



Annual Report from the Department of Health and Human Services

Fund for a Resilient Nevada

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 July 1, 2021 through December 31, 2022 (SFY22/23)



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

The Fund for a Resilient Nevada (referred to in this document as “the Fund”) was established in 2021 within the Nevada Department of Health and Human Services (DHHS). The Fund is codified in [Nevada Revised Statutes \(NRS\) 433.712 through 433.744](#) and is specific to the state’s portion of opioid recoveries. Pursuant to NRS 433.732, the Fund is created in the State Treasury. The statute specifies that 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 also specifies the Director of the Department shall administer the fund. Pursuant to NRS 433.734, one of the DHHS’s responsibilities is the development of 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.

Mercer Government Human Services Consulting (Mercer), part of Mercer Health & Benefits LLC, was contracted by the State to develop the Needs Assessment in partnership with DHHS, the Advisory Committee for a Resilient Nevada (ACRN), and the Attorney General’s Office Substance Use Response Working Group (SURG). The Needs Assessment was informed by quantitative and qualitative data, including input from people with lived experience. Between December 2021 and May 2022, Mercer staff collected and analyzed data and information from local and State agencies and organizations, including more than 50 reports provided by DHHS. Mercer staff also conducted stakeholder conversations with key informants and members of ACRN and SURG to gain a more in-depth understanding of the needs across the state.

Data and information were analyzed to better understand the impact of opioid misuse on Nevadans, including:

- The available quantitative and qualitative data related to substance use and rates of opioid use disorder (OUD), other substance use disorders (SUDs), and co-occurring disorders
- Health equity and the identification of disparities across racial and ethnic populations, geographic regions, and special populations
- The risk factors that contribute to opioid misuse and OUD
- The current state of prevention, treatment, and recovery services for OUD and related issues, such as mental health and other SUDs

Findings

Findings from the Needs Assessment demonstrate the impacts the opioid crisis has had on Nevadans, which include 788 overdose deaths occurring in 2020, an increase of 55% compared to 2019. Most

overdose deaths involved opioids; however, stimulant use and stimulant-involved overdoses have also increased significantly in recent years. Needs Assessment data show that certain racial and ethnic communities, geographic locations, and other groups have been disproportionately impacted by opioid-related harms. For example, overdose rates among youth have risen 550% between 2019 and 2020, and Hispanic people faced significantly higher increases in overdose death rates compared to other races and ethnicities. Although a large amount of state and local data is available for some populations, trends among certain groups are unknown. For example, little data is available for youth in the juvenile justice system; people experiencing homelessness; and people who identify as lesbian, gay, bisexual, transgender, intersex, queer/questioning, or asexual.

Needs Assessment findings also show that 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. However, opportunities for strengthening the current system also exist across all components of care.

Primary, secondary, and tertiary prevention needs that were identified include, but are not limited to:

- School-based prevention programs with measured outcomes that are culturally sensitive
- Prescription drug disposal programs
- Collaborative practice agreements
- Increased adoption of and implementation of Screening, Brief Intervention, and Referral to Treatment (SBIRT) models in primary care and other community-based settings
- Harm reduction and treatment access trainings for people who use or misuse opioids and/or have experienced a nonfatal overdose
- Programs to decrease stigma among providers and community members
- Increased access to harm reduction services, including syringe services programs
- Community education on the use of naloxone

Treatment needs that were identified include, but are not limited to:

- Increased provider availability for pregnant women with OUD and people with co-occurring SUDs and other conditions
- Increased residential and outpatient medication-assisted treatment programs in rural and frontier areas and justice facilities
- Transportation to treatment and recovery supports
- Increased access to and utilization of opioid treatment programs
- Increased access to office-based treatment for OUD
- Increased access to crisis services

Recovery needs that were identified include, but are not limited to:

- The elimination of prior authorization requirements for peer recovery support services
- Increased access to peer support services for pregnant and postpartum women
- Statewide availability of peer support services throughout the treatment and recovery system

Data gathered through the Needs Assessment were used to identify recommendations that were prioritized based on their impact, urgency, and feasibility, as well as whether they addressed a legislative target area. The Needs Assessment recommendations were categorized based on the Johns Hopkins School of Public Health Principles for the Use of Funds from Opioid Litigation¹:

1. Broaden access to naloxone
2. Increase the use of medications to treat OUD
3. Provide treatment and supports during pregnancy and the postpartum period
4. Expand services for neonatal opioid withdrawal syndrome
5. Fund warm handoff programs and recovery services
6. Improve treatment in jails and prisons
7. Enrich prevention strategies
8. Expand harm reduction programs
9. Support data collection and research

Recommendations:

The needs assessment qualitative and quantitative findings from all seventeen counties representing Nevada's rural, frontier, and urban communities, as well as Native American tribes, informed a list of recommendations. The recommendations were further developed using results from a survey of Nevada State agencies and through feedback and public input from the ACRN and SURG. The Johns Hopkins School of Public Health Principles for the Use of Funds from the Opioid Litigation document, as well as the nine core abatement strategies developed by Johns Hopkins, were used as additional guides for this assessment and planning process.

