

*Nevada Department of Health and Human Services
Director's Office, Grants Management Unit*

Helping People -- It's who we are and what we do.



SFY23 Annual Report

*Fund for a Healthy Nevada, The Grief Support Trust Account, Children's Trust Fund,
Contingency Account for Victims of Human Trafficking, Community Services Block Grant,
Social Services Block Grant*

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**Department of Health and Human Services
Grants Management Unit
SFY23 Annual Report**

TABLE OF CONTENTS	Page
Section A	Introduction..... 4
Section B	Grants Management Unit Overview..... 5
Section C	Grants Management Unit Funding..... 6
Section D	Grants Management Advisory Committee Overview..... 7
Section E	Fund for a Healthy Nevada..... 9
	Disability..... 10
	Wellness..... 11
	SafeVoice..... 12
	Federally Qualified Health Centers..... 13
	Family Resource Centers..... 17
	Tobacco Control Program..... 20
Section F	The Grief Support Trust Account..... 21
Section G	Children’s Trust Fund..... 22
Section H	Contingency Account for Victims of Human Trafficking... 26
Section I	Community Service Block Grant..... 28
Section J	Social Services Block Grant..... 32
Appendix A	Fund for a Healthy Nevada Funding by Budget Account
Appendix B	Tobacco Control Program SFY23 Annual Report

The following Department of Health and Human Services (DHHS), Director's Office (DO), Grants Management Unit's (GMU) State Fiscal Year (SFY) 2023 Annual Report is submitted in accordance with the following Nevada Revised Statutes (NRS):

- Fund for a Healthy Nevada [NRS 439.630](#) requires the submission of annual reports concerning the programs to the Governor, the Interim Finance Committee, the Joint Interim Standing Committee on Health and Human Services and any other committees or commissions the Director deems appropriate; transmit a report of all findings, recommendations and expenditures to the Governor, each regular session of the Legislature, the Joint Interim Standing Committee on Health and Human Services and any other committee or commissions the Director deems appropriate.
- Family Resource Centers [NRS 430A.200](#) requires, annually, a written report to the Interim Finance Committee concerning the expenditure during the preceding fiscal year of all money received by the Director for carrying out the provisions of this chapter.
- The Grief Support Trust Account [NRS 439.5134\(3\)](#) requires a report to each regular session of the Legislature regarding the nonprofit community organizations that have been awarded money from The Grief Support Trust Account, the amount and sources of money credited to the Account, the interest and income on the money in the Account, any unexpended money in the Account and the general expenses of administering the Account.
- The Children's Trust Fund [NRS 432.133](#) requires a report to each regular session of the Legislature regarding the agencies, organizations or institutions that have been awarded money from the Children's Trust Account, the money credited to the Account, the interest and income on the money in the Account, and any unexpended money in the Account and the general expenses of administering the Account.

The GMU SFY23 Annual Report also includes the following funding managed by the GMU:

- The Contingency Account for Victims of Human Trafficking was created by [NRS 217.500](#). The GMU allocates money from the Contingency Account to nonprofit corporations and agencies, and political subdivisions of this State for the purposes of establishing or providing programs and services to victims of human trafficking.
- The Community Services Block Grant (CSBG) is a federally funded block grant. CSBG funds are awarded by the GMU to eligible Community Action Agencies (CAA) and county governments that provide services to low-income individuals and families and network with other local agencies to address poverty issues.
- The Social Services Block Grant (SSBG) is a federally funded block grant. SSBG funds are awarded by the GMU to state and non-state programs providing social services in Nevada.

The DHHS Grants Management Unit (GMU) is an administrative unit within the Director's Office. The mission of the GMU is to help families and individuals in Nevada reach their highest level of self-sufficiency by supporting the community agencies that serve them through engagement, advocacy, and resource development.

The GMU has primary authority for managing grants awarded to local, regional, and statewide programs serving Nevadans. In addition to ensuring accountability and providing technical assistance to community partners, staff engages in a progressive system intended to help clients, consumers, individuals, and families improve their quality of life and reduce dependence on the social services safety network.

Underserved, low-income, and disparate populations are at a higher risk of developing health problems because of a greater exposure to health and social risks. Access to services for this population is strained and requires innovative approaches on behalf of community organizations to address these issues. Access barriers may include transportation limitations, cultural and linguistic differences, disabilities, and many other factors that may impede clients from accessing services. The GMU manages programs to mitigate these barriers through a variety of community organizations funded by the Fund for a Healthy Nevada, the Grief Support Trust Account, the Community Services Block Grant, the Social Services Block Grant, and the Contingency Account for Victims of Human Trafficking.

Director's Office Grants Management Unit Staff (as of May 2024)

Staff	Title
Kelli Quintero	Social Services Chief III
Michelle McNeely	Social Services Program Specialist III
Tawny Chapman	Social Services Program Specialist III
Tessa Grundy	Management Analyst II
Cathy Robinson	Management Analyst IV (Contractor)
Michelle Shuman	Administrative Assistant III
Shannon Jenkins	Administrative Assistant II

The GMU awarded 117 grants and contracts in SFY23, some with multiple funding sources. The total amount awarded was \$28,734,815.00.

DHHS DO GMU SFY23 Funding and Expenditure Totals

DHHS DO GMU Program	Awarded	Expended
Fund for a Healthy Nevada	\$5,459,940.00	\$4,836,914.00
Contingency Account for Victims of Human Trafficking *	\$107,400.00	\$28,283.00
Community Services Block Grant **	\$8,782,221.00	\$4,166,300.00
Social Services Block Grant	\$13,315,385.00	\$12,969,648.00
Children's Trust Fund	\$997,444.00	\$997,444.00
The Grief Support Account	\$72,425.00	\$66,695.00

*Multi-Year Awarded, funded only 6 months of funds in SFY23

**Funding based on the Federal Fiscal Year (FFY) includes base award, FFY22 supplemental, and CSBG CARES.

The purpose of the Grants Management Advisory Committee (GMAC), created under [NRS 232.383](#) Per the [GMAC Bylaws](#), the Committee shall advise and assist the Department of Health and Human Services in the administration of the following programs and/or funding sources

- Children’s Trust Fund
- Contingency Account for Victims of Human Trafficking
- Family Resource Centers
- Social Services Block Grants (Title XX, Social Security Act) non-state grants
- Fund for a Healthy Nevada
- Other programs or funding sources as requested by the DHHS Director.

The role of the GMAC shall be to support the Department mission, as established by the Director:

The Department of Health and Human Services promotes the health and well-being of Nevadans through the delivery or facilitation of essential services to ensure families are strengthened, public health is protected, and individuals achieve their highest level of self-sufficiency.

The role of Committee members is to represent the best interests of the Advisory Committee ahead of individual interests in all public communications regarding DHHS programs and staff. Appointments are made by the Director of the Department of Health and Human Services. The following table indicates the members of the GMAC, as of May 2024.

Grants Management Advisory Committee - Current Members (as of May 2024)

Position Held on GMAC	Member	Affiliation
A superintendent of a county school district, or the superintendent’s designee.	Vacant	_____
A director of a local agency which provides services for abused or neglected children, or the director’s designee.	Laura Alison Caliendo	Foster Kinship
A member who possesses knowledge, skill, and experience in the provision of services to children.	Ellen Richardson-Adams	Southern Nevada Adult Mental Health Services
A member who possesses knowledge, skill, and experience in building partnerships between the public sector and the private sector.	Lauren Beattie	ABA Therapy for Teens and Behavioral Health Consultation for Adults

Grants Management Advisory Committee - Current Members (as of May 2024) Continued

Position Held for GMAC	Member	Affiliation
A member who possesses knowledge, skill, and experience in the provision of services for senior citizens.	Stacy York, Chair	Storey County Director of Senior Services
One of two members who possesses knowledge, skill, and experience in finance or in business generally.	Vacant	_____
One of two members who possesses knowledge, skill, and experience in finance or in business generally.	Vacant	_____
A representative of the Nevada Association of Counties.	Shayla Holmes	Nevada Association of Counties
A representative of a department of juvenile justice services.	Leslie Bittleston	Nevada DCFS, Juvenile Justice Programs Office
A member who possesses knowledge, skill, and experience in building partnerships between the public and the private sector.	Ann Polakowski	Children’s Mental Health, DCFS
One of two members of the public with knowledge of or experience in the provision of services to persons or families who are disadvantaged or at risk.	Vacant	_____
One of two members of the public with knowledge of or experience in the provision of services to persons or families who are disadvantaged or at risk.	Fernando Serrano, Vice Chair	Independent Contractor, Retired Deputy Administrator, Juvenile Justice Services, DCFS
One member who possesses knowledge, skill, and experience in the provision of services to persons with disabilities.	Vacant	_____
A member who possesses knowledge, skill, and experience in the provision of services relating to the cessation of the use of tobacco.	Tom McCoy	American Cancer Society
A member who possesses knowledge, skill, and experience in the provision of health services to children.	Vacant	_____
A representative who is a member of the Nevada Commission on Aging, created by NRS 427A.032, who must not be a legislator.	Vacant	_____

Background Information and Overview

The Fund for a Healthy Nevada (FHN) is governed by Chapter 439, Sections 620–630, of the [Nevada Revised Statutes](#) to utilize 60% of tobacco settlement monies received or recovered by the State of Nevada. Originally, the statutes included specific allocations to defined service areas but was amended to give the FHN greater flexibility. The main goal of the FHN is to improve the health of Nevada residents through the support of programs, initiatives, and projects that address the State's most pressing health needs.

The Grants Management Unit (GMU) conducts or partners with DHHS Divisions on a Request for Application (RFA) to award subgrants in various categories and programs including: Disability, Wellness, Federally Qualified Health Center (FQHC) Incubator Project, Family Resource Centers, SafeVoice, and Tobacco Prevention and Cessation.

For a complete list of FHN by Budget Account, please see Appendix A.

***Fund for a Healthy Nevada (FHN) SFY23 Funding and
Expenditures Included in Report***

Category	Awarded	Expended
Disability	\$1,515,749.00	\$1,405,519.00
Wellness	\$1,185,771.00	\$947,187.00
FQHC Incubator	692,683.00	\$649,680.00
Family Resource Centers	\$1,456,661.00	\$1,292,508.00
SafeVoice	\$609,346.00	\$542,020.00
Tobacco Prevention and Cessation	\$1,100,668	\$968,395

Disability

The FHN Disability Funds are aligned with the 2014 Integration Plan from the Nevada Aging and Disability Services Division “...to adopt and implement a person-centered framework for the delivery of services.” This is accomplished through grants and contracts to primarily fund three (3) types of disability programs: 1) Respite 2) Independent Living and 3) Positive Behavior Support.

