada (2023)

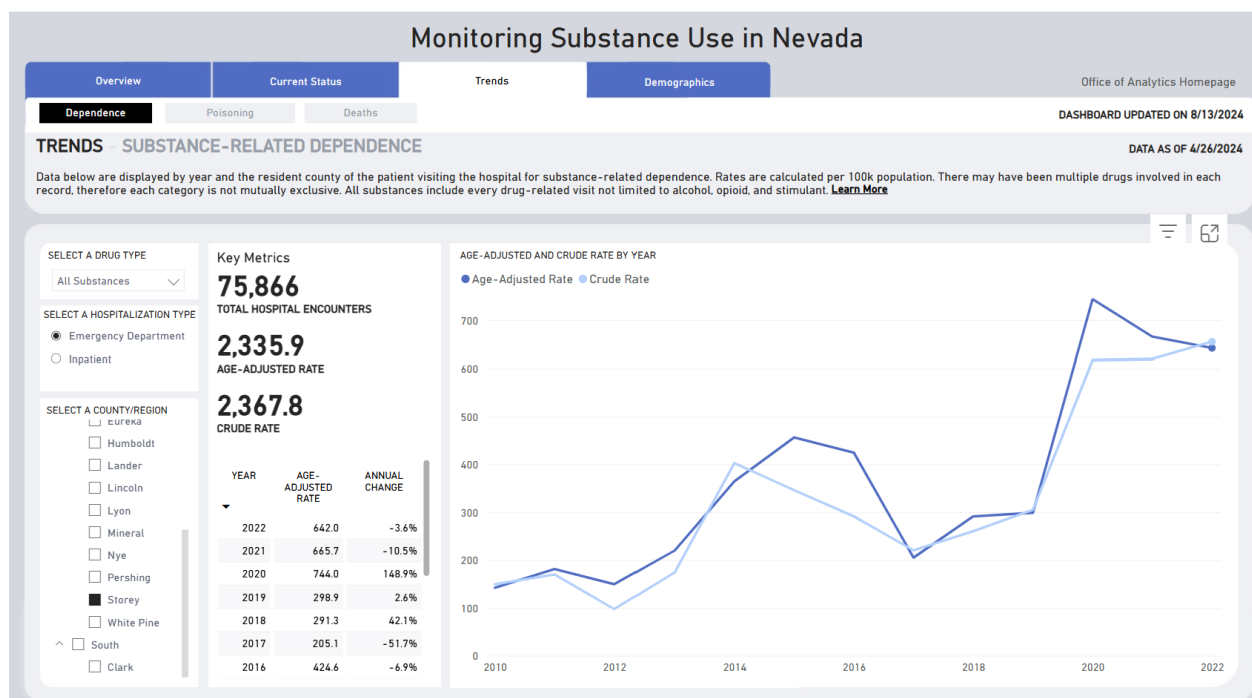


Source: Nevada Youth Risk Behavior Survey (YRBS).
Chart scaled to 40.0% to display differences among groups.

Substance Use Prevalence

The Storey County data reported in this section are from the State of Nevada Office of Analytics Substance Use Surveillance Dashboard. It is critical to note the basis upon which rates are calculated given the small population of Storey County. The analysis sections below highlight this.

Figure 6: Trends in Substance-Related Dependence (All Substances) - Storey County



Substance-Related Dependence has increased in Storey County since 2010 with decreases in 2016 and 2017, followed by a resurgence in 2020 and decrease again in 2021 and 2022. The crude rate for 2022 is 655.1, but given that the rate is calculated based on a 100K population, this equates to **29 hospital encounters by Storey County residents.**

Within the same data dashboard, the following trends are reported for specific substances:

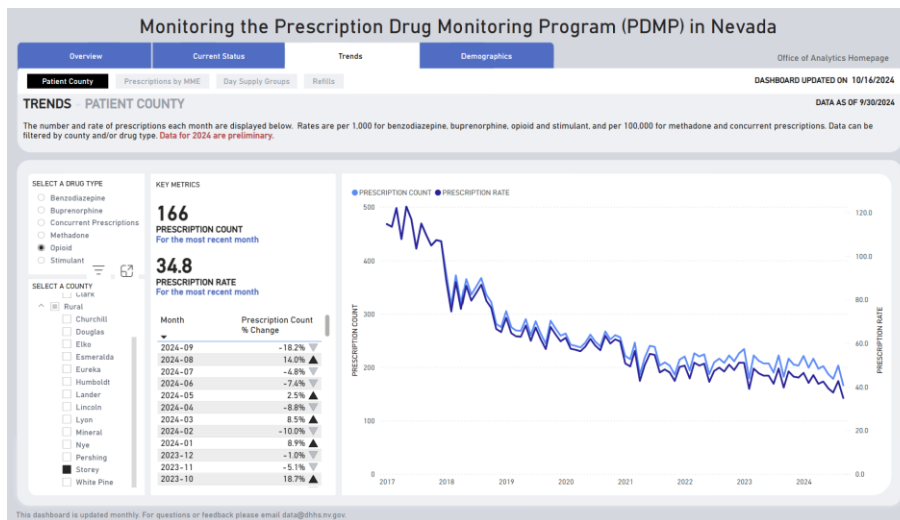
Alcohol – 17 hospital encounters in 2022

