Joe Lombardo
Governor

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIRECTOR'S OFFICE

Helping people. It's who we are and what we do.

Richard Whitley, MS
Director

January 31, 2024

Legislative Counsel Bureau
Brenda Erdoes
Erdoes@lcb.state.nv.us

Dear Director Erdoes:

Nevada Revised Statutes (NRS) 433.712 through 433.744 established the Fund for a Resilient Nevada, within the Nevada Department of Health and Human Services (DHHS) to account for the State's portion of opioid recoveries. Pursuant to NRS 433.734, one of the Department's responsibilities is the development of a Statewide Needs Assessment and a Statewide Plan to identify priorities related to addressing opioid-related risks, harms, and impacts using a data-driven and evidence-based approach.

Per NRS 433.736, the Department was required to conduct a statewide needs assessment. Based on the statewide needs assessment, the Department was required to develop or revise, as applicable, a statewide plan to allocate the money in the Fund in accordance with NRS 433.738.

On or before January 31 of each year, the Department is to transmit a report concerning all findings, recommendations made and money expended pursuant to NRS 433.734 to 433.740.

Per statutory requirements please see the attached report which includes findings, recommendations, and fiscal expenditures.

Sincerely,

/s/

Dawn Yohey, MFT, LCADC
Clinical Program Planner
Nevada Department of Health and Human Services
Fund for a Resilient Nevada

Fund for a Resilient Nevada Annual Report

Nevada Department of Health and Human Services

A report concerning all findings and recommendations made and money expended pursuant to Nevada Revised Statutes NRS 433.734 to 433.740

Period of Performance is January 1, 2023, through December 31, 2023 (SFY23/24)

Pursuant to Nevada Revised Statutes (NRS) 433.734 on or before January 31 of each year, the Department shall transmit a report concerning all findings and recommendations made and money expended pursuant to NRS 433.734 to 433.740 within the Fund for a Resilient Nevada.

Introduction

Nevada has taken numerous steps to address the opioid crisis in recent years. With leadership and support from both the executive and legislative branches of government, and input and collaboration from a diverse array of stakeholders, the Legislature passed important legislation including the most recent legislation that focused on Nevada's success in litigation and settlement agreements as part of the abatement of the opioid epidemic.

During the 81st (2021) Session of the Nevada Legislature, legislation was passed establishing the Fund for a Resilient Nevada (referred to in this document as "the Fund") within the Nevada Department of Health and Human Services (DHHS). This measure is codified in *Nevada Revised Statutes (NRS)* 433.712 through 433.744 and is specific to the State's portion of opioid recoveries which are the funds awarded to the State of Nevada from the Attorney General's Opioid Settlements. Pursuant to NRS 433.732, the Fund was created in the State Treasury. *Unless otherwise required by the applicable judgment or settlement, the Attorney General shall, after deducting any fees and costs imposed pursuant to an applicable contingent fee contract as described in NRS 228.111, deposit in the Fund all money received by this State pursuant to any judgment received or settlement entered into by the State of Nevada as a result of litigation concerning the manufacture, distribution, sale or marketing of opioids conducted in accordance with the declaration of findings issued by the Governor and the Attorney General.* NRS 433.732 identified the Director of the Department of Health and Human Services (DHHS) as the responsible agent to administer the fund. Pursuant to NRS 433.734, every 4 years DHHS must develop a Statewide Needs Assessment and a Statewide Plan to identify priorities related to addressing opioid-related risk, harms and impacts using a data driven and evidence-based approach. As defined by the legislation, only those activities or service prioritized in the needs assessment and state plan are permissible for funding.

The Nevada Opioid Needs Assessment and Statewide Plan were completed in 2022 through a collaborative process with stakeholders across the state. This plan was developed utilizing both qualitative and quantitative data to develop the following high level priority goals.

Goal 1: Ensure Local Programs Have the Capacity to Implement Recommendations Effectively and Sustainably

Goal 2: Prevent the Misuse of Opioids

Goal 3: Reduce Harm Related to Opioid Use

Goal 4: Provide Behavioral Health Treatment

Goal 5: Implement Recovery Communities across Nevada

Goal 6: Provide Opioid Prevention and Treatment Consistently across the Criminal Justice and Public Safety Systems

Goal 7: Provide High Quality and Robust Data and Accessible, Timely Reporting

The full proposal of goals, strategies, objectives and activities can be found here: Nevada Opioid Needs Assessment and Statewide Plan 2022 (nv.gov) starting on page 119.

Findings

Nevada has built a strong foundation of evidence-based treatment, services, and supports across its current system of care, including prevention, treatment, and recovery supports (as demonstrated in the 2022 Needs Assessment). However, opportunities for strengthening the current system also exist across all components of care.

The following section presents an overview of current Nevada opioid qualitative and quantitative data, as well as projects that have been funded and implemented to address the statewide goals. This report documents the existing and continued efforts to address the opioid crisis across all Nevada counties and demonstrates the impact of those efforts on Nevada's communities and in particular, the disparate populations that were hit particularly hard by the opioid epidemic.

The Fund for a Resilient Nevada (FRN) Unit gathered information across multiple state and local agencies to better understand areas of alignment, areas of duplication, and gaps in services related to current opioid programming and to ensure priority areas were mapped to reduce or eliminate any supplanting. Mapped agencies included the Division of Public and Behavioral Health (DPBH), the Attorney General's (AG) Office, the Division of Health Care Financing and Policy (DHCFP), the Division of Child and Family Services (DCFS), and One Nevada Signatories (government bodies across Nevada).

