SILVER STATE HEALTH IMPROVEMENT PLAN 2023 – 2028

YEAR 2 IMPLEMENTATION PLAN FY 2024 – 2025

NEVADA DIVISION of PUBLIC and BEHAVIORAL HEALTH

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INTRODUCTION

The Silver State Health Improvement Plan (SSHIP) 2023-2028, Nevada's first statewide public health improvement plan, provides a roadmap for the Division of Public and Behavioral Health (DPBH) of Nevada's Department of Health and Human Services, as well as community partners—including state and local agencies, community-based organizations, private businesses, nonprofit organizations, health care systems, academic institutions, and other stakeholders—to work together to improve the health of all Nevadans.

The Plan identifies four key health priorities, 16 actionable goals, and 64 objectives to improve the health of communities throughout the state. The SSHIP is a resource for all Nevadans and progress toward its goals and objectives will be made by DPBH and others throughout the state.

This **SSHIP Year 2 Implementation Plan (FY 2024 - FY 2025)** includes 51 individual action plans provided by DPBH programs, as well as 11 other agencies, organizations, and community partners. Each action plan outlines a SMART (specific, measurable, achievable, relevant, and time-bound) objective that aligns with a SSHIP objective and includes strategies, action steps, and timelines to make progress toward the objective. Action plans also identify specific priority populations, the lead agency and supporting partners, and available resources and assets.

This updated Year 2 Implementation Plan includes two new action plans from DPBH programs as well as seven action plans that have been updated to reflect new strategies, action steps, timelines, and target results. New or revised action plans are indicated by an asterisk (*) in the top row, next to "Priority," and updates are noted in red text. Not all plans needed revision, since some targets were projected for a later fiscal year, but many partners did indicate progress on their goals. A continued goal for DPBH PHII in FY 2024-2025 is to increase the number of objectives for which action plans are submitted and grow partnerships to showcase the work being done throughout the state to improve the health of all in Nevada.

Action plans are compiled and monitored annually by the Public Health Infrastructure and Improvement (PHII) section at DPBH. Since this is a statewide plan that includes a diverse set of goals and objectives—some of which are outside DPBH's jurisdiction—PHII will continue working to identify and elevate efforts that help address the priority issues and include additional action plans in future iterations of the SSHIP Implementation Plan to reflect this work. An annual report of progress toward achieving SSHIP goals and objectives will be produced each year of the Plan, from FY 2023 through FY 2028, and the Implementation Plan will be revised annually.

In addition, DPBH provides data on various indicators that reflect progress toward SSHIP goals through the SSHIP Data Dashboard, available on the PHII webpage. The Dashboard will be updated annually for the duration of the SSHIP.

For questions about the SSHIP, the SSHIP Year 2 Implementation Plan, or to submit an action plan that aligns with SSHIP goals and objectives, please contact DPBHPHII@health.nv.gov.

SOCIAL DETERMINANTS OF HEALTH

The following action plans each outline a SMART objective as well as strategies, action steps, and timelines to make progress toward goals to improve social determinants of health in Nevada. They also identify specific priority populations, the lead agency and supporting partners, and available resources and assets, and relate to the goals below.

GOAL 1: Reduce food insecurity and improve the overall food security ecosystem in Nevada to help eliminate the hunger gap

GOAL 2: Increase health literacy in Nevada by improving communication access for priority populations to reduce language and other literacy-related barriers

GOAL 3: Reduce exposure to harmful air emissions and climate pollution, and improve ambient air quality and health equity throughout Nevada

GOAL 4: Increase the availability of supportive housing in Nevada through greater cross-sector, interagency collaboration, and the development of supportive housing units

SOCIAL DETERMINANTS OF HEALTH

Priority: Social Determinants of Health	**Focus Area:** Food Security		
Goal 1: Reduce food insecurity and improve Nevada's overall food security ecosystem to help eliminate the existing hunger gap.			
SMART Objective 1.1: Improve collaboration, communication, coordination, and information and data-sharing among food ecosystem partners by developing and delivering a well-designed presentation to the Nevada legislature on food insecurity and food needs in Nevada. Collaborating with existing organizations like DPBH and CFS, as well as other relevant food ecosystem partners, to increase the effectiveness of these presentations. Host two (2) Food Security fairs/conferences in Southern and Northern Nevada, bringing together local food ecosystem partners, community members, and policy makers, to engage through various keynote speakers and discussions. Also, the provision of opportunities to interact with local vendors, farmers, and community organizations to learn about local foods and resources is essential.			
Priority Population(s): Food insecure individuals in Nevada statewide with a focus on school-aged children, low socioeconomic status people and seniors.			
Lead Agency: Office of Food Security (OFS) and Council on Food security (CFS)	**Supporting Partners:** DHHS Nutrition Unit, NV Department of Agriculture (NDA), Food Banks, Food Pantries, Council on Food Security (CFS), Supplemental Nutrition Program for Women, Infants, and Children (WIC), Supplemental Nutrition Assistance Program (SNAP), and sponsors.		
Strategies	**Action Steps and Responsible Parties (optional)**	**Timeline**	**Target Results**
1.1.1 Present one (1) presentation to the Joint Interim Standing Committee on Health and Human Services (HHS) each Biennium.	• CFS will connect with the Joint Interim Standing Committee LCB support staff on HHS (JISCHHS) and request for a member of the CFS to present annually to the committee. • CFS to identify a topic(s) to present to the Joint Interim Standing Committee each biennium, including recommendations that align with Objective 1.2 and 1.2.3 strategy. • CFS to identify a member to present to JISCHHS who will prepare and present a presentation, follow up on Committee questions, and provide ongoing presentations as necessary and/or requested by JISCHHS and/or CFS.	LCB to be initially contacted by 05/31/2024. LCB contacted again in 2026 by 05/31/2026. CFS identifies a member to present by 02/29 A minimum of one (1) annual presentation by 12/31 Efforts to continue through 12/31/2027.	CFS completed one (1) presentations to JISCHHS by the end of 2024. CFS completed one (1) presentations to JISCHHS by the end of 2026.
1.1.2 Organize and host two (2) Food Security Fairs/Conferences: one, (1) in Southern Nevada	**The Leader and Event Planning Lead will be the OFS in collaboration with CFS to arrange the following:** • Establish an ongoing workgroup to determine logistics of the Fairs/Conferences.	Workgroup Established by 02/29/2024. Survey to Partners by 05/31/2024.	One (1) Fair/Conference in Southern Nevada and one (1) Fair/Conference in Northern Nevada with a CFS Annual

