Joe Lombardo
Governor

Laura Rich
Director

Nevada Opioid Assessment

Criteria for Scoring Goals, Data Highlights, Survey for Ranking Recommendations

Heather Kerwin, MPH, CPH
Opioid & Infectious Disease Epidemiologist

September 2026

Department of Human Services

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

Today's Presentation

1. Criteria for scoring the goals
2. Nevada Opioid Assessment data highlights
3. ACRN and SURG survey for ranking recommendations

Criteria for Scoring Goals

Nevada's Opioid Settlement Goals

- Goal 1 Ensure Local Programs Have the Capacity to Implement Recommendations Effectively and Sustainably
- Goal 2 Prevent the Misuse of Opioids
- Goal 3 Reduce Harm Related to Opioid Use
- Goal 4 Provide Behavioral Health Treatment
- Goal 5 Implement Recovery Communities
- 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

Modified Hanlon Method

- Determine a score based on a range of criteria and applies a weight to the score, resulting in a weighted cumulative score
- Each indicator listed under each goal receives a cumulative score
- An average score is obtained for each goal (based on the sum of the cumulative indicator scores divided by the total number of indicators)

Selection of Criteria for Goal Scoring

- Options include objective criteria such as
  - Magnitude
  - Trends
  - Severity
  - Key Informant/Focus Group Ranking
  - Statewide Survey Questions
    - Importance for addressing opioid use in your community
    - Largest gaps or needs related to addressing opioid use in your community
    - Prioritize funding for addressing opioid use in your community

Criteria	Score	Definition	Weight Applied
Magnitude	1	<0.9% of population impacted	1.25
	2	1%-5% of population impacted	
	3	6%-10% of population impacted	
	4	11%-15% of population impacted	
	5	16%-20% of population impacted	
	6	21%-25% of population impacted	
	7	26%-30% of population impacted	
	8	31%-35% of population impacted	
	9	36%-40% of population impacted	
	10	41%-45%+ of population impacted	

Applying a weight means an indicator with a magnitude score of 7 would be scored 7 x 1.25 = 8.75

Criteria	Score	Definition	Weight Applied
Trend	0 1 2 3 4	Improvement during the past 5-10 years Improvement only during the past 2-3 years No clear trends up or down or no trend information available Worsening only during past 2-3 years Worsening during the past 5-10 years	1.5

Criteria	Score	Definition	Weight Applied
Severity	1 2 3 4	Mild, acute Moderately severe, impact lasting more than a year, not lifelong Severe, chronic impacts for multiple years Very severe, could lead to long term impairment, death	1 (equivalent to no weight applied)

Criteria	Score	Definition	Weight Applied
Key Informant/Focus Group Ranking	0	Not in the top 3 ranked indicator (by frequency of mentions)	1.5
	1	Among one of the top 3 ranked indicator (by frequency of mentions)	

Criteria	Score	Definition	Weight Applied
Statewide Survey Ranking of Goals - based on their **importance for addressing opioid use in your community**, with 1 being the most important and 6 being the least important.	1 2 3 4 5 6	Ranked 6th Ranked 5th Ranked 4th Ranked 3rd Ranked 2nd Ranked 1st	1

Repeat the above for the other two Goal ranking questions in the Statewide Opioid Assessment Survey

- What are some of the **largest gaps or needs related to addressing opioid use** in your community? Rank your top 6, with 1 being the greatest gap/need and 6 being the least.

- If you could **prioritize funding for addressing opioid use** in your community, how would you rank your top 6, with 1 being the most important area to fund and 6 being the least.

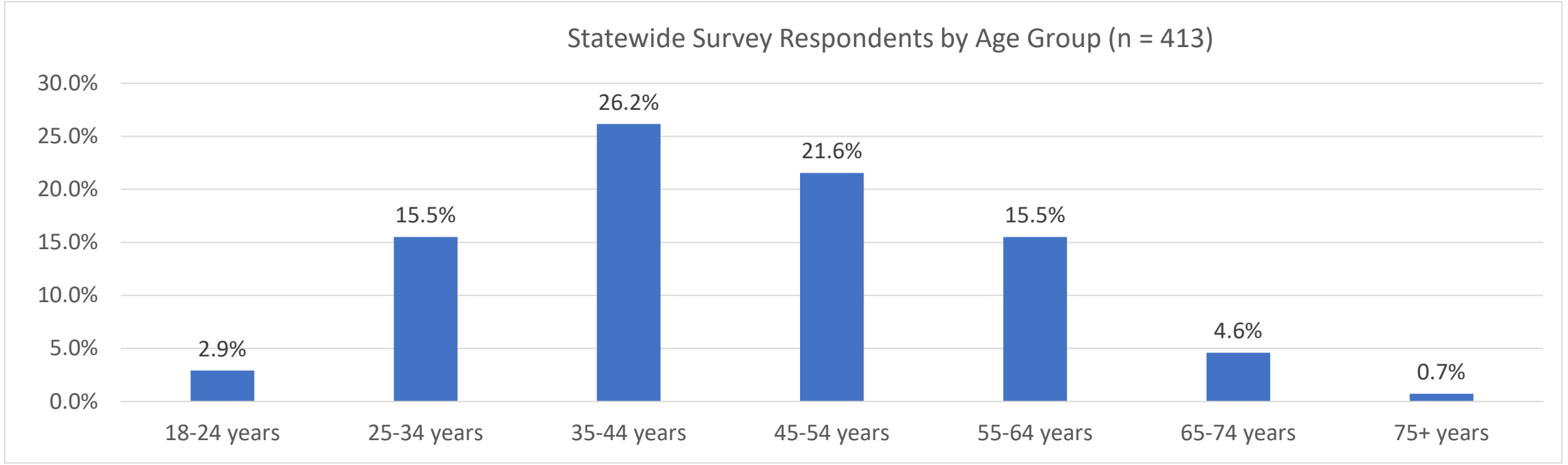
Example of Weights and Scores Applied to an Indicator

Magnitude	Trend	Severity	*Importance for addressing*	*Largest gaps or needs*	*Prioritize funding*	Key Informant/ Focus Group Ranking	Indicator Score
2	2	2	4	6	5	0	[(2*1.25) + (2*1.5) + (2*1) + (0*1) + (**4***1) + (**6***1) + (**5***1) + (**0***1) **= 22.5**