Distribution of Funds and Accountability

- *Respite Care* is intended to alleviate stress by providing temporary relief for the primary caregiver of a person or persons with disabilities of any age.
- *Independent Living* provides direct services to individuals with disabilities such as adaptive resources, life skills training, transportation, and transitional housing.
- *Positive Behavior Support* is an empirically validated, function-based approach to developing and employing a plan of support for individuals whose disability is accompanied by a problem behavior and focuses on educative strategies to expand the individual’s behavior repertoire resulting in an enhanced lifestyle and minimized problem behaviors.

FHN - Disability Grants/Contracts SFY23 Funding and Expenditure Totals

Agency Name	Awarded	Expended
ALS Association Nevada Chapter (ALS)	\$73,917.00	\$73,649.00
Nevada Rural Counties RSVP – Respite (NV RSVP Respite)	\$192,853.00	\$192,853.00
Lyon County Human Services – Independent Living (IL)	\$105,251.00	\$105,251.00
Nevada Rural Counties RSVP – Independent Living (IL)	\$114,274.00	\$114,274.00
NSHE – UNR Path to Independence	\$55,000.00	\$38,820.00
Board of Regents (BOR) – NSHE – UNR Positive Behavior Support (PBS)	\$320,000.00	\$306,016.00
Northern Nevada Rave	\$294,337.00	\$294,337.00
Amplify Life – Respite	\$54,433.00	\$55,431.00
Dignity Health	\$87,754.00	\$87,754.00
Department of Employment, Training and Rehabilitation (DETR)	\$115,970.00	\$56,911.68
Foundation of Positively Kids, Inc.	\$101,690.00	\$80,221.00

Wellness

FHN wellness funds are appropriated to be used for any purpose authorized by the Legislature or DHHS for expenditure or allocation in accordance with the provisions of [NRS 439.630](#), to support health and wellness in Nevada.

Distribution of Funds and Accountability

The Division of Public and Behavioral Health (DPBH) received funds to support the Nevada State Immunization Program, the Office of Suicide Prevention, and Oral Health in Nevada. The Nevada Public Health Foundation also received FHN funds to support and provide technical assistance to DHHS and statewide minority health, equity and regulatory policy and planning, and to work with University of Nevada, Reno School of Social Work to identify and place master level students within public and private agencies for paid internships. Money Management International was cross funded with FHN funds to provide food assistance to three (3) food pantries to provide food and reduce insecurity among elderly individuals in Southern Nevada, and to work with clients to become self-sufficient and financially solvent.

In SFY23, nine (9) subrecipients were funded with FHN through Wellness grants, contracts, and agreements. The entities received a total of \$1,277,889.00.

All the subrecipients are required to submit reporting through various systems and databases including but not limited to, quarterly reports, internal database reports, Hunger Services Survey Summary Report, Food Distribution Reports, Homeless Management Information System Reports (HMIS).

Key Activities

Helping Hands of Vegas Valley provided groceries to elderly homebound people in Southern Nevada through the home-delivered grocery program.

Lutheran Social Services of Nevada (LSSN) offered monthly nutrition classes.

DPBH Immunization Program coordinated and collaborated with state, regional, and local health jurisdictions, and tribal communities to implement immunizations programs activities.

FHN - Wellness Grants/Contracts Funding and Expenditure Totals

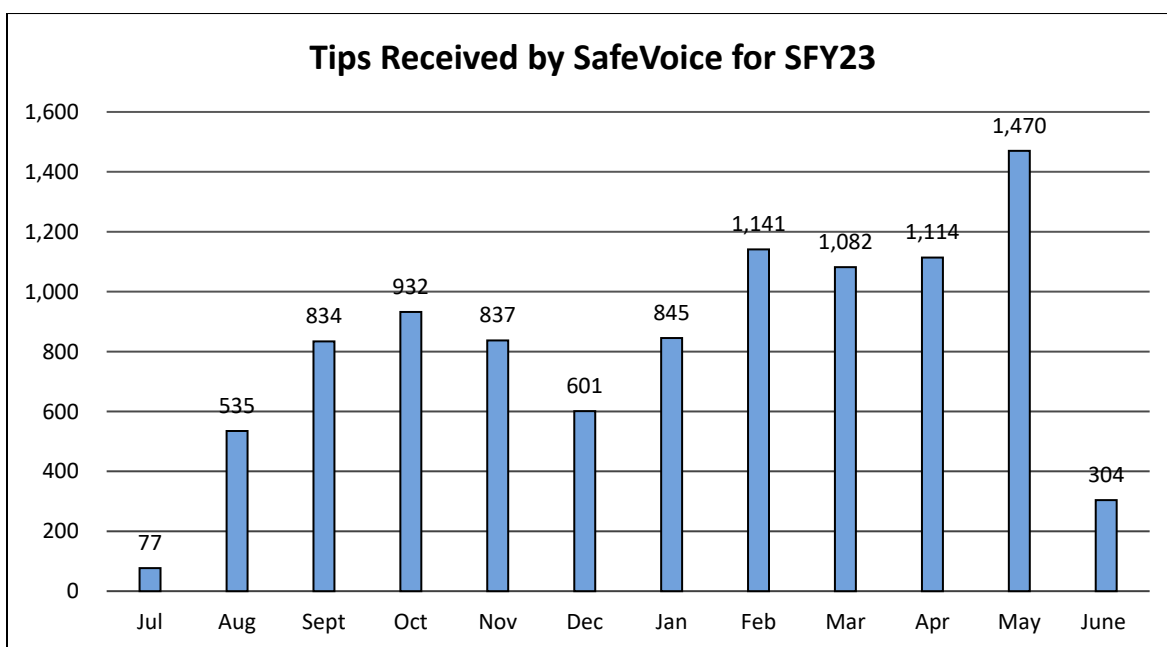
SFY23 Wellness Grants	Awarded	Expended
DPBH Oral Program	\$92,123.00	\$89,554.00
DPBH Office of Suicide Prevention	\$389,490.00	\$289,493.00
DPBH Immunization Program	\$150,000.00	\$70,413.00
Money Management International	\$288,548.00	\$288,547.00
Nevada Public Health Foundation	\$265,610.00	\$209,179.00

SafeVoice

The SafeVoice Program in partnership with the Nevada Department of Public Safety (DPS), provides students and the community with a safe place to submit tips concerning their own safety or that of others. SafeVoice is administratively managed by the Nevada Department of Education, Office for a Safe and Respectful Learning Environment with a dedicated team of individuals who oversee the fiduciary and operational aspects of the program. On the operations side, there are trained professional communication specialists within the DPS Division of Investigation who operate and respond 24 hours a day, seven days a week, 365 days a year.

The program allows students, parents, faculty, and other community members throughout Nevada to have access to SafeVoice, an anonymous reporting system used to report threats to the safety or well-being of students. SafeVoice was established by the Nevada Department of Education under [Senate Bill 212](#) in 2017, to protect student wellness, prevent violence and save lives. Integrated into the overall SafeVoice program are mental and behavioral health professionals along with the district and school administrators. This synergy brings about a collaborative effort to ensure the safety and security of student populations where they reside. Since its implementation, SafeVoice has evolved within the State of Nevada and continues to adapt to best meet the safety needs of Nevada's students.

SafeVoice tips are submitted using the hotline, internet website, mobile telephone application, and text messaging applications. Frequent tips include HandleWithCare (HWC), suicide threats, threats to students, suspicious person/activity, and cyberbullying. A total of 9,772 tips were received in SFY23. HWC is a program in Nevada that requires law enforcement to notify the SafeVoice platform when a school-aged child is exposed to a traumatic event that may affect their ability to succeed in school. The goal of HWC is to ensure that resources are available to help the student.



Federally Qualified Health Center Incubator Project

The Nevada Department of Health and Human Service (DHHS) administers the Federally Qualified Health Center (FQHC) Incubator Project, which is intended to create or enhance existing FQHC programs and services. DHHS, with approval from the 2017 Nevada Legislature, utilized allocations from the FHN to initiate projects under a new FQHC Incubator Project. Since then, the FQHC Incubator Project has continued to focus on increasing access to health care among different target populations. To be eligible for funding, applicants must be an existing FQHC or FQHC look-alike within the State of Nevada.

FQHCs are community-based organizations that provide comprehensive primary care and preventative care, including oral, mental, and behavioral health services to persons of all ages, regardless of their ability to pay or health insurance status. They must qualify for funding under Section 330 of the Public Health Service Act (PHS). FQHC organizations primarily serve the most vulnerable Nevadans; more than two-thirds of FQHC patients are uninsured, underinsured or utilizing Medicaid, and more than 95% live below 200% of the federal poverty level.

Distribution of Funds

Utilizing a Notice of Funding Opportunity (NOFO) process, DHHS procured, evaluated, and funded proposals from various FQHCs. Four FQHCs were awarded two-year subgrants (project period 7/1/2021 to 6/30/2023): Nevada Health Centers: \$225,000 in year one and in year two; Northern Nevada HOPES Foundation: \$185,000 in year one and \$178,516 in year two; Community Health Alliance: \$90,000 in year one and \$89,167 in year two; Hope Christian Health Center: \$200,000 in year one and in year two.

Overview of FQHC Incubator Projects

Nevada Health Centers (NVHC) had the goal of service expansion to develop a new pharmacy service line to serve Northern Nevada's geographically isolated, uninsured, and underinsured patients in rural and frontier Medically Underserved Areas (MUAs), increasing the number of individuals who have access to patient-centered medical homes, and enhancing the utilization of preventive health care services. The project met a critical need in NVHC's Elko service area which encompasses Elko, Lander, and Eureka counties, an area with 7 designated Medically Underserved Areas (MUAs).

NVHC is the only FQHC serving the community, there are limited retail pharmacies in the area and no pharmacies offering 340B discounted prescriptions or chronic medication management to residents. This project provided funding to hire a full time Clinical Pharmacist and funding to purchase and install a high-speed automated robotic Parata dispensing system. NVHC patients in Elko, Lander and Eureka counties were made aware of the availability of pharmacy services through radio, print and social media.

Key Activities:

Over the first half of the fiscal year, Nevada Health Centers built the infrastructure for the program by purchasing and installing a Parata Max2-S vial filling robotic system, training staff on the use of the system, and hiring a full-time pharmacist. In addition, they hosted weekly immunization clinics for children.

FY23 Metrics:

- 52 Childhood immunization walk-in clinics offered (every Wednesday)
- 24,741 prescriptions filled
- 1,393 unduplicated patients served

Activities Planned

Nevada Health Centers plans to develop a cardiology service line at the Martin Luther King Health Center to serve patients in Clark County's Medically Underserved Areas (MUAs). Additionally, they wish to expand the mobile service line (medical and dental van) for Northern Nevada, to serve geographically isolated patients in medically underserved rural and frontier communities.