*Action plan has been updated or is new this year

and one (1) in Northern Nevada. Fairs/Conferences to include stakeholders/partners and service providers/vendors as identified by the food security partners, CFS, and the workgroup.	• A Survey with Food Security stakeholders/partners and service providers to determine the target audience, presenters (WIC, Child Welfare, Seniors, SNAP, food banks and pantries, transportation service, NDA, early education, mobile grocery shopping, etc.), location, remote option, vendors, date, and time. ○ The Target Audience for the fair/conference at minimum must include an invitation to the following programs: WIC, SNAP, Child and Adult Care Food Program (CACFP), Summer Food Service Program, and food service vendors across the spectrum of food services, including at least one (1) agency with a fleet. • Identify potential source(s) of funding and/or sponsorship. • Establish a Venue/Location, Food, and Fairs/Conferences Schedule/Agenda. • Determine if guidelines are necessary. • Invitations to both conferences are to include legislative partners as identified by the CFS. **Communication Lead will be OFS support staff.** • Emailing members, reminders, invites, and RSVPs. **Day-Of-Support Lead will be OFS support staff.** • Note-Taking, Tech Support, Printing, Food Logistics, Greeter, Post Refection Survey, etc.	Funding Source and sponsors Identified by 12/31/2024. Efforts and presentations to be documented in the CFS Annual report by 01/31 Schedule/Agenda for the Fairs/Conferences to be completed 3 months before Fair/Conference Date. Northern Nevada Fair/Conference held, and Post Reflection Surveys completed by 12/31/2025. Southern Nevada Fair/Conference held, and Post Reflection Surveys completed by 12/31/2027.	Report that includes a provider and vendor list, conference presentation summaries, and a contact list to assist in the elimination of the hunger gap in Nevada.
Resources: https://www.roomtoread.org/media/cqglk30h/step-by-step-guide-to-holding-a-summit.pdf, Southern Nevada Food Council, Northern Nevada Food Council, Washoe County Food Policy Council, Nevada Farm Bureau, Nevada Department of Agriculture (NDA), Mental Health Stakeholders, Regional Transportation Commission of Southern Nevada (RTC), Nevada Department of Transportation NDOT), Southwest Regional Food Business Center Project, and Food Service partners identified in the 2022 survey for the 2023 Food Security Strategic Plan.			
Goal Indicators: • Food insecurity rate • Number of clients served by food security service providers • Percent of population eligible for SNAP who participate			

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SOCIAL DETERMINANTS OF HEALTH

Priority: Social Determinants of Health	**Focus Area:** Food Security		
Goal 1: Reduce food insecurity and improve the overall food security ecosystem in Nevada to help eliminate the existing hunger gap.			
SMART Objective 1.2: Partner with local farmers, food vendors, tribal communities, and other community organizations to support initiatives aimed at increasing mobile access (food trucks, community gardens, mobile markets, etc.) to healthy foods throughout the State of Nevada, specifically the underserved and remote areas (Churchill County, Elko, Esmeralda County, Eureka, Humboldt, Lander, Lincoln, Mineral, Nye, Pershing, Lyon, Storey, Douglas, and White Pine).			
Priority Population(s): Food insecure individuals in Nevada statewide with a focus on school-aged children, low socioeconomic status people and seniors.			
Lead Agency: Office of Food Security (OFS) and Council on Food security (CFS)	**Supporting Partners:** CFS, OFS, sponsors, stakeholders/partners from Nevada tribal nations, housing, and the transportation sector. Supporting partners will also include NDA, The Division of Plant Health and Compliance works and Division of Food and Nutrition and local farmers.		
Strategies	**Action Steps and Responsible Parties (optional)**	**Timeline**	**Target Results**
1.2.1 Recommend a revision of Nevada Revised Statue (NRS 232) to add up to Three (3) seats on the CFS for individuals who have lived experience with Food insecurity and/or homelessness.	• CFS to make recommendations to Nevada's Legislature Interim Health and Human Service Committee through an interim HHS presentation. • CFS to make recommendations to the Director of the Health Department of Health and Human Services (DHHS) through the CFS Annual Reports that are submitted to the Legislative Counsel Bureau (LCB). • Seats to be specific to individuals from the housing and transportation section(s) and include at least two (2) members from Nevada's tribal communities (North/South).	A presentation completed by 10/31/2024. Recommendation to DHHS Director by 01/31/2025 CFS 2024 Annual Report with recommendations completed by 01/31/25	Three (3) additional seats for the CFS by 2027.
1.2.2 Allow representative(s) from the housing, transportation sector, and tribal communities to present during the Food Security Fairs/Conferences and CFS.	CFS to identify partners who can present at the CFS annually and the Fairs/Conferences that will improve awareness on policy and programs around the housing, transportation sector, and tribal communities to mitigate drivers of food insecurity.	One (1) annual presentation to CFS by 12/31. One (1) presentation at each fair/conference (2025 & 2027) Efforts and presentation to be documented in the CFS	By 2027 completed a minimum of four (4) presentations. CFS Annual Reports to include summary of presentations.