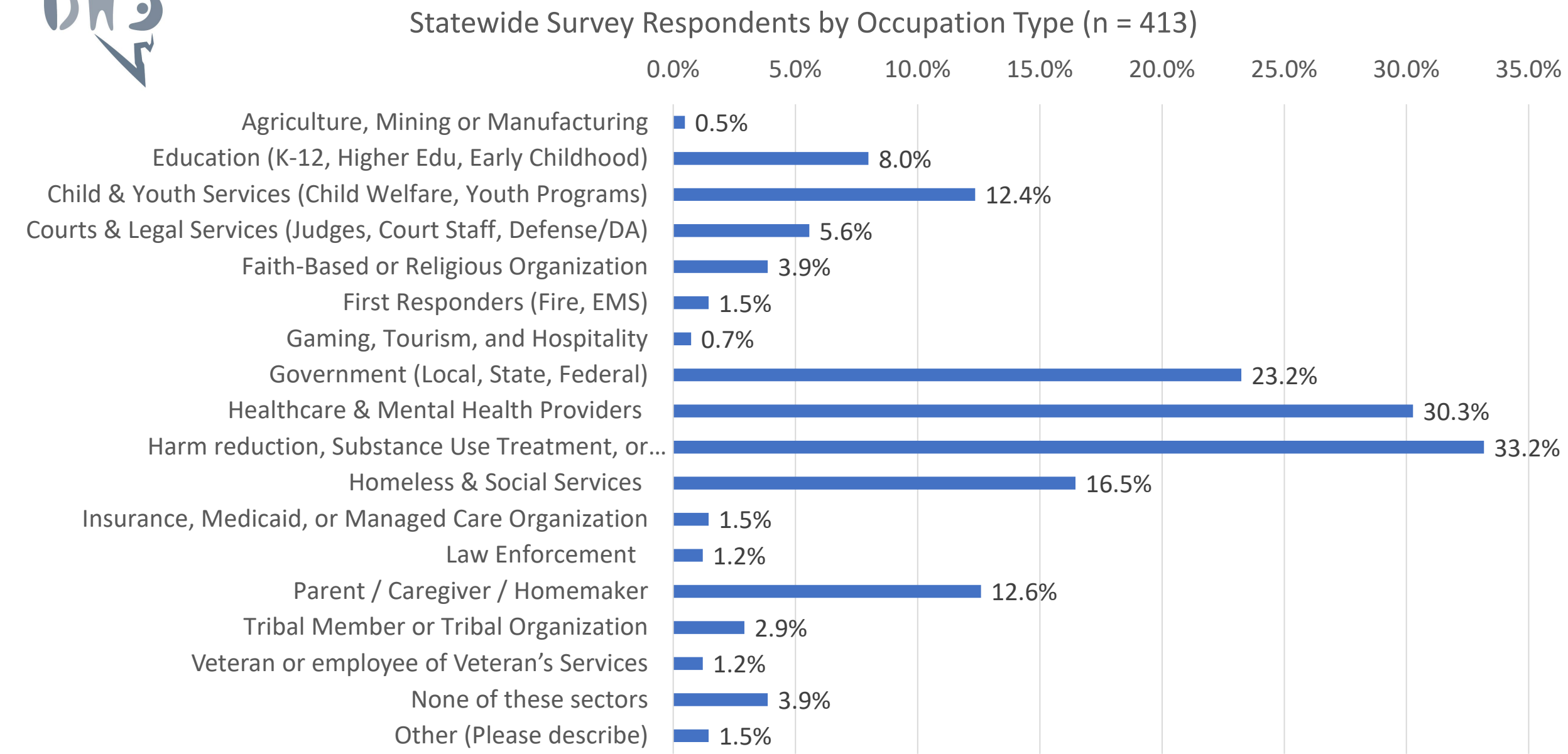
- Prescription Opioid Misuse in the Past Year: Among People Aged 12 or Older (NSDUH data) for Nevada 2023-2024 = 3.52%
- Housed under the Prevention Goal 2 with 26 total indicators, this Goal would receive an average score based on all indicator scores combined and divided by 26
- Note the three criteria from the statewide community survey ask to rank the goals not the individual indicators, so the same score will apply for all indicators under that goal

Statewide Survey Respondents

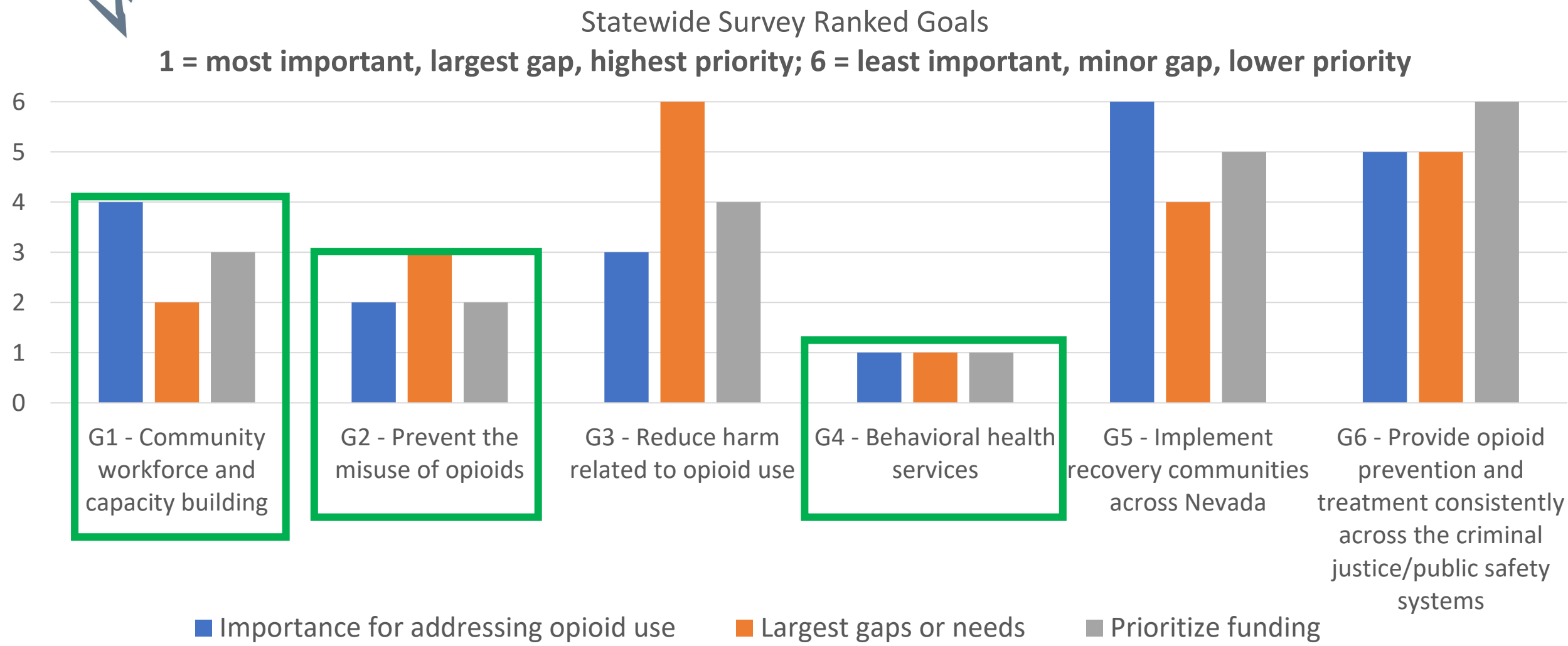
- Residents from 15 of 17 Nevada counties (no Storey or Lander County respondents)
- 67% female
- 65% White, 14% Hispanic, 6% Asian, 4% AI/AK Native, 2% N HI/PI
- 14% reported they have misused opioids or used them long-term (more than 3 months), including prescription opioids used non-medically, heroin, or fentanyl



