Advisory Committee for a Resilient Nevada (ACRN)
August 8, 2023
Meeting Minutes

I. **I. Call to Order, Roll Call of Members, and Establish Quorum**
Members Present: Chair David Sanchez, Vice Chair Karissa Loper, 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/Guests Present: Dawn Yohey, Joan Waldock, Debra DeCius, Beth Slamowitz, Vanessa Diaz, Garrett Goodlander, 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. Quorum was established.

II. **Public Comment #1**
There was no public comment.

III. **Review and Approve Minutes from June 13, 2023, ACRN Meeting**
Ms. Salla moved to approve the minutes; Ms. Patterson seconded. 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 in 2021. The Department of Health and Human Services (DHHS) is responsible for a statewide needs assessment and plan to guide funding allocation. The needs assessment was completed in July 2022, followed by the statewide plan in December. The Advisory Committee for a Resilient Nevada (ACRN) was formed to prioritize recommendations to the Director's Office biennially by June 30, with a report due by January 31 each year. The report for 2022 was completed. Opioid fund mapping was done prior to funds being allocated. Funding includes $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 (COSSUP), 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 (DHCFP), Nevada Medicaid, are outlined from July 2021 to June 2022 for opioid and substance use disorder services.

The state plan goals are to:

- 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 session and the Interim Finance Committee. She listed ongoing and executed awards, with details about recipients, funding amounts, purposes, locations, and their alignment with state plan goals. DHHS 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. The One Nevada Agreement requires reporting on fund usage, with entities reporting intended or actual use of funds.

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, covering the concept of an evaluation plan, its significance, and its role in assessing program effectiveness. The evaluation plan guides the evaluation process, ensuring programs meet their goals. It is subject to updates, reflecting changes and improvements in program assessment—a central element for understanding program effectiveness and generating evaluation reports. She emphasized the evaluation plan is crucial for informed decision-making, enabling programs to improve performance. Feedback allows for 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 the evaluation context. An evaluation team can ensure programs follow their 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 mentioned the incorporated Pew Charitable Trust guidelines as a foundational aspect of the evaluation process for treatment providers. The "cascade of care" is a set of core metrics

used to track data related to opioid use disorder treatment from diagnosis to recovery. It applies to the treatment providers being funded in the current award cycle. She highlighted the importance of evaluation questions to identify how knowledge, attitudes, beliefs, and behaviors will be influenced by funded programs. The key questions revolve around the impact on program recipients and organizations, as well as the short-, medium-, and long-term goals. She indicated that this approach gauges people's reactions, what they learned, changes in behavior, and resulting benefits.

Ms. Diaz described evaluation process methodology. She noted program activities and objectives in the scope of work serve as the basis for measurement and assessment of success. Monthly, the evaluation team checks if programs are on track with their activities and objectives. She discussed process and outcome evaluation in program assessment that focuses on changes, effects, and impacts of the program, employing qualitative and quantitative data. She 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 following receipt of requests for reimbursements and data. Data collection is required monthly, particularly for treatment providers who seek reimbursement for services. Site visits are scheduled six months to one year after the award is granted, allowing in-person assessment of program operations.

Project status reports were described. They include 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. The progress of goals, client numbers, issues, and any new members are recorded. 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. These reports capture a comprehensive overview of provider activities, progress, concerns, and solutions on a month-to-month basis. In the "supports needed" section, programs can seek 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. The Fund for a Resilient Nevada’s job is to facilitate communication, provide updates, celebrate successes, and ensure that programs have the necessary support to overcome challenges.

The monthly provider call serves as a platform for addressing questions and concerns related to the project status report and takes place after its submission. Calls cover various topics, including requests for reimbursements. The team reviews purchase reports submitted by providers. The call serves as an opportunity to discuss obstacles, solutions, and updates in greater detail to foster a rapport with providers, have thorough discussions about project matters, and ensures the team stays closely connected to the activities of the programs.

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. Treatment providers are required 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.

The expected outcomes tool 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. Ms. Diaz emphasized that they take 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 the three-year grant awarded in December 2022, to run through 2025. Although there was a delay in starting, a no-cost extension is anticipated to make up for the time lost. The grant can be used for law enforcement and first responder diversion programs. Two programs are addressed in the grant—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 Attorney General's Office and DHHS collaborate to avoid competing for the same funding and encompass multiple grant objectives. Funds are subgranted 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 been covered by the OD2A grant, which ended. This continues certain initiatives and the evaluation component under the new grant.

Dr. Kerns highlighted 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 to enable other counties to establish these teams more efficiently.

Partnership Carson City's goals include jail diversion, deflection programs, collaboration with community partners, and reducing recidivism. Community Chest has similar goals but also focuses on naloxone distribution and drug take-back days, and NyE Communities Coalition oversees the distribution of naloxone and drug take-back days across the state.

The COSSUP grant does not fund naloxone, but it supports personnel, advertising, and refforts through community coalitions. For areas without MOST or FASTT, 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; Partnership Carson City has funded an individual to do data entry and improve data quality for evaluating the effectiveness of the programs. A subaward to SEI (Social Entrepreneurs, Inc.) provides training for COSSUP

Approximately $5.7 million was allocated for the COSSAP (Comprehensive Opioid, Stimulant, and Substance Abuse Site-based Program) grant over three years. The Attorney General's Office receives $230,000 from the grant for administrative purposes. The largest portion of funding goes to Partnership Carson City, covering several sites, MOST, and FASTT. Community Chest in Storey County receives over $240,900, and NyE Communities Coalition receives over $1.3 million. UNR will receive $100,000 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 follow-up initiatives with peer recovery specialists, community health workers; and the importance of training officers in crisis intervention techniques. 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 most officers have CIT training, but a 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 grantees 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 to continue membership.

IX. **Public Comment #2**

There was no public comment.

X. **Adjournment**

The meeting adjourned at 11:26 a.m.