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		Annual Report each year. Efforts to continue through 12/31/2027.	
1.2.3 Meet at minimum of one (1) time per biennium with the Legislature Interim Health and Human Services Committee	CFS will brief the NV Legislature Interim Health and Human Service Committee on food security issues and identify programs/policies that will increase food security; and make presentations regularly to county/city boards to raise awareness about need and programs.	One (1) presentation by CFS to the Legislature Interim Health and Human Services Committee in 2025 and again in 2027 Efforts to continue through 12/31/2027.	By 2027 completed a minimum of two (2) presentations. CFS Annual Reports to include summary of presentations.
Resources: CFS, OFS, NDA, Southern Nevada Council on Food Security, and Northern Nevada Council on Food Security.			

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SOCIAL DETERMINANTS OF HEALTH

Priority: Social Determinants of Health	**Focus Area:** Food Security		
Goal 1: Reduce food insecurity and improve the overall food security ecosystem in Nevada to help eliminate the existing hunger gap.			
SMART Objective 1.3: Support new strategic partnerships and increase awareness among the food security ecosystem regarding service providers and funding opportunities that can assist with distributing food to people, particularly individuals at increased/higher risk for food insecurity. The Office of Food Security (OFS) and the Council on Food Security (CFS) will leverage a statewide Food Security Fair/Conference and other existing marketing to assist with awareness.			
Priority Population(s): Food insecure individuals in Nevada statewide with a focus on school-aged children, low socioeconomic status people and seniors.			
Lead Agency: Office of Food Security (OFS) and Council on Food security (CFS)	**Supporting Partners:** OFS, CFS, **s**ponsors, Food Banks, Food Pantries, NDA Division of Food and Nutrition, Food Security Service Providers, Supplemental Nutrition Assistance Program (SNAP), and Division of Welfare and Supportive Services (DWSS).		
Strategies	**Action Steps and Responsible Parties (optional)**	**Timeline**	**Target Results**
1.3.1 Support the state lead in needs related to the federal SNAP EBT Modernization Technical Assistance Center grant	• OFS and/or CFS to coordinator SNAP EBT Stakeholders/partners to present at the CFS annually. • OFS and/or CFS to provide administrative support with identified partners to present at the CFS each year. • Allow representative(s) from SNAP to present at both the Southern and Northern Nevada Food Security Fair/Conference on SNAP EBT Modernization and other funding opportunities that can assist with distributing food to people.	One (1) presentation to CFS annually by 12/31. One (1) SNAP presentation at the Northern Nevada Fair/Conference by 12/31/25. One (1) SNAP presentation at the Southern Nevada Fair/Conference by 12/31/27. Efforts and presentation to be documented in the CFS Annual Report each year.	Increase funding awareness among the Food Security ecosystem regarding the SNAP EBT Modernization and other grant funding.

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		Efforts to continue through 12/31/2027.	
1.3.2 Support a minimum of two (2) service providers in attending In-Person to both Southern and Northern Nevada Food Security Fair/Conference.	• The workgroup established in 1.1.1 Strategy will work in collaboration with the CFS and OFS to assist in identifying a minimum of two (2) service providers to attend each Food Security Fair/Conference. • OFS will work in collaboration with the workgroup and CFS to identify sponsors to support the attendance of a minimum of two (2) service providers who will attend both the Southern and the Northern Neveda In-Person Food Security Fairs/Conference. • Transportation Service providers shall include but not limited to services that bring the food to the people and the people to the food with equity among the rural and urban communities.	Identification of partners by 03/31/2025 for Northern Nevada Fair/Conference. Identification of partners by 03/31/2027 for the Southern Nevada Fair/Conference. Northern Neveda Fair/Conference Attendance by 12/31/2025. Southern Nevada Fair/Conference Attendance by 12/31/2027.	Support new strategic partnerships that can assist with transportation needs and efforts to distribute food to people.
Resources: https://www.fns.usda.gov/grant/snap-ebt-modernization-technical-assistance-center, Division of Welfare and Supportive Services (DWSS), the Grant Lab, the Nevada Department of Agriculture (NDA), and Nevada Food Banks.			