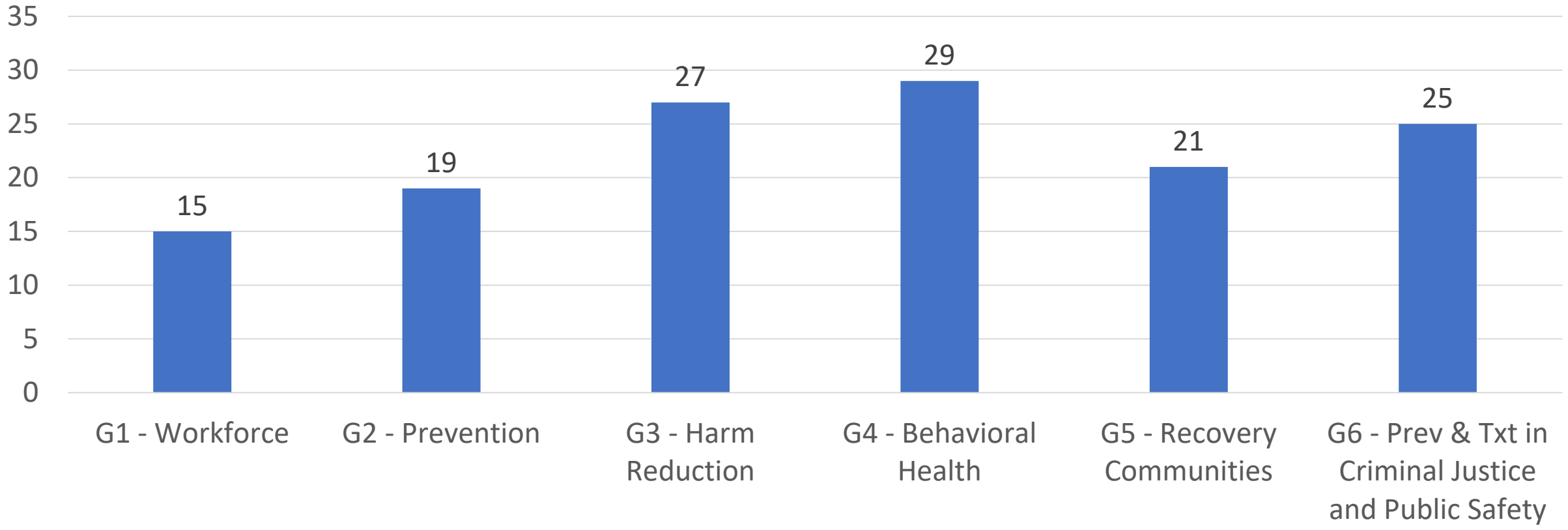
Statewide Survey Respondents.



Statewide Survey Priority Results
NOT reverse ranked



Example of Results of this Approach



Opioid Assessment Data Highlights

What Types of Data are Included

Primary Data

- Statewide Opioid Assessment Survey responses for ranking and prioritizing
- Focus groups
- Key informant interviews

***These data reflect the summary of perspectives from those who participated and are not statistically representative estimates

Secondary Data

- Survey data from BRFSS, YRBS, and NSDUH (these are conducted regularly/ongoing, and are weighted, representative estimates)
- Vital Statistics (death and birth records)
- Hospital discharge data, Medicaid billing

Data Highlights Include

- Secondary data ~ 50 indicators related to opioids and substances, behavioral health, healthcare access, and mortality
- Primary data by goal
- 179 participants in focus group and key informant interviews representing:
  - Community leaders and people who work in substance use prevention, treatment, recovery, including public safety and first responders, carceral settings, courts, public health, behavioral health, and medical fields (n = 85)
  - Persons with lived and living experience with opioid use, misuse, polysubstance use, injection drug use, co-occurring disorders and conditions, homelessness, incarceration, recovery, relapse, and long-term sobriety (n = 75)
  - Friends and family with loved ones who have/had an opioid use disorder including those who passed due to overdose (n = 19)
- 413 respondents to a statewide survey

Secondary Data Notes

- Today's presentation provides only the highlights
- Tables and graphs with detailed data are provided in handout, these are in draft and subject to change
- The order in today's presentation does not mirror how the variables are organized in the handout, look for the alignment with goals in parenthesis following each indicator

Opioid Prescriptions per 100 population (2)

Table XX. Rate per 100 Population of Opioid Prescriptions by County, Nevada, 2020-2025						

- Demographics and county-specific estimates provided when able

Publicly Available Secondary Data Indicators

Indicator	Source/Area of Focus	Goal(s)
Additional Jobs Needed in Nevada to Meet the National Average – Ambulatory Care, Hospital Settings, & Social Assistance- Related to Behavioral Health	UNR School of Medicine/Healthcare access	1
Licensed Mental and Behavioral Health Professionals per 100,000 Population		1
Mental Health Professional Shortage Areas		1
Percent of persons 18 and older who received prescriptions for opioids with an average daily dosage greater than or equal to 90 morphine milligram equivalents (MME) over a period of 90 days or more	Prescription Drug Monitoring Program (PDMP)/Opioid access	2
Opioid prescriptions per 100 population		2

Secondary Data Indicators Requested

Indicator	Source/Area of Focus	Goal(s)
Babies born to a mother using substances	OOA/Exposed Infants	2, 4, 5
Babies born to mothers using opioids		2, 4, 5
Neonatal abstinence syndrome rate per 1,000 births		2, 4, 5
Infant mortality rate per 1,000 births due to opioid exposure		2, 4, 5

Indicator	Source/Area of Focus	Goal(s)
Percent of CPS reports due to drug or alcohol-use	OOA/Impacts on Children & Families	2, 4, 5
Percent of CPS reports substantiated due to drug or alcohol-use as a contributing factor or tracking characteristic		2, 4, 5
Percent of foster care placements due to parental drug and/or alcohol use		2, 4, 5

OOA = Nevada Health Authority, Office of Analytics

Publicly Available Secondary Data Indicators - Continued

Indicator	Source/Area of Focus	Goal(s)
Illicit drug use past month	NSDUH/Use estimates	N/A
Cocaine use past year		N/A
Heroin use past year		2, 3
Methamphetamine use past year		N/A
Prescription pain reliever misuse past year		2
Illicit drug use disorder past year		3
Prescription pain reliever use disorder past year		2
Perceived risk of using select substances	NSDUH & YRBS/Use estimates	2

NSDUH = National Survey on Drug Use and Health
YRBS = Youth Risk Behavior Survey

Publicly Available Secondary Data Indicators – Continued.

Indicator	Source/Area of Focus	Goal(s)
Percent of high school students **who ever took** prescription pain medicine without a doctor's prescription or differently than prescribed	YRBS/Use estimates	2
Percent of high school students who took prescription pain medicine without a doctor's prescription or differently than prescribed **during the 30 days before the survey**	YRBS/Use estimates	2, 3
Percent of adults **who have ever taken** a prescription drug (such as OxyContin, Percocet, Vicodin, Codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription	BRFSS/Use estimates	2
Percent of adults who used prescription drugs without a doctor's order just to feel good or to get high in the **past 30 days**	BRFSS/Use estimates	2, 3

BRFSS = Behavioral Risk Factor Surveillance Survey

Publicly Available Secondary Data Indicators – Continued..

Indicator	Source/Area of Focus	Goal(s)
Perceived risk of using select substances - Rx opioids; self, parental, peer	YRBS/Risk factors	2
Adverse childhoods experiences - ACEs	YRBS & BRFSS/Risk factors	2
Mental Health Professional Shortage Areas	HRSA/Healthcare access	1
Preferred substances used – heroin, other opioids	SAMHSA/Use estimates	2, 3, 4
Counties with a MAT program implemented in county-level jail	Bill Teel/Carceral	6

HRSA = Health Resources and Services Administration
SAMHSA = Substance Abuse and Mental Health Services Administration

Secondary Data Indicators Requested – Continued

Indicator	Area of Focus	Goal(s)
Emergency department (ED) visits - opioids	Healthcare System Utilization	2, 3
ED visits - other drugs	Healthcare System Utilization	N/A
Inpatient hospitalizations - opioids	Healthcare System Utilization	2, 3
Inpatient hospitalizations - other drugs	Healthcare System Utilization	N/A

Indicator	Area of Focus	Goal(s)
Individuals ≥18 years of age who received prescriptions for opioids from ≥4 prescribers AND ≥4 pharmacies within ≤180 days	Screening & Txt	2
Medicaid beneficiaries who have a claim for MAT for SUD (among those with SUD)	Screening & Txt	1, 3, 4
Percent of Nevada Medicaid beneficiaries with an ED visit with a principal diagnosis for SUD and received follow-up care for SUD within 7 or 30 days of the ED visit	Screening & Txt	3, 4
Percent of Nevada Medicaid beneficiaries with a high-intensity visit with a principal diagnosis for SUD and received follow-up care for SUD within 7 or 30 days of the high-intensity visit	Screening & Txt	3, 4

Indicator data provided by Office of Analytics

Secondary Data Indicators Requested – Continued.

