

Joe Lombardo
Governor



Laura Rich
Director

Advisory Committee for a Resilient Nevada

Meeting Agenda

March 5, 2026

Department of Human Services

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





Agenda Item 1

Call to Order : Welcome, Introductions, Announcements and Roll Call – ACRN Chair

- Advisory Committee for a Resilient Nevada (ACRN) members are encouraged to offer self-introductions, including areas of expertise, and updates on relevant activities.
- A quorum will be verified to ensure business can be conducted on items marked for possible action.



Agenda Item 2

Public Comment : Public Comment – ACRN Chair

- This is the first public comment period of the meeting.
- To provide public comment telephonically, dial **(775) 321-6111** and enter the conference ID **612 395 188#**
- Comments should be limited to no more than three (3) minutes.
- No action may be taken on a matter discussed under this item until it is included on the agenda as an item on which action can be taken.



Agenda Item 3

For Possible Action: Approval of January 21, 2026, Meeting Minutes – ACRN Chair

- ACRN minutes are available on the Department of Human Services website, Fund for a Resilient Nevada, ACRN Meetings.



Agenda Item 4

For Possible Action : Review and Develop Subcommittee Structure– ACRN Chair

- ACRN by-laws allow for the creation of up to three (3) subcommittees.
- Subcommittees may be established with at least two (2) ACRN members.
- ACRN Chair will appoint a chair for each subcommittee established.
- Subcommittee members will serve for one year and may be reappointed.
- Subcommittee formation may assist in the development of the recommendations report.



ACRN By-Laws: Subcommittees

The Committee shall have the ability to create up to three subcommittees.

- A. Each subcommittee must include a minimum of two voting members of the Committee.
- B. Each subcommittee shall have one (1) Chair who is a voting member of the Committee.
- C. The Committee Chair shall appoint the subcommittee chairs and members from the Committee.
- D. Each subcommittee, through the subcommittee Chair, may appoint additional non-voting members to their committee, as needed, based on area of expertise and/or specific projects.
- E. Each subcommittee, through the subcommittee Chair, may request presentations from subject matter experts (SME), as needed, based on areas of expertise and/or specific projects.
- F. The subcommittee members will serve for one year on the subcommittee. After one year, the Committee Chair will determine if the subcommittee needs to continue for another year. If the subcommittee is needed for another year, the Committee Chair will appoint the subcommittee chair and members from the Committee.
- G. The subcommittee chair will report back to the Committee on the activity of the subcommittee and recommendations from the subcommittee.
- H. The number of Committee members serving on a single subcommittee cannot be equal to or greater than a quorum of the Committee and the Committee members are limited to serving on one of the three subcommittees.



Reports: NRS 433.730

1. On or before June 30 of each even-numbered year, the Advisory Committee shall submit to the Director of the Department a report of recommendations concerning:
 - a) The statewide needs assessment conducted, including, without limitation, the establishment of priorities
 - b) The statewide plan to allocate money from the Fund
2. When developing recommendations to be included in the report pursuant to subsection 1, the Advisory Committee shall consider:
 - a) Health equity and identifying relevant disparities among racial and ethnic populations, geographic regions and special populations in this State; and
 - b) The need to prevent overdoses, address disparities in access to health care, and prevent substance use among youth.
3. When developing recommendations concerning the establishment of priorities, the Advisory Committee shall use an objective method to define the potential positive and negative impacts of a priority on the health of the affected communities with an emphasis on disproportionate impacts to any population targeted by the priority.



2022 Needs Assessment Recommendations

Recommendations in the Needs Assessment are separated into several categories.

- Data
- Prevention: Education, Reduce Harm, Workforce, Justice Programs
- Treatment: Prevention, Recovery, Treatment, Workforce, Justice Programs
- Social Determinants of Health and Recovery Support

Recommendations were informed by surveys in addition to qualitative and quantitative reporting.

Core abatement strategies from the John Hopkins School Public Health Principles for Use of Opioid Litigation funds also influenced the planning process.



