



Fund for a Resilient Nevada

2024 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

January 1, 2024, through December 31, 2024

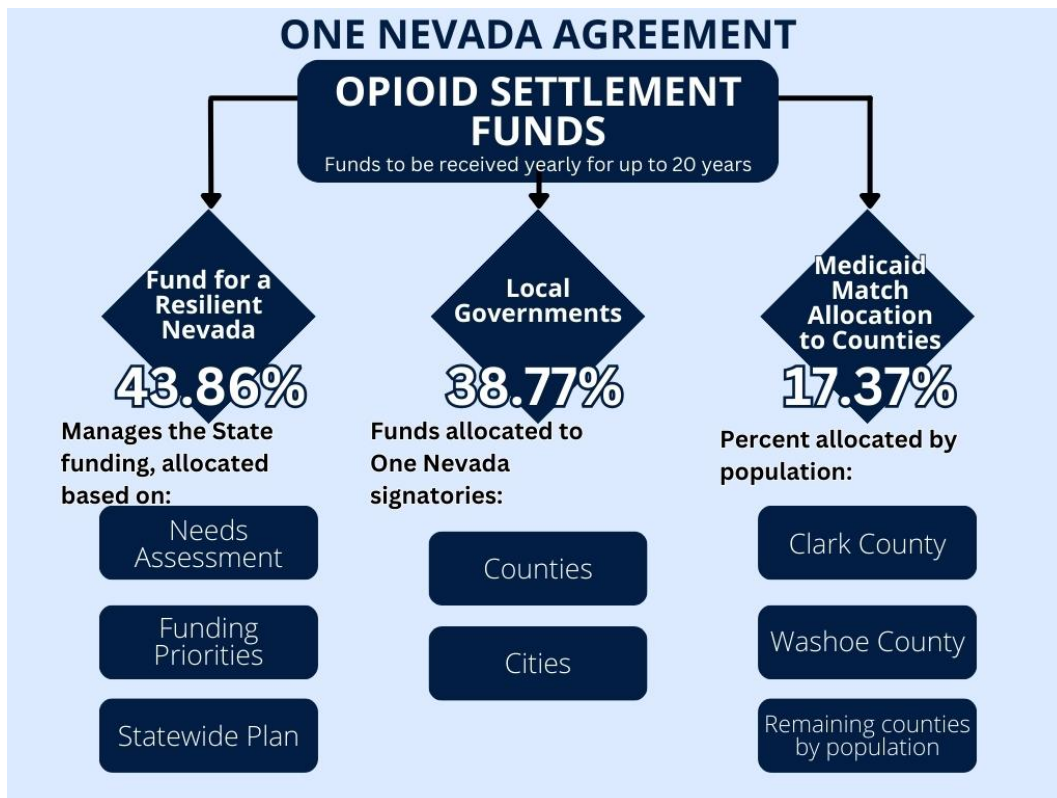


Pursuant to Nevada Revised Statutes (NRS) 433.734 on or before January 31 of each year, the Department shall transmit a report concerning all findings and recommendations finalized, and money expended or encumbered for specific recommendations pursuant to [NRS 433.734](#) to [433.740](#) within the Fund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

Introduction

The Nevada Department of Health and Human Services (DHHS) Fund for a Resilient Nevada (FRN) team is pleased to provide this third annual report to Nevada’s leadership and for review to Nevada partners. The FRN are opioid recovery dollars received through litigation to address the adverse impacts of questionable practices surrounding opioid distribution and use. This report encompasses priority projects and spending for the State of Nevada distribution of opioid recoveries, which is 43.86% of all monies recovered. The remaining opioid funds are distributed through the Office of the Attorney General as specified in the One Nevada Agreement. **Figure 1** below demonstrates the percent of allocations to each partner organization.

Figure 1: One Nevada Agreement



All money allocated from the FRN Nevada are required to align with the [Nevada Opioid Needs Assessment and Statewide Plan 2022 \(nv.gov\)](#). This Statewide plan was developed utilizing both qualitative and quantitative data, as well as stakeholder input to identify priority goals to address opioid use/misuse in Nevada. As major initiatives are funded and goals are satisfied, the plan works as a living document to ensure that Nevada remains steadfast in addressing the challenges and impacts of opioid use/misuse. The plan is designed and requires regular updates. The next plan updates will be complete by December 2026.

The following goals are current funding priorities:

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

Findings

During the past year, Nevada has focused funding efforts on youth (before birth or in utero) through transitional aged youth (TAY) as well as criminal justice involved persons. The two following research studies demonstrated direct and inverse correlations of substance use need specific to the currently targeted populations.

The [Health Outcomes of Infants with Gestational Exposure to Substances in Nevada \(2018-2020\)](#) study completed by the Nevada Department of Health and Human Services (NVDHHS). This study indicated that women are more likely to be prescribed an opioid than men, with 21.8 per one hundred women receiving prescriptions compared to 16.4 per one hundred men (Centers for Disease Control (CDC), 2017). In 2023, Nevada data showed that 59% of all opioid prescriptions were given to women. In 2023, Nevada data showed that 15% of opioid prescriptions were filled by women of childbearing age (15-44 years), and 31% of Medicaid-covered opioid prescriptions were filled by women in this age cohort. Given that half of all pregnancies in the United States (U.S.) are reported to be unplanned and often not detected until the sixth week of gestation as reported by the American Pregnancy Association, women in this age group who use opioids, whether prescribed or illicit, risk exposing their fetus to the drug during a critical developmental stage (Ailes et al., 2015).

The prevalence of opioid prescriptions among pregnant women is alarmingly high, with an estimated 14–22% filling such prescriptions during pregnancy (Ailes et al., 2015). Over the past decade, the rate of opioid dependence among pregnant women in the U.S. has been on the rise, with about 0.9% of pregnant women aged 15–44 reported misusing opioids in the past month (Smith and Lipari, 2017). This opioid misuse poses a serious risk to the developing fetus, as 60–80% of infants exposed to opioids in utero suffer from Neonatal Opioid Withdrawal Syndrome (NOWS) after birth (Patrick et al., 2012). The incidence of NOWS in the U.S. has surged by over 400%, from 1.2 per 1,000 hospital births in 2000 to 5.8 per 1,000 in 2012, equating to one NOWS infant born every 25 minutes (Patrick et al., 2015). Given that general rates of opioid use are currently at their highest, it is inferred that the incidence rate of NOWS has also increased. These figures underscore the profound impact of the opioid crisis on pregnant women and their infants and the need for this population cohort to receive high prioritization in Nevada.

This study examined infants born between January 1, 2018, and December 31, 2020, to Nevada women. Infants born in this time frame were separated into a prenatal substance-exposed cohort and non-prenatal substance-exposed cohort, and outcomes for these cohorts were analyzed. This study explores missed opportunities for intervention before and at birth for the prenatal substance-exposed cohort. The frequency with which required interventions for substance-affected infants are captured for this substance-exposed cohort are presented along with an analysis of outcomes broken down by interventions received (the distinction between substance-affected and substance-exposed is articulated in the background section of this report). Two interventions in place for substance-affected infants are the creation of a Comprehensive Addiction and Recovery Act (CARA) Plan of Safe Care and a mandatory Child Protective Services (CPS) referral. Outcomes for children who were gestationally exposed to substances and received neither a CARA plan or a CPS referral, a CARA plan only, a CPS referral only, and both interventions were compared. CPS referrals are restricted to those made within six months of birth. The study looked at outcomes in six-month intervals from birth up to age two. It compares substance exposed infants with non-exposed counterparts in terms of hospital admissions and emergency room diagnoses, subsequent CPS involvement, and mortality. This report provided a clearer picture of the impact of gestational exposure to substances, identifying gaps in current interventions, and highlighting areas for critical improvement in support and care strategies for affected infants and their families.