Indicator	Area of Focus	Goal(s)
Percent of Medicaid authorized providers billing for SBIRT	Screening & Txt	1, 4
Percent of Medicaid authorized providers billing for substance use disorders	Screening & Txt	4
Percent of Medicaid authorized providers billing for opioid use disorders	Screening & Txt	4
Percent of hospitals billing for MAT induction in emergency departments	Screening & Txt	1, 3, 4
Medicaid beneficiaries with a principal diagnosis of drug abuse or dependence	Screening & Txt	4
Nevada MCO averages for 7-day follow up	Screening & Txt	4
Nevada FFS averages for 7-day follow up	Screening & Txt	4
Nevada MCO averages for 30-day follow up	Screening & Txt	4
Nevada FFS averages for 30-day follow up	Screening & Txt	4
Medicaid beneficiaries assessed for substance use disorder (SUD) treatment needs using a standardized screening tool	Screening & Txt	1, 4

Indicator data provided by Office of Analytics

Secondary Data Indicators Requested - Continued

Indicator	Area of Focus	Goal(s)
Deaths due to substances, excluding alcohol	Mortality	N/A
Deaths with opioids involved (opioid-related)	Mortality	2, 3
Top substances contributing to death among unintentional or undetermined overdose related deaths in Nevada by substance type	Mortality	N/A
Circumstances preceding death among unintentional drug overdose deaths attributed to opioids (SUDORS)	Mortality	see below
Recent period of opioid use abstinence followed by relapse	Mortality	5
History of previous overdose	Mortality	3, 5
Ever treated for substance abuse	Mortality	4
Recent release from jail/prison within a month before death	Mortality	6
Recent release from hospital within a month before death	Mortality	3, 4
Decedent had been identified as currently having a mental health problem	Mortality	4
Decedent had a history of attempting suicide before the overdose	Mortality	4
Decedent had a history of suicidal thoughts, plans, or attempts before the overdose	Mortality	4

Indicator data provided by Office of Analytics

Goal 1 Workforce Development & Implementation of Recommendations

This goal aims to **increase workforce development and capacity for programs that equip both the future and current workforce with the skills, knowledge, and expertise across the continuum of care**.

This also includes **strategic thinking, visioning, action planning, and implementation** to create proactive systems with a positive impact on Nevada's communities.

Goal 1 Secondary Data Highlights

- Over 90% of Nevadans live in a HRSA-designated Mental Health Professional Shortage Area
- Nevada is above the national average of professionals working in Psychiatric and Substance Abuse Hospitals
- Most severe shortages among behavioral health professionals employed in Offices of Physicians, Outpatient Mental Health and Substance Abuse Centers, including Mental Health Specialists and Community and Social Service Specialists
- Rural and frontier counties have the lowest rates of professionals per capita
- In 2024, less than 3% of Medicaid authorized providers billing for Screening, Brief Intervention, and Referral to Treatment (SBIRT), and only 7 counties have any Medicaid authorized providers billing for SBIRT
- Less than 1% of Nevada hospitals are billing for medication assisted treatment (MAT) induction in emergency departments (ED)

Goal 1 – Key Informant & Focus Group Highlights

Workforce shortages are frequently mentioned challenge by community leaders in most communities, across all areas of care, mental, substance use treatment and supportive services

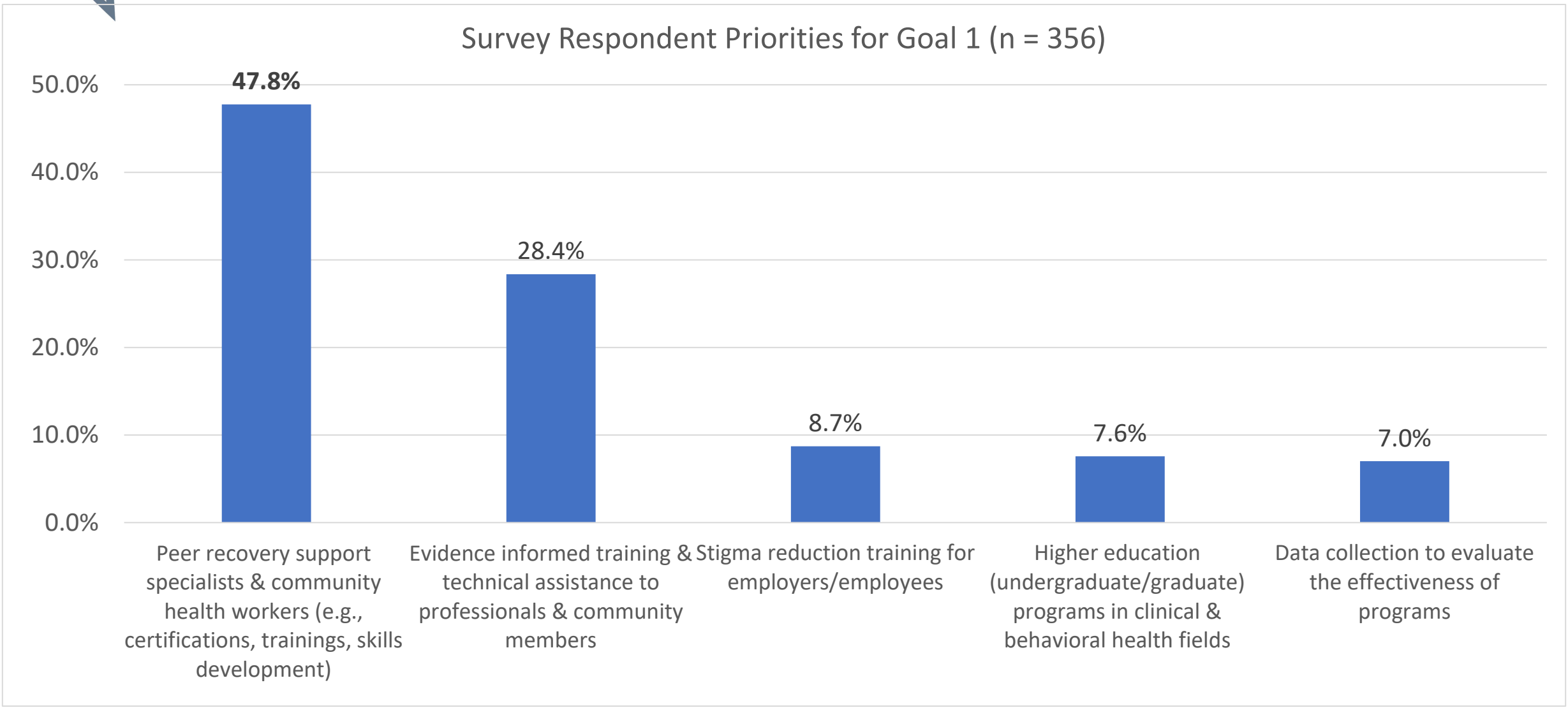
PWLE requested more peer support service specialists (PRSS) and a more compassionate healthcare workforce (we need stigma training)

Goal 1 – Key Informant & Focus Group Highlights.