The Statewide Plan is derived from the recommendations in the Needs Assessment as well as from public comment and feedback from government agencies, ACRN and SURG meetings. The goals align with the national efforts of the Office of National Drug Control Policy's (ONDCP) National Drug Control Strategy.² The first goal and associated strategies include infrastructure and capacity development to ensure local and community partners have the capacity and resources to implement recommendations effectively and sustainably. Each of the activities in the Plan includes priority scores derived from the corresponding recommendations. In cases where an activity encompasses more than one specific recommendation from the Needs Assessment, the highest priority score was listed. The Plan will be

¹ Johns Hopkins School of Public Health. *Principles for the Use of Funds from the Opioid Litigation*, 2021. Available at: <https://opioidprinciples.jhsph.edu/wp-content/uploads/2021/01/Litigation-Principles.pdf>

²Office of National Drug Control Policy's (ONDCP) *National Drug Control Strategy*, 2022. Available at: [National-Drug-Control-2022Strategy.pdf \(whitehouse.gov\)](https://www.whitehouse.gov/wp-content/uploads/2022/02/National-Drug-Control-2022-Strategy.pdf)

continuously reviewed and revised a minimum of every four years, or more frequently as needed, and distributed through the SURG and ACRN. The following are high-level goals based on the recommendations:

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

A 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.

****THIS SECTION WAS INTENTIONALLY LEFT BLANK****

Money Expended:

BA 3060 - Fund for Resilient Nevada

Revenue and Expenditures through 12/31/2022

REVENUE					
Cat	GL	GL Description	7/1/21-6/30/22 2022	7/1/22-12/31/22 2023	Total
00	2511	BALANCE FORWARD FROM PREVIOUS YEAR	\$ -	\$ 28,209,245	\$ 28,209,245
	2512	BALANCE FORWARD TO NEW YEAR	\$ (28,209,244)	\$ -	\$ (28,209,244)
	4287	OPIOID SETTLEMENT	\$ 28,461,750	\$ 18,055,023	\$ 46,516,773
	4326	TREASURER'S INTEREST DISTRIBUTION	\$ 147,442	\$ 74,660	\$ 222,102
00 Total	Total Revenue		\$ 399,948	\$ 46,338,928	\$ 46,738,876
EXPENDITURES					
Category	GL	GL Description	7/1/21-6/30/22 2022	7/1/22-12/31/22 2023	Total
01	5100	SALARIES	\$ 114,455	\$ 150,626	\$ 265,081
	5200	WORKERS COMPENSATION	\$ 1,051	\$ 269	\$ 1,320
	5300	RET CONT EMPLOYER PAY PLAN		\$ 3,339	\$ 3,339
	5301	RET CONT EMPLOYEE/EMPLOYER PLN	\$ 19,190	\$ 23,302	\$ 42,492
	5420	COLLECTIVE BARGAINING ASSESSMT		\$ 12	\$ 12
	5500	GROUP INSURANCE	\$ 7,270	\$ 21,140	\$ 28,410
	5610	SICK LEAVES	\$ 1,260	\$ 4,648	\$ 5,909
	5620	ANNUAL LEAVES	\$ 7,902	\$ 3,866	\$ 11,768
	5630	HOLIDAY LEAVES	\$ 188	\$ 840	\$ 1,028
	5640	COMP TIME LEAVES		\$ 224	\$ 224
	5650	OTHER LEAVES		\$ 1,356	\$ 1,356
	5750	RETIRED EMPLOYEES GROUP INSURA	\$ 2,687	\$ 3,522	\$ 6,209
	5800	UNEMPLOYMENT COMPENSATION	\$ 173	\$ 226	\$ 400
	5840	MEDICARE	\$ 1,758	\$ 2,344	\$ 4,101
	5860	BOARD AND COMMISSION PAY		\$ 4,080	\$ 4,080
01 Total	Personnel Services		\$ 155,934	\$ 219,795	\$ 375,729
03	6200	PER DIEM IN-STATE	\$ 38	\$ 160	\$ 198
	6210	MP DAILY RENTAL IN-STATE		\$ 42	\$ 42
	6230	PUBLIC TRANSPORTATION IN-STATE	\$ 35		\$ 35
	6240	PERSONAL VEHICLE IN-STATE	\$ 31	\$ 111	\$ 142
	6250	COMM AIR TRANS IN-STATE	\$ 770	\$ 921	\$ 1,691
03 Total	In-State Travel		\$ 874	\$ 1,235	\$ 2,109
04	7110	NON-STATE OWNED OFFICE RENT	\$ 1,923		\$ 1,923
	7291	CELL PHONE/PAGER CHARGES		\$ 245	\$ 245
	7630	MISCELLANEOUS GOODS, MATERIALS		\$ 37	\$ 37
04 Total	Operating		\$ 1,923	\$ 283	\$ 2,205
08	7060	CONTRACTS - MERCER HEALTH	\$ 229,418	\$ 44,069	\$ 273,486
08 Total	Needs Assessment		\$ 229,418	\$ 44,069	\$ 273,486
26	7073	SOFTWARE LICENSE/MNT CONTRACTS		\$ 1,457	\$ 1,457
	7460	EQUIPMENT PURCHASES < \$1,000	\$ 65		\$ 65
	7547	EITS PRODUCTIVITY SUITE	\$ 344	\$ 282	\$ 626
	7771	COMPUTER SOFTWARE <\$5,000 - A	\$ 126	\$ 85	\$ 211
	8371	COMPUTER HARDWARE <\$5,000 - A	\$ 11,264	\$ 1,922	\$ 13,186
26 Total	Information Services		\$ 11,800	\$ 3,745	\$ 15,545
	TOTAL EXPENDITURES		\$ 399,948	\$ 269,126	\$ 669,074
	ENDING BALANCE		\$ 0	\$ 46,069,802	\$ 46,069,802