Data

According to the Nevada State Unintentional Drug Overdose Reporting System (SUDORS) 2022, there were 836 unintentional fatal drug overdoses in Nevada in 2022, which is a 6.2% increase over 2021. Nearly two thirds of overdose fatalities were Non-Hispanic white, 24% occurred in the 30-39 age group and 68% of those who overdosed were male. Washoe County reported the highest rates of overdose, 44.3 per 100,000; and Clark County reported the lowest, regionally, at 21.6 per 100,000. It is important to note that Clark County represents 73% of the state's population.

Opioids contributed to the highest percentage of deaths with 60% of overdose fatalities having any opioid involvement. Half of overdose deaths involved a stimulant (67%); and 31% of overdose deaths involved both an opioid and stimulant. Fentanyl analogs contributed to 43% of deaths; while illicitly manufactured Fentanyl contributed to 38% of deaths. Methamphetamines contributed to more than half of overdose deaths (57%). Of the reported deaths, 64% had at least one missed opportunity for linkage to care of implementation of life saving measures prior to overdose. The top three circumstances documented among decedents were evidence of previous substance use (68%), having a bystander present at the time of overdose (44%) and recent release from an institution (31%). The DHHS Office of Analytics analyzed 2021 opioid data submitted from Nevada hospitals and the electronic death registry system. The analysis of hospital emergency department/room encounters, hospital inpatient admissions, and the electronic death registry indicated there were 330 youth, adolescent, and transitional aged youth (TAY) with an opioid dependence diagnosis seen in emergency departments in 2021. The data also indicated that 165 of this target population had experienced opioid-related poisoning, with 50 requiring hospital inpatient admission. At least 355

youth, adolescents, and TAY were admitted to the hospital with opioid-related dependence. Unfortunately for Nevada, there were also 69 youth opioid-related deaths. As of July 30, 2023, there were 7,710 Nevadans ages 19 and under prescribed opioid medication, with 242, or over 3%, being under the age of 10 years old. Although Nevada has been able to capture a large amount of state and local data, there are still gaps among multiple populations. For example, opioid related impact data is limited for youth in the juvenile justice system; people experiencing homelessness; and people who identify as lesbian, gay, bisexual, transgender, intersex, queer/questioning, or asexual (LGBTQIA+).

The Nevada Silver State Scripts Board (SSSB) handled the preferred drug list (PDL) management for the Nevada Medicaid Fee for Service (FFS) program. Going into their fourth quarter meeting in 2023, there were 13 brand and/or generic Medication for Opioid Use Disorder (MOUD) agents in the U.S. market, listed below.

Opioid Antagonists:

- Preferred Products: Kloxxado©, naloxone, Narcan©,
- Non-Preferred Product: Zimhi©

Substance Abuse Agents:

- Preferred Products: buprenorphine SL Tab QL, buprenorphine/naloxone SL tab QL, naltrexone tab, Sublocade©, Suboxone©QL, Vivitrol©PA
- Non-Preferred Products: buprenorphine/naloxone film QL, Lycemyra©, Zubsolv QL

The SSSB maintained a PDL that provided nine "preferred products," free of charge to FFS Medicaid recipients. Of the remaining four "non-preferred" products, recipients must clinically fail two preferred agents prior to being able to access these products.

In December 2023, SSSB reviewed the newest agent in this class (Brixadi) and voted to add this new drug as a preferred agent for FFS Medicaid. There are also four Managed Care Organizations (MCOs) in the State, but the actions of the SSSB only affect Fee-For-Service, and not those enrolled in Managed Care. Each MCO maintains their own formulary and clinical criteria, managed by each plans Pharmacy Benefit Manager (PBM).

Funded Programs and Projects

The programs below are being/were funded by the Fund for a Resilient Nevada as it pertains to goals within the statewide plan. For additional information or to be connected to programs directly, please contact FRN at: FRN@dhhs.nv.gov.

Goal 1:
Ensure Local Programs Have the Capacity to Implement Recommendations Effectively and Sustainably

A. Opioid Training and Technical Assistance Center

The purpose of this initiative is to implement a statewide Center of Excellence [Opioid Technical Assistance Training and Coordination Center (O-TTAC)]. The Center will develop and disseminate evidence-based and

research-informed training and offer technical assistance to address opioid use, misuse, abuse, and overdose affecting Nevada communities.

The O-TTAC is designed to support local organizations or jurisdictions to expand and improve capacity for Opioid Use Disorder (OUD)/MOUD prevention, treatment, recovery and harm reduction services.

The O-TTAC will promote sustainability through the facilitation and identification of evidence-based or research-informed model programs and develop and update training materials related to prevention, harm reduction, treatment and recovery activities for opioid use disorder and medication for opioid use disorder (OUD)/(MOUD) to ensure high-quality training is accessible to Nevada partner organizations and communities.

Technical assistance and training will be offered to local communities in the dissemination and, implementation proven models, evidence-based practices, and research-informed or promising practices focused on objectives identified in community assessments. The O-TTAC will ensure that selected programs are effective and implemented as intended to maintain fidelity. This project will identify local capacity to implement programs and provide remediation and technical assistance to address gaps between current capabilities and implementation. Implementation science will inform training and development of learning activities to ensure sustainability. This project is set to begin January 2024.