A second study, [Substance Use and Criminality in Nevada: A 2016-2023 Analysis](#) completed by the NVDHHS Office of Analytics was created to understand the link between opioid use and criminal behavior. Understanding the relationship between opioid use and criminal behavior supports interventions that address both criminal justice and public health initiatives, highlighting the societal impacts of opioid abuse and its contribution to criminal activities. The analysis utilized Nevada's statewide Criminal History Repository to understand how substance use, including but not limited to opiates, among individuals in the Nevada criminal justice system influenced and impacted criminal justice behavior from 2016 to 2023. By analyzing data on drug-related arrests and convictions, the study explores the relationship between substance use and crime, aiming to inform interventions and policies that reduce drug-related criminality and improve public safety and health outcomes. The second part of this study investigated drug use specifically among forensic patients at State ran forensic hospitals from state fiscal years 2021 to 2023. The study contextualizes these findings within the broader national drug crisis, noting the significantly higher substance-use rates among people on parole or probation compared to the general population, and the critical role of Opioid Use Disorder (OUD) medications in reducing mortality and recidivism post-incarceration. By examining self-reported data alongside national trends in substance use, crime, and incarceration, the research underscores the urgent need for comprehensive treatment strategies and policy reforms to address drug use within forensic populations. Since prevalence rates of specific illicit substances in the forensic population can vary by substance type, and because polysubstance use is common, it is more meaningful to consider indiscriminate substance use rather than a narrow focus on one substance to adequately capture the challenges of this population. According to the U.S. Drug Enforcement Administration, synthetic opioids like fentanyl are increasingly being mixed with other illicit drugs such as heroin, methamphetamine, and cocaine to increase the potency of the drug with a less expensive counterpart. These drugs are also often then sold as pills, powders and/or nasal sprays which are made to look like legitimate prescription opioids.

This study confirmed a significant link between substance use and criminal activities. Nevada-specific data indicate an upward trend in the percentage of arrests and convictions that are drug related, with drug-related arrests accounting for a low of 12% of arrests that resulted in convictions in 2017 to over 19% in 2023. Even more noteworthy is the percentage of felony convictions that are drug related, at over 41% in

2023. This is an increase of 139% since 2016 and underscores an urgent need for targeted interventions within correctional facilities. Over 45% of Nevada’s forensic patients self-reported drug use, equating to 816 out of 1,798 individuals between 2021 and 2023, while approximately 34% of forensic clients were found to have been arrested for drug-related charges – which surpasses the rate of drug arrests in Nevada’s general arrested and convicted population. This study was constrained by the limitations of available data.

Nevada has built a 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 and subsequent updates. Although there is a foundation, Nevada still recognizes the vast opportunities for strengthening the current system exist across all targeted areas and populations.

Nevada’s State Unintentional Drug Overdose Reporting System (SUDORS) dashboard provides Nevada specific data of residents who died due to substance use or misuse. In 2022, there were 836 overdose deaths, which represented a 6.2% increase over 2021. In 2023, there were 1,059 deaths, which is an increase of 21%. Specific to opioids, there were 503 unintentional deaths in 2022, and 435 in 2023, a decrease of 13.5%. The SUDORS data also demonstrates that there were 594 opioid-related deaths in 2022, with a 22% increase or 771 deaths in 2023. While unintentional opioid-related deaths have decreased, all opioid-related deaths have significantly increased. The 771 2023 deaths encompass all manners of death related to opioids which includes accident, homicide, suicide, etc.

Funded Programs and Projects

The following programs are or were funded by the FRN and specifically link to the priorities in the statewide plan. FRN released a Notice of Funding Opportunity in June 2024 for new projects that will be funded for the next two to four years. Those new projects may not be reflected in this 2024 report. 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 Center for the Application of Substance Abuse Technologies (CASAT), located within the University of Nevada, Reno School of Public Health received funding for a Nevada-specific opioid training and technical assistance center with an initiation date of January 1, 2024. The goals of the training center include:

1. The Opioid Training and Technical Assistance Center (O-TTAC) will support local organizations or jurisdictions to promote capacity for OUD/MOUD prevention, treatment, recovery and harm reduction services.
2. Promote sustainability through the facilitation and identification of evidence-based or research informed model programs, 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.

The Nevada Opioid Center of Excellence (NOCE) launched a comprehensive [website](#) in April 2024, providing up-to-date resources on opioid-related topics for diverse stakeholders and establishing key partnerships. Since its inception, the Center has been actively supporting the community through multiple

channels of technical assistance and training. In terms of technical assistance, NOCE has received a total of 30 requests, which were handled through various approaches. Three requests were redirected to more appropriate funding streams, six were closed after providing targeted resources, seven were resolved through in-person or on-demand training, 12 were closed due to lack of follow-up response, and two requests remain ongoing. The Center has delivered nine live virtual training courses and developed 15 on-demand training modules, carefully aligning these offerings with the statewide needs assessment and common stakeholder requests.

Participant feedback has been overwhelmingly positive, with 96% reporting overall satisfaction, 95% noting increased knowledge, 94% finding the content useful, and 95% indicating they would recommend the training to others. These numbers underscore the effectiveness and relevance of NOCE's educational initiatives. Looking ahead, the Center has identified and scheduled several extensive learning series for the first two quarters of 2025, demonstrating a continued commitment to addressing opioid-related challenges through targeted education and support.

Additional activities include the launch of a podcast, *The NOCE Dose: The Opioid Crisis Unplugged*, that focuses on making foundational knowledge of the behavioral health field accessible to the larger public by highlighting Nevada champions in the field. In partnership with Bill Teel, retired Las Vegas Metro Police Department (LVMPD) Captain, NOCE is developing a specialized training program for rural 911 dispatchers in Crisis Intervention Training (CIT), with sessions scheduled for spring 2025. The Center's commitment to rural communities was further demonstrated by organizing and facilitating a resource fair in Goldfield, Nevada, in November 2024. NOCE purchased a forensic peer course to adapt to a Nevada market that will enhance peer recovery support specialists' ability to support those involved in the criminal justice system who struggle with opioid use/misuse. The Center's Opioid Coordinators have been proactively engaging with communities across the state, having attended 22 meetings and events to promote NOCE and develop relationships with community champions. Of these interactions, 16 were conducted in-person, underscoring the organization's dedication to direct, meaningful community engagement and building local partnerships in the ongoing effort to address the opioid crisis.

B. 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 FRN is partnering with the Commission to support a programmatic position to assist with identifying gaps and needs among Nevada's Tribal communities. The collaboration is critical to address this marginalized population. While this position has been difficult to fill, Nevada remains committed to prioritize the support to the Tribal communities.