Community Health Alliance (CHA) initiated an intensive and systematic implementation of telehealth services. The project was based in Washoe County, the service area for CHA telehealth services, and included primary care, oral health services, nutrition counseling, and behavioral health services. The goal of this project was to stabilize at 35% telehealth visits, allowing CHA to serve 5,000 additional patients per year. A secondary goal was to develop a financially sustainable model of care in the event of future surges of Coronavirus or other outbreaks.

State funds were used to support the Project Manager, obtain support from a consultant to configure visits and record-keeping properly, and create the standardized procedures, scripts, and templates for telehealth visits.

Key Activities

During the course of the Incubator Project, CHA conducted multiple key activities to achieve the goals as outlined for the project: a Telehealth Project Manager was hired to oversee the implementation of telehealth services; acquired sufficient equipment to support the provision of telehealth services using eClinical Works, Zoom, and Microsoft Teams; standardized procedures, scripts, and templates for telehealth visits; development of the necessary policies and procedures to ensure the telehealth program is compliant with state and federal regulations; and provider and clinic staff were trained in telehealth best practices.

FY23 Metrics

- 35% telehealth visits overall
- 5,000 additional patients served per year

Activities Planned

After acquisition of equipment, development of protocols, and training of providers and staff, CHA will be able to bill for telehealth visits which will provide an ongoing source of revenue that will cover operating costs. CHA will continue to expand access to telehealth and office-based resources and provide a comprehensive system of services to promote self-sufficiency in Medically Underserved Areas.

Northern Nevada HOPES (HOPES) used Incubator Project funding to improve capacity to provide chronic disease management services to clients, providing patients with targeted chronic disease management outreach, population management activities, health care navigation, education, and linkage to health improving resources, this includes HOPES Diabetes Prevention Program (DPP), Diabetes Management Program (DMP), Self-Management of Blood Pressure Program (SMBP), and Family Weight Management programs. These initiatives were moved forward by a Community Health Worker (CHW). Additionally, HOPES increased its capacity to provide Medication Assisted Treatment (MAT).

Key Activities

The CHW provides integrative chronic disease management care and services. Along with conducting care and management activities for all patients living with a chronic disease, the CHW began to deliver self-management education for obesity, diabetes prevention, diabetes management, and hypertension. HOPES operates a Diabetes Prevention Program (DPP) and a Diabetes Management Program modeled off the CDC Lifestyle Change and Stanford Self-Management Programs. The CHW allows HOPES to provide more clients with these programs, in both English and Spanish. The CHW conducts outreach to patients who have pre-diabetes, therefore increasing rates of the DPP participation. The CHW works to ensure patients get their blood work done and attend clinic appointments to monitor their A1C levels. Through individual/group encounters, the CHW provides education and helps clients apply it to acquire self-management skills. Finally, the CHW conducts outreach to clients living with chronic diseases, assessing them for change readiness and connecting them to programs that help them meet their health care goals.

The Psych-RN acts as a Family Liaison for MAT patients, conducting outreach to patients' family members and significant others, and providing education about substance use disorders, treatment, and comorbid mental health and medical conditions that impact long-term success and health management. The Psych-RN is also a resource for vital MAT client procedures, such as medication counts and urine drug screen procedures. The Psych-RN provides individual and group education and works with the MAT and psychiatry team to coordinate care for clients with comorbid substance use and mental health disorders. The Psych-RN has the knowledge base to assist MAT patients with developing a comprehensive wellness recovery plan to assist with achievement of MAT program goals.

FY23 Metrics

- 270 clients new to the center and 245 existing clients received targeted chronic disease management outreach, population management activities, health care navigation, education, and linkage to health improving services 5,000 additional patients served per year
- 90 new clients in Diabetes Prevention Program
- 75 patients new to the center and 100 existing clients received preventative health outreach, population management activities, health care navigation, education, and linkage to resources
- 60 existing clients and 40 new to the center received MAT services
- 31 new clients and 45 existing clients with services from Psych-RN

Activities Planned

HOPES will continue expand chronic disease management care and services, and MAT services to meet the ongoing needs of patients. A behavioral health integration provider and peer support services will be added to service offerings in the future, and a plan for another clinic location is also planned.

Hope Christian Health Center (HCHC) utilized Incubator Project funding to establish behavioral health services at the main clinic site by hiring one part-time mental health provider to provide behavioral health services to a monthly caseload. HCHC also expanded primary health care services through the addition of one full-time medical doctor to provide primary care to a monthly caseload.

Key Activities

A part-time mental health provider was hired to provide mental health counseling and prescribing services. The mental health provider works in conjunction with primary care providers to integrate behavioral health into total patient care. New mental health services are advertised through various channels such social media, websites, and outreach coordinator.

As part of increasing capacity of primary care clinics, two nurse practitioners were hired, one full-time and one part-time. Space available for clinic practice at the main site was expanded, and after-hours appointment availability was made available for additional patient care.

FY23 Metrics

- 40 patients per month on average received behavioral health services
- 250 additional patients per month on average served through expanded primary care services

Activities Planned

In future years, HCHC will continue to expand services provided to include behavioral health, primary care, as well as analyzing social determinants of health through a planned addition of a Community Health Worker (CHW).

FHN – FQHC Incubator SFY23 Funding and Expenditure Totals

Agency Name	Awarded	Expended
Nevada Health Centers	\$225,000.00	\$225,000.00
Northern Nevada HOPES	\$178,516.00	\$150,711.00
Community Health Alliance	\$89,167.00	\$73,969.00
Hope Christian Health Center	\$200,000.00	\$200,000.00

Family Resource Centers

Family Resource Centers (FRCs) were established by legislation in 1995 [NRS 430A](#) to provide information, referrals, and case management services, and to collaborate with local community partners and organizations to assist individuals and families access needed services and support.

Distribution of Funds and Accountability

In SFY23, \$1,456,661.00 was distributed to 19 FRCs in service areas throughout Nevada. The FRCs expended \$1,292,508.00 of the funds granted to the FRCs from the Fund for a Healthy Nevada (FHN).

Each FRC is required to submit a monthly report with information about the number of unduplicated individuals served, the number of case files opened, the number of referrals made, the number of clients with a “Goal Worksheet,” and the number of times a case manager met with a client to review progress toward achieving their goal(s). Also required are quarterly reports, which focus on program accomplishments, challenges, staffing, staff training received, technical assistance requested, in-kind/cash donations received, and anecdotal stories that demonstrate the impact of the program. Through review of monthly and quarterly reports, regional meetings, telephone calls, and email correspondence, Grants Management Unit staff worked closely with the FRCs in SFY23 to ensure clients accessing services were provided with appropriate referrals and support to help them achieve goals.

Collaborative Efforts and Leveraging

In Las Vegas, the geographic boundaries of the service areas correspond with Neighborhood Family Service Centers, which provide services to families involved with the Nevada Division of Child and Family Services (DCFS), Clark County Department of Family Services (CCDFS), Nevada Early Intervention Services (NEIS), and Nevada PEP (a statewide parent training and information center for families who have children with disabilities). In Washoe County, the Washoe County

School District (WCSD) Family Resource Center Coalition is comprised of five sites located in Central Reno, Northeast Reno, Sun Valley, the North Valleys, and Sparks. The WCSD FRC Coalition provides services to families involved with the Washoe County Department of Social Services (WCDSS) as well as local community service providers.

FRCs throughout the state collaborate with DCFS, the Nevada Division of Welfare and Supportive Services (DWSS), the Aging and Disability Services Division (ADSD), the Division of Public and Behavioral Health (DPBH), food pantries, local school districts, and other community and state agencies.

Key Activities

- FRC staff attended trainings for homeless outreach, trauma informed care, energy assistance, suicide prevention, Medicaid and Nevada Check-Up, mandated reporting, working with LGBT youth, human trafficking, financial health, as well as many other online classes.
- FRCs participated in Pinwheels for Prevention events in their communities during April 2023, National Child Abuse Prevention Awareness Month.

FRC Programs Grantee Performance Overview

In SFY23, FRC programs across the state collectively served 26,328 unduplicated individuals with referrals, resources, and support to meet their immediate needs. Services included:

- FRCs opened 32,268 case files. Of those, 9,000 clients had Goal Worksheets as part of their case file and 8,675 clients (96%) achieved a minimum of one goal.
- FRCs made 7,314 referrals to community support organizations.
- FRCs assisted clients with the submission of 11 Temporary Assistance for Needy Families (TANF) applications, 655 Supplemental Nutrition Assistance Program (SNAP) applications, 442 Nevada Medicaid/Nevada Check-Up applications, 196 Energy Assistance applications, and 12,959 referrals to other services.

Agency Name	Awarded	Expended
Washoe County School District FRC	\$181,373.00	\$179,988.46
Tahoe Family Solutions FRC	\$14,008.00	\$12,366.37
Family Support Council of Douglas County	\$33,008.00	\$33,008.00
Ron Wood Family Resource Center	\$39,236.00	\$39,226.03
Community Chest, Inc.	\$15,905.00	\$15,875.73
Churchill County Social Services - FRC	\$26,442.00	\$23,925.57
Lyon County Human Services FRC	\$39,105.00	\$39,105.00
Frontier Community Action Agency FRC	\$62,175.00	\$62,173.28
Family Resource Centers of Northeastern Nevada	\$36,822.00	\$36,821.52
White Pine County Social Services FRC	\$22,421.00	\$20,760.00
Consolidated Agencies for HS (CAHS)	\$17,123.00	\$11,975.56
Nevada Outreach Training Organization	\$36,251.00	\$36,251.00
Lincoln County Community Connection - FRC	\$16,754.00	\$16,313.05
The Salvation Army FRC	\$22,058.00	\$22,058.00
Cappalappa Family Resource Center	\$17,970.00	\$17,869.83
East Valley Family Services FRC	\$330,305.00	\$317,698.24
Boys and Girls Club of Southern Nevada FRC	\$203,784.00	\$73,745.84
Hopelink of Southern Nevada FRC	\$154,389.00	\$154,389.00
Olive Crest FRC	\$187,532.00	\$178,957.12

FRC Client Type	Unduplicated Number Served
Children	7,951
Adults	13,761
Seniors	4,616

FRC Activity	Number Completed
New Case Files Opened	32,268
Clients Completing a Goal Worksheet	9,000
Clients Reaching at Least One Goal	8,675
Clients Receiving Case Management Services	10,377
TANF Application Assistance	11
Food Stamps/SNAP Application Assistance	655
NV Medicaid/NV Check Up Application Assistance	442
Childcare Assistance Applications	6
Referrals for Other Services	12,959

Tobacco Control Program

This summary was compiled by the DHHS Director's Office GMU from the FHN Tobacco Control SFY23 Annual Report provided by the Chronic Disease Prevention and Health Promotion (CDPHP) Section of the Division of Public and Behavioral Health (DPBH). Please see Appendix B for the complete report.

