

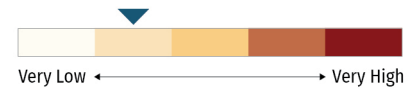
Substance Use Risk and Resilience Index

Osborne County

Northwest Region

This county profile highlights key risk and protective factors that influence substance use. Factors combine to create a county vulnerability index level. The data is intended to support local planning and decision making.

VULNERABILITY LEVEL



* Too low to calculate

Predictors/Drivers of SUD	County	State
% of Labor Force Ages 16 and Older who are Unemployed	2%	4%
% of Adults Diagnosed with Depression	19%	20%
% of Adults Struggling to Keep Stable Housing	9%	11%
% of Adults Without Health Insurance	6%	9%
% of Students Misusing Prescription Drugs in the Past Month	2%	2%
People Living with HIV per 100,000 Residents	0	147.4
Violent Crimes per 1,000 Residents	1.8	4.5
Liquor Stores per 100,000 Residents	0	20.1
People per 1,000 Residents with at least one SUD Insurance Claim	10.88	12.83

Systems Response Indicators	County	State
% of Needed Naloxone Units That Were Distributed	13%	12%
% of Needed Fentanyl Test Strips That Were Distributed	1%	2%
Suspected Overdose-related EMS Responses per 100,000 People	320.98	415.77
EMS Response Time for Opioid-Related Calls Compared to National Average	Higher 13 to 23 minutes	Near 11 to 13 minutes
Deaths Caused by Drugs or Alcohol per 100,000 People	Less than 10	22
Change in Drug- and Alcohol-Related Deaths from 2022 to 2023	*	-7%

Individual-System Interface	County	State
% of People with an SUD Diagnosis Not Receiving Services	89%	88%
% of Insured People with an SUD Diagnosis Who Started but Did Not Complete Treatment	22%	37%
% of Insured People with an SUD Diagnosis Who Received Inpatient or Residential Services	21%	8%
% of Insured People with an SUD Diagnosis Who Received Detox Services	9%	2%
Number of Providers with MOUD Related Claims in 2023	0	24
Licensed Behavioral Health Providers per 100 People in Need	0.62	2.79
Primary Care Physicians per 1,000 People	0.15	1.14
Number of Pharmacies per 1,000 People	0.86	0.31

LOW VULNERABILITY COUNTIES: Chase, Chautauqua, Cheyenne, Clay, Comanche, Decatur, Edwards, Elk, Gove, Graham, Greenwood, Harper, Jewell, Lane, Lincoln, Linn, Meade, Morris, Ness, Osborne, Phillips, Rawlins, Republic, Rush, Scott, Sheridan, Sherman, Smith, Stafford, Wallace, Washington, Wichita, Wilson, Woodson

Data sources available on the next page.