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SOCIAL DETERMINANTS OF HEALTH

Priority: Social Determinants of Health	**Focus Area:** Food Security		
Goal 1: Reduce food insecurity and improve the overall food security ecosystem in Nevada to help eliminate the existing hunger gap.			
SMART Objective 1.4: Utilize existing outreach channels and participate in marketing opportunities to inform eligible individuals and eligible households about WIC and SNAP benefits, the Child and Adult Care Food Program, the Summer Food Service Program, and any other additional summer food, school lunch, and breakfast programs. Increase awareness of existing campaigns that emphasize the benefits, requirements, and application processes for sponsors.			
Priority Population(s): Food insecure individuals in Nevada statewide with a focus on school-aged children, low socioeconomic status people and seniors.			
Lead Agency: Office of Food Security (OFS) and Council on Food security (CFS)	**Supporting Partners:** Sponsors, OFS, CFS, Supplemental Nutrition Program for Women, Infants, and Children (WIC), Supplemental Nutrition Assistance Program (SNAP), school stakeholders (Department of Education, school districts, etc.), and NDA Division of Food and Nutrition.		
Strategies	**Action Steps and Responsible Parties (optional)**	**Timeline**	**Target Results**
1.4.1 Support in the identification of partnerships to increase WIC and SNAP participation and support rural program efforts for the Child and Adult Care Food Program and Summer Food Service Program.	• The OFS and/or CFS will collaborate with WIC, SNAP, DWSS, and academic partners to identify a representative who is willing to present at CFS about WIC, SNAP, and existing partnerships statewide. • Presentation to include barriers preventing partners from accepting supplemental nutritional assistance applications, which will be tracked via CFS Annual Reports. • CFS to collaborate with NDA to Identify at minimum three (3) rural representatives for the Child and Adult Care Food Program and/or Summer Food Service Program to present during the CFS annually. This can include, but not limited to NDA program staff. • Allow representative(s) from WIC, SNAP, the NDA Child and Adult Care Food Program, and Summer Food Service Program to present at both the Southern and Northern Nevada Food Security Fair/Conference. • CFS and OFS to collaborate with the NDA Division of Food and Nutrition and school stakeholders (Food Distribution on Indian Reservations, school lunch and breakfast recipients, etc.) to increase awareness around NDA administered programs aimed to improve food Security (Child and Adult Care Food	Four (4) presentations to the CFS annually by 12/31. Identification of partners for CFS presentation by 04/30 annually. Identification of partners by 03/31/2025 for Northern Nevada Fair/Conference. One (1) presentation at the Northern Nevada Fair/Conference by 12/31/25. Identification of partners by 03/31/2027 for the Southern Nevada Fair/Conference. One (1) presentation at the Southern Nevada	Increase participation in programs designed to reduce food insecurity. Sixteen (16) presentations to the CFS by 2027.

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	Program, Food Distribution on Indian Reservations, School Lunch and Breakfast Programs, Summer Food Programs, etc.).	Fair/Conference by 12/31/27. All efforts and presentation summaries are to be included in the CFS Annual Report. Efforts to continue through 12/31/2027.	
Resources: Division of Welfare and Supportive Services (DWSS), Southern Nevada Council on Food Security, Northern Nevada Council on Food Security, State of Nevada's Council on Food Security, Division of Public Behavioral Health-The Office of Food Security, Nevada Department of Agriculture, Nevada Department of Education, and Statewide Food Banks.			

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SOCIAL DETERMINANTS OF HEALTH

Priority: Social Determinants of Health	**Focus Area:** Health Literacy
Goal 2: Increase health literacy in Nevada by improving communication access for priority populations to reduce language and other literacy-related barriers	
SMART Objective 2.1: Assess and reduce health literacy disparities within marginalized communities and communities of need in Nevada by supporting health equity-related initiatives by enhancing the Nevada AHEC Scholars LMS to include 10 new culturally and linguistically appropriate health education materials, host 6 trainings in remote and underserved communities, and translate key resources and training programs into Spanish and Tagalog, contingent upon available resources by June 2025.	
Priority Population(s): Rural and underserved communities	
Lead Agency: High Sierra AHEC, on behalf of the Nevada AHEC Program **Contact (name/email):** Ricardo Rubalcaba, Program Coordinator Ricardo@highsierraahec.org Sarah Daniel, Program Director Sarah@highsierraahec.org Alexis Kirby, AHEC Education Coordinator alexissanchez@unr.edu	**Supporting Partners:** Nevada AHEC Program (Desert Meadows, Las Vegas and Frontier AHEC, Elko) Nevada Minority Health and Equity Coalition, Nevada Office of Minority Health and Equity, Nevada Public Health Training Center, Nevada Primary Care Association, Nevada Cultural Competency, Nevada Language Bank, Liberty Dental, Project ECHO, Nevada State Medical Society, Nevada Hospital Association, Nevada Rural Hospital Partners, Nevada Certification Board, Community Health Worker Association, Rural Nevada Health Network, Nevada Department of Education/Career and Technical Education Program, HOSA, Nevada Healthcare Pipeline and Development Workgroups

Strategies	Action Steps and Responsible Parties (optional)	Timeline	Target Results
2.1.1 Collaborate with local organizations and stakeholders to gather data and develop targeted information and training programs that address social determinants of health (SDOH) through an intersectional approach, ultimately advancing health literacy in marginalized communities	• Use the data analysis to pinpoint the most critical barriers to health literacy in marginalized communities • Create a data collection process that includes quantitative and qualitative information pertaining to health literacy improvement rate	FY 25-26	Enhance the Nevada AHEC Scholars LMS to include more culturally and linguistically appropriate health education materials and resources.
2.1.2 Promote culturally and linguistically appropriate health education materials and resources	• Continue to develop educational materials and training programs with partners while focusing on content that addresses the	Ongoing	Host 6 trainings in remote and underserved