C. Nevada Public Health Foundation (NPHF) Supporting Nevada's Children Training and Coordination

NPHF provided event planning services and facilitation for Supporting Nevada's Children: A discussion on the impacts of gestational exposure to substances. This one-day event was held on October 30, 2024, at Renown Health in Reno, Nevada. The purpose of the event was to gather partners from around the Nevada to review data related to gestational exposure to substances, learn how the lack of early intervention is impacting youth as they age, and to identify opportunities for early intervention. NPHF had

three primary goals for planning/facilitating this event: 1) ensure the event was successfully implemented, 2) apply for and administer continuing education credits (CEUs)/continuing medical education credits (CMEs), 3) arrange and reimburse speaker and attendee travel.

NPHF achieved goal 1 through partnerships with Renown and local food vendors to secure an event location, audio-visual equipment, and food and beverage services necessary to host the anticipated 75 attendees. Additionally, NPHF's Event Coordinator created and managed a registration and event landing page, which included links for agendas, presentations and handouts, directions to event locations, and information for local hotels. Goal 2 was achieved through a rigorous application process with UNR for CMEs; gathering speaker biographies, objectives, and presentations; review of speaker presentation and assignment of CEU value; creation and administration of survey for CEU recipients; administration of CEU certificates; and provision of a summary of collected survey data to FRN. Goal 3 was achieved through payment of an honorarium to the selected subject matter expert, and the development of a process to award per diem and travel scholarships that included an application, careful screening, reimbursement claim form, and reimbursement of travel expenses.

Achievement of each of these goals led to a well-orchestrated and well-attended event as well as strengthened relationships with community partners. In total, the event received 61 registrants, boasted 11 high-quality speakers, provided CMEs/CEUs credits to 15 participants, and awarded 5 travel scholarships. Feedback gathered from the 16 survey participants indicate the majority felt the event was high to very high quality, met or exceeded learning objectives, was an enjoyable opportunity for networking, and provided knowledgeable speakers that presented important data. Areas for event improvement included more time for speakers and the inclusion of experiences from individuals with lived experience. Topics of interest for future events include access to care, how Medicaid can help close gaps in treatment, postpartum challenges, and more discussion on solutions to challenges related to gestational exposure to substance.

Goal 2: Prevent the Misuse of Opioids

A. Multi-Tiered Systems of Support (MTSS)

The Nevada Positive Behavior Interventions and Support Technical Assistance Center (NVPBIS TA Center) serves schools across the state of Nevada in implementing a Multi-Tiered Systems of Support (MTSS) framework. The MTSS team has aligned around the following goals for the 2024-2025 school year. First, they aim to provide training in opioid abuse prevention and intervention practices to participating MTSS schools. Second, they are working to provide opioid-specific prevention and treatment coaching to school districts. And third, they will evaluate the effectiveness of opioid prevention and intervention training and coaching. Schools they work with have requested additional supports around training about opioid abuse prevention and are motivated to meet this need through the lens of the evidence based MTSS framework.

The funding they have received has allowed the agency to significantly expand the substance and opioid prevention services offered. This year they were able to hire a salaried Professional Learning Specialist who specializes in substance. She has been creating evidence-based content and has brought valuable knowledge to their training and coaching teams. Their training sequences now offers specific substance and opioid prevention content which has been an uncomplicated way for districts to integrate these highly sought after trainings into their staff training sequence. Additionally, they launched an online seminar series about the Good Behavior game, an evidence-based classroom management tool with proven effectiveness in substance use prevention. This online seminar has been well received with a 100% of participants reporting they were satisfied or highly satisfied with the presentation and their own

knowledge gain. In the 2024-2025 school year from July to October, the NVPBIS TA Center has begun integrating substance and opioid prevention materials to their training and coaching sessions. In this program time period, 53 coaching sessions to MTSS teams were provided and 25 training were provided to districts around the state. Each of these sessions contributes to implementation of the MTSS frameworks and the goal of substance and opioid prevention in the schools they work with.

The NVPBIS TA Center has been fortunate enough to be working with schools in Nevada for over a decade. The additional funds and support from Fund for Resilient Nevada have offered the springboard needed to integrate the substance and opioid prevention materials the people in Nevada's schools have been asking for. The rollout of this additional support has enhanced the work they are able to do with schools and they are confident it will positively impact youth in Nevada.

There is no plan to continue funding for MTSS through opioid recoveries after June 30, 2025.

B. NyE Communities Coalition

Program Overview/Narrative: Nye Communities Coalition – Youth in Transition (YIT)

Nye Coalition has three specific goals for youth in transition – Reduce the misuse of opioids by reducing the risk from ACEs (Adverse Childhood Experiences) thereby reducing opioid harm. Prevent the misuse of opioids and reduce the use of opioids and other substances through education and screening, thereby reducing opioid harm. Increase community awareness of ACEs and the connection between ACEs and opioid use disorder and substance use disorder for youth in transition, thereby reducing harm from misuse of opioids.

NyECC is providing ACEs awareness training to 12 partners per month, including: community partners, Youth in Transition, government agencies, and other avenues to reach YIT. They are providing ACEs screening to 4-5 Youth in Transition (ages 18-24) per month in collaboration with referrals to community health workers (chw)s from workforce program, deflection, and other youthserving programs. They provide linkages monthly to services via chw's ensuring linkage follow through with calls to clients every 2-4 weeks. In addition, they schedule future programming/classes on stress management, mindfulness, chronic disease classes to 12 youth annually. In addition to youth screenings, they have distributed the 'Youth Survival Guides' to 27 NyECC Coalition partners, and 25 to Nye School District counseling staff and to Northern NyECC campus for Tonopah NV High School seniors (*Provided they were screened and counseled for ACEs at age 18*).

From July 1 through November 2024 they trained 74 Nye school students on TINAD (This is not about Drugs Evidence Based Program). Additional Nye school students trainings are planned for Pahrump High School December 17th - 18th and 177. Community partners, school district staff and Health & Human Services county staff have received narcan training. Trainings took place in Northern and Southern Nye County. Next Steps include plans for NARCAN trainings to community partners, tribal staff and school district trainings at Duckwater/Shoshone, Gabbs, Round Mountain, Goldfield, NV in spring 2025. Additional TINAD School District trainings are planned for Esmeralda and Nye Counties from January through June 2025.

Nye Communities Coalition distributed 5,539 NyECC newsletters via email to NyECC ListServ partners, and they distributed 333 ACEs educational flyers and 333 opioid treatment resource link flyers during monthly community outreach meetings and monthly general coalition meetings

Partner Outreach Success Story: Coalition community partners and a local junior college have begun using their "Youth Survival Guides" and are distributing youth in transition printed resources in their programs.

C. Boys and Girls Club

The Nevada Alliance of Boys & Girls Clubs SMART Moves statewide opioid initiative will increase the knowledge, coping, and resiliency skills among youth ages 10 to 15 years old in 34 communities, prepare program staff as responders to opioid interventions and referrals, and reach families with important opioid-intervention and prevention resources. The project period is between February 2024 and June 30, 2025, and has three goals:

Goal 1: Build youth capacity for opioid use resilience in 2,971 Boys & Girls Clubs members ages 10 to 15 years old by implementing the evidence-informed prevention curricula *SMART Moves* in 34 communities throughout Nevada. Boys & Girls Clubs are on track: 1,007 tweens and teens in 29 communities have participated in the program. Pre- and post-test results demonstrate a 6.4% increase for Southern Nevada youth in explaining health issues to adults and an 11.2% increase in discussing these issues with peers, fostering stronger health literacy and interpersonal skills. In Northern Nevada, youth experienced a 5% increase in discussing health issues with adults and a 5% increase in identifying reliable resources of information. Notably, there was a 12.8% rise in southern youth seeking advice from trusted adults before making significant decisions, showcasing their growing reliance on community resources for guidance.