Statewide Plan Goals

Goal 1: Ensure Local Programs have the Capacity to Implement Recommendations Effectively and Sustainably (\$8,495,785)

Projects: Nevada Opioid Center for Excellence; Kinship Navigator Programs, Addiction Medicine Fellow Program, Transitional Age Youth programming, tuition assistance for the behavioral health workforce

Goal 2: Prevent the Misuse of Opioids (\$3,8256,674)

Projects: Prevention Specialists in Schools, Sobriety Treatment and Recovery Teams for families in Child Welfare, youth sports activities, early intervention services, family planning, before/after school programs

Goal 3: Reduce Harm Related to Opioid Use (\$11,526,016)

Projects: Extended Foster Care, Wraparound services for Pregnant persons at risk of using substances, supportive care teams, bridge housing to support for transitional age youth, sober socials, vending machines/needle exchange, harm reduction supplies, such as Narcan

Goal 4: Provide Behavioral Health Treatment (\$14,558,441)

Projects: Neurological assessments and treatment teams, continuum services for at risk youth, Gestational Exposure Treatment, Mobile Medication options for MOUD, Grief Services, Additional Youth Services not covered by insurance

Goal 5: Implement Recovery Communities Across Nevada (\$10,565,912)

Projects: Training Programs for youth in southern NV, Specialty Courts, Transportation to MOUD, Pediatric Dental programs, Foster Supports, Kingap Care (grandparents raising grandchildren), Building Community Health Workers Workforce

Goal 6: Provide Opioid Prevention and Treatment Consistently across the Criminal Justice and Public Safety Systems (\$3,920,480)

Projects: Baseline survey for rural county justice facilities, prevention and treatment services for incarcerated persons, family education and treatment services, hand-held mass spectrometers, rapid response teams to hospitals and juvenile justice facilities

Goal 7: Provide High Quality and Robust Data and Accessible, Timely Reporting (\$4,445,790)

Projects: Wastewater testing near high schools, Epidemiologist for youth and disease analysis, Biostatistician with Office of Analytics, Foster care supports, Medicaid Re-Entry Waiver, Master Client Index Enhancements, ODMAP application



Agenda Item 5

For Information and Discussion Only: Nevada Opioid Needs Assessment – Heather Kerwin, MPH,CPH, Public Health Consulting

- Information will be offered regarding efforts to update the Nevada Opioid Needs Assessment and Statewide Plan.
- Questions from ACRN members are encouraged.

NEVADA 2027-2030 OPIOID ASSESSMENT & PLAN

Advisory Committee Fund for Resilient Nevada

Heather Kerwin

Opioid & Infectious Disease Epidemiologist

Fund for a Resilient Nevada

Office of State Epidemiology, Nevada Department of Human Services



Nevada Statewide Opioid Assessment & Plan

- Nevada Revised Statutes [433.734](#) requires a statewide needs assessment be conducted at least once every 4 years to inform a statewide plan for allocation of opioid settlement dollars
- The first assessment and plan currently in place, 2022-2026, conducted by an out of state entity
- Inclusion of many secondary data indicators (ex: hospital data, state and national data collected annually, census data)
- Reviewed existing assessments and primary data collected for the purpose of those assessments
- Identified gaps and needs to be addressed
- Created 7 statewide goals



Content & Timeline

- Secondary data for 30+ indicators, continuation of data presented in initial assessment
- Primary data – from Nevada residents through
 - Key informant interviews
 - Focus groups
 - Survey
- Estimated timeline for assessment and plan development
 - Fall '25 – Winter '26: Assessment data is being gathered and analyzed
 - Winter '25 – Spring '26: Development of written assessment
 - June '26: Written assessment to be completed
 - Summer '26: Prioritization of areas of need through collaborative process, FRN and SURG, among other entities
 - Fall '26: Development of full assessment + plan
 - December '26: Final assessment + plan finalized and ready for distribution



Special Population Input through Primary Data Collection

- Key informant interviews – ~ 60-minute one-on-one conversations
 - Persons with lived/living experience
 - County leadership, healthcare providers, court system, law enforcement, juvenile probation, social services, human services, substance use prevention coalitions
- Focus groups – ~ 90 minute 4-10 persons, conversational approach with questions related to what would have helped them or did help them assist in navigating their loved one through the recovery process (as applicable)
 - Friends and family of those who have/had a close loved one with opioid use disorder or history of opioid misuse
- Survey – Broader community with intensive outreach and engagement with organizations who serve priority populations including
 - Veterans
 - Persons with a history of incarceration
 - Pregnant women
 - Persons with lived experience (PWLE)
 - Sexual minority populations (LGBTQ)
 - Peer Recovery Support Specialists & Community Health Workers