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	identified health literacy barriers and incorporates an intersectional approach to SDoH. ○ Potential to collaborate with Liberty Dental ○ SDoH included in all AHEC pathway programs ○ Evaluate training programs and incorporate health literacy disparities within all K-12 training programs, AHEC Scholars, and CHW Training Program where necessary	FY 24-25	communities in partnership with CHWs, CBOs, MCOs, and other collaborators.
2.1.3 Continue to develop and deploy educational materials and training programs, specifically targeting providers	• Foster long-term partnerships with statewide organizations to maintain and expand the reach of health literacy programs. • Seek additional funding and resources to scale successful initiatives across more communities.	Ongoing	Use information collected through dialogues, assessments, and other forms of data collection to craft training aimed at improving health literacy. Include a means to follow up with participants to track efficacy.
2.1.4 Partner with a local organization to translate existing Nevada Cultural Competency training materials to Spanish and possibly Tagalog and ensure that translations are culturally appropriate and easy to understand.	• Translate key training materials into Spanish and Tagalog, including Nevada Cultural Competency trainings and the asynchronous CHW training program • Translate the Health Care Careers in Nevada Manual into Spanish including Tagalog	Spanish: FY 24-25 Tagalog: TBD	Improved access to health education materials for Spanish and Tagalog-

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		Manual: TBD	speaking communities. Enhanced ability for CHWs and other healthcare providers to serve non-English speaking populations effectively.
2.1.5 Partner with IHeart and local Native American communities to develop specific culturally appropriate programs for students attending Nevada High Schools from local groups in Nevada.	• Explore existing program with IHEART initiative and develop one or two Nevada Specific programs for Native American Schools and communities and Schools. Programs could include, ASPIRE, CHW, etc.		Expanded reach of Nevada AHECs health education and training programs to marginalized and underserved communities. Expand pipeline opportunities for Native American youth and students.

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SOCIAL DETERMINANTS OF HEALTH

Priority: Social Determinants of Health	**Focus Area:** Health Literacy		
Goal 2: Increase health literacy in Nevada by improving communication access for priority populations to reduce language and other literacy-related barriers			
SMART Objective 2.1: Assess and reduce health literacy disparities within marginalized communities and communities of need in Nevada by supporting health equity-related initiatives in order to increase social connectivity of all Nevadans. All Nevadans will be able to identify three or more sources / instances of pro-social connection weekly by January 1, 2026.			
Priority Population(s): All Nevadans regardless of age group, ethnicity, or gender			
Lead Agency: Community Chest, Inc. **Contact (name/email):** Erik Schoen, erik@communitychestnevada.net	**Supporting Partners:** Healthy Communities Coalition, Rural Nevada Health Network, Resilient Eight Coalition, Formidable Fourteen Consortium, Quad-County Health District		
Strategies	**Action Steps and Responsible Parties (optional)**	**Timeline**	**Target Results**
2.1 Any Nevadan seeking assistance with medical, mental health, or other issues will be routinely screened for strength of social connectivity.	• Standardized question(s) – probably not more than one or two needed – will be added to agency intake paperwork.	January 1, 2025	Increased personal functioning; decreased MH symptomology
2.2 Any Nevadan reporting less than 3+ sources/instances of pro-social connection weekly will be supported in identifying additional pro-social connection opportunities.	• Agency / Clinic staff will help to discuss, problem-solve, and support Nevadans to additional sources/instances of pro-social connection.	January 1, 2025	Increased personal functioning; decreased MH symptomology
Indicator (if applicable): • Nevadans' self-report of 3+ sources/instances of pro-social connection weekly. • Nevadans' self-report less anxiety, depression, and other MH symptomology.			
Resources: US Surgeon General's Report on Loneliness (2023)			

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SOCIAL DETERMINANTS OF HEALTH

*Priority: Social Determinants of Health	Focus Area: Health Literacy		
Goal 2: Increase health literacy in Nevada by improving communication access for priority populations to reduce language and other literacy-related barriers			
SMART Objective 2.1: Assess and reduce health literacy disparities within marginalized communities and communities of need in Nevada by supporting health equity-related initiatives by June 2028			
Priority Population(s): Populations with limited access to health care, including families with children, seniors, those living in rural and frontier Nevada, racial and ethnic minorities, individuals with lower socio-economic status, and sexual gender minorities			
Lead Agency: Nevada Office of Minority and Health Equity (NOMHE), DPBH Language Access Coordinator, and DPBH Cultural Navigator	**Supporting Partners:** Nevada Minority Health and Equity Coalition (NMHEC); Larson Institute for Health Equity and Impact at the University of Nevada, Reno School of Public Health; DHHS DEI Advisory Groups		
Strategies	**Action Steps and Responsible Parties (optional)**	**Timeline**	**Target Results**
2.1.1 Continue implementing the Division of Public and Behavioral Health's (DPBH's) Language Access Plan, 2022-2023 and future revisions.	1. Refer to the language access plan. 2. Responsible Party: DPBH Language Access Coordinator(s).	Progress Report due 1 year following SHIP publication, Annual updates to occur each year following with information coinciding with the DPBH language access plan action step timing	Involvement in the successful completion of at least three action items annually as reported.
2.1.2 Regularly assess the languages Nevadans read, write, and speak, associated health literacy needs, and comprehension through demographic analysis, surveys, or other processes	1. Complete a literature review of current language surveys within the State of Nevada and identify gaps of language accessibility in Nevada. 2. Create a Profile/Dashboard that is web accessible.	• The literature review and language accessibility gap identification should be completed within 8-12 months of SHIP publication. • Language Profile/Dashboard should be completed within 6 months of literature review.	Intersectional profile/dashboard of Nevadans by language, possibly through Office of Analytics. Profile should include demographics: race/ethnicity, gender/sex, age, zip code. Possibly included in future Minority Health Reports.

