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## Meeting Minutes from Notice of Public Meeting

### Advisory Committee for a Resilient Nevada

August 8, 2023 / 10:00 AM to Adjournment

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I. Call to Order, Roll Call of Members, and Establish Quorum

Members Present: Chair David Sanchez, Vice Chair Karissa Loper, Secretary Pauline Salla, Dr. Karla Wagner, Jessica Barlow, Brittney Collins-Jefferson, Ryan Gustafson, Lilnetra Grady, Dr. Farzad Kamyar, Katherine Loudon, Elyse Monroy-Marsala, Malieka Toston, Cornelius Sheehan, Jamie Ross, Quintella Winbush, Darcy Patterson

Members Excused: Ariana Saunders

Staff/Guest Present: Dawn Yohey, Joan Waldock, Debra DeCius, Beth Slamowitz, Vanessa Diaz, Sarah Adler, Linda Anderson, Dr. Terry Kerns, Henna Rasul, Donna Laffey, Ester Quilici, Stephani Barham, Tina Dortch, Noelle Hardt, Marianne McKown, Lea Case, Tracy Palmer, Keita Williams

Chair Sanchez called the meeting to order at 10:00 am. Mr. Goodlander called the roll and announced quorum was established.

II. **Public Comment #1**

There was no public comment.

III. **Review and Approve Minutes from June 13, 2023, ACRN Meeting**

Secretary Salla motioned to approve minutes, and Ms. Patterson seconded. Mr. Gustafson approved. Dr Kamyar approved. Ms. Barlow approved. Ms. Salla approved. The minutes were approved. Dr. Wagner, Mr. Sheehan, and Ms. Ross abstained.

#### IV. **Fund for a Resilient Nevada: Update on settlement funds and program funding**

Dawn Yohey, Clinical Program Planner, Director's Office, Department of Health and Human Services (DHHS)

Ms. Yohey discussed *Nevada Revised Statutes* 433.712 through 433.744, which established the Fund for a Resilient Nevada fund in 2021. The Department of Health and Human Services is responsible for a statewide needs assessment and plan to guide funding allocation, with assistance provided. The needs assessment was completed in July 2022, followed by the finalization of the statewide plan in December. The Advisory Committee for a Resilient Nevada was formed to prioritize recommendations to the Director's Office biennially by June 30, with a report due by January 31 each year. This year's report was completed and linked. Preceding funding allocation, opioid fund mapping was conducted. Funding details include \$20 million annually for two years, \$16 million from the state opioid response (SOR) grant every two years, \$5 million for two years for the comprehensive opioid stimulant and substance use program (COSSAP), and \$2.6 million per year for five years for the overdose data to action (OD2A) state portion. A presentation is expected on the OD2A application. Local levels average about \$2.3 million annually for five years. Expenditures from the Division of Health Care Financing and Policy (DHCP), Nevada Medicaid are outlined from July 2021 to June 2022 for opioid and substance use disorder services.

The state plan goals listed are as follows:

- ◆ Ensure local programs have capacity to implement recommendations effectively and sustainably
- ◆ Prevent the misuse of opioids
- ◆ Reduce harm related opioid use
- ◆ Provide behavioral health treatment
- ◆ Implement recovery communities across Nevada
- ◆ Provide opioid prevention and treatment consistently across the criminal justice and public safety systems
- ◆ Provide high quality and robust data and accessible, timely reporting

Ms. Yohey discussed the Fund for a Resilient Nevada's implementation, which involves turning recommendations into actionable strategies and objectives aligned with various goals. The fund's budget spans 18 years and has been approved through legislative sessions and Interim Finance Committee. She listed ongoing and executed awards, with details about recipients, funding amounts, purposes, locations, and their alignment with state plan goals. The Department of Health and Human Services is required to provide technical assistance for counties to develop needs assessments and plans to access state funds. Mercer Health is contracted to assist several counties. Some counties have completed their needs assessments, while others are in progress. The One Nevada Agreement requires reporting on fund usage, with entities reporting intended or actual use of funds. Examples of fund utilization include fentanyl awareness campaigns, mobile teams, and criminal justice initiatives.

Ms. Yohey explained the report was for the 2022 calendar year.

V. **Fund for a Resilient Nevada: Presentation on Quality Assurance Evaluation and Reporting Guidelines**

Vanessa Diaz, Quality Assurance Specialist, Director's Office, DHHS

Ms. Diaz discussed current reporting and evaluation guidelines. They cover the concept of an evaluation plan, its significance, and its role in assessing program effectiveness. The evaluation plan serves as a framework to guide the evaluation process, ensuring that programs meet their goals. The evaluation plan is a dynamic document subject to updates, reflecting changes and improvements in program assessment, which is a central element for understanding program effectiveness and generating evaluation reports. Ms. Diaz emphasized the evaluation plan is crucial for informed decision-making, enabling programs to enhance performance. Feedback is emphasized as a part of the approach, allowing for proactive adjustments and improvements within the award period cycle. The evaluation process informs program funding for subsequent cycles.