Goal 2: Build staff capacity in 75 mentors through professional development training and orientation on opioid intervention tools and community resources. Boys & Girls Clubs are exceeding: 367 professional staff received opioid intervention and prevention training in collaboration with local health districts, law enforcement and/or hospitals; 26 Boys & Girls Clubs sites are Naloxone/Narcan-ready sites with drug, storage, and protocol in place for drug administration and reporting.

Goal 3: Build Club capacity by increasing program effectiveness through the involvement of 320 families attending 14 community events featuring information, activities, community experts, and resources. Boys & Girls Clubs are exceeding: 629 families were engaged in summer and fall activities at 31 outreach events. Families were introduced to health and law enforcement professionals and social service resources, as well as were connected to Boys & Girls Clubs' mentors and prevention program options.

Boys & Girls Clubs is making a marked impact on Nevadan tweens, teens, and families, in partnership with the Fund for a Resilient Nevada. As demonstrated, Club youth and families are better informed, prepared and connected to opioid abatement information and resources. Clubs anticipate meeting and exceeding all project goals and are hopeful to continue and expand the initiative to elementary-age youth, in partnership with the Fund for a Resilient Nevada in Fiscal Year 2026 and beyond.

Goal 3: Reduce Harm Related to Opioid Use

A. Harm Reduction – Access to Needles

Beginning in Spring 2023, the FRN awarded Trac-B Exchange LLC (and upon its consolidation) into Impact Exchange, funding in three \$140,000 blocks of awards, for purchasing syringes for Nevada. This was the first time any federal, state, county, or city funds were awarded towards purchasing syringes for legal distribution in Nevada. This has lifted a great burden from community agencies and especially the harm reduction projects of Impact Exchange. Previously personal monies, donations from medical providers, and a few small – less than \$10,000 awards from out of state harm reduction agencies supported the purchases of syringes. Not only limiting quantities available but some months rationing of quantities of available sizes 1cc syringe vs ½ cc syringe OR 31ga needles vs 27 ga needles. The funding from the FRN aided the vending machine project, currently developing statewide with nine machines in Clark, one in

Mineral and five in Reno with 19 additional machines to be placed by September 2025. Each machine carries Narcan, wound care, condoms, hygiene items, and upwards of 54 kits of 40 syringes per kit. Most host sites have collection bins for used syringe collection. A part time staff member was hired to package syringe kits.

The project based in Las Vegas has warehouse space to purchase, store, and distribute a running inventory of a million syringes in boxes of 100 and 40 quantities, along with 56,000 sharps containers ranging in sizes for individual or larger bin collection size. This provides syringes for all types of sites. From January 2023 to September 2024 Impact Exchange distributed from its remaining inventory and syringe supply provided beginning April 2023 added 879,885 syringes and destroyed 569,962 (64%). Provided as follows: Vending Las Vegas 141,280, Reno/rural vending (since 7/23) 71,610, Las Vegas fixed location 508,881, Las Vegas mobile outreach 120,740, Hormone (larger gauge/length needle) 15,654 and statewide mailing 21,750. The fastest growing distribution of syringes is in the Washoe County vending project which is the only program they have syringe data for and utilized Resilient funded syringes.

Three important notes – Impact Exchange will purchase an additional million syringes by September 2025 however the pricing has increased by two cents per syringe due to tariffs applied to products from China. Second, Impact Exchange’s supplier undertook special orders at no additional cost and produced single wrapped syringes in boxes of 40 along with a smaller less expensive individual one quart sharps container. These new 40 boxes fit directly into the coils of the vending machines, reducing labor costs of producing packs of 40 from normal 100 quantity boxes. Third, Impact Exchange will be expanding distribution of syringes to collaborating agencies who do outreach and fix site activities beyond just the vending machine platforms early in 2025, including collection of used syringe drop-offs in sharps bins provided to host agencies. Fourth, Impact Exchange will have to expand its efforts to distribute not just safer injection devices but safer use materials and supplies. Clean syringes are not the only items distributed by harm reduction programs, items for wound care, first aid, hygiene, safer sex are included in all the syringe distribution activities. Added to this is an overarching attempt to keep information about treatment and related services in the forefront of participant engagement, either by attached information on kits/supplies or face-to-face encounters. Ideally, 52 encounters per year would offer contact for safer practices, 52 opportunities to receive Narcan/Naloxone, and 52 chances of treatment.

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 and fentanyl test strips. The goal is to increase product accessibility through the naloxone saturation plan, expand the number of counties distributing fentanyl test strips.

C. Dignity Health

Dignity Health - St. Rose Dominican is committed to expanding the reach of the Chronic Pain Self-Management Program (CPSMP) across Southern and Northern Nevada. They aim to serve diverse and underserved populations, including Spanish-speaking communities, African Americans, Filipinos, and economically disadvantaged individuals, particularly those 60 years and older. Their goal is to engage 140 participants, with an anticipated completion rate of 71%. To achieve this goal, they plan to offer at least 14 CPSMP workshops, including 2 virtual sessions and 4 Programa de Manejo Personal del Dolor Crónico workshops tailored for the Spanish-speaking community. Additionally, they will maximize outreach and support by attending at least 10 community events or health fairs per quarter. They will also host monthly support groups and identify 50 participants who may require additional chronic pain management assistance. Efforts will extend to collaboration with new partners, including at least one rural Nevada partner and one Spanish-speaking partner. To ensure program success, they will also provide technical

assistance to statewide partners through monthly Quality Circles and host a virtual leader training session for partners across southern, northern, and rural Nevada.

From July to October 2024, Dignity Health participated in 23 community outreach events, engaging with approximately 1,293 individuals. During this period, they scheduled 7 workshops, though 4 were canceled due to low enrollment. The remaining 3 workshops were successfully completed, with 39 participants enrolled and 24 participants completing the program. To extend their reach, they established connections with the U.S. Vets Las Vegas organization and the Howard Lieburn Active Adult Center, initiating CPSMP for their members. They also began collaborating with the Foundation for Recovery to offer a chronic pain support group. Unfortunately, the support group had low attendance and was canceled. Additionally, they are exploring a partnership with T.H.E. Village, a nonprofit in Pahrump, to offer CPSMP in rural Nevada. They are also in discussions with CenterWell to form a new Spanish-speaking partnership, pending confirmation. The program's health educator identified 26 individuals needing additional chronic pain support, and she has referred them to relevant services and programs. Lastly, throughout this period, they held monthly Quality Circles, where they discussed program goals, shared progress, brainstormed ideas for maximizing community impact, and explored training opportunities. In October, they successfully hosted a virtual leader training, with 7 participants registering and 5 completing the training. These trained leaders are now certified to deliver the CPSMP in their respective communities.

Goal 4: Provide Behavioral Health Treatment

A. Mobile Recovery Units

CASAT completed all goals of this award which included the identification of three organizations that will provide staff and operate the mobile recovery units; purchase the units; and provide ongoing oversight.