Stimulant – 9 hospital encounters in 2022

Opioid – 0 hospital encounters in 2022

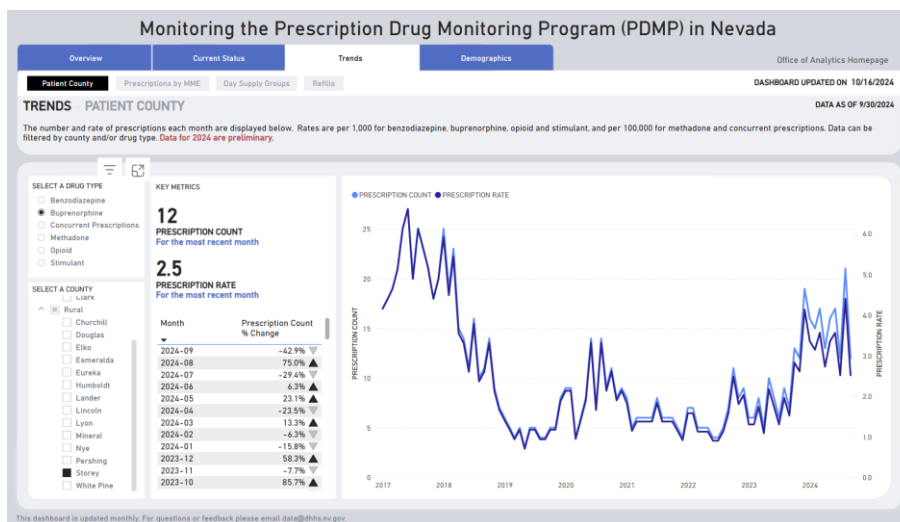
Prescription Drug Monitoring Program (PDMP) Data

Figure 7: Opioid Prescription Rate and Count in Storey County



The rate of Opioid prescriptions has declined in Storey County in recent years with a prescription count of **166 prescriptions in September 2024**. Given the large senior population in Storey County and the increased risk of opioid overdose for seniors,⁵ this count potentially represents a significant number of individuals who may be in need of increased education and support.

Figure 8: Buprenorphine Prescriptions in Storey County



Buprenorphine, a drug used to treat Opioid Use Disorder is increasingly prescribed in Storey County for residents needing Medication Assisted Treatment (MAT), but comprehensive access to MAT, especially for at-risk populations, is still in development in the County.

⁵ [Risk Factors for Opioid Misuse, Addiction, and Overdose | U.S. Department of Labor](#)

Storey County “Resilient Eight” Community Assessment Results

Community-Based Participatory Research Analysis

1. What opportunities and gaps do you see in Opioid Use Disorder (OUD) prevention and treatment in Storey County?

The single biggest opportunity identified was building on the momentum and promise of the County’s Multi-Disciplinary Team (MDT) approach which has providers across all spectrums working together to address the needs of residents in an integrated fashion. Regardless of the issue presented -- whether hunger, illness, or OUD involvement -- this approach has thus far appeared to provide a better-quality response and better quality service provision for less cost.

In addition, the largest gaps -- i.e., a general lack of availability of services of any kind within the county -- has been identified as the second most important opportunity: thinking broadly to include ready and accessible quality of life activities and supports. This would not only include “treatment as usual options” like more Substance Use Disorder (SUD) counselors, but also important elements such as ready access to healthy food, affordable housing, and more positive recreation options.

Related to the previous point, the geographical distance between the five distinct County communities is an opportunity to rethink effective service delivery within the county. One idea worthy of strong consideration is having a community center located in each community through which services could be delivered, like spokes from the hub of a bicycle.

2. What opportunities and gaps do you see with respect to the recovery workforce, services, and access to care within Storey County?