The CDPHP Section of the DPBH is dedicated to improving the quality of life of Nevada residents by enhancing policies, systems, and environments that contribute to their overall well-being.

The CDPHP, Tobacco Control Program (TCP) is committed to improving the health of Nevada residents by addressing the risks associated with tobacco use. Primary objectives of the program include reducing death and illness associated with tobacco use and this is achieved through educating individuals on the risks of tobacco use, preventing its onset, eliminating disparities, reducing secondhand smoke exposure, and promoting cessation. Through these initiatives, CDPHP aims to improve public health in Nevada.

In SFY 2021, the TCP invited organizations across the State to submit proposals for funding to support their work on tobacco control and prevention initiatives for two years. Successful applicants were awarded funding for three specific identified goals. Additionally, funding is allocated yearly to the State's tobacco quitline vendor, National Jewish Health.

Applicants awarded funding worked on the following goals:

- Goal 1: Prevent initiation among youth and young adults
- Goal 2: Eliminate exposure to secondhand smoke
- Goal 3: Promote quitting among youth and young adults

National Jewish Health and Nevada Clinical Services (NCS) receive legislative-designated funding from the Fund for a Healthy Nevada to work on Tobacco Control Program goals.

The following organizations were then awarded funds from NCS to continue to work on tobacco control goals:

- Carson City Health and Human Services (CCHS)
- Partnership Douglas County (PDC)
 - Churchill Community Coalition (CCC)
 - Frontier Community Coalition (FCC)
 - Healthy Communities Coalition (HCC)
 - NyE Community Coalition (NyECC)
 - Partners Allied for Community Excellence (PACE)
- Southern Nevada Health District (SNHD)
- Washoe County Health District (WCHD)

The Grief Support Trust Account in the State’s General Fund is for the purpose of supporting nonprofit community organizations that provide grief support services [NRS 439.5134\(3\)](#).

The requirements for The Grief Support Trust Account funding distribution are specific to only registered 501(c)(3) nonprofit organizations that have been established for at least three years and that have been providing age-appropriate peer support groups for children ages 3-18 for at least two years, specifically from September to May of each calendar year on a biweekly basis, are eligible. The organizations must be members of the National Alliance for Grieving Children and provide grief support services free of charge.

The Grants Management Advisory Committee (GMAC) is required to apply policies that set forth criteria to determine which nonprofit organizations to recommend for funding by the DHHS Director from programs administered by DHHS. Additionally, the GMAC is required to establish a list of nonprofit community organizations eligible to receive funding from the Grief Support Trust Account.

Distribution of Funds and Accountability

The total amount awarded from the Grief Support Trust Account in SFY23 was \$72,425.00, to two recipients: Adam’s Place and The Solace Tree. The recipients are required to submit financial status reports, monthly requests for reimbursement, and provide quarterly progress reports.

The Grief Support Trust Account SFY23 Funding and Expenditure Totals

Agency Name	Awarded	Expended
Adam’s Place	\$54,319.00	\$48,589.00
The Solace Tree	\$18,106.00	\$18,106.00

SFY23 The Grief Support Trust Account Details

Description	Account Details
Beginning Cash	\$70,567.00
Birth-Death Certificate Charge	\$90,713.00
Treasurer’s Interest Distribution	\$2,298.75
Account Administering Expenses	\$3,793.00
Unexpended Amount Forwarded to SFY24	\$93,091.00

The following report was provided to the DHHS Director's Office GMU by the Division of Child and Family Services.

The Children's Trust Fund (CTF) is dedicated to the prevention of child abuse and neglect. It was established in 1985 by the State Legislature [NRS 432.131](#) and is administered by the Division of Child and Family Services' (DCFS) Grant Management Unit. The CTF is a special account that receives fees from Nevada birth and death certificates. To supplement the Fund, the DCFS GMU submits an annual application for federal Community-Based Child Abuse Prevention (CBCAP) grant funds, established by Title II of the Child Abuse Prevention and Treatment Act (CAPTA) Amendments of 1996 and most recently reauthorized by the CAPTA Reauthorization Act of 2010.

Distribution of Funds and Accountability

DCFS has implemented a Notice of Funding Opportunity process which allows service providers a clear and concise guide aligning program requirements using child abuse and neglect prevention mindset. A total of 16 subrecipients received funding.

Primary Prevention

Primary prevention consists of activities that are targeted toward the community at large. These activities are meant to impact families prior to any allegations of abuse and neglect. Primary prevention services include public education activities, parent education classes that are open to anyone in the community, and family support programs. Primary prevention can be difficult to measure because you are attempting to impact something before it happens, an unknown variable.

Secondary Prevention

Secondary prevention consists of activities targeted to families that have one or more risk factors including families with substance abuse, teen parents, parents of special need children, single parents, and low-income families. Secondary prevention services include services such as parent education classes targeted for high-risk parents, respite care for parents of a child with a disability, or home visiting programs for newparents.

Target Population

- Adult former victims of child abuse and neglect or domestic violence
- Fathers
- Homeless families and those at risk of homelessness
- LGBTQIA+ Families
- Members of underserved or underrepresented groups
- Parents (all, new, teens, etc.)
- Parents and/or children with disabilities

- Racial and ethnic minorities
- Unaccompanied homeless youth

Key Activities

Children's Trust Funds provided the following activities and services that ensure the prevention of child abuse and neglect of Nevada's children:

- Offering comprehensive support for parents and parents with disabilities.
- Services promoting the development of parenting skills while providing and improving the access to formal and informal resources:
 - Family Centered Case Management
 - Parenting Education
 - Mental Health Services and Support
 - Home Visiting programs for new parents
 - Respite Care
 - Behavior Management
 - Substance Abuse Treatment Services
 - Peer Support
 - Domestic Violence Service programs for children and their non-abusing caregivers.
- Provide referrals for early health and development services,
- Promote meaningful parent leadership:
 - Participating with Prevent Child Abuse Nevada as they are leading a Nevada parent leadership project.
- Promote self-protection education for children:
 - Public Awareness of Child Abuse and Neglect
 - Self-Protection Education for Children

SFY23 Children's Trust Fund Subrecipients and Service Array

Agency Name	Service Delivery Array	Service Area	Awarded
Advocates to End Domestic Violence	Case Management Parenting Education	Carson City	\$20,597
Board of Regents-UNR-Sierra Families	Parenting Education Referrals	Carson City and Washoe County	\$86,990
Boys & Girls Club of Truckee Meadows	Case Management Parenting Education	Humboldt, Lyon, Washoe, and White Pine Counties	\$56,125
Boys Town Nevada	Parenting Education	Clark County	\$77,641
Cappalappa Family Resource Center	Parenting Education	Moapa Valley	\$7,628
Child Assault Prevention	Self-Protection Education for Children	Washoe and Northern Nevada Rural Counties	\$99,018
Clark County Dept of Family Services	Parenting Education	Clark County	\$54,468
Community Chest	Home Visitation Parenting Education Peer to Peer Support Groups Referrals	Carson and Northern Nevada Rural Counties	\$59,008
Crisis Intervention Services dba Sierra Community House	Case Management Referrals Self-Protection Education for Children	Washoe County	\$29,846
Family Resource Center of Northeastern NV (FRCNN)	Parenting Education	Elko County	\$35,137
Lyon County Human Services	Case Management Home Visitation Parenting Education Referrals	Lyon County	\$100,880
Nevada Outreach Training Organization	Case Management Home Visitation Homelessness Services Parenting Education Referrals	Nye County	\$57,103

SFY23 Children's Trust Fund Subrecipients and Service Array Continued

Agency Name	Service Delivery Array	Service Area	Awarded
NyE Communities Coalition	Self-Protection Education for Children	Nye County	\$13,265
Prevent Child Abuse Nevada	Education Awareness Advocacy	Statewide	\$100,000
Signs of Hope	Self-Protection Education for Children	Clark County	\$85,436
Washoe County School District- Family Resource Center	Case Management Home Visitation Homelessness Services Parenting Education Referrals	Washoe County	\$114,302
Total Funding			\$997,444
Total Service Numbers			15,537

SFY23 Children's Trust Fund Details

Description	Total Funding Collected in SFY23
Beginning Cash	683,922.00
Birth-Death Certificate Charge	854,328.00
Treasurer's Interest Distribution	19,926.97

A total of \$874,254.97 was collected and \$997,444 was expended during SFY23. Any remaining funding in budget account 3201 at the end of the fiscal year is balanced forward to use in the next fiscal year. This account does not revert to the general fund.

For more information on DCFS' Needs Assessment and Strategic Plan on the Prevention of Child Abuse and Neglect in Nevada, please visit the webpage: <https://dcfs.nv.gov/Programs/GMU/GMU/>

Background Information and Overview

The Contingency Account for Victims of Human Trafficking, herein after referred to the Contingency Account, was created by [NRS 217.500](#) and authorizes the Director of the Department of Health and Human Services (DHHS) to allocate money from the Contingency Account to nonprofit corporations and agencies and political subdivisions of this State for the purposes of establishing or providing programs and services to victims of human trafficking.

The Grants Management Advisory Committee (GMAC) reviews applications and makes recommendations to the Director concerning allocation of money from the Contingency Account for requests submitted for services that are deemed non-emergency by DHHS. In some circumstances, DHHS may determine an emergency exists and disburse funds from the Contingency Account as needed immediately through local organizations and agencies, and without review and recommendation of the GMAC.

[Senate Bill 389](#) of the 2023 legislative session adopted changes to [NRS 217.540](#) which renamed the Contingency Account for Victims of Human Trafficking to the Account for Victims of Human Trafficking, effective July 1, 2023, and specified that a recipient of an allocation of money from the Account may use the money for establishing pilot programs for alternatives to law enforcement response to victims of human trafficking.

Distribution of Funds and Accountability

In SFY23, \$28,283.00 was expended to local organizations and agencies from the Contingency Account for Victims of Human Trafficking.

- \$5,415.00 was expended by local organizations and agencies for circumstances deemed an emergency by DHHS.
- \$22,868.00 was expended by a local law enforcement agency to fund a position to assist exploited human trafficking victims.

Key Activities in SFY23

Nonprofit organizations, local, or state agencies working directly with victims of human trafficking are encouraged to submit an Emergency Assistance for Victims of Human Trafficking request to the Department of Health and Human Services Grants Management Unit.

Collaborative Efforts and Leverage

The local organizations and agencies that received funding from the Contingency Account for Victims of Human Trafficking for emergency services provided support to victims/witnesses of human trafficking. The services included but were not limited to transportation (bus, car, plane), food, and shelter (housing, rent, temporary living).