October 2023, CASAT released a solicitation for bids for the mobile units. The solicitation closed in December 2023. CASAT determined that the bids that were received were not acceptable. The CASAT team began approaching developers directly. During this process, Magnum Mobile Specialty Vehicles was selected. This selection was made by considering cost, timeline to completion, and available specialized specifications. The purchase order was completed by the end of January. CASAT's media team worked with the contractor to design the exterior graphics to fall into alignment with the University's branding. This was completed and submitted in February 2024. All three units were delivered, and final payment was submitted in April 2024. With FRN funding, six-months of supplies were purchased and stocked on the units. This includes first aid materials, drug testing, Starlink equipment, mini fridges, etc. Further supply needs will be calculated in future partner subawards.

Identifying partnering agencies that will host the purchased Opioid Recovery Mobile Unit was completed through several steps that began in 2023. A NOFO was released April 2023 with mobile recovery units as a target area. Through this process, Vitality Center in Elko was identified as a viable partner to move forward with. Following the NOFO process, CASAT approached several agencies that actively provide services within identified rural target areas, have relationships with nearby communities, and have the infrastructure to successfully support the uplift of a new program. During this period, WestCare was identified due to newly established offices in Pahrump and Tonopah that could serve as a base for the unit. Soon after Roseman University's EMPOWERED Program was identified as the program received funding to expand to Carson City to serve the quad counties of Churchill, Storey, Lyon, and Mineral. The EMPOWERED Program will provide dual services of Medication for Opioid Use Disorder (MOUD) and prenatal care for individuals of childbearing age. Prenatal services were identified as a high need in the

identified counties during Focus Groups conducted in the Spring of 2023. Proposed budgets and scopes of work have been developed in conjunction with each selected agency.

B. Pregnant and Postpartum Opioid Support

The EMPOWERED program, operated by Roseman University of Health Sciences, offers a transformative, comprehensive support system for pregnant and postpartum individuals confronting challenges with opioids. This initiative is deeply committed to fostering resilience and empowerment, enabling clients to effectively navigate their recovery journey and embrace their roles as caregivers with confidence and support. At the core of EMPOWERED is a person-centered approach tailored to meet the unique needs of each participant. Services are designed not only to prepare clients for childbirth and beyond, but also to enhance their ability to thrive within their families and communities. The program is distinguished by its robust integration of personalized care plans, which are developed through iterative assessments and are continuously adapted to reflect each client's evolving needs and circumstances.

EMPOWERED has demonstrated a comprehensive and multifaceted approach to supporting its clients throughout their recovery journey. The program conducted 522 case management sessions over 11 months, averaging 47.5 sessions per month, with particularly high engagement in July (73 sessions) and August (67 sessions). This intensive case management was complemented by 311 individualized peer support sessions. In addition to one-on-one support, the program facilitated 174 targeted referrals to community resources, ensuring clients had access to a wide range of services. EMPOWERED also recognizes the importance of social support and community building in the recovery process. The program organized eleven themed monthly "sober socials" which included events, such as Quality Family Time, Harm Reduction Education, including Safe Sleep and Car Seat Safety, and Honoring Survivors of Domestic Violence. The program also hosted 10 stage-based sober social events, such as Yoga and Meditation, Postpartum Pampering, and Healthy Eating for Your Family. These gatherings provide clients with opportunities for connection and celebration in a supportive, substance-free environment. Acknowledging the crucial role of educational opportunities in recovery, EMPOWERED has completed the development of course content for 30 classes. This holistic approach demonstrates the program's commitment to addressing the multifaceted needs of its clients and their families.

A robust social media presence has been maintained by the EMPOWERED program to bolster community awareness, publishing 123 posts across various platforms over 11 months. This online engagement was completed by extensive in-person outreach, with program materials distributed at 155 community meetings. These concentrated efforts in networking and outreach translated into tangible results, with the program serving 81 unduplicated unique clients, and welcoming 54 new client intakes with the use of FRN funding. The program's impact extended beyond direct service, garnering significant media attention. Notable coverage included features televised by News 3 and Channel 8 discussing services offered by the EMPOWERED program, and an Op-Ed by Dr. Farzad Kamyar in the Las Vegas Sun promoting universal adoption of SBIRT (Screening, Brief Intervention and Referral to Treatment). Funds awarded to the EMPOWERED program through FRN have bolstered the program's services and have made it possible for the program to provide a targeted stage-based approach in supporting pregnant and postpartum individuals experiencing an opioid use disorder.

C. Living Free Health and Fitness

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.

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. Carson City Community Counseling Center.

The primary goals of the residential substance abuse treatment program are to help individuals achieve and maintain sobriety, foster personal growth, and gain the tools and coping mechanisms needed to navigate life without relying on substances. Their treatment includes individualized therapy, group counseling, relapse prevention, life skills training, and family support. The program also focuses on addressing underlying mental health issues, building a strong support network, and preparing individuals for reintegration into society. The funding received has allowed the program to ensure comprehensive care, including staffing of qualified clinicians and counselors, providing safe and comfortable housing, acquiring necessary therapeutic materials and resources, supporting medical needs, and covering operational costs like food, transportation, and recreational activities, which are essential for a holistic treatment approach.

They have found that addressing both the physical and psychological aspects of addiction, the program empowers participants to regain control of their lives and build healthier futures. Proper funding is crucial to ensuring the program's success, as it supports essential services such as professional staff, therapeutic resources, and the infrastructure needed for a safe and effective recovery process. With the right support and resources, individuals can make lasting changes and reintegrate into society as productive and empowered members. The individuals identified through the criminal justice system and placed in treatment with an opioid use diagnosis have expressed gratitude for the opportunity to gain stability, recovery, and skills to better their lives.

E. Alternative Sentencing Treatment Program

Washoe County Department of Alternative Sentencing (DAS) will expand services offered in its Support in Treatment, Accountability and Recovery (STAR) program for criminal justice-involved persons suffering from opioid use disorder who are leaving incarceration on probation or pre-trial release supervision. STAR has four primary goals through their partnership with Fund for a Resilient Nevada.

STAR partners with MAT prescribers to ensure that these services are not lost while the participant is in transition due to loss of Medicaid. STAR has provided this service to participants, however, not at the rate that was expected. They have discovered that many participants choose to transition off the MAT medications when they lose Medicaid or don't require this service as they expected they might. As such, DAS significantly reduced the amount of funding requested for MAT from FRN in year two.

The STAR Transitional Living Home has provided a safe place for male participants to transition to once they have completed inpatient or residential treatment. In addition, clients who are recommended intensive outpatient therapy have also resided in the home if they are compliant with treatment. As of December 4, 2024, the transitional living home is serving six male participants this grant year who are actively working with the STAR case manager to set and work toward long term goals once they move out of the STAR Home. Funds have been utilized to ensure residents are given basic needs such as toiletries upon moving in. In addition, the house manager salary continues to be funded. He is an integral part of the home, acting as a liaison between the STAR Program team and residents.

Transportation is crucial for the STAR clients as they are required to attend several meetings with the STAR team and complete other tasks they are assigned to do, such as job seeking. STAR expended the bus passes that were purchased with FRN funds in year one and continues to assign bus passes weekly to STAR participants. The bus passes serve the STAR transitional home residents and participants in Residential Treatment.