B. Statewide Conference Addressing the Opioid Epidemic: Collaborating Across the Continuum of Care (Pharmacist Centered)

Whether working in the community, hospital, or ambulatory care setting, pharmacists have a role in combating the opioid crisis. They can have a significant contribution in decreasing opioid misuse, increasing the amount of naloxone offered, and improving pain management with decreased opioid use. A statewide conference was held on October 24, 2023, coordinated by the Nevada Public Health Foundation on behalf of DHHS/FRN targeting Pharmacists. Health professionals often function in silos which is a barrier to optimal patient care. As one of the most accessible health care professionals, pharmacists play a significant role in promoting and ensuring safe opioid use. Pharmacists have the knowledge and skill sets to provide education and prevent OUD. Even with state and federal regulations in place, Nevada continues to struggle as a society against the opioid epidemic. Pharmacists' roles have evolved with more certifications and specialty training. In addition, they have implemented innovative practices to fight the opioid epidemic, leading to decreased number of opioids prescribed and increased safe opioid prescribing practices.

The passage of AB156 during the Nevada 82nd Legislative session, authorized a pharmacist to prescribe and dispense drugs for medication-assisted treatment of opioid use disorder and perform certain assessments under certain conditions; requiring certain health plans to include coverage for such drugs and assessments as well as prescribing certain requirements concerning the diagnosis and treatment of a patient with an opioid use disorder.

With the passage of the legislation, the vision for the conference was to provide pharmacists, student pharmacists and community providers and care givers across the continuum of care, with resources, information and guidance regarding opioid and addiction education. The goal was an informational summit to serve as a catalyst and provide the opportunity for the pharmacy community and care community at large, to share best practices, programs, and policy recommendations that the state can use to continue to combat the impact of the opioid crisis in Nevada.

C. The American Association for the Treatment of Opioid Dependence (AATOD) Conference
The American Association for the Treatment of Opioid Dependence (AATOD) works with federal and state agency officials concerning opioid treatment policy throughout the United States. AATOD reports they also work with their partner, the World Federation for the Treatment of Opioid Dependence, regarding international initiatives and working with designated agencies within the United Nations. The State of Nevada supported seed money for the 2024 AATOD conference which will be held in Las Vegas, Nevada on May 18-22, 2024. The 2024 conference theme is "Treating Opioid Use Disorder: So Much More than Medication." The intention of this conference is to educate and promote acceptance of medication assisted treatment (MAT) options by patients, families, clinicians, the medical system, judicial systems, government, policymakers, social service administrations, and the public.

D. Nevada Indian Commission Program Position
The Nevada Indian Commission acts as a liaison between the State and the 20 federally recognized Tribes comprised of 28 Tribal communities. The Commission has assisted State agencies and Tribal communities on issues affecting Nevada's American Indian constituency and serves as a forum in which Indian needs and issues are considered. The Commission is a conduit by which concerns involving Native American Indians or Tribal interests are channeled through the appropriate network and serves as the point of access for Tribes to find out about state government programs and policies.

The Fund for a Resilient Nevada is partnering with the Commission to support a programmatic position to assist with identifying gaps and needs among Nevada's Tribal communities. This position will work closely with the OTTAC. The aims of the Commission's activities are to develop and improve cooperation and communications between the Tribes and State and local governments, and related public agencies. Anticipated outcomes of this collaboration include improving education, employment, health, well-being and socio-economic status of Nevada's American Indian citizens, and enhancing Tribal sovereignty, economic opportunities and community development.

Goal 2:
Prevent the Misuse of Opioids

A. Multi-Tiered Systems of Support (MTSS)
The Nevada Multi-Tiered Systems of Support (MTSS) Project will serve as the primary source of training and technical assistance for implementing a framework for behavior support in schools across Nevada. The project leverages the Positive Behavioral Interventions and Supports (PBIS) framework to integrate other State behavioral health initiatives (i.e., substance abuse prevention/opioid use and misuse prevention) and enhance existing infrastructure needs in Nevada to address the rising behavioral health needs of student populations in both urban and rural districts.

Through integration of community and school-based behavioral health initiatives, this project aims to prevent and reduce disciplinary infractions, including substance misuse. The project addresses the opioid crisis in Nevada through enhancing school climate, implementing evidence-based prevention curriculum, identifying students in schools who are at risk of substance misuse or are already diagnosed with substance use disorders, and providing evidence-based intervention for each population.

By focusing on improving social-emotional needs, creating infrastructure for community-based services in schools, and integrating specific drug prevention and treatment practices into the MTSS framework,

FRN anticipates positive outcomes for youth and a long-term improvement to Nevada's educational system. FRN is funding MTSS to provide training statewide to 250 schools on opioid enhancements and prevention. In 2023, MTSS provided Tiers 1, 2, and 3 level training for teachers in three school districts and the Charter School Authority. These trained educators met with other state teams to collaborate on state-level strategies to address the opioid crisis within their framework, resulting in identifying advanced-tier evidence-based interventions to be implemented in schools.