The Contingency Account funded a Victim Advocate position for the Washoe County Sheriff's Office (WCSO) Regional Human Exploitation and Trafficking Unit (HEAT) to assist exploited victims and pursue the arrest of human traffickers through extensive criminal investigation. The funding allowed for the WCSO to have the necessary time to research/explore alternative funding options for the advocate position.

Background Information and Overview

The Community Services Block Grant (CSBG) is a federally funded block grant in the Office of Community Services, Administration for Children and Families, United States Department of Health and Human Services that provides funds to states, territories, and tribes to administer to support services that alleviate the causes and conditions of poverty in under resourced communities. Tribes, territories, and local Community Action Agencies provide CSBG funded services and activities including housing, nutrition, utility, and transportation assistance; employment, education, and other income and asset building services; crisis and emergency services; and community asset building initiatives, among other things. Over 9 million individuals are served by CSBG-funded programs annually.

In Nevada, CSBG funds are awarded by the Department of Health and Human Services to eligible Community Action Agencies (CAA) that provide services to low-income individuals and families and network with other local agencies to address poverty issues. CAAs receive CSBG funding on an ongoing basis under the federal regulations established by the [CSBG Act](#). The role of DHHS is to ensure accountability for program and fiscal requirements, assist CAAs to develop the capacity to provide services, and to coordinate statewide strategies to maximize the impact of CAAs.

There are currently 12 designated CAAs to receive CSBG funds. These agencies form the [Nevada Community Action Association](#) to network with one another, develop strategic plans to address rural and urban poverty in our state, and provide training opportunities to member agencies.

Distribution of Funds and Accountability

CSBG funds are distributed on a Federal Fiscal Year (FFY) to designated CAAs based on a historical funding formula. The formula includes two factors:

- A base level of funding to all CAAs to ensure that agencies can meet the federal program requirements.
- An allocation based on the number of people living below the federal poverty level in each county based on census data.

The Community Action Agencies are guided by several key accountability activities in administering CSBG funds and delivering services, these are listed below.

- ROMA: Results Oriented Management and Accountability
 - ROMA provides a framework for continuous growth and improvement among local CAAs and a basis for state leadership and assistance.
- PEAAK: Performance Evaluation Accountability Accessibility Knowledge

- Community Needs Assessments, American Customer Satisfaction Index (ACSI), Organizational Standards, ROMA, Accountability Measures, Monitoring/Oversight, State Plan, Annual Reporting, etc.
- The Federal Office of Community Services (OCS) issued an Information Memorandum of national Organizational Standards for CAAs in January of 2015. There are 58 standards that cut across nine domain areas (example: governance, fiscal management, and strategic planning). Implementation of the standards has involved a multi-year project. OCS requires CAAs to achieve full compliance with all the standards.
- Agencies are required to use a state-mandated client software program and service delivery model to maximize client outcomes. The Nevada model provides a standardized intake process, an assessment of need using scales related to client status across 12 income related domains (e.g., employment, transportation access, childcare, nutrition, etc.), a service plan or case plan to assist clients to move up one or more scales into a higher status, and periodic reassessment to track client progress and record results. The software produces reports that CAAs use to become more data driven in addressing community and client needs.
- Detailed fiscal expenditure reports that list every transaction must be submitted and reviewed monthly.
- Ongoing program monitoring is conducted through a review of fiscal reports, program reports, periodic on-site monitoring, and submission of required documents to verify compliance with policies and standards.

Key Activities

Community Action Agencies work directly with clients to establish the immediate need of services and resources. Activities vary depending on local need. Services provided include educational attainment, accessing and maintaining employment, financial management education, securing housing, and nutrition.

Nevada Service Delivery Model: Through a partnership with the Nevada Community Action Association (NCAA), a statewide service delivery model and software program was utilized by all CAAs. The service delivery model improves the ability of CAAs to increase the number of individuals served which improves economic stability and helps them to achieve self-sufficiency. The software provides CAAs with an agency-wide database to collect information on all services provided by the agency. The software includes an outcome-based component that tracks client, program, and agency outcomes. The database provides a common agency-wide reporting framework and creates an opportunity for CAAs and the GMU to establish performance benchmarks and to use data to improve services. The project received recognition from the national CSBG network.

**Community Service Block Grant SFY23 Funding and Expenditure Totals
Including the Number of People Served**

Agency Name	Awarded	Expended	Number of People Served
Frontier Community Action Agency (FCAA)	\$180,368.00	\$153,583.00	3,275
Consolidated Agencies for Human Services (CAHS)	\$85,295.00	\$56,295.00	954
Carson City Health and Human Services (HHS)	\$147,700.00	\$84,983.00	970
Douglas County Social Services (SS)	\$125,349.00	\$67,217.00	1,710
Lincoln County Human Services (HS)	\$65,009.00	\$27,060.00	879
Community Service Agency (CSA)	\$647,653.00	\$388,134.00	4,448
Economic Opportunity Board (EOB) of Clark County	\$2,155,910.00	\$1,412,329.00	3,395
Lyon County Human Services	\$129,375.00	\$99,176.00	2,566
Churchill County Social Services	\$111,995.00	\$54,750.00	1,191
White Pine Social Services	\$82,379.00	\$34,560.00	146
Nye County Health and Human Services	\$134,290.00	\$66,491.00	1,762
Community Chest, Inc.	\$54,767.00	\$40,014.00	689
Nevada Community Action Association (NCAA)	\$194,877.00	\$58,938.00	N/A

*Funding based on the Federal Fiscal Year (FFY) includes base award and FFY22 supplemental

Community Service Block Grant (CSBG) CARES Funding

The Coronavirus Aid, Relief, and Economic Security Act (CARES), 2020, Public Law 116-36, was signed into law on March 27, 2020, providing \$1 billion in additional funds to the CSBG program. The additional funding to states, territories, and tribes authorized under the CSBG Act were intended to address the consequences of increasing unemployment and economic disruption as a result of the Coronavirus Disease (COVID-19). Nevada's allocation of CSBG CARES funding totaled \$4,895,249.00 with an expenditure timeframe beginning on March 27, 2020, ending on September 30, 2023. The supplemental funding was allocated to each eligible entity.

Community Service Block Grant CARES Funding and SFY23 Expenditure Totals*

Agency Name	Awarded	Expended
Frontier Community Action Agency (FCAA)	\$255,401.00	\$77,187.00
Consolidated Agencies for Human Services (CAHS)	\$93,974.00	\$13,243.00
Carson City Health and Human Services (HHS)	\$162,509.00	\$52,505.00
Douglas County Social Services (SS)	\$147,321.00	\$65,565.00
Lincoln County Human Services (HS)	\$72,162.00	\$962.00
Community Service Agency (CSA)	\$731,003.00	\$184,806.00
Economic Opportunity Board (EOB) of Clark County	\$2,436,192.00	\$1,019,481.00
Lyon County Human Services	\$163,382.00	\$45,305.00
Churchill County Social Services	\$139,874.00	\$15,997.00
White Pine Social Services	\$95,958.00	\$0.00
Nye County Health and Human Services	\$161,968.00	\$53,248.00
Community Chest, Inc.	\$70,259.00	\$29,045.00
Nevada Community Action Association (NCAA)	\$132,251.00	\$67,926.00

*Awarded amount is based on a multi-year budget period

Title XX was added to the Social Security Act in 1974 and was amended to establish the Social Services Block Grant (SSBG) program in 1981. The purpose of the SSBG is to allocate federal funds to states to support services for at-risk children, adults, and families. The Office of Community Services (OCS), Administration for Children and Families (ACF), at the U.S. Department of Health and Human Services, administers the SSBG. States have broad discretion in the specific programs supported with SSBG funds and may tailor the use of these funds over time to best meet the needs of their populations. The SSBG is a capped entitlement program, and states are entitled to their share of funds, according to a formula, from an amount of money that is capped in the statute at a specific level (also known as a funding ceiling). Each year, Congress determines the level of funding to be appropriated to the SSBG. SSBG funds are allocated to each of the 50 states and the District of Columbia according to their relative population size. Designated state agencies administer the SSBG.

Federal law establishes five broad goals for the SSBG. Social services funded by states must be linked to one or more of these statutory goals:

- Achieve or maintain economic self-support to prevent, reduce, or eliminate dependency.
- Achieve or maintain self-sufficiency, including reduction or prevention of dependency.
- Prevent or remedy neglect, abuse, or exploitation of children and adults unable to protect their own interests or preserve, rehabilitate, or reunite families.
- Prevent or reduce inappropriate institutional care by providing community-based care, or other forms of less intensive care.
- Secure referral or admission for institutional care when other forms of care are not appropriate or providing services to individuals in institutions.

Distribution of Funds and Accountability

In SFY23, \$9,879,094.00 of SSBG Title XX funds were awarded to state agencies within the Nevada Department of Health and Human Services (DHHS). The funds support a variety of essential services administered by the Aging and Disability Services Division (ADSD), the Division of Child and Family Services (DCFS), and the Division of Public and Behavioral Health (DPBH). An additional \$3,436,291.00 in SSBG Title XX funds were allocated to non-state entities providing social services in urban and rural communities statewide. A total of \$13,315,385.00 was awarded for the SFY23.

The funding is often pooled with other resources, ensuring that Nevada is meeting the immediate needs of its residents. States must submit a plan specifying how grant funds will be used, and an annual post-expenditure report. States may provide services directly, or sub-allocate funds to local qualified providers.

Target Population

The target population for services provided in FY23 under the Social Services Block Grant include:

- Youth with Serious Emotional Disturbances (SED).
- Children in foster care placement.
- Individuals in rural and frontier communities of Nevada in need of Sexually Transmitted Infection (STI) education and testing services.
- Caregivers aged 55 and older who have guardianship of children and are in need of respite services.
- Vulnerable adults in need of homemaker and other social services.
- Adults diagnosed with serious mental illness and substance abuse.