F. Northern Nevada HOPES

The perinatal care program with Northern Nevada Hopes, started in July 2024. This grant will focus on reducing barriers for pregnant mothers who suffer from opioid use disorder. Hopes has set goals for the first quarter of their program. Hopes perinatal care program follows a harm reeducation model, their goal is to support clients through their pregnancy, reduce stigma for pregnant women with a substance use disorder.

Hopes first goal was to hire program coordinator. This goal is on track, Perinatal coordinator started November 11, 2024. Hopes coordinator will start a focus group to identify barriers are pregnant and post-partum population could face. This goal is on track, coordinator has started to interview patients that are pregnant currently to identify barriers such as access to health care. Hopes will also start to coordinate with other agencies in the communities to coordinate care and create resource list to provide to patients. This goal is on track, Perinatal coordinator has schedule meetings to introduce their perinatal care program effective collaboration methods. The third goal was to hire a location and registered dietician, this goal is on track. Hopes has also completed curriculum for group-based classes.

Hopes next goal is to outline roles for behavioral health provider, peer support, and case management. Perinatal coordinator will work with department directors determine next steps on hiring for these roles. The barriers this team will face are coving the fiscal cost of these roles without seeing patients at this time. Hopes is on track with goal sent and will continue to work with community partners and partners within Hopes organization.

G. Quest Counseling and Consulting

Quest's primary objectives are to reduce opioid misuse and overdoses in the community by providing evidence-based treatment and access to vital resources that promote long-term recovery support to individuals struggling with addiction, including providing tools for harm reduction and proper education on their effective use. They have expanded services to a wider age range, from 13 to 24 years old, based

on need and incorporated prevention strategies that address early intervention, helping to avoid opioid misuse and reduce the risk of overdoses within this vulnerable population.

With the funding provided, Quest Counseling has made remarkable progress in expanding services and supporting the community. They hired and trained five staff members in Medication-Assisted Treatment (MAT) and therapeutic modalities, equipping their team to deliver evidence-based care. They served 41 individuals through individual counseling and crisis support, while also helping 41 additional youth in the Mind Matters groups and providing weekly curriculum-based programming to up to 30 detained youth. They successfully completed services for six clients, equipping them with the resources and skills to prevent future overdoses. Additionally, they successfully induced two clients into MAT, enabling them to remain clean and rebuild their lives. They offered grief support groups and groups for families affected by substance use, creating spaces for healing and connection. Many families received critical assistance, including groceries and gas, to help them navigate difficult times. Furthermore, they strengthened community ties by collaborating with partners such as Washoe County Human Services, Juvenile Services, the Eddy House, and the Boys & Girls Club, and provided 65 presentations on this new program.

Working with this population has undoubtedly presented significant challenges, and no amount of preparation can make the experience of an overdose any easier. However, they have embraced these moments as opportunities to reflect, learn, and adapt to the evolving needs of the community. While they understand that their efforts represent only a small step in addressing the opioid crisis, they take pride in the meaningful impacts they have made—changing lives for individuals and their families, one person at a time. The team remains committed to promoting this program throughout Washoe County, driven by the hope that they can continue this critical work and extend their reach to even more individuals in need.

H. Lyon County

Lyon County Resilient Families (LCRF) seeks to empower individuals and families by addressing challenges related to mental health, substance use, and trauma. The program's goals for FY 24/25 include fostering resilience through targeted interventions, creating accessible support systems, and leveraging community partnerships to ensure sustainable recovery and enhanced quality of life.

During the first half of FY 24/25 (July 1, 2024 – December 11, 2024), LCRF provided services to over 100 clients, with 75% being minors. Key achievements include distributing Naloxone kits, implementing structured therapy plans, and supporting academic and emotional growth for clients. Specific successes included helping 15% of clients improve academic performance and providing mental health services to 10% who were identified as severely emotionally disturbed. Through interventions addressing trauma histories—such as physical abuse, neglect, and exposure to violence—LCRF implemented tailored care plans, including trauma-focused therapy, substance use counseling, and psychiatric evaluations, resulting in enhanced client well-being and family cohesion.

For the remainder of FY 24/25, LCRF plans to expand its evidence-based services, focusing on underserved populations and increasing access to specialized therapies like Trauma-Focused Cognitive Behavioral Therapy. The program will leverage performance data to enhance care pathways, emphasizing early intervention and crisis management. Additionally, LCRF aims to strengthen collaborations with schools and community organizations to address systemic issues such as truancy and familial instability. These efforts will reinforce LCRF's mission to foster a resilient, supportive, and thriving community.

Goal 5: Implement Recovery Communities across Nevada

A. Raise the Future

Since July 2024, Raise the Future has been able to provide continuous Intensive Child Focused Recruitment efforts for the hardest to place youth in the foster care system, and increase youth served from 119 youth starting July 1, to 134 youth in November. Recruiters have been able to maintain caseloads of 12 to 15 active youth, as well as youth who are matched with a family who they are working towards finalizing permanency. Out of the youth they have served, 91 have been exposed to substances in one way or another, whether it's through being exposed at birth, their parents used substances, and it was the cause of the youth coming into child welfare, or they are using substances while in care.

Youth Connections Advocates have had many successes in the first 6 months of this fiscal year. This includes a Youth Connections Advocate finding two family members living in the same apartment complex, who could each take a sibling, so that the siblings are on the road to permanency while maintaining close relationships. Another Youth Connections Advocate heard from one of their youths that they missed connecting with their uncles and was able to work with both uncles to find a permanent placement with one of them. These connections and permanent placements occur due to the intense work and connection the Youth Connections Advocates can do through this grant.

In the next 6 months, they will continue to focus on the goal of serving between 125-175 youth through these recruitment efforts. In their last monthly report, they achieved 26 matches and 2 finalizations. Looking at youth who have been matched and are close or past the 6 months in an identified permanent placement that is required before adoption or guardianship can occur, they are on track to surpass their match and finalization goals that are set by the Dave Thomas Foundation for Adoption each year, with each Youth Connections Advocate needing 5 matches and 2 finalizations

Carson City Community Counseling Center and Living Free Health and Fitness have secondary touch points to Goal 5. These programs and success are mentioned in Goal 4 above. In addition,

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

Assembly Bill 389, as passed by the Nevada Legislature in 2023, requires the Nevada Department of Health and Human Services (DHHS) to request federal authority through an 1115 demonstration waiver to provide a targeted set of Medicaid services to eligible incarcerated youth and adults within the 90-day period prior to expected release. In tandem, Nevada is required by the Consolidated Appropriations Act (CAA) of 2023 to provide screening, diagnostic, and case management services to eligible incarcerated youth in the 30-days prior to their release to the community, effective January 1, 2025. The DHHS Division of Health Care Financing and Policy (DHCFP) is managing the federal demonstration waiver application to support the requirements of AB389. The requirements of AB389 and CAA of 2023 have been combined as Nevada's Reentry Initiatives with the goal to improve continuity and coordination of care through providing new coverage and services to adults and youth transitioning from incarceration to support their reentry into the community.