About the Data

Data Measure	Data Description	Data Source
% of Labor Force Ages 16 and Older who are Unemployed	Share of the labor force (age 16+) that is unemployed and actively seeking work, based on annual estimates.	<i>BLS LAUS (2023)</i>
% of Adults Diagnosed with Depression	Adults (18+) who report being told by a health professional that they have depression.	<i>Population Level Analysis and Community Estimates (PLACES) (2022)</i>
% of Adults Struggling to Keep Stable Housing	Adults reporting difficulty paying for housing or utilities in the past year, reflecting housing insecurity.	<i>Population Level Analysis and Community Estimates (PLACES) (2022)</i>
% of People Without Health Insurance	Adults (18–64) without any form of health insurance, based on survey and administrative data.	<i>Kansas Health Matters (2022)</i>
% of Students Misusing Prescription Drugs in the Past Month	Percentage of students reporting non-prescribed or improper use of prescription drugs in the past 30 days.	<i>Greenbush, Kansas Communities That Care Survey, Calculated Growth Rate from 2024 and 2025 Rates (2024-2025)</i>
People Living with HIV per 100,000 Residents	Rate of people aged 13+ living with HIV per 100,000 residents.	<i>Kansas Health Matters (2022)</i>
Violent Crimes per 1,000 Residents	Violent crimes (e.g., assault, robbery) per 1,000 residents, using reported law enforcement data.	<i>Kansas Health Matters (2022)</i>
Liquor Stores per 100,000 Residents	Number of liquor stores per 100,000 population; includes only businesses primarily selling packaged alcohol.	<i>Kansas Health Matters (2022)</i>
People per 1,000 Residents with at least one SUD Insurance Claim	Individuals with at least one insurance claim for a substance use disorder (SUD) diagnosis per 1,000 residents.	<i>IQVIA 2023 Medical Claims Data, KDADS 2023-2024 SUD Claims Data (2023-2024)*</i>
% of Needed Naloxone That Were Distributed	Percentage of naloxone units distributed in the county relative to estimated need based on population-adjusted SUD prevalence.	<i>IQVIA Prescription Claims Data (2021-2023); Kansas Naloxone Program – DCCCA (2020-2024)*</i>
% of Needed Fentanyl Test Strips That Were Distributed	Percentage of fentanyl test strips (FTS) distributed relative to estimated need, based on local SUD prevalence.	<i>Kansas Naloxone Program – DCCCA (2020-2024)*</i>
Suspected Overdose-related EMS Responses per 100,000 People	Suspected overdose-related EMS responses per 100,000 residents.	<i>Midwest High Intensity Drug Trafficking Area (HIDTA) 2023*; Overdose Detection Mapping Application Program (ODMAP) (2023)</i>
EMS Response Time for Opioid-Related Calls Compared to National Average	Average EMS response time in minutes from dispatch to patient contact during suspected opioid-related events.	<i>National Emergency Medical Services Information System (NEMESIS) (2023-2024)</i>
Deaths Caused by Drugs or Alcohol per 100,000 People	Deaths due to drug or alcohol causes per 100,000 residents, with adjusted values for suppressed counts.	<i>CDC Wonder. National Vital Statistics System, Mortality 2018-2023 on CDC WONDER Online Database (2023)</i>
Change in Drug- and Alcohol-Related Deaths from 2022 to 2023	Annual percent change in the drug- or alcohol-related death rate from 2022 to 2023, adjusted for low or missing values.	<i>Calculated by Authors. CDC Wonder. National Vital Statistics System, Mortality 2018-2023 on CDC WONDER Online Database (2023)</i>
% of People with an SUD Diagnosis Not Receiving Services	Percentage of people with an SUD diagnosis who did not receive any documented treatment during the year.	<i>IQVIA 2023 Medical Claims Data, KDADS 2023-2024 SUD Claims Data (2023-2024)*</i>
% of Insured People with an SUD Diagnosis Who Started but Did Not Complete Treatment	Percentage of insured individuals who started but did not complete SUD treatment, based on claims.	<i>IQVIA 2023 Medical Claims Data, KDADS 2023-2024 SUD Claims Data (2023-2024)*</i>
% of Insured People with an SUD Diagnosis Who Received Inpatient or Residential Services	Percentage of insured individuals with an SUD diagnosis who received inpatient or residential services.	<i>IQVIA 2023 Medical Claims Data, KDADS 2023-2024 SUD Claims Data (2023-2024)*</i>
% of Insured People with an SUD Diagnosis Who Received Detox Services	Percentage of insured individuals with an SUD who received detox services, medical or non-medical.	<i>IQVIA 2023 Medical Claims Data, KDADS 2023-2024 SUD Claims Data (2023-2024)*</i>
Number of Providers with MOUD Related Claims in 2023	Number of providers with documented patients receiving MOUD (e.g., buprenorphine, methadone).	<i>IQVIA 2021-2023 Medical Claims Data, KDADS 2023-2024 SUD Claims Data (2023-2024)*</i>
Licensed Behavioral Health Providers per 100 People in Need	Licensed behavioral health providers per 100 people estimated to need care, based on prevalence-adjusted demand.	<i>Kansas Behavioral Sciences Regulatory Board (BSRB) 2024 License Registry (2024)</i>
Primary Care Physicians per 1,000 People	Primary care physicians per 1,000 residents, reflecting access to general medical services.	<i>National Plan and Provider Enumeration System (NPES) National Provider Identifier (NPI) Registry (2024)</i>
Number of Pharmacies per 1,000 People	Pharmacies per 1,000 residents, indicating access to medications including those used for SUD treatment.	<i>Kansas Board of Pharmacy (KBOP) (2024)</i>

Preferred citation:

University of Kansas Center for Public Partnerships and Research. (2025). Kansas substance use disorder needs assessment. Presented to the Kansas Fights Addiction Grant Review Board on behalf of Sunflower Foundation.

* Not Publicly Available

Considerations for using the SUD Risk and Resilience Index

The following provides a recommendation for local decision-makers seeking to utilize a *SUD Risk and Resilience Index county profile*.

1. Understand Your Local Profile

- Start by reviewing your county's data profile. Pay close attention to indicators that stand out—especially those that are different than the State average.
- Note the areas where your county performs well; this can inform where to sustain your efforts and/or build upon your strengths.

2. Identify Priority Indicators

- Focus on the indicators that matter most in your community. While all the measures provided are linked to substance use outcomes, the ones that stand out in your local data can help point to where action is needed most.
- Use the strategies and tactics in the statewide needs assessment to help connect local indicators with ideas for actionable response. Note: The needs assessment strategies and tactics are not meant to be exhaustive—they're designed to spark discussion, generate ideas, and support planning tailored to your community's unique needs.
- Align local priorities with regional, state, and funder goals. Doing so can strengthen partnerships, improve coordination, and increase your county's competitiveness for funding opportunities.

3. Take Advantage of Local Strengths and Resources

- Consider what infrastructure already exists—such as health departments, businesses, behavioral health centers, schools, or coalitions—that can support implementation.
- Leverage known partnerships and funding streams (e.g., KFA grants) to identify realistic next steps.

4. Engage Partners and Community

- Host a local event or cross-sector workgroup using your county profile and strategies and tactics from the statewide needs assessment list to spark conversation.
- Involve people with lived experience, providers, law enforcement, schools, and housing agencies to validate data and co-prioritize.