Workforce needs to be able to serve the needs of people who use drugs, where they physically are located (mobile outreach)

Providers do not regularly screen patients for substance use disorders or misuse

Goal 1 If you could prioritize funding for community workforce and capacity building, what is the ONE strategy you would prioritize?



Goal 2 Prevent the Misuse of Opioids

This goal includes prevention across all levels from general public to prevention of negative outcomes among those using opioids.

Activities implemented should consider differential impacts and accessibility limitations, resulting in health disparities (e.g. cultural, linguistic, and environmental considerations). Detailed data collection, selection of appropriate interventions, and involvement of impacted community members in planning and implementation are essential for ensuring health equity across prevention efforts.

Goal 2 Secondary Data Highlights

- From 2020 to 2025, opioid prescription rates decreased
- In 2024, among babies born to mothers who used substances, 19.0% were born to mothers who used opioids
- From 2022 to 2024 nearly 1 in 4 foster care placements were due to parental drug and or alcohol use
- In 2025, 1 in 4 high school students perceive people are at no/slight risk of harming themselves if they use prescription drugs not prescribed to them
- Adverse childhood experiences (ACEs) are an important risk factor for substance use and Nevada youth have a high prevalence of ACEs
  - From 2021 to 2023 ACEs among middle school students increased
  - In 2023 21.2% of high school students reported four or more ACEs
  - In 2023, adults in rural and frontier counties reported higher number of ACEs

Goal 2 Secondary Data Highlights.

- 2023 and 2024 Nevada estimates of substance use, misuse, and use disorders are higher than the United States
  - This is partially due to marijuana being included in the definition of illicit substances
  - Past month use of illicit substances among those aged 18-25 years was 33.2%
  - Past month prescription pain reliever misuse among those 26 years and older was 3.8%
- From 2016 to 2024, the rate of ED visits and inpatient hospitalizations due to opioids fluctuated, but overall declined
  - In 2024, over half of ED visits (56.0%) and inpatient hospitalizations (61.4%) were persons insured by Medicaid
  - For context, ~5% of Medicaid beneficiaries have a diagnosis for substance dependance (excluding alcohol and tobacco)
- Opioid-related deaths have been increasing from 2020 through 2024, however in 2025 (data not included), have declined
  - Highest among males, persons aged 18 to 34 years, and those who are White, non-Hispanic

Goal 2 – Key Informant & Focus Group Highlights

Community leaders concerned with lack of robust standardized prevention programming among youth, no standardized

PWLE 3 major approaches to prevention: 1) Need mentorship, role models, and support systems; 2) Healthy coping mechanisms since SU is a response to stress, trauma, or emotional distress; 3) Start at a young age

Goal 2 – Key Informant & Focus Group Highlights.

Youth are obtaining information through social media, which is inaccurate and, in some cases, harmful

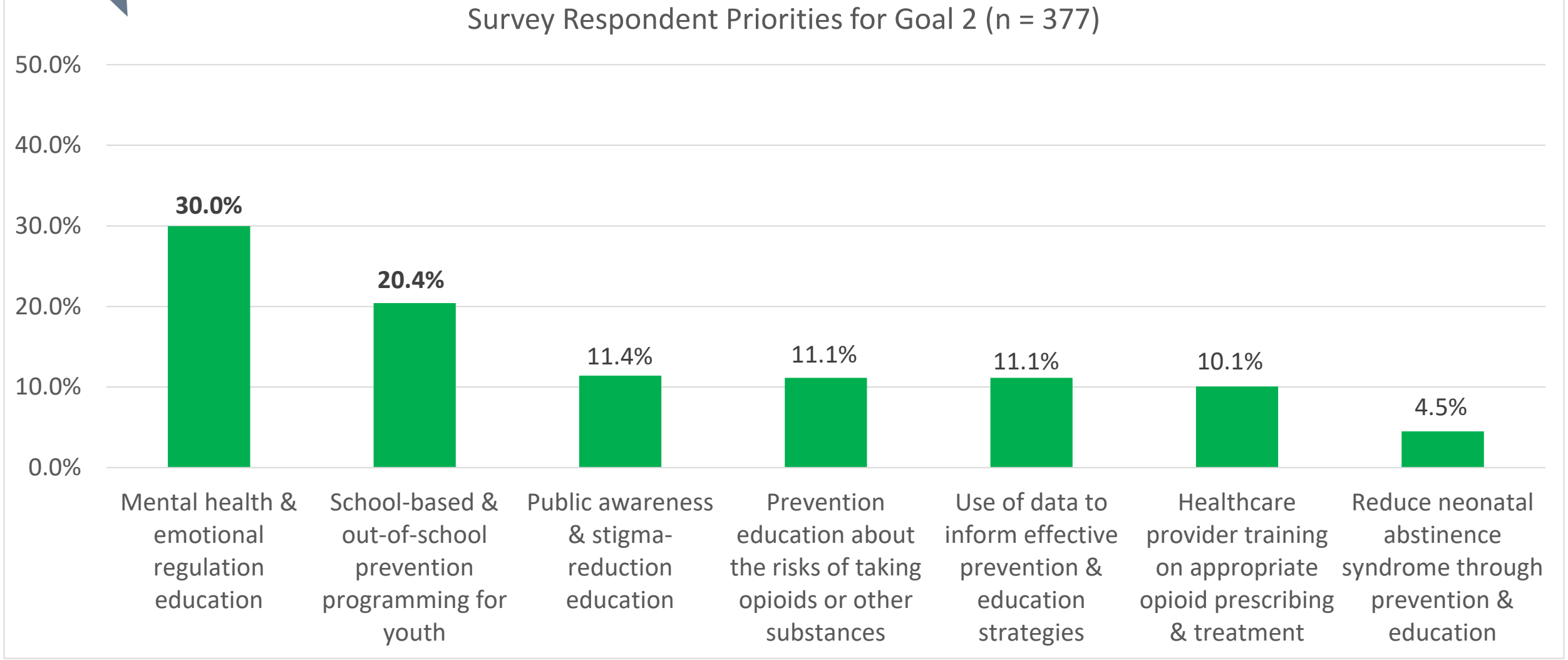
ACEs are important markers for identifying at-risk youth

Goal 2 – Key Informant & Focus Group Highlights..

Adults are not having honest and open conversations with youth about drugs

Substance use increases isolation from family, friends, and social supports

Goal 2 If you could prioritize funding for strategies that prevent the misuse of opioids, what is the ONE strategy you would prioritize?



Goal 3 Reduce Harm Related to Opioid Use

Includes approaches that engage directly with individuals who use drugs to prevent overdose and transmission of infectious disease.

Harm reduction involves improving the physical, mental, and social well-being of those served, reducing stigma, and offering low-threshold options for accessing substance use treatment.

Purchase of items that are considered paraphernalia pursuant to NRS 453 are unallowable.

Goal 3 Secondary Data Highlights

- In 2024, among Nevadans who died due to an unintentional drug overdose
  - 9.5% had been released from a hospital the month prior
  - 8.6% had a history of previous overdose
- In 2025, 7.5% of Nevada high school students reported they took a prescription pain medicine without a doctor's prescription or differently than prescribed in the past 30 days
- In 2024, 48.4% of Medicaid patients with a high-intensity SUD visit received follow up care for SUD within 30 days after discharge

This area also includes use estimates, misuse, and use disorder estimates, ED visits, hospitalizations, and deaths due to opioids and other substances, MAT induction in emergency departments

Goal 3 – Key Informant & Focus Group Highlights

Recovery is not linear, we must accept PWLE may be in any stage from use, misuse, chaotic use, to periodic use or relapse, or long-term recovery

PWLE can be an important link to get harm reduction supplies to those who need it most

Goal 3 – Key Informant & Focus Group Highlights.