Ms. Diaz explained the concept of accountability within an evaluation context. She highlighted how the evaluation team can ensure programs follow their plans or scopes of work, which detail goals, objectives, and deadlines. Accountability involves checking program progress against the established timeline and offering necessary support, such as technical assistance or training. This approach fosters transparency and helps in maintaining program commitments.

Ms. Diaz next mentioned the incorporated Pew Charitable Trust guidelines as a foundational aspect of the evaluation process, specifically for treatment providers. The "cascade of care" is a set of core metrics used to track data related to opioid use disorder treatment, spanning from diagnosis to recovery. This framework is specifically applicable to the treatment providers being funded in the current award cycle. Ms. Diaz highlighted the importance of evaluation questions to identify how knowledge, attitudes, beliefs, and behaviors will be influenced by the funded programs. The key questions revolve around the impact on program recipients and organizations, as well as the short-, medium-, and long-term goals. A visual representation was referenced to summarize the areas of interest in measuring program impact. Ms. Diaz indicated that this approach seeks to gauge people's reactions, what they have learned, changes in behavior, and the resulting benefits.

Ms. Diaz delved into the methodology of the evaluation process. She emphasized its significance, particularly regarding validity, reliability, and the use of qualitative and quantitative data. She noted program activities and objectives, as listed in the scope of work, serve as the basis for measurement and assessment of success. On a monthly basis, the evaluation team checks if programs are on track with their activities and objectives. Important questions related to methodology include the types of data being collected—surveys, interviews, or group discussions. She highlighted sampling procedures and data analysis methods, as well as protocols ensuring anonymity and confidentiality. She referred members to a visual aid depicting two distinct evaluations, underscoring the planning and methodology used to effectively gauge the success and impact of the program's activities. Process evaluation encompasses the "who, what, when, and where" of the program and involves qualitative and quantitative data. She explained outcome evaluation focuses on changes, effects, and impacts of the program, also employing qualitative and quantitative data.

Ms. Diaz detailed ongoing program evaluations and documents required from providers. Monthly project status reports are submitted by each program. Monthly provider calls are held to discuss these reports and address any additional matters. Data collection is required monthly, particularly for treatment providers who need to provide these documents to receive reimbursement. Site visits are scheduled six months to one year after the award is granted, allowing in-person assessment of program operations.

Ms. Diaz explained the structure and purpose of the project status reports. The first page provides project name, funding amount, project manager, and total expenses up to the current month. The report includes highlights and overall status updates for the month, addressing factors like delays and client referrals.

The scope of work progress section lists each goal for clarity. Progress on each goal is tracked, and updates are sought monthly.

Providers can list monthly concerns, any encountered roadblocks, community trends, and solutions. She illustrated that these concerns could involve requesting help with data collection, leading to a solution like seeking technical assistance and training from the team. She further highlighted the section dedicated to "Supports Needed." In this section, programs are given the opportunity to seek assistance or help from the evaluation team. She emphasized the active involvement and participation of the team in addressing any hurdles or obstacles that programs may face on a month-to-month basis.

She explained that the Fund for a Resilient Nevada (FRN)'s job is to facilitate communication, provide updates, celebrate successes, and ensure that programs have the necessary support to overcome challenges.

Ms. Diaz then moved onto the "Monthly Provider Call" process. The call serves as a platform for addressing questions and concerns related to the project status report, occurring after its submission.

She explained that these calls cover various topics, including requests for reimbursements. The team reviews purchase reports submitted by providers, examining the items being requested for reimbursement. During the call, the team evaluates the appropriateness of costs and addresses any unallowable expenses. The call also serves as an opportunity to discuss obstacles, solutions, and updates in greater detail.

Ms. Diaz explained the purpose and process of data collection in the evaluation framework. Data collection responsibilities vary among providers funded for different purposes, including treatment providers who often require monthly data collection, while others might require annual data submissions. The data collection involves using evidence-based and standardized surveys such as Treatment Episode Data Set (TEDS) and National Outcome Measure Survey. She continued the treatment providers are mandated to submit monthly data, while other programs submit data annually for reimbursement purposes. The types of data collected

include demographics (age, race, zip code, primary diagnosis), co-occurring disorders, treatment details, additional referrals, and trends. The goal is to identify patterns and actionable insights.

She then discussed the expected outcomes tool in their evaluation process. It focuses on translating plans into actionable steps, addressing who will be responsible for various tasks and how they will be accomplished. It outlines roles for data analysis, data gathering, report writing, resource provision, and coordination of activities like site visits and presentations. The tool serves to maintain organization and accountability, ensuring consistent and effective internal program evaluation.