Social Services Block Grant SFY23 State Agency Funding and Expenditure Totals

Agency Name	Awarded	Expended
ADSD Rural Regional Center	\$175,943.00	\$175,943.00
ADSD Desert Regional Center	\$741,477.00	\$741,477.00
ADSD Sierra Regional Center	\$263,916.00	\$263,916.00
ADSD Homemaker Program APS	\$1,913,213.00	\$1,856,220.00
ADSD Homemaker Program PAC	\$650,445.00	\$647,807.00
DPBH Community Nursing Program	\$188,392.00	\$137,143.00
DPBH Southern Nevada Adult Mental Health Services (SNAMHS)	\$603,236.00	\$520,422.00
DPBH Child Welfare	\$1,685,356.00	\$1,685,356.00
DCFS Northern Nevada Child Adolescent Services (NNCAS)	\$1,420,117.00	\$1,380,173.00
DCFS Southern Nevada Child Adolescent Services (SNCAS)	\$2,236,999.00	\$2,236,999.00

Social Services Block Grant SFY23 Non-State Agency Funding and Expenditure Totals

Agency Name	Awarded	Expended
Clark County Department of Family Services (DFS)	\$1,970,568.00	\$1,970,568.00
ALS Association Nevada Chapter (ALS)	\$34,560.00	\$34,242.00
Lyon County Human Services (HS)	\$38,865.00	\$38,865.00
East Valley Family Services (FS)	\$89,877.00	\$89,870.00
CARE Chest of Sierra Nevada	\$150,000.00	\$150,000.00
Families for Effective Autism Treatment (FEAT)	\$60,750.00	\$35,160.00
Washoe County Human Services Agency	\$663,807.00	\$663,807.00
Care with Purpose Medical Center	\$89,316.00	\$45,706.00
Green Our Planet	\$50,000.00	\$7,427.00
Money Management International	\$288,548.00	\$288,547.00

Appendix A

**Fund for a Healthy Nevada Funding
by Budget Account**

**Fund for a Healthy Nevada
Department of Health and Human Services**

Budget Account	FY23 Leg Approved	FY23 Actuals
3140 - ADSD Tobacco Settlement Program:		
- Administrative costs	346,400	179,693
- Senior Independent Living	6,708,751	6,652,378
- Assisted Living	200,000	
Total - B/A 3140:	7,255,151	6,832,071
3145 - DCFS Children, Youth and & Family Admin:		
- Differential Response	1,350,000	1,178,774
Total - B/A 3145:	1,350,000	1,178,774
3150 - DHHS Director's Office Admin		
- Office of Minority Health - Minority Health Coalition	139,481	126,036
Total - B/A 3150:	139,481	126,036
3156 - ADSD Senior Rx and Disability Rx:		
- Senior Rx administrative costs	50,000	50,000
- Senior Rx	608,174	233,713
- Disability Rx administrative costs	5,960	5,960
Total - B/A 3156:	664,134	289,673
3161 - DPBH SNAMHS:		
- So NV MOST Program	1,180,972	979,799
Total - B/A 3161:	1,180,972	979,799
3162 - DPBH NNAHMS:		
- No NV MOST Program	577,386	577,386
Total - B/A 3162:	577,386	577,386
3166 - ADSD Family Preservation Program:		
- Family Preservation	200,000	200,000
Total - B/A 3166:	200,000	200,000
3195 - Director's Office Grants Management Unit:		
- Wellness & Disability administrative costs	568,644	198,707
- Federally Qualified Health Center (FQHC) Incubator Project	700,000	649,680
- SafeVoice Program (Transfer to DPS)	609,346	542,020
- Respite		
-Positive Behavior Support	1,510,000	1,405,519
- Independent Living Grants		
- Wellness for Family Services	1,539,490	987,851
- Public Health Districts	-	
- Family Resource Centers	1,700,000	1,536,862
Total - B/A 3195:	6,627,480	5,320,639
3204 - ADSD - Office for Consumer Health Assistance:		
- OCHA Ombudsmen	191,475	191,416
Total - B/A 3204:	191,475	191,416
3204/3278 - ADSD Planning Advocacy & Community Grants:		
- Nevada 2-1-1 (wellness)	641,105	639,296
- Nevada 2-1-1 (disability)	215,693	215,081
Total - B/A 3204:	856,798	854,377
3218 - DPBH Public Health Preparedness Program		
- Primary Care Workforce	183,672	137,830
Total - B/A 3218:	183,672	137,830
3220 - DPBH Chronic Disease:		
- Hunger (Food Security)	2,165,572	2,093,769
- Cessation	1,100,668	968,395
Total - B/A 3220:	3,266,240	3,062,164

**Fund for a Healthy Nevada
Department of Health and Human Services**

Budget Account	FY23 Leg Approved	FY23 Actuals
3281 - DCFS Northern Nevada Child & Adolescent Services:		
- No NV Mobile Crisis Unit	718,540	718,540
Total - B/A 3281:	718,540	718,540
3646 - DCFS Southern Nevada Child & Adolescent Services:		
- So NV Mobile Crisis Unit	1,584,378	1,584,378
Total - B/A 3646:	1,584,378	1,584,378
3648 - DPBH Rural Clinics		
- Rural NV Mobile Crisis Unit	694,573	627,968
Total - B/A 3648:	694,573	627,968
1080 - State Treasurer		
- Treasurer's Administrative Costs	51,176	47,094
Total - B/A 1080:	51,176	47,094
Total All Budget Accounts:	25,541,456	22,728,144

Appendix B

Tobacco Control Program

SFY23 Annual Report

SFY23 ANNUAL REPORT

FHN TOBACCO CONTROL



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH



Department of Health and Human Services
Division of Public and Behavioral Health
Bureau of Child, Family, and Community Wellness
Chronic Disease Prevention and Health Promotion

Nevada Tobacco Control Program
NVTU@health.nv.gov

SFY23 Annual Report

Nevada Department of Health and Human Services – Office of Community Partnerships and Grants
Division of Public and Behavioral Health – Tobacco Control Program

Background Information

The Chronic Disease Prevention and Health Promotion (CDPHP) Section in Nevada is dedicated to improving the quality of life among residents by enhancing policies, systems, and environments that contribute to their overall well-being. One of the primary objectives of this section is to reduce death and illness associated with tobacco use through the Tobacco Control Program (TCP). The TCP focuses on educating individuals on the risks of tobacco use, preventing its onset, eliminating disparities, reducing secondhand smoke exposure, and promoting cessation. Through these initiatives, CDPHP aims to improve public Health in Nevada.

The Fund for a Healthy Nevada (FHN) is governed by Chapter 439, Sections 620–630, of the Nevada Revised Statutes to utilize 60% of tobacco settlement monies received or recovered by the State of Nevada. Initially, the statutes included specific allocations to defined service areas such as children's health, services for persons with disabilities, and tobacco use prevention and cessation. However, the 2013 Legislature amended the statute to give the FHN greater flexibility to use funds to improve the Health of Nevada residents and remove the specific allocations for defined service areas. The FHN can fund various health-related initiatives, including tobacco control and prevention. The main goal of the FHN is to improve the Health of Nevada residents through the support of programs, initiatives, and projects that address the State's most pressing health needs. Through its allocation of tobacco settlement monies, the FHN has invested in several programs aimed at reducing tobacco use, including the TCP's efforts to prevent the initiation of tobacco use, promote cessation, and eliminate disparities related to tobacco use.

The State of Nevada is committed to improving the health of its residents by addressing the risks associated with tobacco use. In SFY 2021, the Tobacco Control Program (TCP) invited organizations across the State to submit proposals for funding to support their work on tobacco control and prevention initiatives for two years (SFY 2021-2023). Successful applicants were awarded funding to undertake all three specific goals identified in the program. These goals include reducing the initiation of tobacco use in youth and young adults, eliminating exposure to secondhand smoke, and promoting quitting among young people. Additionally, funding is allocated yearly to the State's quitline vendor, National Jewish Health, to provide their services.

Applicants awarded funding worked on the following goals:

- Goal 1: Prevent initiation among youth and young adults
- Goal 2: Eliminate exposure to secondhand smoke
- Goal 3: Promote quitting among youth and young adults

The following organizations receive legislative-designated funding from the Fund for a Healthy Nevada to work on Tobacco Control Program goals:

1. National Jewish Health (NJH)
2. Nevada Clinical Services (NCS)

The following organizations were then awarded funds from NCS to continue to work on tobacco control goals:

1. Carson City Health and Human Services (CCHHS)
2. Partnership Douglas County (PDC)
 - Churchill Community Coalition (CCC)
 - Frontier Community Coalition (FCC)
 - Healthy Communities Coalition (HCC)
 - NyE Community Coalition (NyECC)
 - Partners Allied for Community Excellence (PACE)
3. Southern Nevada Health District (SNHD)
4. Washoe County Health District (WCHD)

Distribution of Funds and Accountability

In State Fiscal Year 2021, \$950,000 from the Fund for a Healthy Nevada (FHN) was provided to the State TCP, of which \$942,776 was distributed to the organizations listed below. NCS provides awards to all organizations except the quitline vendor, NJH.

NJH:

- \$97,776 was provided for quitline services. Of the funding received, 100% was spent down.

NCS:

- \$845,000 was set aside to potentially be transferred to the Director's Office (Budget Account 3260) for NCS to support the following local tobacco control programs: CCHHS, PDC, SNHD, and WCHD. These awarded programs spent approximately \$827,642, or 97.9% of the allocated funding. NCS supported these programs based on recommendations from the TCP. Further distribution of funds and reported spending is as follows:

CCHHS: NCS provided \$68,000 to CCHHS. Of the funding received, 98% was spent.

PDC: NCS provided \$128,000 to PDC and five more rural coalitions, with PDC acting as the fiscal agent for all coalitions. Of the funding received, 87.6% was spent down.

SNHD: NCS provided \$517,000 to SNHD. Of the funding received, approximately 100% was spent.

WCHD: NCS provided \$132,000 to WCHD. Of the funding received, 99.8% was spent.

The same organizations are receiving continuation funding for SFY24 based on their past performance, the strength of their proposals, and their overall history of spending.

Key Activities in SFY23

Carson City Health and Human Services

- Created 14 social networks on Facebook, Twitter, and Instagram, which went to 50 Nevada Tobacco Prevention Coalition's Policy Committee (NTPC) members to educate stakeholders on the benefits of policy solutions to address e-cigarette use among youth and young adults.
- Participated in two legislative days. One with the Nevada Cancer Coalition and one with the statewide coalitions for their youth legislative day.
- Attended the Nevada Tobacco Control and Smoke-Free Coalition Communications Committee to include messaging on statewide initiatives such as Behind the Haze and Let's Talk Vaping.

- Identified 20 healthcare providers who work with youth to help them quit using tobacco products by making referrals to the My Life, My Quit (MLMQ) Program.

National Jewish Health

- Upon availability, they provided nicotine replacement therapy (NRT) to eligible individuals enrolled in telephonic cessation counseling. Uninsured, African Americans, cancer survivors, and Pregnancy and Postpartum Program callers received up to a twelve-week allotment of NRT.
Provided both African American and Hispanic callers with twelve weeks of NRT in support of the Racial and Ethnic Approaches to Community Health (REACH) Grant, which was awarded to SNHD. Additionally, any caller from the University of Nevada, Las Vegas (UNLV) staff and students to support UNLV adopting smoke-free and tobacco-free campus policy was eligible for twelve weeks of NRT from NJH before the start of SFY22 (June 2022) until June 2023 when funding became more limited.
- Assisted with testing and ongoing technical support for direct e-referral health systems connections to the Nevada Tobacco Quitline (NTQ). Referral systems were maintained with University Medical Center, Reno-Sparks Tribal Health Clinic, South Lyon Medical Center, Carson Tahoe Healthcare, Southern Nevada Health District, and Nevada Health Centers Rural Health Clinics. Community Health Alliance entered the final testing phase during SFY22.
- Collaborated with the Huntsman Cancer Institute to promote tobacco prevention programs, increase awareness about the dangers of youth tobacco use, and reduce the rate at which young people in the state smoke. The Nevada Adolescent Tobacco Project will be able to leverage the Huntsman Cancer Institute's expertise in research, policy, and community engagement to achieve its goals more effectively.