Building on the previous answer, the County is thinking broadly about what would help to support its residents to live life healthfully; this is the primary thrust of a focus to develop all sorts of readily available and accessible supports and services throughout the County to include not only SUD-trained counselors but also access to health food, numerous positive recreational activities, and more. Along with this is an intentional desire to support and foster a “Neighbors helping neighbors” culture within the County. The rationale is by ensuring folks have such opportunities and organic sources of support, the need for formal recovery workforce and services should be less robust than in the absence of such organic community supports.

With the previous elements in place, it is anticipated that additional SUD workers would be helpful for connecting folks to available resources. This may or may not include Medication Assisted Treatment (MAT) treatment, residential services, and more.

3. What existing federal, state, and local OUD resources are you aware of that could be leveraged in Storey County?

At a Federal and State level, we are aware that there are a variety of grants and initiatives that can lend themselves to helping Storey County to develop the robust capacity for supporting its residents in a variety of ways. One possible source of funding at the Federal level may be the expected implementation phase for addressing opioid issues.

At the local level, the County has become increasingly supportive of having a healthy and robust provision of social services. We expect this level to continue if not increase in the future.

Strategic Plan

What concrete strategies would folks like to see put into place that address the gaps in OUD prevention and treatment in Storey County? In answering this question, consideration should be given to the following:

- 1. Evidence-based, promising, and innovative approaches***
- 2. Affordability and Accessibility***
- 3. Leveraging of existing federal, state, and local OUD resources***
- 4. Community Support***

The concrete strategies that folks would like to see put in place are the following:

- Capitalize and build on momentum/promise of MDT approach

Already we have experienced significant benefits with respect to quicker and better-quality response times and service provision through working together, all leading to better outcomes for those needing help. This has been done, too, with less expense as we have been able to shift high-dollar deployments of first responders to lower cost community health workers who are able to connect residents to needed services over the short- and long-term. As many of our residents are seniors who have been prescribed opioids, this has proven itself a particularly powerful strategy as the community health worker is able to help educate seniors and reduce the risks associated with the use of opioids (sometimes resulting in the complete removal of opioid-based medications from the home). For these and other reasons (i.e., sustainability), it is just these sorts of organic, innovative, and low-cost approaches that Storey County would prefer to focus on.

- Think broadly to include ready and accessible quality of life activities and supports

There is an evidence-based approach to working with youth that focuses on developing their own internal strengths and those of their surrounding community to reduce their likelihood of using drugs/alcohol and/or getting into other sorts of trouble. Developed by the Search Institute, the Developmental Assets framework has proven particularly effective at helping us to develop robust community supports that increase the likelihood of making healthy choices not only for these youth, but those surrounding them (i.e., their parents).

- Support/create culture of neighborly caring and concern

There is simply no way of getting enough doctors, counselors, and other professionals on-board to address this issue -- not when nearly all of Nevada is designated as a medical services shortage area, and nationally there is a lack of needed providers. As such, we must focus on developing what surely must be the front-line -- friends watching out for friends, neighbors for neighbors. This is to say that while treatment professionals are important and valuable resources, absent their ready access we must find ways to stitch together robust social supports within our communities.

A few last comments: absent MAT, there appears to be a general lack of evidence with regard to effective treatment options for the treatment of opioids through treatment as usual. The problem with MAT is that our community has ambivalence -- just as we are told is true of communities nationally -- around its use, and how widespread it should be. Because of recent news regarding the similarity of MAT drug companies' tactics and those of cigarette companies, and continued press regarding the many instances of unethical practices of pharmaceutical companies, the evidence cited to support MAT is looked at skeptically. As a result, Storey County is currently neutral on whether MAT options should be expanded within the county.

Because approximately half of Storey County's residents are seniors, strategies specifically targeted towards helping them get rid of unneeded medications, and then managing those they do take, will likely bear fruit. The Sheriff's Office is already able to destroy unneeded medications; a clean needle exchange would be another logical step for this population (to ensure they are not reusing unclean needles). And we are working at better connecting seniors with those who can advise them on their medications. This is where federal/state efforts at ensuring that seniors are not over-prescribed opioids by multiple medical professionals will be helpful.

With respect to Naloxone to reduce opioid deaths, it is something that Storey County is already doing through its First Responders and Sheriff's Office. At this point in time, per the data we have available, it seems to be enough. Should we see an increase in opioid deaths, it is possible that wider access would be considered.

Workforce Plan

1. What strategies would folks like to put into place that address the gaps in the OUD prevention, treatment, and recovery workforce in Storey County?