Evidence Based Practice

- Community based participatory research model required by [NRS 433.736](#)
- Crosswalk and prioritization of primary and secondary data to identify and prioritize needs is in alignment with best practice as defined by entities including, but not limited to:
 - World Health Organization, the Centers for Disease Control and Prevention, HHS Office of Disease Prevention and Health Promotion, Public Health Accreditation Board, The Joint Commission (hospitals and patient care), Association for Community Health Improvement, National Association of County and City Health Officials, Robert Wood Johnson's County Health Rankings, US Department of Education, US Department of Housing and Urban Development, FEMA, and others
- Working in partnership with analysts who specialize in opioids, child and family services, Nevada Overdose Data to Action Program (OD2A)



Additions to the Assessment Process

- Data gathered from residents of each community will be summarized and provided back to each county, for reference in county-specific opioid assessments
- Data collection protocols will be shared with county leadership or appointed entities conducting county-specific opioid assessments so they can replicate and expand on statewide community insight and input processes, as needed
- Will continue to align with the 7 existing goal areas, however, will identify the top 3-5 topic areas within each of the existing goals to help guide projects, programs, and policy.
- Overall aim is to prevent and reduce substance use and related loss of life, specific to opioids, including polysubstance use



Next Steps & Asks

- Will be sending a draft of the online survey for feedback
- Requesting participation through
 - Providing feedback related to the process
 - Helping to recruit for primary data collection including sharing survey links or providing connection with organizations serving priority populations
 - Encourage county leadership to connect and engage
 - Increase overall awareness for this updated assessment and plan
- Sharing priorities and planning documents other organizations are publishing to ensure we are not duplicating efforts without being complimentary
 - Meaning if we also identify a similar priority or need, we want to be aware of **how we can bolster those efforts and work collaboratively** without repeating unnecessary steps



Contact Information

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Agenda Item 6

For Information and Discussion Only: Fund for Resilient Nevada Annual Report: Dawn Yohey, Clinical Program Planner III, FRN

- Information will be provided regarding the fourth annual report for the Fund, including funding priorities, updates on programs, findings, and recommendations for future use of the Fund.
- The reporting performance period covers activities from January 1, 2025, through December 31, 2025.
- The report can be found on the Department of Human Services website, Fund for a Resilient Nevada – FRN Annual Report SFY 2026.
- Questions from ACRN members are encouraged.

Joe Lombardo
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Fund for a Resilient Nevada Annual Report

Director's Office

Dawn Yohey, MFT, LCADC, CPP3

March 5, 2026

Department of Human Services

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FRN Annual Report

2025 Fund for a Resilient Nevada Annual Report



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, 2025, through December 31, 2025 (SFY25/26)





FRN Annual Report (cont'd)

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, as well as money expended or encumbered for specific recommendations pursuant to NRS 433.734 through 433.740 within the Fund for a Resilient Nevada (FRN).

Layout:

- Introduction
- Statewide Funding Priorities
- Findings
- Funded Programs and Progress Reports (Regional)
- Recommendations
- Expenditures



Statewide Funding Priorities

1. Ensure local programs have the capacity to implement recommendations effectively and sustainably.
2. Prevent the misuse of opioids.
3. Reduce harm related to opioid use.
4. Provide behavioral health treatment.
5. Implement recovery communities across Nevada.
6. Provide consistent opioid prevention and treatment across criminal justice and public safety systems.
7. Ensure high-quality data and accessible, timely reporting.



Findings

- Overdose deaths and opioid involvement continued to increase in Nevada from 2023 to 2024.
- Provisional 2024 data indicate 1,253 overdose deaths statewide, representing a continued upward trend.
- 792 deaths (63%) involved opioids.
- Growth rate for synthetic opioids has slowed.
- Nevada High Intensity Drug Trafficking Area (HIDTA) continues to identify fentanyl as a high threat due to wide spread availability and low cost, however deaths related to synthetic opioids, including fentanyl only increased by 7% (633 to 677) from 2023 to 2024.
- Opioids continue to pose a disproportionate risk for families and children involved in the child welfare system.
- Methamphetamine, cocaine and heroin remain high threat substances.

*Information on this slide was provided by Nevada Office of Analytics and
The HIDTA Program's 2026 Threat Assessment*



Funded Programs and Progress Reports

Funded initiatives are organized by region: Northern, Rural, Southern, and Statewide. Each subsection summarizes progress toward opioid-abatement goals, service reach, and measurable outcomes.