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2.1.3	Increase awareness of DPBH's Minority Health Report and similar state-developed reports as a resource and educational tool for community stakeholders and organizations by disseminating them widely.	1. Identify or create a communication dissemination plan with a focus on diversification of outreach w/ public information officers utilizing the information gathered in implementation of health literacy strategy 2.1.2. 2. Implementation of communication dissemination plan. 3. Publish communication plan and implementation updates on a publicly accessible DHHS website.	• Identify or create a communication plan within 6 months of completion of action step 1 under health literacy strategy 2.1.2. • Implement and publish communication plan within 3 months of communication plan completion.	Disseminated to 8 communication channels per year. *50% of the communication channels must have documented touchpoints within priority populations identified within SHIP.*
2.1.4	Support and promote public-funded initiatives focused on accessible services and resources for individuals with Limited English Proficiency (LEP) or those who may have limited ability to read, write, speak, or understand English (e.g., Puentes, promotores de salud, DPBH immunization program, Medicaid, NDOW/NDOR resources to promote recreation in underserved communities)	1. Identify or create evaluation method of ranking public funded initiatives to be promoted with 50% of initiatives promoted to fit statutory requirements for increased literacy, diversity, equity, and inclusion. 2. Identify minimum 5 public funded initiatives required in target goal via rating scale that reviews accessible services for individuals with LEP. 3. Implementation of support and promotion of public funded initiatives.	• Identify or create the evaluation method within 8-12 months of SHIP publication. • Action step 2 of 2.1.4 should be completed within 3-6 months of action step 1 completion. • Action step 3 of 2.1.4 should start within 3-6 months of completion of action step 2.	Promote 5-8 initiatives, activities, or community-based organizations per year. *50% of initiatives promoted should fit statutory requirements for increased literacy, diversity, equity, and inclusion.*
2.1.5	Collaborate with Tribal community representatives through consultation to determine appropriate/helpful health literacy topics and needs.	1. Consult and survey tribal community members on health literacy topics and needs of importance. 2. Identify avenues of outreach to present health literacy survey results including tribal consultation. 3. Present health literacy survey results within consultation. 4. Disseminate resources to support health literacy to tribal communities to	• Survey of tribal community members should be completed within 8-12 months of SHIP publication. • Action step 2 of 2.1.5 should be completed within 3 months of tribal community survey.	Incorporated in 1-2 consultations annually 1-2 other avenues of outreach annually

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		communities inclusive and exclusive of formal tribal consultations predicated on health literacy survey results.	• Action steps 3 and 4 of 2.1.5 should be completed within 6-9 months of tribal community survey outreach plan completion.	
2.1.6	Attend and/or promote health equity and health literacy events hosted by or resources developed by organizations including but not limited to Nevada Office Minority Health and Equity (e.g., Health Equity Action Plan), the Nevada Minority Health and Equity Coalition, and the Larson Institute	1. Identify activities, resources, events, and services from organizations addressing health equity and health literacy. 2. Disseminate newsletters and event invitations to communication channels identified in 2.1.3 addressing health equity and health literacy.	• Action step 1 of strategy 2.1.6 should be completed within 3-6 months of SHIP publication and updated quarterly until SHIP is amended. • Action step 2 of strategy 2.1.6 should be completed within 3 months of SHIP publication and updated as events arise.	Attend and/or promote at least four events and distribute at least four resources annually. *50% of initiatives promoted should fit statutory requirements for increased literacy, diversity, equity, and inclusion.* NOMHE to Plan and promote 1-3 events that incorporate health literacy concepts and promotions

Resources:

- Nevada Health Equity Action Plan, Nevada Office of Minority Health and Equity (NOMHE), Department of Health and Human Services (DHHS), is a resource for organizations, provides detailed recommendations and strategies to implement health equity practices.
- Language Access Plan, 2022-2023, Division of Public and Behavioral Health (DPBH), DHHS, works to ensure meaningful access to DPBH's services for individuals with Limited English Proficiency.
- Minority Health Report, 2021, Office of Analytics, DPBH, DHHS, highlights existing health disparities by race/ethnicity in Nevada, using the most recent data available, to inform health professionals, policymakers, community members, and researchers about existing disparities among Nevada's population.
- Quarterly Tribal Consultations, attended by Tribal leaders or representatives, representatives of the Inter-Tribal Council of Nevada, Indian Health Services representatives, Nevada Indian Commission representatives, DPBH representatives, and other State Division Tribal Liaisons. This is an

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opportunity for DPBH and other state programs to consult with tribal governments for developing programs, policies, and activities that will affect Native populations
Indicator (if applicable): • Annual accountability report of progress toward target results, through June 2028

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SOCIAL DETERMINANTS OF HEALTH

Priority: Social Determinants of Health	**Focus Area:** Housing		
Goal 4: Increase the availability of supportive housing in Nevada through greater cross-sector, interagency collaboration, and the development of supportive housing units			
SMART Objective 4.1: Establish the infrastructure for a work group on supportive housing to create accountability to guide state policy on permanent housing solutions to address homelessness and housing insecurity for people with complex needs comprised of housing providers, advocates, people with lived experience, and specialized subpopulation experts. Define service models and potential for service financing including Medicaid financing providing access to supportive housing in Nevada, with interagency collaboration, for populations with severe addiction disorders with close monitoring and ongoing support to participant. This will occur immediately as this service is already being provided within the Las Vegas community.			
Priority Population(s): COD, SUD and MH, SMI, Adult males ages 18y and up			
Lead Agency: Serenity Health **Contact (name/email):** Christina Gaglione, LCSW cgaglione@serenitymentalhealth.org	**Supporting Partners:** Houses Helping Humans/Serenity Non-profit		
Strategies	**Action Steps and Responsible Parties (optional)**	**Timeline**	**Target Results**
4.1.1 Provide stable and supportive housing through Houses Helping Humans, Non-profit that is monitored by House Management	•	Immediately	Long term stabilized housing. Allowing clients up to 1 year stay while being treated for conditions. Mission is to fully rehabilitate and transition clients to independent functioning and sustainment.
4.1.2 Conduct weekly randomized toxicology screens	•	Immediately	To promote and encourage