As a result of this funding, four school districts have begun to identify and implement evidence-based substance misuse curriculum. Pershing County School District adopted the Second Step and Botvin Life Skills curricula; Clark County School District implemented a substance abuse program in some high schools; Pyramid Lake Schools adopted a drug treatment program delivered by a qualified mental health professional; and Churchill County School District is partnering with their local community coalition to select and implement a drug prevention curriculum to be determined. All participating school districts expect such prevention and mitigation efforts to increase significantly through this funding.

Goal 3:
Reduce Harm Related to Opioid Use

A. Harm Reduction – Access to Needles
Trac B Exchange LLC, a vendor, is being funded to provide harm reduction supplies, including syringes and sharps, for individuals with OUD. Trac B accomplishes this in a storefront setting in Las Vegas, through street outreach by Impact Exchange, and in vending machines throughout the state that provide free first aid and harm reduction supplies. They distribute naloxone, fentanyl test strips, and xylazine test strips through the same routes. Trac B is also funded through the State Opioid Response Grant. In the past year, they have served 9,657 returning clients and 713 new clients. There were 296 new sign-ups for using vending machines in Las Vegas. They received 325,268 used syringes and distributed 475,882 new syringes; provided 1,895 naloxone kits totaling 5,450 doses. They refilled 283 naloxone kits. Reported use of naloxone resulted in 233 individuals who survived overdose; 35 individuals who were revived by emergency medical services; 8 uses with unknown outcome; and 7 who died.

Trac B has seen a decrease in the number of participants using the storefront location. This may be accounted for by the fact that more clients are smoking rather than injecting opioids and their outreach teams have increased distribution of harm reduction supplies.

B. Harm Reduction – Overdose Reversal Medication and Testing Strips
FRN is aligning with the Naloxone Saturation Plan for State Opioid Response Grant and has set aside dollars to purchase naloxone, fentanyl test strips and xylazine test strips. The goal is to increase product accessibility through the naloxone saturation plan, expand the number of counties distributing fentanyl test strips.

Goal 4:
Provide Behavioral Health Treatment

A. Mobile Recovery Units
Rural and Frontier Mobile Recovery Unit meetings were held with University of Nevada, Reno (UNR) administration in the Spring and Summer of 2023, specifically the Office of Sponsored Projects, University Purchasing, and Insurance. It was determined that the University would directly purchase the mobile units

and retain control rather than subaward agencies the funding to purchase their own units. Branding the units with UNR's decal will reduce stigma in communities that may have bias against treatment providers. Additionally, this would allow the University to reclaim the units of selected providers who are no longer able to manage the units themselves.

The Center for the Application of Substance Abuse Technologies (CASAT) reached out to and investigated several other states who have purchased Mobile Recovery Units and have been successfully running programs. These states include Colorado and Arizonia. This assisted in determining what resources are needed on the units and the type of units to purchase. The goal has been set to have the units available to begin services by June 2024.

A Notice of Funding Opportunity (NOFO) for the State Opioid Response III (SOR 3) grant was released in May 2023 with mobile teams being identified as one of the target areas. This funding was made available to complement that of the FRN. SOR funding will support the staffing and provision of services for the units purchased under FRN as part of the Mobile Units.

Organizations that have relationships with rural and frontier communities are eligible to receive funding towards the staffing of the Mobile Recovery Unit and must identify underserved locations to be visited each weekday on a set schedule. Services will include access to a physician who can prescribe medication for an opioid use disorder (can be telemedicine), peer support, naloxone distribution, and referral to wraparound services. Staff will include a nurse, a certified or licensed counselor, and a peer recovery specialist. The organizations will work toward a goal of serving at least five individuals per day each week, totaling 25 individuals per week per mobile unit. Organizations are responsible for building relationships with providers in each targeted region and assisting with linkage to services and care coordination. Providers will be announced after units have been received and subawards have been completed.

B. Pregnant and Postpartum Opioid Support

The EMPOWERED Program, through Roseman University, is a recovery-oriented family-based program that combines medication for opioid use disorder with comprehensive wraparound services to manage education, therapeutic, peer support, and social risks and needs awareness to promote health and lasting recovery. FRN funding has allowed the program to expand in Clark County.

The EMPOWERED Program supports pregnant and postpartum individuals who use or have used opioids and/or stimulants for any reason with a tailored, person-centered approach. It is designed to empower individuals to be prepared for the birth of their baby, and to thrive as a caregiver. The program supports participants with personalized care plans, counseling services, peer support and health education. It also connects participants to community resources to address the social determinants of health by providing referrals to prenatal and medical care, housing assistance, transportation, assistance in obtaining government-issued ID, job placement, food, hygiene products, clothing, and baby necessities. These services are available to anyone meeting criteria for participation in the Southern Nevada region. These services will be expanded to Washoe County, Carson City, Lyon County and Churchill County in 2024.

EMPOWERED served 70 clients by providing 310 case management sessions and 190 individual peer support sessions. The program is in the process of implementing new software and will have the ability to report on infants served during the spring of 2024. They hosted 12 virtual peer support groups, 14 in-person mental health support groups, seven sober social activities (Credit Score Breakdown, Recovery Bingo, Health Living and Sustainable Recovery, Power of Your Story, Celebrating Indigenous Traditions,

Infant Oral Health and Celebrating a Healthy Year) and three stage-based sober social activities (pregnancy stage, 0-12 months postpartum stage and 12-24 months postpartum stage) which focused on safe sleep and car seat safety. EMPOWERED also worked in partnership with Roseman's College of Pharmacy's Student Alliance organization to provide 14 health education classes to residents of WestCare Nevada's Women and Children's campus.