Partnership Douglas County (PDC)

PDC provides local tobacco control in addition to providing fiscal management and oversight for five other rural coalitions: CCC, FCC, HCC, NyECC, and PACE.

- Celebrated Youth Legislative Day, where they held a meeting with State Senator Titus, Assemblyman Gray, and Assemblyman Orentlicher, educating legislators on the connection between tobacco flavors and health disparities.
- Created free signage to promote clean air policies in all businesses, parks, and other outdoor spaces.
- Promoted My Life My Quit cards, flyers, awareness posters, Attracting Addiction pamphlets, and other smoking cessation materials to various schools and student groups such as Pau-Wa-Lu Middle School, Churchill County Middle School, French Ford Middle School, Winnemucca Junior High, Storey County School District, Lincoln County Schools, Tonopah High School, and others.
- Held parent engagement events to provide educational materials (My Life MyQuit referral cards, awareness posters, and Attracting Addiction pamphlets) and teach about smoking cessation programs.
- Engaged three (3) behavioral health centers to adopt anti-smoking policies.

Washoe County Health District

- Developed a new partnership with McQueen High School to share information and work on activities related to flavoring, e-cigarette prevention, and promoting MLMQ.
- Established relationships with WCSD nurses and Reno High School for presentations on MLMQ.
- Established two smoke-free multi-unit housing properties, one near UNR and another near downtown Reno.
- Provided education about NTQ, MLMQ, and Medicaid codes to 900+ local medical providers through the Washoe County Medical Society (WCMS) March/April journal publication

Collaborative Efforts and Leverage

Carson City Health and Human Services

CCHHS works with SNHD, WCHD, and NSCP to reduce the burden of tobacco in Nevada. A CCHHS staff member serves on the Nevada Tobacco Control and Smoke-free Coalition (NTCSC), formerly the Nevada Tobacco Prevention Coalition (NTPC) Executive Board as the secretary for the organization. Additionally, CCHHS collaborates with the State TCP to support both local and State initiatives and health system changes. The efforts related to the expansion of voluntary smoke-free policies for multi-unit housing, higher education institutions, and community events were achieved in partnership with local and statewide agencies. CCHHS contracted with the SNHD and State TCP to provide support for the 2023 Adult Tobacco Survey. These collaborations exemplify the importance of relationships and maintaining a forum to communicate with partners and stakeholders.

National Jewish Health

NJH is the largest non-profit provider of tobacco cessation services in the United States. Currently, NJH contracts with 18 states, including Nevada, to provide tobacco quitline services. This collaboration allows participating states to leverage resources funded by other states to cover developmental costs associated with improving quitline services. Nevada's collaboration with NJH and other states also facilitates the future pooling of funds for large projects, including a modernized website, implementing a behavioral health protocol, and establishing tailored programs to reach pregnant and postpartum women and the American Indian priority populations. NJH is a member of the North American Quitline Consortium (NAQC), which provides research and support to promote evidence-based quitline services across diverse communities in North America. NAQC's members participate in professional development and a variety of communications and opportunities for networking and information sharing. Finally, NJH has entered into contracts with two of the three Nevada Medicaid Managed Care Organizations (MCO) to provide cessation services for their members. The third MCO's beneficiaries are triaged from the quitline to their own in-house counseling classes. Plans to build additional public and private health insurance partnerships were initiated by leveraging federal grant funding, resulting in a comprehensive list of major insurers in the State, and cessation education was provided to their members. Funding currently comes from two federal grants and FHN. Only one of the federal grants and FHN can be used to fund NRT for program participants, and the funding amount available from the federal grant is capped. Together the federal grants and the FHN are leveraged to provide comprehensive best-practice services and products for Nevadans seeking to quit using tobacco.

Partnership Douglas County

PDC and the five rural coalitions working on tobacco control strategies in Nevada have a history of collaborative efforts at both the state and local levels. PDC's Executive Director is the vice president of NTCSC and works with its member organizations on statewide strategies and policy development. The Executive Director from PDC represents the member coalitions through NTCSC. The rural coalitions' board memberships are comprised of stakeholders from key sectors of the community (government, Health, education, direct service providers, treatment, juvenile justice, faith-based entities, law enforcement, mental health, parents, youth, etc.). Rural coalitions use multiple strategies across multiple sectors to affect change and work on tobacco control efforts. PDC is the lead reporting coalition for the group of rural coalitions, also known as the Nevada State Partnership Coalition (NSCP), which includes Churchill Community Coalition, Frontier Community Coalition, Healthy Communities Coalition, Nye Communities Coalition, and Partners Allied for Community Excellence.

Southern Nevada Health District

The SNHD TCP is a founding member of NTCSC. NTCSC also holds permanent seats on the NTCSC Executive Board. SNHD has partnered with NTCSC for over 20 years and will continue active involvement in all aspects of coalition activities. In order to maximize community impact, SNHD also collaborates with a variety of local, State, and national organizations, including the following: American Lung Association, American Cancer Society Cancer Action Network,

American Heart Association, local chambers of commerce, Nevada Public Health Association (NPHA), Nevada Cancer Coalition, Nevada Hand, Southern Nevada Regional Housing Authority, Nevada Institute for Children's Research and Policy, Nevada Office of the Attorney General Tobacco Enforcement Unit, and LGBTQ+ Center. Additionally, SNHD pursues additional grant funds to sustain staffing infrastructure, ensure capacity, and support community partners working in collaboration with the SNHD TCP to reach tobacco prevention and cessation goals consistent with state and national goals.

Washoe County Health District

WCHD has been a member of the NTCSC since 2001. Currently, two staff serve on the NTPC Executive Board and participate in subcommittees. Staff facilitates the Northern Nevada Action Committee, which focuses on amplifying tobacco prevention efforts and includes collaborative efforts with NTCSC on smoke-free workplaces and meetings. Staff also participate in the NTCSC policy and communications subcommittees and work on NTCSC strategic objectives. Additionally, staff facilitates the Washoe Chronic Disease Coalition, which provides networking and education related to chronic diseases, which includes tobacco as a risk factor for chronic disease. The staff are active members of the NPHA, which brings together public health professionals throughout the State to address policy change with a high priority on tobacco control.

SFY23 Awardee Performance

Carson City Health and Human Services

CCHHS's work plan included a total of five annual objectives supported by 18 activities. Two objectives addressing the goal of preventing the initiation of tobacco use among youth and young adults were met, and all nine supporting activities were successfully implemented. The single objective addressing the goal of eliminating exposure to secondhand smoke was met, and the four supporting activities were also successfully implemented. The objective addressing the goal to promote quitting among adults and young people was met, and the three supporting activities were successfully implemented. The objective addressing the goal of infrastructure, administration, and management was met, and the two supporting activities were completed.

National Jewish Health

NJH met all deliverables and called standards as stipulated by their contract. NJH provided monthly data reports to ensure the quality of call services provided to Nevadan clients, demonstrate maintenance of tailored program services for priority populations, and account for the delivery of NRT, upon availability to qualified participants. This contract is also supported by federal grants, and the associated reports, containing detailed information, are available upon request: yqiu@health.nv.gov

Partnership Douglas County

Partnership Douglas County is the lead reporting coalition and subcontracts activities to the other five rural coalitions. The executive director of PDC provides Technical Assistance (TA) to the rural coalitions and is the primary contact for reporting the activities with state TCP. The quarterly TA meetings involve a representative from each rural coalition if further clarification or specific questions are needed. The work plan for PDC consisted of six annual objectives with 16 supporting activities. Activities varied in responsible coalition but were reported as follows: of the 16 activities, nine were completed by all six coalitions, four were completed by only PDC, and three were completed by some, not all coalitions, with PDC as the lead coalition on all activities. Some activities report metrics by the coalition, and some report as the entire group of rural coalitions (NSCP). The three objectives addressing the initiation of tobacco use among youth and young adults were met, and the ten supporting activities were successfully implemented by all responsible coalitions. The single objective addressing the goal of eliminating exposure to secondhand smoke was met, and the two supporting activities were

successfully implemented by the responsible coalitions. The single objective of the goal of promoting quitting among adults and young people was met, and both supporting activities were successfully implemented by the responsible coalition. The single objective for addressing infrastructure, administration, and management was met, and the two supporting activities were completed by the responsible coalitions. All coalitions contributed to their assigned activities and met or exceeded the request metrics. Some challenges existed in rural landscapes, such as supporting residential and outpatient behavioral health centers with cessation materials, as these centers are limited in rural Nevada.

Southern Nevada Health District

SNHD's work plan listed seven annual objectives supported by three activities. All four objectives addressing the goal to prevent the initiation of tobacco use among youth and young adults were met, and all 17 supporting activities were successfully implemented. The single objective addressing the goal of eliminating exposure to secondhand smoke was met, and all seven supporting activities were successfully implemented.

The single objective addressing the goal of promoting health system changes to support tobacco cessation was met, and four supporting activities were successfully implemented. Staff continues to assist University Medical Center in the implementation of health systems connection for e-referrals to NTQ via National Jewish Health. To date, a total of 3,975 referrals occurred from July 2022 to June 2023. The single objective of infrastructure, administration, and management was met, and the two supporting activities were successfully implemented. \ No barriers were left unresolved, and SNHD met or exceeded expectations for all objectives and measured activities.

Washoe County Health District

WCHD's work plan listed eight annual objectives supported by 26 activities. The two objectives addressing the goal to prevent the initiation of tobacco use among youth and young adults and all eight supporting activities were successfully implemented. The three objectives addressing the goal of eliminating exposure to secondhand smoke were met, and all ten supporting activities were implemented. The two objectives addressing the goal of promoting health system changes to support tobacco cessation were met, and all six supporting activities were implemented, with two being further delayed due to COVID-19-related barriers. The single objective supporting the infrastructure, administration, and management was met, and the two activities were completed.