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			sobriety and drug-free environment.
4.1.3 Provide client access to direct care to treat COD, by participating in weekly MH and SUD clinical services	•	Immediately	To prevent risks of relapse and treat clinical disorders leading clients to substance use patterns. Connect client with additional resources in the community to provide wrap-around support and whole-patient approach care.

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ACCESS TO HEALTH CARE

The following action plans each outline a SMART objective as well as strategies, action steps, and timelines to make progress toward goals to improve access to health care in Nevada. They also identify specific priority populations, the lead agency and supporting partners, and available resources and assets, and relate to the goals below.

GOAL 1: Increase access to oral health care services in Nevada

GOAL 2: Grow and diversify the behavioral health workforce in Nevada to improve access to mental health and substance use services

GOAL 3: Increase the number and diversity of health care providers in Nevada to better reflect the communities they serve and improve access to care

ACCESS TO HEALTH CARE

Priority: Access to Health Care	**Focus Area:** Oral Health		
Goal 1: Increase access to oral health care services in Nevada			
SMART Objective 1.1: By June 2025, increase prevention efforts to reduce prevalence of early childhood caries (ECC) and provide timely care for children with ECC			
Priority Population(s): Nevada children under the age of 5.			
Lead Agency: Nevada Division of Health Care Financing and Policy **Contact (name/email):** k.benson@dhcfp.nv.gov; jannettegomez@health.nv.gov	**Supporting Partners:** MCH, WIC, LIBERTY Dental, Community Coalition for Oral Health, Community Health Workers, Community Health Alliance, Nevada Health Centers, Early Head Start, Head Start, Community Health Clinics		
Strategies	**Action Steps and Responsible Parties (optional)**	**Timeline**	**Target Results**
1.1.1 Increase the number of primary care providers who are applying fluoride varnish to children's teeth and refer children to a dental home.	• Collect and analyze Medicaid data related to D1206 submitted for reimbursement by a primary care provider/medical practice during SFY2024/2025 • Collect and analyze Medicaid data to determine usage of code 99188 by primary care providers. • Survey members of Nevada's Chapter of American Academy of Pediatrics (AAP) to determine knowledge, attitude, and practice relative to varnish application. • Assess data from the survey, and work with AAP develop a plan to increase medical providers use/reimbursement of fluoride varnish • Develop professional communications to promote fluoride varnish in the medical setting and receive feedback from AAP and stakeholders	June 2025	Baseline data describing the use of Fluoride varnish application by primary acre providers. Identify barriers/challenges of Fluoride application in the primary care sites. Provide resources for primary care sites to increase Fluoride varnish application.

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ACCESS TO HEALTH CARE

		• Develop professional communications to promote fluoride varnish in the medical setting		
1.1.2	Improve prevention through integration of oral health and primary health.	• Provide evidence-based practices and strategies to healthcare providers who want to screen for oral health disease, provide oral health information to patients and provide a referral to establish a dental home by age 1. • Assess NRS and or practice acts to allow Nevada licensed nurses working in a medical practice, school, or public health setting to apply fluoride varnish.	June 2025	Nevada licensed nurses allowed to apply fluoride varnish.
	Increase preventive dental education and dental services in community-based programs such as Head Start; Early Head Start; and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	• Identify oral health ambassadors for a community driven approach that can educate families and influence oral hygiene practices within the home and greater community, especially in communities at high risk for oral disease. Ex: Promotoras de salud	June 2026	Baseline data of number of oral health ambassadors in high risk communities.
1.1.3	Utilize teledentistry to its fullest potential. Telehealth and disease management complement each other well, allowing for follow-up and support for behavior changes essential to oral health literacy.	• Identify medical teledental visits where oral hygiene education can be incorporated into existing appointments	June 2025	Oral health education is included in telehealth visits.
1.1.4	Tailor oral health messages to the target audience	• Develop messaging for community-based programs such as Head Start; Early Head Start and WIC	June 2025	Messaging is developed.
1.1.5	Develop oral health education trainings for programs serving underserved pregnant individuals and young children state-wide.	Provide oral health training for Nevada doulas, Community Health Works, and Home Visitors serving underserved pregnant Nevada residents and young children. Training will include Medicaid dental benefits that residents may not be aware of. Provide oral health education resources to programs listed above.	June 2026	Trainings/resources and toolkit provided to various programs.

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	Provide toolkit to programs for incorporating oral health discussions during client visits.		
1.1.6 Address Community Water Fluoridation (CWF) in non-fluoridated areas of Nevada.	Educate non-fluoridated communities about the benefits of CWF. Develop resources for medical/dental providers about the use of fluoride supplements.	June 2026	Educational materials developed for communities that do not have access to CWF.