She emphasized that their organization takes internal responsibility for evaluation plans and monitoring programs. While they conduct ongoing evaluations themselves, they also collaborate with external evaluators to assess program efficacy and effectiveness.

## VI. **Presentation on Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP)**

Dr. Terry Kerns, Opioid Coordinator, Office of the Attorney General

Dr. Kerns provided information about a grant that was awarded in December 2022, for a three-year period running through 2025. Although there was a delay in starting, a no-cost extension is anticipated to make up for the time lost. The grant's allowable uses include law enforcement and first responder diversion programs. She noted two specific programs addressed in the grant—the MOST (Mobile Outreach Safety Teams) and FASTT (Forensic Assessment Services Triage Teams). MOST focuses on diversion, and FASTT helps those already in the criminal justice system.

Another allowable use is the distribution of Naloxone. The collaboration between the Attorney General's Office and DHHS aims to avoid competing for the same funding and encompasses multiple grant objectives. Funds are sub granted to Partnership Carson City, Churchill Community Coalition, Douglas County Partnership, Healthy Communities Coalition, and others to cover specific counties.

The University of Nevada, Reno (UNR) and Social Entrepreneurs Incorporated have been engaged for evaluation and subject matter expert training respectively. Some of the activities funded had previously been covered by the Overdose Data to Action Grant, which ended. This continues certain initiatives and the evaluation component under the new grant.

Dr. Kerns highlighted various aspects of the program and its subgrants. She directed the audience to the Nevada Regional Behavioral Health Policy Boards website "Resource" section for detailed information about the MOST and FASTT programs. She noted the creation of toolkits for the MOST and FASTT teams as deliverables, enabling other counties to establish these teams more efficiently.

Partnership Carson City's goals include jail diversion, deflection programs, evidence-based practices, collaboration with community partners, and reducing recidivism. Community Chest has similar goals but also focuses on Naloxone distribution and drug take-back days, with Nye

Communities Coalition overseeing the distribution of Naloxone and drug take-back days across the state.

The COSSUP grant does not fund Naloxone directly but supports personnel, advertising, and related efforts through community coalitions. For areas without MOST or FAST, the approach involves "MOST-lite" programs, where peer recovery support specialists and community health workers play crucial roles in the absence of certain resources. The emphasis is on collaboration between law enforcement and behavioral health professionals to serve rural and frontier counties effectively.

Dr. Kerns noted the evaluation process was challenging when practitioners were responsible for data entry, so a person has been funded under Partnership Carson City to handle data entry and improve data quality for evaluating the effectiveness of the programs.

The subaward to SSI (Social Solutions International) provides training. SSI has already provided training on the Ohio Risk Assessment System tool for some awardees.

Approximately \$5.7 million was allocated for the COSSUP grant over three years. The largest portion of funding, about \$1.1 million each year for three years, goes to Partnership Carson City, which covers multiple sites, including MOST and FASTT teams. Community Chest, covering Storey County, receives over \$240,900 for three years, and Nye Communities Coalition receives over \$1.3 million over three years. The Attorney General's Office receives \$230,000 from the grant for administrative purposes.

UNR will receive \$100,000 over three years for conducting a qualitative assessment of the program's effectiveness. The training component provided by SEI is funded with over \$141,000 over three years. The breakdown of the funding includes the Attorney General's Office allocating funds for administration, which also covers the cost of an administrative assistant, although not for this specific grant.

Dr. Kerns discussed the efforts and progress of the COSSUP Grant, highlighting pre-arrest diversion and deflection programs, including MOST and FASTT, which aim to reduce recidivism and address opioid-related issues. She emphasized the need to expand and fund these programs in all counties; increase capacity for existing teams; support for follow-up initiatives with peer recovery specialists, community health workers; and the importance of training officers in crisis intervention techniques. Data-sharing challenges and voluntary participation aspects were addressed. She concluded with recommendations for further development and expansion of the program.

Chair Sanchez asked if there was crisis intervention training (CIT) in Washoe County.

Dr. Kerns replied that most officers have CIT training, but a small number of newer officers have not.

Chair Sanchez asked if there were quality assurance evaluation assessments or guidelines for COSSUP.

Dr. Kerns responded they conduct audits to ensure they are spending in accordance with what is allowable under the grant.

VII. **Presentation on Overdose to Action (OD2A-State)**

This agenda item was tabled for the next meeting.

VIII. **ACRN Membership: Term Commitments and Expirations**

Chair Sanchez reminded members to contact [Garrett Goodlander](#) if they wanted to continue membership.

IX. **Public Comment #2**

There was no public comment.

X. **Adjournment**

The meeting adjourned at 11:26 a.m.

DRAFT