Client Demographics

Carson City Health and Human Services

Per the 2022 US Census Bureau, the population of Carson City is 58,130. Race and ethnicity are largely white at 76.7%; Hispanic/Latino comprise 24.9%; Asians comprise 2.6%; American Indians 2.0%; and African Americans 2%. With limited diversity in Carson City, CCHHS targets all races and ethnic backgrounds. Approximately 20.6% of the population is youth under the age of 18, which demonstrates a large audience for targeted tobacco prevention efforts. Per the 2023 Nevada Rural and Frontier Health Data Book, the population of Carson City residents living in poverty in 2020 was 15.1%; Medicaid enrollment for this community rose from 9,272 to 14,876 from 2011 to 2021. Uninsured residents decreased from 10,283 in 2010 to 6,774 in 2020, which means a 34.1% lower. According to a study conducted by the Nevada Rural Housing Authority, 48.4% of Carson City residents rent their homes, and 51.5% are homeowners. Residents living in multi-unit housing make up a few demographic populations, including the elderly, physically disabled, and various ethnic and racial backgrounds. Already facing health inequities, these residents are regularly exposed to secondhand smoke. According to the 2022 Nevada Statewide Adult Tobacco Survey (ATS), 87.5% of Nevada adults believe people should be protected from exposure to secondhand smoke. Smoking prevalence among Nevada youth is at a low of 3.4%, according to the 2021 Youth Risk Behavior Survey (YRBS). However, data show that the prevalence of cigarette smoking among young people remains high, with a smoking rate of 11.5%. The electronic cigarette prevalence is of great concern in Nevada, with Carson City youth reporting a 29.1% use rate.

National Jewish Health

The adult smoking rate in Nevada is at 15.5%, according to the 2021 Behavioral Risk Factor Surveillance System (BRFSS). According to the 2023 NJH monthly reports, the highest quit rate was between the ages of 55-64 (31.6%). Approximately 40% of callers are covered under Medicare, with 25% of callers being uninsured.

Partnership Douglas County (and partnering rural coalitions)

Five rural counties, including Churchill, Humboldt, Douglas, Pershing, and Lander, exhibit a higher youth smoking rate compared to the national average of 11.3%, according to the 2022 National Youth Tobacco Survey (NYTD) and the 2021 Nevada YRBS. Elko, White Pine, Eureka, Lyon, Mineral, Storey, Douglas, Churchill, Humboldt, Pershing, Lander, Nye, and Lincoln Counties carry the highest burden of youth electronic smoking device use at over 20% (2021 Nevada YRBS). Similarly, smoking rates among adults (about 27.3%) in rural areas are higher compared to the national average (about 23%), according to the 2022 Nevada ATS.

Southern Nevada Health District

SNHD is the local public health authority serving the public health needs of over 2.3 million residents in Clark County. SNHD serves Clark County's racially and ethnically diverse residents, of whom 32.6% are Hispanic. Nearly 22% of residents are foreign-born, and nearly 34% speak a language other than English at home. In addition, 15.1% of residents live at or below the federal poverty level. In terms of daily conventional cigarette smoking, 2022 Nevada Statewide Adult Tobacco Survey results show an adult smoking prevalence of 10.7% in Clark Co. It is important to address the use of tobacco to better understand health inequity and disparities occurring in Nevada.

E-cigarettes and hookah are promoted in places where youth socialize, such as concerts, festivals, and online social media environments. Although, the use of vaping products is 5.6% in accordance with the 2022 Nevada Statewide Adult Tobacco Survey.

SNHD targets its tobacco control efforts on youth, the LGBT community, African-American and Hispanic populations that are most impacted by tobacco use. SNHD's efforts extend to smoke-free events like Las Vegas Pride, tobacco-free college campuses and multi-unit housing, and implementation of health systems to the Nevada Tobacco Quitline.

Washoe County Health District

Washoe County has a population of 496,745 people, according to the 2022 US Census Bureau. The current adult smoking rate in Washoe County is 9.6% (2022 Nevada Statewide Adult Tobacco Survey). There has been an increase in the current use of electronic cigarette devices among Washoe County Youth. In the past 30 days, 19.5% of Washoe County high school students reported using electronic vapor products to vape nicotine, 3.2% reported smoking cigarettes, and 20.5% reported vaping e-cigarettes (2021 Nevada YRBS). WCHD works on smoke-free multi-unit housing, smoke-free outdoor events like Pride, and tobacco-free college campuses and institutes of higher education.

Outcomes Reports

Carson City Health and Human Services

A coalition of eight community agencies came together to complete the Community Health Needs Assessment (CHNA). The goal of this assessment is to determine the most pressing health-related needs from the perspective of community members themselves. A variety of data sources were used, including focus groups, phone interviews, national and State government reports and data, and a robust communities-wide online survey.

National Jewish Health

The 2020 Quitline Outcomes Report by NJH was made available in January 2022. A few key findings from this report indicated that participants with coaching and medication reported a higher quit rate (33%) than those participants with coaching and no medication (14%). The highest reported quit rates were among participants who completed five or more coaching calls (30%). According to the Nevada Tobacco Quitline's 2020 Outcomes, participants enrolled in Nevada's Medicaid programs, Nevada Medicaid, and Nevada Check-up, as well as participants enrolled in Medicare, reported the lowest quit rates (16% and 15%, respectively). Uninsured participants reported the highest quit rates (35%) since they were eligible for quit medications. The full report is available from the state Tobacco Control Program upon request: yqiu@health.nv.gov.

Partnership Douglas County

PDC and rural coalitions gave a step forward from monthly TA calls to Quarterly TA prior to reports with sub-recipient coalitions. PACE worked with Wendover Prevention Group to present to West Wendover City Council regarding youth use with data from YRBS and the SHARP Survey (Used in West and East Wendover).

Southern Nevada Health District

SNHD focused its efforts on the NTCSC statewide strategic plan based on statewide partner feedback from the annual planning meeting. The statewide strategic plan was finalized and is ready for distribution. The purpose of the plan is to improve the Health of all Nevadans by reducing the burden of tobacco use and nicotine addiction.

Washoe County Health District

WCHD reported to 17 decision makers at the Washoe County District Board of Health and the Statewide Chronic Disease Prevention and Wellness Program Advisory Council Meeting on the updated Geographic Information System (GIS) mapping of the proximity/density of tobacco outlets near schools. WCHD also produced the key informant interview data reports on a survey of age-restricted bars regarding smoke-free efforts.:

Major Planned Activities for SFY24

Carson City Health and Human Services

Planned strategies for SFY24 include collaborating with partners and youth to educate decision-makers on policies to address youth e-cigarette use and the benefits of restricting menthol and other flavored tobacco products. CCHHS will also continue counter-marketing campaigns about the dangers of e-cigarettes, flavors, and other emerging tobacco products. Activities with schools, youth-focused organizations, and low-income or multi-unit housing managers will include education, technical assistance, and materials support to implement activities, which will help CCHHS to eliminate disparities related to tobacco use and secondhand smoke exposure. CCHHS will also work on establishing an electronic referral system to enable providers to refer tobacco users to the NTQ.

National Jewish Health

Evidence-based telephonic counseling services will continue to be available for tobacco users residing in Nevada. Limited funds will restrict NRT availability to the following vulnerable populations: the uninsured, American Indians, cancer survivors, pregnant/postpartum women, and UNLV students and staff. NTQ will screen Medicaid callers and triage those callers to their appropriate cessation services. Ineligible callers in need of NRT will be advised to access insurance benefits or budget appropriately to pair cessation medications with counseling to increase their chances of quitting successfully. Through a partnership with Medicaid, two Medicaid MCOs are providing quitline services for their beneficiaries through

NJH. In addition, My Life, My Quit was launched in 2019 as a youth-oriented quit service and will still be providing free and confidential cessation resources to youth wanting to quit smoking or vaping.

Partnership Douglas County

For SFY24, PDC will be the designated leading authority for all rural coalitions, including CCC, FCC, HCC, NyECC, and PACE, and provide oversight of all fiscal and programmatic activities. PDC will also subcontract to the new Central Nevada Health District to support and kickstart their tobacco control efforts. PDC and the rural coalitions and health district will focus on evidence-based policies, partnerships, and intervention strategies to eliminate health disparities related to tobacco use, secondhand smoke exposure, and cessation resources. The community coalitions will focus on one objective specific to preventing initiation among youth and young adults and one objective specific to eliminating exposure to secondhand focusing on policies most appropriate to the coalition's region. The rural coalitions and new health districts will continue to expand Nevada Rural Hospital's electronic e-referral system to connect patients to the NTQ. PDC will also work on Component 2, Statewide Collaboration Initiative, which supports the NTCSC. PDC will play an active role in NTCSC's facilitation of statewide strategic planning to advance the State and National Tobacco Control Goals.

Southern Nevada Health District

Activities to support the prevention of tobacco product initiation to be led by SNHD include the formation of a youth advocacy council that will help educate decision-makers on the harms of e-cigarettes, menthol, and other flavored tobacco products to demonstrate the benefits of new statewide policies that better support youth from adverse health outcomes. Activities will be culturally and linguistically tailored and designed to address social norms and perceptions around combustible and emerging tobacco product use among youth. SNHD will work to maintain and create new target youth campaigns that promote messages about the dangers of tobacco products, including e-cigarettes and other emerging tobacco products. Staff will work to increase the number of jurisdiction-wide smoke/tobacco-free policies within multi-unit housing, parks and recreation centers, higher education campuses, and business. SNHD will promote the youth tobacco quitline MLMQ to priority populations and will promote health system changes to support tobacco cessation to increase the number of hospitals or clinics that serve youth and/or young adults in Clark County, referring to the My Life, My Quit Program. Staff will train providers on how to deliver a Brief Tobacco Use Intervention (BI), including Quitline referral mechanisms through in-person, online, and electronic methods.

SNHD will be the lead partner in collaborating with statewide agencies to develop a youth surveillance survey tool to gather data on youth knowledge, attitudes, and behaviors associated with tobacco and e-cigarette use. Data collected will be critical to assessing the impact and effectiveness of current programs and initiatives and providing data for ongoing program improvement among the State's diverse communities. These data will also provide useful information for designing, revising, and updating programs to best utilize resources.

Washoe County Health District

To help prevent initiation among youth and young adults, WCHD will use GIS mapping to collect data on the proximity of tobacco retailers to Washoe County Schools. WCHD will utilize this data to better inform and promote tobacco-free policies relating to youth and young adult access to tobacco products. WCHD will continue to promote Attracting Addiction Nevada at Washoe County School District events. WCHD will work to reduce health disparities by promoting the Smoke-Free Truckee Meadows initiative to increase smoke/tobacco-free policies in business and multi-unit housing. Activities to achieve this goal include: leveraging partnerships among community partners to educate on smoke-free workplaces, increasing the number of smoke-free multi-unit housing, increasing the number of businesses committed to holding meetings and events in smoke-free locations and educating stakeholders about smoke-free jurisdictions. WCHD will collaborate with local partner organizations to facilitate youth quitline referrals, recruit pregnant and postpartum women for the Baby and Me Tobacco Free program, and share youth cessation resources with local organizations.

Tobacco Control Program Staff and Stakeholders

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