The EMPOWERED program receives referrals from a network of 65 community partners in Southern Nevada which refer participants to the program, including: mental health and substance use treatment providers; crisis stabilization units; clinicians, caregivers, and health education providers; social services and community-based support programs; payers and health plans, including Medicaid; among others. Since July, 105 meetings have been held with these essential partners. EMPOWERED continues to maintain an extremely important relationship with the Clark County Department of Family Services. This partnership facilitates open discussions between the department and EMPOWERED staff members regarding Child Protective Services (CPS cases pertaining to program participants and their families.

The EMPOWERED program was also awarded a Substance Abuse and Mental Health Services Administration(SAMHSA) grant in partnership with the State Division of Public and Behavioral Health, Bureau of Behavioral Health Wellness and Prevention. They have been collaborating with Carson Tahoe Hospital to create an evidence-based model that will deliver prenatal care to pregnant and postpartum individuals experiencing an opioid and/or stimulant use disorder. Carson Tahoe will be responsible for providing several aspects of traditional prenatal care, in addition to inpatient care at the time of delivery. Overall, this model will utilize high-touch, high-tech treatment modalities, including in-person care, telehealth, and remote monitoring to improve health care delivery for this high-priority, underserved population.

C. Outpatient and Intensive Outpatient Behavioral Health Services (Also identified in Goal 5)

Living Free Health and Fitness provides outpatient and intensive outpatient behavioral health services and medication-assisted treatment (MAT). Clients are provided a safe, substance-free place to live during treatment while they learn or regain the skills needed to live on their own and provide for themselves. Their focus is to increase evidence-based services to frontier area (Nye County to include, Pahrump, Tonopah, Beatty) residents with opioid and co-occurring substance use and mental health disorders. They receive referrals from drug courts, jails, District Attorneys, the Division of Child and Family Services, Parole and Probation, individuals, and self-referrals.

Terms of release to the program require clients either work or do service work 20 hours per week. Additional program requirements require they attend three 12-step meetings a week, go to the gym three times a week, participate in weekly house meetings, do household chores, keep their personal space tidy, go to treatment, and are compliant with requests made by their parole or probation officer. The Living Free Café and the Living Free Gym are therapeutic workspaces employing some residents.

Since the new house opened in August 2023, Living Free has provided housing for eight individuals. One was discharged for a behavioral issue; one left the program on his own; one moved out of housing to live with family while she continues outpatient treatment. The program should be graduating its first client by the end of February.

Besides improving the health and lives of those in treatment, Living Free's presence has made area residents aware there is an opioid problem in their community and has helped destigmatize OUD as

patrons of the café and gym know that some of the employees are in recovery or are being treated for OUD. Treating people reduces crime, decreases calls to 911, and reduces reliance on social services. It also is a factor in family reunification.

D. Residential Treatment in Carson City

Carson City Community Counseling Center Regional Wellness Center successfully opened their residential facility in August 2023. Staff members participate on Forensic Assessment Services Triage Teams (FASTT) in Douglas County and Carson City. They identify clients who qualify for residential treatment and provide them with information about residential programs in the area. They coordinate with other treatment agencies to ensure clients are placed into a program as early as possible. While it was not uncommon for individuals in jail to wait a month or longer to get into a treatment facility, the opening of the Regional Wellness Center has cut the wait down to days.

Each client has a daily schedule to follow. These include a minimum of 23 hours per week of structured interventions using evidence-based practices. Structured activities are conducted throughout each day. Clients have free time when they can go outside, use the gym, or spend time in the living room. Medication for opioid use disorder (MOUD) is provided. When clients are ready to move to transitional housing, they can continue their outpatient services through the Carson City Community Counseling Center (CCCCC). Since CCCCC is a Certified Community Behavioral Health Clinic (CCBHC), clients can also continue to receive wraparound services.

In August, the Wellness center received 11 clients from local jails. In September they received one new client and were able to "graduate" a client to transitional living with outpatient services. Five clients have successfully completed treatment and moved to transitional living with outpatient services. Two clients have left the program against recommendations. In October, two new clients entered treatment and one graduated.

E. Alternative Sentencing Treatment Program (also identified in Goal 5)

Washoe County Department of Alternative Sentencing Support, Treatment, Accountability and Recovery (STAR) Program has contracted with Groups Recover Together to provide treatment services and with Life Changes to manage the recovery house. FRN is funding treatment services. In addition, a peer support specialist visits the residents at least three times per week. Residents participate in weekly life skills sessions and cognitive behavioral therapy activities. To date, one resident is receiving MOUD. She was working two part-time jobs, putting her over the earnings threshold to continue to qualify for Medicaid. She has since been hired full-time by one of those employers and will soon qualify for medical insurance benefits. Once those are in place, her insurance will pay for MOUD.

Goal 5:
Implement Recovery Communities across Nevada

A. Washoe County STAR Program (Also identified in Goal 4)

Washoe County Department of Alternative Sentencing STAR Program recovery house opened in August. The program has contracted with Life changes to manage the recovery house. Residents are given one to three weeks to complete treatment and to acclimate to living in there. They are then required to look for employment. The program has purchased bus passes to help residents complete treatment, attend appointments, and search for work. To date, two 24-hour passes, eight 7-day passes, and nine 31-day passes. Residents are building a community among themselves and those in other STAR program housing.