For some, drug use provides functional purpose (e.g. maintain energy levels, keeping up with daily responsibilities)

Unhoused PWLE are experiencing high rates of theft, violence, and loss of friends and family – add this to lack of stability in food, housing, transportation and more

Goal 3 – Key Informant & Focus Group Highlights..

PWLE in most rural and frontier communities are not aware of where and how they can access free Narcan

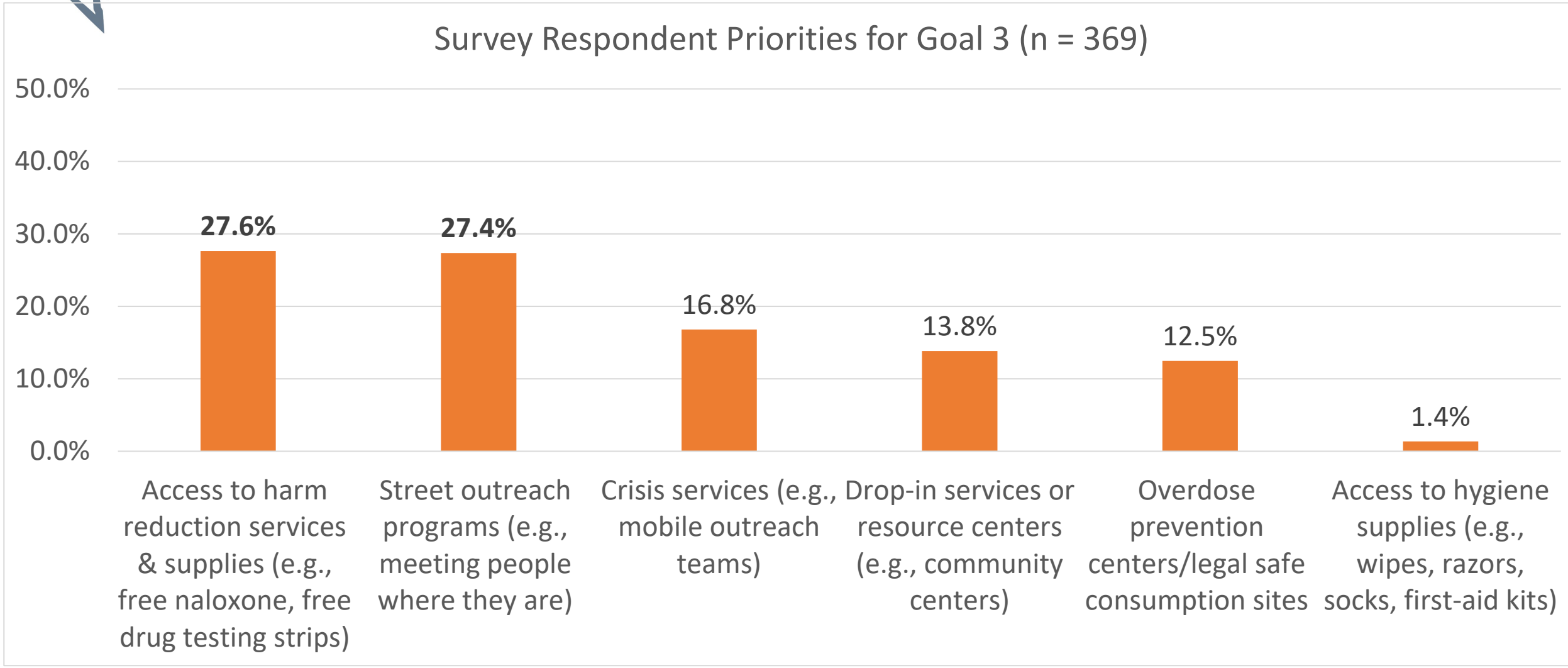
PWLE in urban communities are mostly aware what resources exist, however consistency in which organization provides it, when and where they can obtain these resources remain challenges

Goal 3 Key Informant & Focus Group Highlights

Narcan is the most well known and understood harm reduction supply

Other harm reduction supplies are not well supported by rural and frontier communities

Goal 3 If you could prioritize funding for strategies to reduce the likelihood of death or injury from opioid use, what is the ONE strategy you would prioritize?



Goal 4 Provide Behavioral Health Treatment

Behavioral health includes **mental health, substance use, and/or co-occurring disorders such as life stressors, crises, and stress-related physical symptoms**.

Behavioral health care and behavioral health integration is the **prevention, diagnosis, and treatment of these conditions by promoting whole-person care**, closing treatment gaps, enhancing access to long-term monitoring services, reducing risk of self-harm, increasing positive health outcomes, improving patient satisfaction, and promoting long-term cost effectiveness.

Behavioral health treatment is integral to aiding communities in prevention of and recovering from opioid use disorders among those with mental health diagnoses. This includes prenatal though geriatric populations.

Goal 4 Secondary Data Highlights

- In 2024, among those who died due to an unintentional drug overdose
  - 15.6% had been identified as currently having a mental health problem
  - 5.6% had ever been treated for substance abuse
  - 4.6% had a history of suicidal thoughts, plans, or attempts
- In 2024, Medicaid authorized providers that billed for
  - Substance use disorders – 24.8%
  - Opioid use disorders – 18.9%
- The proportion of Medicaid beneficiaries with a SUD diagnosis who received MAT increased from 2020 (23.7%) to 2024 (30.0%)
- The proportion of Medicaid beneficiaries assessed for SUD treatment needs using standardized tools increased from 2020 (8.15) to 2024 (27.1%)

This area includes indicators related to infant and children (e.g. substance-exposed infants, CPS and foster systems), MAT induction in emergency departments, Medicaid authorized providers billing for SBIRT, follow up SUD care after ED and high-intensity visits

Goal 4 Key Informant & Focus Group Highlights

Cannot address substance use without addressing the underlying mental health issues