Highlighted Program (Rural)

Living Free Health and Fitness

- The only Behavioral Health Certification for Excellence in Nevada (BHCENcertified) transitional recovery housing for women, children, pregnant individuals, and veterans in the mid- and southern frontier regions of Nevada.
- The Frontier Treatment & Housing program served 11 unique clients, delivering 735 bed days through November and provided structured American Society of Addiction Medicine (ASAM) Level 2.1 and 1.0 services, including weekly drug testing, evidence-based therapy, 12-step meetings, life skills support, and case management referrals.
- Despite frontier conditions and limited rural service availability, 100% of clients received individualized treatment plans and engaged in regular group or individual treatment.
- The program demonstrated meaningful opioid abatement outcomes through four successful completions and 64% of participants stepping down to a lower level of care, with multiple clients successfully reunifying with children or transitioning into independent living.



Highlighted Program (South)

Greater Youth Sports Association (GYSA)

- Torrey Pines Resource Center for Youth Collaboration delivered a comprehensive, prevention-focused program serving 147 unduplicated youth and 191 total enrollments, surpassing annual targets and strengthening protective factors against opioid risk among primarily Black, Indigenous, and People of Color (BIPOC) youth in Southern Nevada.
- All participants received age-appropriate opioid education using the Natural High curriculum, including four full-group prevention sessions addressing fentanyl dangers, counterfeit pills, and safe decision-making.
- Sports activities — including basketball, volleyball, cheer, and boxing — were paired with weekly mentoring, social-emotional learning, and nutritional education through partnerships with Center Ring Boxing, Gentlemen By Choice, and UNR Extension, creating consistent, safe environments during out-of-school hours.
- Parent surveys showed 75% of youth experienced social growth, 65% increased confidence, and 90% overall program satisfaction, underscoring the program's positive influence on resilience, belonging, and healthy routines



Highlighted Program (Statewide)

Raise the Future

- Advanced statewide opioid-abatement efforts by strengthening permanency outcomes for youth in foster care — an evidence-based protective factor shown to reduce future substance use, opioid misuse, homelessness, and behavioral health crises.
- Through the Wendy’s Wonderful Kids (WWK) Intensive Recruitment model, the program delivered specialized permanency services to 183 children, including 96 youth with documented prenatal or environmental exposure to substances or opioids.
- Nine Youth Connections Advocates exceeded annual performance expectations by securing 45 permanency matches—surpassing the combined goal of 39 — and achieving 27 finalized adoptions, guardianships, or reunifications, nearly doubling the original target of 16.
- Recruiters implemented a full continuum of permanency-focused activities, including diligent searches, monthly adoption preparation sessions (reaching an average of 97 youth per month), identification of 800 potential adoptive resources monthly, and initiation of contact with an average of 71 new prospective families each month.



Recommendations

- Maintain and/or decrease funding efforts
- Complete program evaluations
- Complete needs assessment/statewide plan
- Identify priorities with the ACRN for future funding



Expenditures

Expenditure tables are provided in accordance with NRS 433.734–433.740. These tables document the revenue and expenditure of FRN funds for SFY 2023-2023



Questions?



Contact Information

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<https://www.dhs.nv.gov/Programs/frn/>



Add “Acronyms”

DHS- Department of Human Services

FRN- Fund for a Resilient Nevada

HIDTA- High Intensity Drug

Trafficking Area



Agenda Item 7

For Possible Action : Determine Upcoming 2026 Meeting Schedule – ACRN Chair

- The chair, with the input of members, will establish a meeting schedule for the remainder of the calendar year if possible.
- The chair can propose methods to illicit potential agenda items from members.
- Per NRS 433.728, the ACRN must meet at least two times annually with one meeting to collect public feedback on the biannual ACRN Recommendations Report.



Agenda Item 8

Public Comment : ACRN Chair

- This is the **second** public comment period of the meeting.
- To provide public comment telephonically, dial **(775) 321-6111** and enter the conference ID **612 395 188#**
- Comments should be limited to no more than three (3) minutes.
- No action may be taken on a matter discussed under this item until it is included on the agenda as an item on which action can be taken.



Agenda Item 9

Wrap-up and Adjournment: ACRN Chair

- Chair can request potential items for future discussion and closing comments from committee members.
- Chair can adjourn the meeting as they see fit.



Thank you!



Committee Support Contact Information

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