They are learning to trust and depend on one another. The STAR Program will begin charging residents rent starting the fourth month of residency. The money will be returned to residents to assist them with the move-in costs of independent living. Four people have been living in the recovery house. One was removed for ongoing nonadherence to program rules and expectations.

B. Pahrump Transitional Living (Also identified in Goal 4)

In August 2023, Living Free Health opened an additional transitional living house in Pahrump Nevada. Clients are provided a safe, substance-free place to live during treatment while they learn or regain the skills needed to live on their own and self-sustain. Terms of their release to the program require they either work or do service work 20 hours per week. Additional program requirements require they attend three 12-step meetings a week, go to the gym three times a week, participate in weekly house meetings, do household chores, keep their personal space tidy, go to treatment, and are compliant with requests made by their parole or probation officer. The Living Free Café and the Living Free Gym are therapeutic workspaces employing some of the residents.

Since the new house opened in August, Living Free has provided housing for eight individuals. One was discharged for a behavioral issue; one left the program on his own; one moved out of housing to live with family while she continues her outpatient treatment. The program should be graduating its first client by the end of February.

Besides improving the health and lives of those in treatment, Living Free's presence has made area residents aware there is an opioid problem in their community and has helped destigmatize OUD as patrons of the café and gym know that some of the employees are in recovery or are being treated for OUD. Treating people reduces crime, decreases calls to 911, and reduces reliance on social services. It also is a factor in family reunification.

Goal 6:
Provide Opioid Prevention and Treatment Consistently across the Criminal Justice and Public Safety Systems

A. Division of Health Care Financing and Policy (DHCFP) Waiver for Jails/Prisons

FRN will support the DHCFP 90-day pre-release waiver for those in jail and prison. This will allow Medicaid to cover services prior to release, for continuity of care and reentry. DHCFP expects to hire at least one staff member in January 2024. They are awaiting Board of Examiners (BOE) approval of three vendors to provide the technical assistance required for waiver to begin work. This is expected to reduce recidivism rates due to opioid use or misuse upon returning to the community.

B. Nevada Rural Jail Opioid Disorder Research

Captain Bill Teel was contracted through the Nevada Public Health Foundation to assist with strategic planning for the implementation of MOUD programming and other treatment services within jails. He completed the phase one survey of 23 facilities to establish a baseline on where all of the jails are concerning their medical and behavioral health screening processes, access to care services for inmates and pain points and/or barriers as it relates to the management of opioid use disorder and ability to uphold national standards of care, including discharge planning.

The survey was broken out into three sections. Section I included information about deflection initiatives and jail information. Of the 23 jails surveyed 87% don't have community deflection, 74% don't have diversion alternatives, and 78% are reactive and reliant on Emergency Medical Services (EMS) for most of the services.

Section II focused on OUD screening and monitoring information. It was identified that only one jail is using a telehealth option, 655 do not screen specifically for OUD at intake, 91% do not have a formal MOUD program, 65% do not have access to MOUD medications, and one jail did not have access to naloxone within the jail.

Section III identified OUD challenges, discharge planning and community resource information. Only one site indicated they have community health workers (CHW), but this appears to be because there is a statewide lack of understanding about CHW and requires more education. The top two barriers to implementation of MOUD programs are 1) Lack of onsite medical and mental health resources; and 2) lack of funding and lack of community resources. Approximately, 87% report they do not have multidisciplinary teams (MDT's) to case manage those clients most at risk; 65% do not incorporate discharge planning (including FASTT); and 70% do not offer Medicaid enrollment. Positively, 22 of the 23 jails report a willingness to work with the State in developing and implementing the MOUD model.

A pilot project in Lander and Esmeralda counties are moving forward to support an MOUD model in the jails.

Goal 7:
Provide High Quality and Robust Data and Accessible, Timely Reporting

A. Handheld Mass Spectrometers for Division of Emergency Management (DEM)
The FRN is working with the Nevada Division of Emergency Management (DEM) to purchase, distribute, train and maintain TruNarc Handheld Narcotics Analyzers. The narcotics analyzer can quickly identify suspected narcotics in the field. The devices have an expanded library in order to scan more than 530 suspected controlled substances in a single definitive test. The narcotics analyzers were purchased for all 17 counties in order to maintain public safety and identify trends. Currently 17 devices have been purchased and three statewide trainings have been scheduled. Training materials will be made available to law enforcement agencies and staff hired after physical training takes place. The Nevada Department of Public Safety Investigations Unit is also requesting units for their narcotics team.

B. All-Payor Claims Database Match (APCD)
The FRN provided the required match for the Division of Health Care Financing and Policy for the All-Payor Claims Database. Centers for Medicare and Medicaid Services (CMS) approved the APCD work to begin in January 2024.

C. Division of Public and Behavioral Health Emergency Medical System Overdose Detection Mapping Application Program
The Division of Public and Behavioral Health (DPBH) Emergency Medical System (EMS) Application Programming Interface (API) Overdose Detection Mapping Application Program (ODMAP) is a free application from Washington, D.C./Baltimore focused on reporting High Intensity Drug Trafficking Areas (HIDTA). FRN is paying for the automated program interface (API) connection from State EMS data into ODMAP.