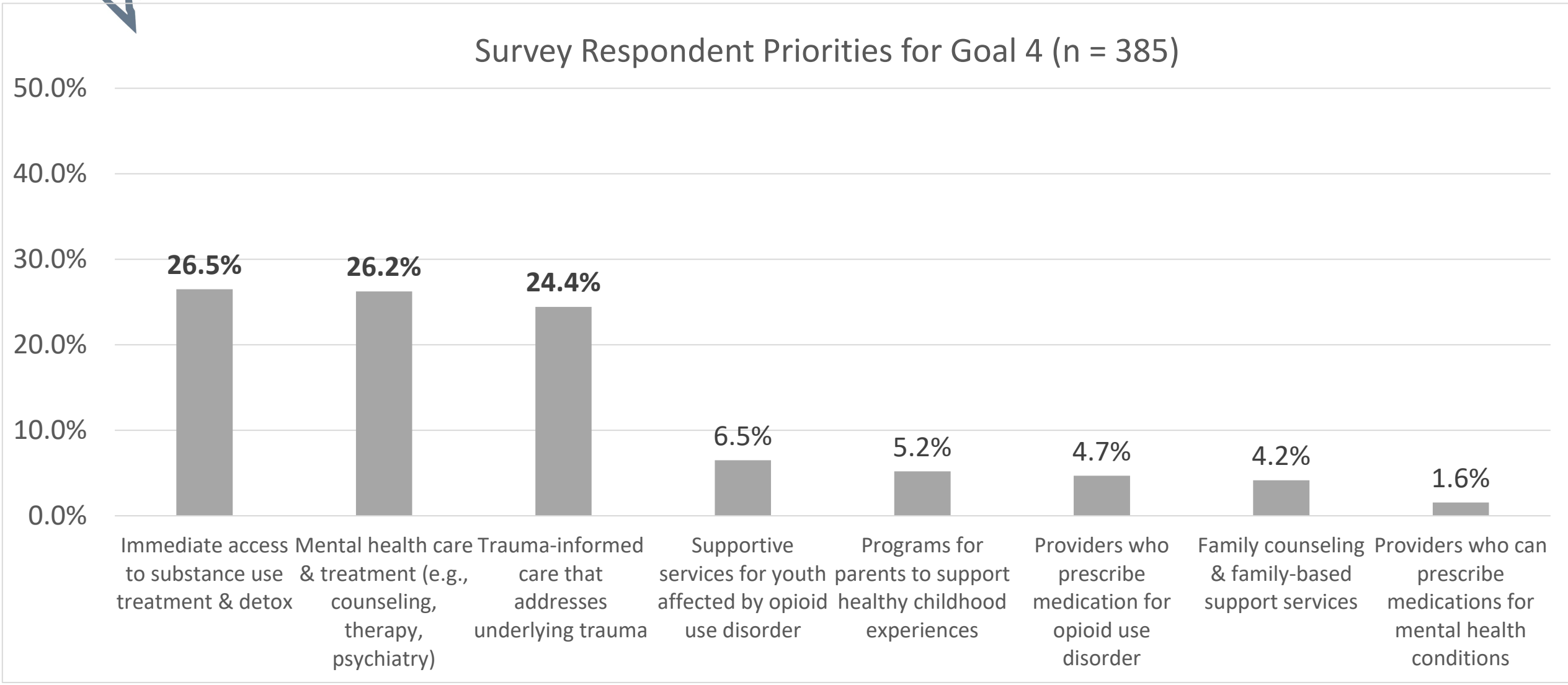
Loneliness and isolation were regularly mentioned as reasons why addictive patterns “took over” and why recovery continues to be difficult

Goal 4 Key Informant & Focus Group Highlights.

There is a lack of providers or a long waiting list for accessing mental health and substance use treatment across the entire state, however in many rural and frontier communities, these resources do not exist

PWLE major concerns are with stigma, being treated as a problem/nuisance/less than, not being listened to, being forgotten, providers fail to address pain

Goal 4 If you could prioritize funding for mental health or behavioral health treatment services, what is the ONE strategy you would prioritize?



Goal 5 Implement Recovery Communities

Recovery communities provide connections to treatment and services for individuals in recovery to integrate into the community to increase chances of maintaining recovery.

Recovery communities incorporate the social determinants of health (SDOH) as an integral part of recovery and living successfully in the community.

SDOH includes financial resources, social and community factors, education access and quality, health care access and quality, the neighborhood and environment in which a person lives.

Goal 5 Secondary Data Highlights

- In 2024, among those who died due to an unintentional drug overdose
  - 5.9% had a recent period of abstinence followed by relapse

This area includes indicators related to infants and children (e.g. substance-exposed infants, CPS and foster systems) and those with recent relapse prior to fatal overdose

Goal 5 Key Informant & Focus Group Highlights

PWLE are learning to cope with life's challenges while being asked to maintain recovery

Issues and needs which may not have been previously addressed are all being asked to be managed at once (car, rent, job, health, social interactions, court hearings)

Goal 5 Key Informant & Focus Group Highlights.

PWLE not accessing screenings through traditional paths (HIV and HCV test usually only in prison), limited/no options for medication assisted treatment (MAT), varied personal preference for which type of medication

PWLE in rural communities prefer an in-person provider, lots of distrust in telehealth options – **stability and regularity are key in recovery**

Goal 5 Key Informant & Focus Group Highlights..

Lack of transportation even in urban communities (unable to afford a vehicle, lost license privileges) remains a barrier to employment, accessing healthcare, and treatment

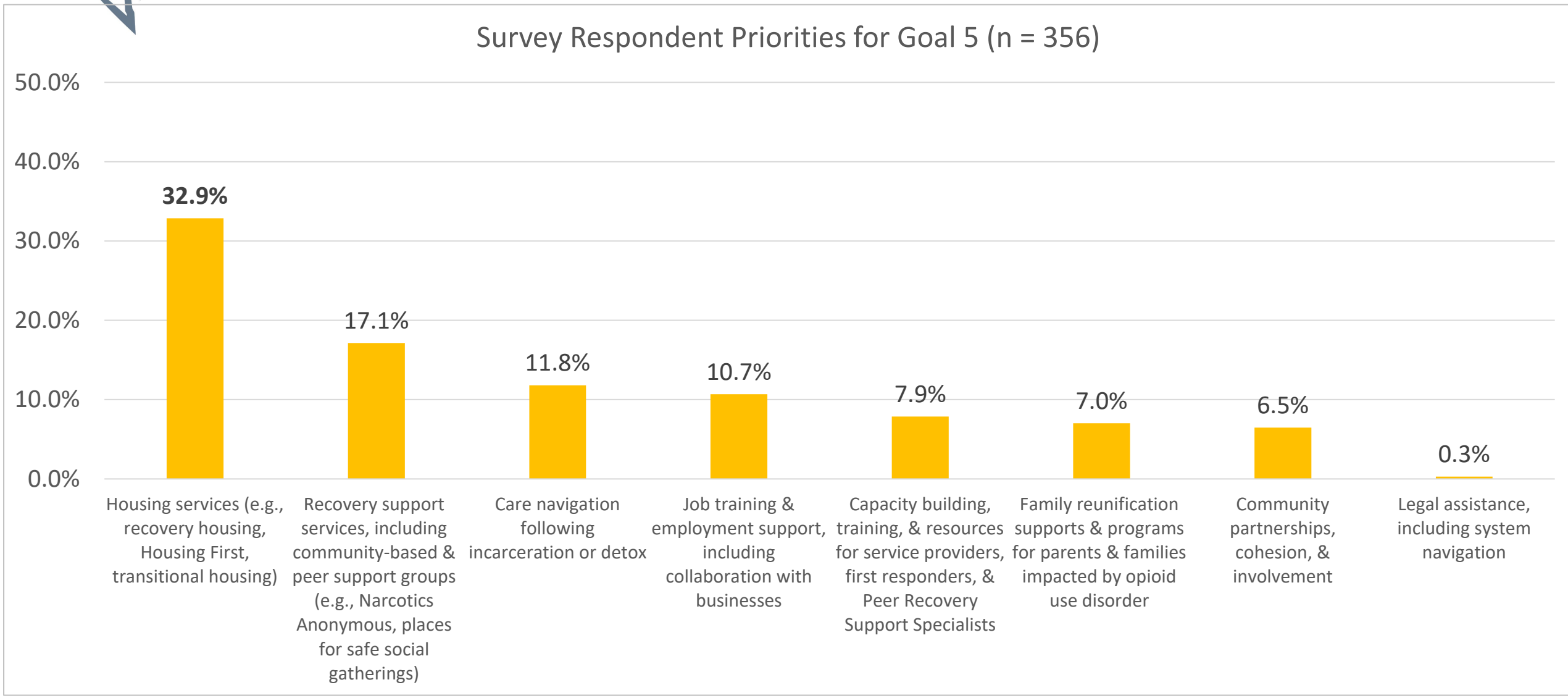
PWLE are interested in nutrition and physical activity guidance to manage weight gain when in recovery

Goal - 5 Key Informant & Focus Group Highlights

Social support, even informal supports, are necessary to succeed in recovery

More than 90% of community leaders identified only positive impacts from providing services for PWUD

Goal 5 If you could prioritize funding for long-term recovery and reintegration services, what is the ONE strategy you would prioritize?