As discussed previously, the focus of efforts would be on those workers such as Community Health Workers who can effectively tend to the myriad connectivity and case management needs of those referred. Community Health Workers are trained in evidence-based techniques (i.e., Motivational Interviewing) and other education with which to engage those they serve. In Storey County, we would like to have more SUD-trained Community Health Workers as they have proven themselves to be the "glue" for better service coordination and integration with those resources that are available.

In addition to the Community Health Workers, we would like to see at least another two or three SUD-trained counselors who can work with those with SUD disorders including OUD.

Depending on how the previous two strategies addressed the ongoing and emerging needs, we would then evaluate to see if additional supports -- possible residential treatment -- would need to be offered.

2. What strategies would folks like to utilize for recruiting and integrating additional providers into Storey County?

We will continue as we have, mainly by focusing on delivering “aspirationally-delivered” services to attract those who also want to make a significant difference. As well, we will continue to offer a competitive salary and benefits.

3. What plans would folks like to identify to train and retain new and existing substance use disorder providers in Storey County? Note: may include identifying possible sites for placing National Health Service Corps clinicians.

Community Chest -- the primary provider of SUD services in Storey County -- is already a designated National Health Service Corps site for its clinicians. This has proven invaluable for recruiting and retaining qualified practitioners. We will continue to utilize this strategy.

Sustainability Plan

1. What strategies do folks envision needing to be utilized to sustain the needed activities and strategies in Storey County beyond the one-year planning cycle?

As discussed previously, the primary focus is on developing health and human service capacity in general. To the short-term, though, the primary strategies employed will be continuing to grow the MDT meeting and support our engagement of Community Health Workers.

2. How do folks envision maintaining affordability and accessibility of OUD prevention, treatment, and recovery services in Storey County for those who need them?

Community Health Workers (CHWs) help to keep costs down while increasing the accessibility of treatment. This is because CHWs come at a discount relative to higher-priced medical professionals and are able to take care of the myriad case management needs clients present with. This allows the SUD professionals to focus on the treatment needs.

3. What are the Top 5 quantifiable metrics that folks imagine utilizing in order to assess the impact of future activities in Storey County?

Metric #1 -- MDT Structure Continuing to Improve Resulting in Better Health Outcomes for Residents

Metric #2 -- Increase in Number of Available Services/Supports in ALL Storey County Communities

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

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

Metric #5 -- Increased Community Member Engagement and Satisfaction

Storey County ODMAP Preparedness and Response Plan - Community Assessment Results

Next, we will look at each the recommendations made from the ODMAP-funded “Storey Overdose Preparedness and Response Plan”

Recommendations

- Coordinate efforts with other partners to map county resources and increase access to opioid misuse and abuse prevention programs, Medication Assisted Treatment (MAT), and access to naloxone.
- Develop a plan to access additional naloxone in the event of a surge to accommodate if evidence of increasing demand.
- Support prescription medication take back days and use of designated drop-box locations.
- Exercise local and regional Mass Casualty and Mass Fatality Incident Management Plans.
- Test emergency alert notification systems.
- Explore Behavioral Health triage systems such as PsySTART to organize friends and family members exposed to overdose deaths in need of treatment and support services.
- Collaborate with Medical Examiner’s Office and Drug Laboratory to develop a coordinated plan for expediting evidence during spikes.
- Identify opportunities for law enforcement assisted diversion and referrals to treatment prior to reports of overdoses.
- Increase number of officers with Crisis Intervention Training.
- Reduce barriers to delivering a successful Storey County referral system such as implementing universal Release of Information forms, universal screening tools, and standardized protocols.
- Identify where naloxone is available in the community to refer patients and families to Naloxone Access Points (NAPs).
- Collaborate with Emergency Management/Quad-County Public Health Preparedness, Social Services, and state health authority to develop a plan to access large quantities of naloxone for Naloxone Access Points (NAPs).
- — Test surge capacity to determine number of overdoses and scenarios that would overwhelm law enforcement resources.
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Participating Agencies/Organizations

- Storey County Community Relations
- Storey County District Attorney
- Storey County Senior Services,
- Storey County School District
- Storey County Sheriff’s Office
- Storey County Fire Department
- Storey County Emergency Management
- Storey County Justice of the Peace
- Healthy Communities Coalition
- Nevada Division of Public and Behavioral Health
- Quad County Public Health Preparedness Program
- Nevada Rural Hospital Partners

● Community Chest, Inc.

Conclusion

Storey County, Nevada is dedicated to support and create safe living environments for all residents through direct services and partnering with other organizations to increase access to meet the needs of the individual. It is the goal of the county and partners to update the assessment, align future strategies to meet the needs and directly develop programming or partner with community agencies to implement programs to carry out strategies.