Recommendations:

Through a comprehensive analysis of the existing gaps throughout Nevada, the Advisory Committee for a Resilient Nevada (ACRN) identified recommendations based on the quantitative and qualitative data as well as stakeholder input included in the needs assessment and statewide plan. The FRN is investing in priority areas to fund the gaps focused on opioid abatement.

The FRN is designed to follow trends and analyze impacts within the state in combination with following the recommendations of the statewide plan. These efforts include strategies for infrastructure and capacity development to ensure local and community partners have the tools and resources to implement recommendations effectively and sustainably. Each of the activities in the Plan includes priority scores derived from the corresponding recommendations. The Plan is a living document and continuously reviewed and revised with real-time data, to ensure a greater impact to Nevada communities.

Recommendations for the fund are prioritized by the ACRN in a letter to the Director of the Department of Health and Human Services every even-numbered year. High priority items identified by the ACRN include prevention, harm reduction, youth services, treatment, treatment within criminal justice systems and/or deflection, recovery supports and data collection.

Based on findings throughout the year, recommendations for funding will focus on the prevention of overdoses, addressing disparities in access to health care and the prevention of substance use among youth.

THIS SECTION WAS INTENTIONALLY LEFT BLANK

Money Expended:

The chart below is a report of actual expended dollars only and does not reflect funds allocated.

BA3060 Fund For Resilient Nevada Actuals SFY 2022-2024

Revenue					
		7/1/21-6/30/22	7/1/22-6/30/23	7/1/23-6/30/24	
CAT	GL Description	2022	2023	2024	Total
00	OPIOID SETTLEMENT FUNDS	$ 28,461,750.49	$ 18,055,022.83	$ -	$ 46,516,773.32
	TREASURER'S INTEREST DISTRIB	$ 147,441.86	$ 1,069,066.73	$ 622,482.75	$ 1,838,991.34
	TRANSFER IN FED ARPA				$ -
	Total Revenue	**$ 28,609,192.35**	**$ 19,124,089.56**	**$ 622,482.75**	**$ 48,355,764.66**

Expenditures					
		7/1/21-6/30/22	7/1/22-6/30/23	7/1/23-6/30/24	
CAT	GL Description	2022	2023	2024	Total
01	SALARIES	$ 114,454.50	$ 404,462.92	$ 224,234.74	$ 743,152.16
01	FURLOUGH ADJUSTMENTS	$ -	$ -	$ -	$ -
01	WORKERS COMPENSATION	$ 1,050.99	$ 4,363.54	$ 1,225.27	$ 6,639.80
01	RET CONT EMPLOYER PAY PLAN	$ -	$ 13,022.68	$ 3,688.66	$ 16,711.34
01	RET CONT EMPLOYEE/EMPLOYER PLN	$ 19,189.84	$ 60,424.37	$ 42,917.28	$ 122,531.49
01	PERSONNEL ASSESSMENT	$ -	$ -	$ 589.00	$ 589.00
01	COLLECTIVE BARGAINING ASSESSMT	$ -	$ 12.00	$ 36.00	$ 48.00
01	GROUP INSURANCE	$ 7,270.00	$ 57,330.00	$ 40,175.00	$ 104,775.00
01	SICK LEAVES	$ 1,260.38	$ 11,804.59	$ 6,841.33	$ 19,906.30
01	ANNUAL LEAVES	$ 7,901.92	$ 13,898.54	$ 24,766.38	$ 46,566.84
01	HOLIDAY LEAVES	$ 188.32	$ 1,273.04	$ 1,720.80	$ 3,182.16
01	COMP TIME LEAVES	$ -	$ 812.19	$ -	$ 812.19
01	OTHER LEAVES	$ -	$ 1,355.84	$ -	$ 1,355.84
01	RETIRED EMPLOYEES GROUP INSURA	$ 2,687.08	$ 9,722.03	$ 8,010.34	$ 20,419.45