Throughout 2024, DHCFP accomplished several tasks to meet the initial goals of the Reentry Initiatives. DHCFP first conducted a project kickoff meeting that included stakeholders from youth carceral facilities and other DHHS divisions impacted by the new initiatives. DHCFP additionally conducted several in-person

meetings at both county- and state-operated youth detention centers in various demographic areas (Clark, Churchill, Douglas, and Lincoln counties). These visits allowed DHCFP to begin to build better relationships with new stakeholders and provide facility leadership and staff with a high-level overview of Nevada's Reentry Initiatives and the road ahead. DHCFP also held two public workshops to solicit public comment on Nevada's 1115 reentry waiver application in November with overall positive feedback. Finally, DHCFP applied for a state planning grant through Centers for Medicare and Medicaid Services (CMS) to primarily help support a statewide Electronic Health Record (EHR) and Medicaid billing system solution for all carceral facilities.

In 2025, DHCFP aims to develop and execute data sharing agreements with carceral facilities, create a tool kit for carceral facilities outlining the requirements and instructions of Nevada's reentry initiatives, and gather a statewide facility census. DHCFP will also establish stakeholder advisory groups to collaborate and discuss information, challenges, and gain valuable feedback. If awarded the CMS state planning grant in early 2025, Nevada intends to primarily procure vendors to assist with project management and EHR and Medicaid billing technology to further assist carceral facility implementation of reentry services throughout the state.

B. Nevada Rural Jail Opioid Disorder Research

In 2024, Nevada's rural counties have been working on implementing Jail Medications for Opioid Use Disorder (MOUD) and Community Continuation of Care (CCC) programs to combat the opioid crisis. These initiatives bring together local agencies, behavioral health providers, and community stakeholders, with a focus on integrating medication-assisted treatment (MAT) in jails and ensuring continued care for inmates' post-release. Several counties have made significant progress, such as Lander and Esmeralda counties, while others like Lincoln and Mesquite are in earlier stages, aligning their efforts with regional service providers and community partnerships.

Challenges encountered include staffing shortages, especially in small rural jails, and the need for ongoing stakeholder engagement. Some counties are facing delays due to limited points of contact and the heavy workload of stakeholders involved in multiple counties. To address these, quarterly virtual meetings with state representatives are being organized. Additionally, there are efforts to ensure timely follow-through from the Behavioral Health Group (BHG) to keep the programs on track across various counties. Despite these challenges, Nevada's approach has seen notable achievements, including strong relationships with county leadership, the Department of Health, and Human Services, and behavioral health organizations.

The focus is on expanding and refining the programs. By 2025, Nevada plans to launch MOUD/CCC programs in additional counties and enhance housing and reentry solutions, particularly in Esmeralda County. A statewide MAT voucher process is also in development, with plans to roll it out in 2025. The ongoing collaborative efforts are aimed at improving inmate care, treatment continuity, and community reintegration, contributing to the success of Nevada's Jail MOUD/CCC program, and supporting state legislative initiatives like the Consolidated Appropriations Act of 2023 and Assembly Bill 389.

C. Holistic Defense

NPHF developed a project plan based on details provided by the Nevada Department of Indigent Defense Services (DIDS) to create a Holistic Resource Center (HRC) response in rural and frontier counties. The State faced a lawsuit in 2017 illustrating concerns over ineffective defense services in 10 counties, now referred to as the Davis counties. The creation of holistic defense allows for a social service response including screening for substance/opiate use and mental health disorders, collection of relevant history, service navigation, resource building and partnership with the public defenders designed to positively

impact the health and legal outcomes of defendants. Local social service professionals will suggest alternatives to sustained incarceration that address the unsupported determinants of health that led to justice involvement in the first place. Comparable projects have shown a reduction in sentences and corresponding inmate housing costs, diversion to essential treatment services, and longer periods between re-offenses.

Activities completed from March through October 2024 were designed to identify existing infrastructure, available service professionals and local attitudes towards the project concept. Outreach visits were completed in New Mexico and Arizona to gather program design and process details. Targeted outreach was completed to counties affected by the lawsuit. Actions included participation in local prevention coalitions, networking with social service providers, and concept introduction to justice staff (public defenders, district attorneys, judges, and law enforcement). The outreach visits noted an overwhelmingly positive community response to the concept of service navigation/case management for those in the justice system struggling to address their needs, especially for mental health and substance use/opioid treatment. Communities have devised programming to address social services/health needs with limited funding and are eager to work together with NPHF to strengthen the assistance available in their communities.

Future activities are planned for November 2024 through June 2025 and will allow for continued development of holistic defense responses in at least three Davis counties. NPHF will establish local planning groups to identify resources and promising practices within the community, engage social service/prevention personnel in the provision of screening and navigation services aligned with holistic defense principles and state regulations, and create agreements with county governments to operate pilot programs. DIDS' staff will be included as appropriate/requested. NPHF will assist in the recordation of operating principles in each county. This will include screening assessments and service plans. NPHF will perform ongoing research of best practices, convene development meetings with target counties, and collaborate with DIDS and pilot counties to add the provision of this holistic social service response into state-required public defense plans. NPHF plans to work in partnership with Justice Research, the vendor currently collecting and analyzing outcomes for Nevada's Forensic Assessment Services Triage Teams, to ensure a logic model and measurement plan is in place for the pilot sites. The complexity of this recordation will be catered to the limited IT capabilities of targeted pilot counties. Lastly, continued outreach will occur to other communities/Davis counties to determine which counties may be best suited to enter the project after end of FY 2025.

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 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 are 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.

D. Division of Public and Behavioral Health Poison Control Hotline

The Rocky Mountain Poison and Drug Safety (RMPDS) program is Nevada's 24-hour poison control vendor providing services that include a hotline for the public as well as for healthcare providers in need of technical assistance with poison related incidents. In addition to the 24-hour poison control hotline, RMPDS also provides an array of customizable reports that can be used to support program and public health decisions. Reports are provided quarterly, and a final annual report is compiled with varying insights and data elements related to number of calls, type of calls, outcomes, substance, age, gender, location, etc.

Increasing the utilization of the available and customizable reports continues to be an objective for the Public Health Preparedness Program. The new focus and partnership with the Maternal Child Health (MCH) Program has begun and they anticipate customizing reports to include data elements on pregnant women and zip code mapping. Another area of focus for the current year includes working with local emergency managers to include customized reporting specific to their jurisdiction as a tool and possible annex to their Opioid Response Plans.

Nevada annual report keys

- 15,736 Human Exposures
- 1,563 Information Calls
- 5,344 Healthcare Facility cases
- 8,892 Poisoning cases managed onsite NOT resulting in Emergency Room (ER) visits
- 2,276 Analgesic calls including opioids as the substance targeted

Recommendations:

The Advisory Committee for a Resilient Nevada (ACRN) completed a comprehensive review and analysis of gaps in programs and services to support opioid abatement utilizing both quantitative and qualitative data, stakeholder input, funding criteria, and impact statements. Through this process, ACRN identified recommendations that addressed the needs assessment and statewide plan. The FRN is also taking the Attorney General's Substance Use Response Working Group (SURG) recommendations into consideration for potential funding. The FRN is investing in priority areas and target high-risk populations to fund the gaps focused on opioid abatement.

The FRN team and policies are designed to follow trends and analyze impacts within the state to support and follow the recommendations of the statewide plan in compliance with the legislation. 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 continue to focus on the prevention of overdoses, harm reduction, addressing disparities in access to health care and the generational change among youth.