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

This goal aims to **improve the access to quality care for justice-involved individuals and support individuals with opioid use history leaving levels of confinement**.

This includes access to medications for opioid use disorder (MOUD) and other treatment interventions within the carceral setting and other criminal justice settings through transitional periods, so people can recover from OUD and maintain recovery in the community.

This should incorporate connections to care, assessment and diagnosis, wraparound services, and facilitating release into treatment with prescriptions, developing relationships with pharmacies, treatment providers, parole and probation as well as court systems.

Goal 6 Secondary Data Highlights

- In 2024, among those who died due to an unintentional drug overdose
  - 2.0% had been released from jail/prison within the month before death
- Will provide updates on counties with MAT programs being implemented in jail
  - Washoe and Clark have MAT programs, however mixed feedback on screening, time until medication is available, being discharged with medication

Goal 6 Key Informant & Focus Group Highlights

Some PWLE stated incarceration was the primary factor for initial sobriety; it is not sufficient for sustained recovery

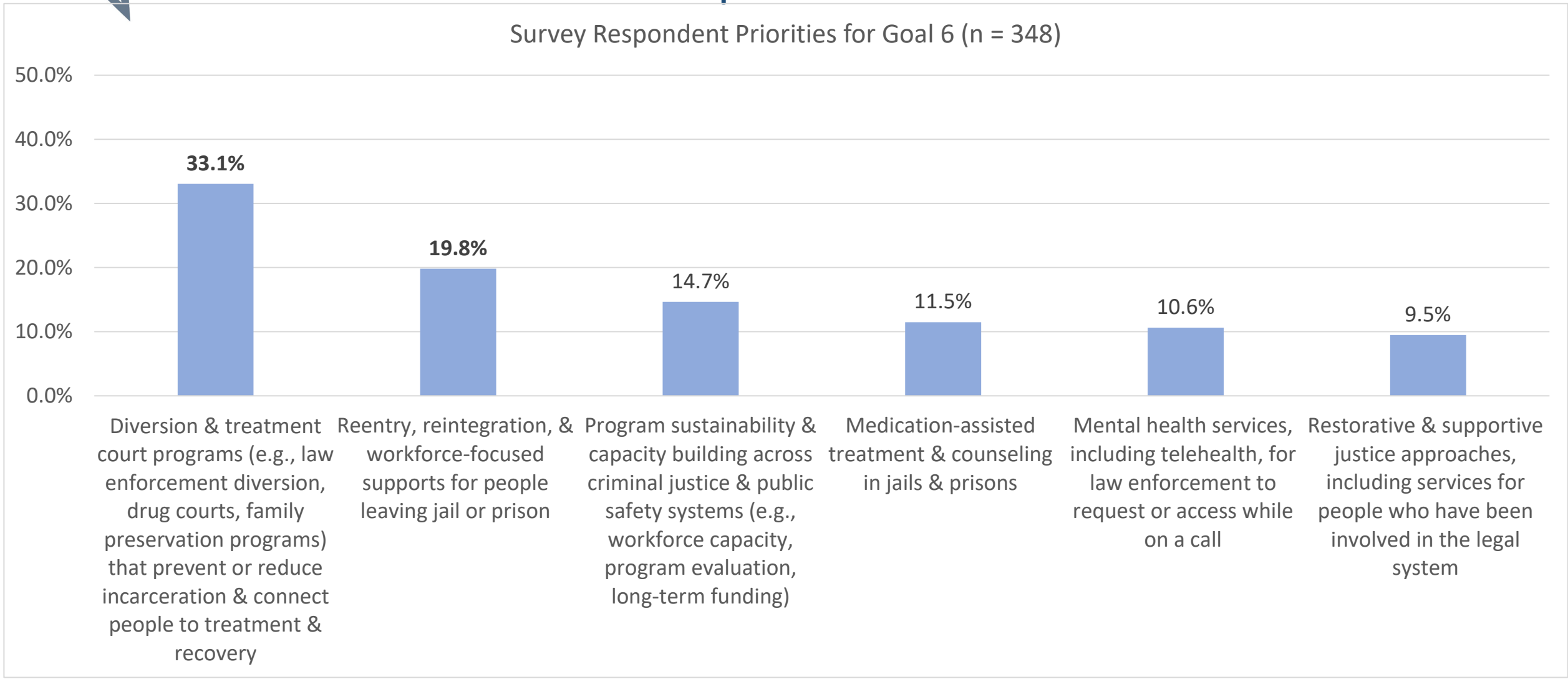
Many who work in justice-involved occupations report persons who use drugs cycle in and out of their systems

Goal 6 Key Informant & Focus Group Highlights.

PWLE emphasized contact with the criminal legal system adds challenges in securing housing, maintaining employment, and reconnecting with support networks, ultimately making long term recovery more difficult

PWLE in rural and frontier communities reported they have asked and been denied Narcan from law enforcement personnel

Goal 6 If you could prioritize funding for criminal justice or public safety systems, what is the ONE strategy you would prioritize?



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

This goal aims to **improve data collection and reporting to better understand the impact of opioids on Nevadans**.

This includes survey data, monitoring trends, criminal justice data, overdoses, healthcare utilization, and co-occurring health conditions, with a focus on health disparities to identify solutions.

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

- None of the secondary data indicators are specifically designed to capture this measure, rather the data are reflections of how well we are doing related to this goal
- Goal 7 should be embedded in each program and project funded by Statewide Opioid Settlement dollars
- Should be reported regularly in a standardized manner

Ranking of Recommendations within Each Goal

Recommendation Ranking Survey

- The modified Hanlon method allows for a score to be calculated for each goal; this will help to prioritize goals
- A survey will be sent to ACRN and SURG members asking members to rank recommendations within each of the goal areas
- The recommendations come from the (already ranked) list of recommendations from each of the SURG Subcommittees as well as the recommendations put forth by ACRN Subcommittees (not yet ranked)
- Opioid-related SURG recommendations were sorted into one of the 7 FRN goals

- To view the recommendation reports which include more context, use the links below
  - ACRN 2026 Biennial Report
  - SURG 2026 Annual Report

Ranking of Recommendations within Each Goal.

- The recommendations provided by ACRN and the opioid-related recommendations from SURG are much more detailed in nature and get to the specifics of what project(s) under a specific goal might be considered
- The recommendations will be identified as either coming from ACRN or SURG documents
- ACRN and SURG members will be asked to identify themselves in the survey, to be compliant with open meeting laws, results will include the number of members who completed the survey
- **This survey will NOT be short, please take this on a laptop or desktop computer (not a mobile phone)**

Considerations for Ranking Decisions

- Secondary data tables and figures
- Primary data input from primary data input from Nevadans, community leaders, persons with lived and living experience, friends and family
  - Survey
  - Focus group and key informant interviews
- Whether the recommendation is already underway or being actively worked on

Recap of Today and Next Steps

- Method for scoring the goals (Hanlon)
- Provided a high-level overview of data in today's presentation
- Secondary data provided in a more detailed report
- Provided in today's presentation
  - Key takeaways from primary data
  - Survey rankings for goals and prioritization results for areas under each goal to be address
- Next step is for ACRN and SURG members to rank the recommendations put forth by those respective groups within each of the 7 FRN goals

Contact Information

Heather Kerwin, MPH, CPH
Opioid & Infectious Disease Epidemiologist
H.Kerwin@health.nv.gov
(775) 688-0457