01	PAYROLL ASSESSMENT	$ -	$ -	$ 109.00	$ 109.00
01	UNEMPLOYMENT COMPENSATION	$ 173.36	$ 592.57	$ 334.87	$ 1,100.80
01	MEDICARE	$ 1,757.67	$ 6,300.57	$ 3,661.94	$ 11,720.18
01	BOARD AND COMMISSION PAY	$ -	$ 4,240.00	$ 320.00	$ 4,560.00
	Total Cat 01 Personnel	**$ 155,934.06**	**$ 589,614.88**	**$ 358,630.61**	**$ 1,104,179.55**
02	PER DIEM OUT-OF-STATE	$ -	$ 2,648.46	$ 491.13	$ 3,139.59
02	PUBLIC TRANS OUT-OF-STATE	$ -	$ 198.99	$ 69.40	$ 268.39
02	PERSONAL VEHICLE OUT-OF-STATE	$ -	$ 77.28	$ 46.00	$ 123.28
02	COMM AIR TRANS OUT-OF-STATE	$ -	$ 1,774.31	$ 912.12	$ 2,686.43
	Total Cat 02 Out Of State Travel	**$ -**	**$ 4,699.04**	**$ 1,518.65**	**$ 6,217.69**
03	PER DIEM IN-STATE	$ 38.00	$ 248.00	$ 1,033.25	$ 1,319.25
03	MP DAILY RENTAL IN-STATE	$ -	$ 42.09	$ -	$ 42.09
03	NON-MP VEHICLE RENTAL I/S	$ -	$ -	$ 156.12	$ 156.12
03	PUBLIC TRANSPORTATION IN-STATE	$ 35.05	$ -	$ 118.51	$ 153.56
03	PERSONAL VEHICLE IN-STATE	$ 30.72	$ 143.38	$ 258.25	$ 432.35
03	COMM AIR TRANS IN-STATE	$ 769.88	$ 1,735.98	$ 1,711.31	$ 4,217.17
	Total Cat 03 In State Travel	**$ 873.65**	**$ 2,169.45**	**$ 3,277.44**	**$ 6,320.54**
04	FREIGHT CHARGES	$ -	$ 12.58	$ -	$ 12.58
04	EMPLOYEE BOND INSURANCE	$ -	$ -	$ 15.00	$ 15.00
04	PROPERTY & CONTENT INSURANCE	$ -	$ -	$ 78.00	$ 78.00
04	AG TORT CLAIM ASSESSMENT	$ -	$ -	$ 698.46	$ 698.46
04	NON-STATE OWNED OFFICE RENT	$ 1,922.70	$ 1,844.89	$ 1,926.60	$ 5,694.19
04	B & G LEASE ASSESSMENT	$ -	$ -	$ 24.50	$ 24.50
04	POSTAGE - STATE MAILROOM	$ -	$ 30.42	$ 6.00	$ 36.42
04	EITS PHONE LINE AND VOICEMAIL	$ -	$ 51.03	$ -	$ 51.03
04	CELL PHONE/PAGER CHARGES	$ -	$ 1,788.46	$ 1,118.60	$ 2,907.06
04	EITS LONG DISTANCE CHARGES	$ -	$ 17.89	$ -	$ 17.89
04	REGISTRATION FEES	$ -	$ 1,350.00	$ 1,290.00	$ 2,640.00
04	EQUIPMENT PURCHASES < $1,000	$ -	$ 569.85	$ -	$ 569.85
04	MISCELLANEOUS GOODS, MATERIALS	$ -	$ 225.89	$ -	$ 225.89

	Total Cat 04 Operating	**$**	**1,922.70**	**$**	**5,891.01**	**$**	**5,157.16**	**$**	**12,970.87**	
08	CONTRACTS	$	229,417.50	$	93,796.25	$	54,355.50	$	377,569.25	
	Total Cat 08 Needs Assessment	**$**	**229,417.50**	**$**	**93,796.25**	**$**	**54,355.50**	**$**	**377,569.25**	
10	CONTRACTS	$	-	$	41,944.00	$	82,113.76	$	124,057.76	
10	CONTRACTS - B	$	-	$	13,388.89	$	29,752.04	$	43,140.93	
10	AID TO NON-PROFIT ORGS	$	-	$	141,043.78	$	88,180.99	$	229,224.77	
10	AID TO NON-PROFIT ORGS-A	$	-	$	-	$	101,066.28	$	101,066.28	
10	AID TO NON-PROFIT ORGS-B	$	-	$	-	$	26,053.07	$	26,053.07	
10	AID TO NON-PROFIT ORGS-D	$	-	$	-	$	66,962.76	$	66,962.76	
10	TRANS TO OFF OF EMERGENCY MGMT	$	-	$	-	$	545,738.57	$	545,738.57	
10	TRANS TO HEALTH DIVISION	$	-	$	24,149.00	$	-	$	24,149.00	
	Total Cat 10 Opioid Allocation	**$**	**-**	**$**	**220,525.67**	**$**	**939,867.47**	**$**	**1,160,393.14**	
11	TRANS TO HUMAN RES DIR OFFICE	$	-	$	-	$	524.11	$	524.11	
	Total Cat 11 Transfer to 3203		**0**	**$**	**-**		**524.11**			**524.11**
26	SOFTWARE LICENSE/MNT CONTRACTS	$	-	$	1,456.53	$	-	$	1,456.53	
26	OTHER UTILITIES	$	-	$	-	$	6.00	$	6.00	
26	EQUIPMENT PURCHASES < $1,000	$	65.45	$	240.15	$	-	$	305.60	
26	EITS PRODUCTIVITY SUITE	$	344.41	$	1,941.22	$	799.25	$	3,084.88	
26	EITS INFRASTRUCTURE ASSESSMENT	$	-	$	-	$	925.50	$	925.50	
26	EITS SECURITY ASSESSMENT	$	-	$	-	$	325.00	$	325.00	
26	COMPUTER SOFTWARE <$5,000 - A	$	126.16	$	312.11	$	-	$	438.27	
26	COMPUTER HARDWARE <$5,000 - A	$	11,264.00	$	1,922.00	$	598.00	$	13,784.00	
	Total Cat 26 Information Services	**$**	**11,800.02**	**$**	**5,872.01**	**$**	**2,653.75**	**$**	**20,325.78**	
60	COST ALLOCATION - A	$	-	$	-	$	-	$	-	
	Total Cat 60 Cost Allocation		**0**		**0**		**0**			**0**
86	DO NOT USE-BUDGET USE ONLY	$	-	$	-	$	-			0
	Total Cat 86 Reserves		**0**		**0**		**0**			**0**
	al Expenditure	**$**	**399,947.93**	**$**	**922,568.31**	**$**	**1,365,984.69**	**$**	**2,688,500.93**	