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Money Expended:

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

3060 Resilient Nevada Funds Expenditures through 12.31.24

Sum of Amount	FY					Grand Total
Sub Unit	GL	2023	2024	2025	(blank)	
0	4287	\$ (18,055,022.83)		\$ (13,000,353.97)		\$ (31,055,376.80)
	4326	\$ (1,069,066.73)	\$ (622,482.75)	\$ (992,353.03)		\$ (2,683,902.51)
	4611					
	(blank)	\$ (8,500,119.00)	\$ (46,410,767.00)	\$ (79,937,680.00)		\$ (134,848,566.00)
0 Total		\$ (27,624,208.56)	\$ (47,033,249.75)	\$ (93,930,387.00)		\$ (168,587,845.31)
1	5100	\$ 404,462.92	\$ 224,234.74	\$ 230,369.48		\$ 859,067.14
	5120	\$ -				\$ -
	5200	\$ 4,363.54	\$ 1,225.27	\$ 873.21		\$ 6,462.02
	5300	\$ 13,022.68	\$ 3,688.66	\$ 3,679.12		\$ 20,390.46
	5301	\$ 60,424.37	\$ 42,917.28	\$ 42,771.69		\$ 146,113.34
	5400		\$ 589.00	\$ 591.50		\$ 1,180.50
	5420	\$ 12.00	\$ 36.00	\$ 25.50		\$ 73.50
	5430			\$ 398.00		\$ 398.00
	5500	\$ 57,330.00	\$ 40,175.00	\$ 32,688.72		\$ 130,193.72
	5610	\$ 11,804.59	\$ 6,841.33	\$ 8,150.62		\$ 26,796.54
	5620	\$ 13,898.54	\$ 24,766.38	\$ 16,578.46		\$ 55,243.38
	5630	\$ 1,273.04	\$ 1,720.80			\$ 2,993.84
	5640	\$ 812.19		\$ 293.52		\$ 1,105.71
	5650	\$ 1,355.84				\$ 1,355.84
	5700		\$ 109.00	\$ 110.00		\$ 219.00
	5750	\$ 9,722.03	\$ 8,010.34	\$ 8,114.09		\$ 25,846.46
5800	\$ 592.57	\$ 334.87			\$ 927.44	
5810			\$ 624.86		\$ 624.86	

	5840	\$	6,300.57	\$	3,661.94	\$	3,654.48	\$	13,616.99
	5860	\$	4,240.00	\$	320.00			\$	4,560.00
	5970					\$	1,669.51	\$	1,669.51
1 Total		\$	589,614.88	\$	358,630.61	\$	350,592.76	\$	1,298,838.25
2	6100	\$	2,648.46	\$	491.13	\$	472.65	\$	3,612.24
	6130	\$	198.99	\$	69.40			\$	268.39
	6140	\$	77.28	\$	46.00	\$	64.05	\$	187.33
	6150	\$	1,774.31	\$	912.12	\$	442.97	\$	3,129.40
2 Total		\$	4,699.04	\$	1,518.65	\$	979.67	\$	7,197.36
3	6200	\$	248.00	\$	1,033.25	\$	1,122.85	\$	2,404.10
	6210	\$	42.09					\$	42.09
	6215			\$	156.12	\$	487.73	\$	643.85
	6220					\$	19.84	\$	19.84
	6230			\$	118.51			\$	118.51
	6240	\$	143.38	\$	258.25	\$	12.06	\$	413.69
	6250	\$	1,735.98	\$	1,711.31	\$	1,177.16	\$	4,624.45
3 Total		\$	2,169.45	\$	3,277.44	\$	2,819.64	\$	8,266.53
4	7020					\$	115.03	\$	115.03
	7030	\$	12.58					\$	12.58
	7044					\$	201.43	\$	201.43
	7050			\$	15.00	\$	15.00	\$	30.00
	7051			\$	78.00	\$	78.00	\$	156.00
	7054			\$	698.46	\$	698.58	\$	1,397.04
	7110	\$	1,844.89	\$	1,926.60			\$	3,771.49
	7255			\$	24.50	\$	25.00	\$	49.50
	7285	\$	30.42	\$	6.00	\$	1.13	\$	37.55
	7289	\$	51.03			\$	197.64	\$	248.67
	7291	\$	1,788.46	\$	1,118.60	\$	938.04	\$	3,845.10
	7296	\$	17.89					\$	17.89
	7302	\$	1,350.00	\$	1,290.00	\$	1,440.00	\$	4,080.00
	7460	\$	569.85					\$	569.85

	7630	\$	225.89				\$	225.89		
	7980				\$	364.33	\$	364.33		
4 Total		\$	5,891.01	\$	5,157.16	\$	4,074.18	\$	15,122.35	
	8	7060	\$	93,796.25	\$	54,355.50	\$	148,151.75		
8 Total			\$	93,796.25	\$	54,355.50	\$	148,151.75		
	10	7020				\$	305.00	\$	305.00	
		7044				\$	34.91	\$	34.91	
		7060	\$	41,944.00	\$	82,113.76	\$	-	\$	124,057.76
		7061				\$	462.59	\$	462.59	
		7062	\$	13,388.89	\$	29,752.04	\$	54,108.61	\$	97,249.54
		7064				\$	107,284.31	\$	107,284.31	
		7073				\$	112.12	\$	112.12	
		7110				\$	38,321.95	\$	38,321.95	
		7285				\$	0.16	\$	0.16	
		7289				\$	42.84	\$	42.84	
		7547				\$	173.75	\$	173.75	
		7980				\$	67.26	\$	67.26	
		8511				\$	81,451.85	\$	81,451.85	
		8647				\$	300,829.44	\$	300,829.44	
		8780	\$	141,043.78	\$	88,180.99	\$	442,068.81	\$	671,293.58
		8781			\$	101,066.28	\$	136,511.87	\$	237,578.15
		8782			\$	26,053.07	\$	20,635.34	\$	46,688.41
		8783				\$	11,093.09	\$	11,093.09	
		8784			\$	66,962.76	\$	181,160.21	\$	248,122.97
		8785				\$	130,446.87	\$	130,446.87	
		8786				\$	4,992.22	\$	4,992.22	
		9043	\$	24,149.00				\$	24,149.00	
		9115			\$	545,738.57		\$	545,738.57	
10 Total			\$	220,525.67	\$	939,867.47	\$	1,510,103.20	\$	2,670,496.34
	11	9038			\$	524.11		\$	524.11	

11 Total				\$	524.11			\$	524.11	
	26	7073	\$	1,456.53				\$	1,456.53	
		7138			\$	6.00		\$	6.00	
		7460	\$	240.15	\$	-		\$	240.15	
		7547	\$	1,941.22	\$	799.25	\$	660.25	\$	3,400.72
		7554			\$	925.50	\$	1,384.50	\$	2,310.00
		7556			\$	325.00	\$	486.75	\$	811.75
		7771	\$	312.11				\$	312.11	
		8371	\$	1,922.00	\$	598.00	\$	490.00	\$	3,010.00
26 Total			\$	5,872.01	\$	2,653.75	\$	3,021.50	\$	11,547.26
	60	7394					\$	12,955.13	\$	12,955.13
60 Total							\$	12,955.13	\$	12,955.13
(blank)		(blank)								
(blank) Total										
Grand Total			\$	(26,701,640.25)	\$	(45,667,265.06)	\$	(92,045,840.92)	\$	(164,414,746.23)