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ACCESS TO HEALTH CARE

Priority: Access to Health Care	**Focus Area:** Oral Health		
Goal 1: Increase access to oral health care services in Nevada			
SMART Objective 1.2: By June 2025, develop systems to provide oral health surveillance for the State of Nevada through the Oral Health Program within the Department of Health and Human Services.			
Priority Population(s): Nevada residents			
Lead Agency: Division of Health Care Financing and Policy **Contact (name/email):** k.benson@dhcfp.nv.gov; jannettegomez@health.nv.gov	**Supporting Partners:** LIBERTY dental, Community Health Alliance, Nevada Health Centers, school-based dental sealant programs, Office of Analytics		
Strategies	**Action Steps and Responsible Parties (optional)**	**Timeline**	**Target Results**
1.2.1 Improve the understanding of oral health in Nevada through data gathering, analysis, and monitoring with particular emphasis on disproportionately impacted populations.	• Develop and publish oral health surveillance plan by engaging stakeholders to identify key oral health indicators. The state-based oral health surveillance system (SOHSS) should include the 10 indicators identified by the Counsil of State and Territorial Epidemiologists as the operational definition of the SOHSS, with a wider variety of indicators based on the needs and resources of the State. • Ensure data is gathered on historically marginalized populations and special needs populations. • Develop Nevada Oral Health Needs Assessment • Develop data sharing agreements with FQHCs to include FQHC data on oral health dashboard. • Work with the Nevada State Office of Analytics to create a dashboard of oral health data and a schedule of receiving data at appropriate intervals to keep surveillance updated. • Update the Basic Screening Survey of 3rd graders every 5 years. • Identify standardized oral health questions for possible inclusion within all federal health	June 2025	Surveillance Plan published. Oral Health Dashboard updated with Surveillance Plan indicators.

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	surveys implemented the state level, including but not limited to, Behavioral Risk Factor Surveillance System, Pregnancy Risk Assessment Monitoring System and Youth Risk Behavioral Surveillance System.		
1.2.2 Disseminate data analysis.	• Disseminate analyzed data to appropriate stakeholders by providing presentations and data briefs. • Build/expand partnerships that will use data analysis to raise awareness about strategies to increase access to oral health care.		Disseminate Oral Health Dashboard and Surveillance Plan.

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ACCESS TO HEALTH CARE

Priority: Access to Health Care	**Focus Area:** Oral Health		
Goal 1: Increase access to oral health care services in Nevada			
SMART Objective 1.3: Increase access to oral health care in rural Nevada by expanding clinics and patient access points.			
Priority Population(s): Nevada residents			
Lead Agency: Division of Health Care Financing and Policy **Contact (name/email):** k.benson@dhcfp.nv.gov; jannettegomez@health.nv.gov	**Supporting Partners:** UNLV, TMCC and CSN dental hygiene schools, UNR SPH, School Based Dental Sealant Programs, Mobile Dentistry Programs		
Strategies	**Action Steps and Responsible Parties (optional)**	**Timeline**	**Target Results**
1.3.1 Increase the numbers of evidence-based preventive dental service programs (EBPDS) available to serve rural communities/schools	• Identify Medicaid Dental/CHIP Providers in the catchment area of high-risk communities/schools. • Contact current EBPDS programs, Public Health Endorsed Dental Hygienists, FQHC dental programs, dental/dental hygiene school, and other organizations/ professional institutions for capacity to implement new and or expand operations. • Include high risk areas on Oral Health Dashboard so that providers are aware of communities that are need services the most. • Provide resources/trainings to provide guidance on 1. EPBDS programs 2. Referral processes/dental homes/ 3. Medicaid billing/sustainability	June 2025	Increased number of EBPDS in areas of need (Dental HPSAs)
1.3.2 Develop and implement dental workforce strategies that address the workforce shortages in rural areas of Nevada and dental Health Professional Shortage Areas	• Increase opportunities for dental/dental hygiene students and residents to interact and volunteer with NV dentists in rural NV • Expand mobile dental clinics and workforce development to address oral health of dental HPSAs in NV • Develop and plan to use Community Health Works to deliver oral hygiene education and	June 2026	Dental workforce strategies identified

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		engage patients through community-based prevention programs		
1.3.3	Identify workforce models to increase dental workforce in dental health professional areas (DHPSAS)	• Develop dental pipeline education encouraging students from rural communities to choose dental careers • Research incentive programs to dental professionals who serve rural populations including tuition reimbursement and loan forgiveness programs • Work with dental and dental hygiene schools to introduce students to dentists/public health endorsed dental hygienists who practice in rural areas • Create linkages between dental/dental hygiene schools and rural clinics to increase the number of student graduates completing a portion of their training in rural communities	June 2026	Workforce models identified and developed for implementation
1.3.4	Determine strategies for providers to use teledental services to increase access to care.	• Identify policies regarding teledentistry and what steps need to be taken to increase access to care using teledentistry.	June 2025	Policies and strategies identified to increase use of teledentistry in communities that face barriers to access dental care.
1.3.5	Support dental hygiene schools and incentivize students to practice in dental health professional shortage areas.	• Increase the number of public health endorsed dental hygienist in the state.	June 2026	Increase of public health endorsed dental hygienists in Nevada, currently there are 42
1.3.6	Identify geographic areas of high dental needs for active or interested mobile programs/school based programs to target for dental care.	• Provide map of Nevada on Oral Health Dashboard with community level data of need that is publicly facing for public health programs to target these areas/	June 2026	Prioritize populations using community level data for targeted dental care.

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ACCESS TO HEALTH CARE

Priority: Access to Health Care	**Focus Area:** Oral Health
Goal 1: Increase access to oral health care services in Nevada	
SMART Objective 1.3: Increase access to oral health care in rural Nevada by expanding the number of clinics and patient access points that enhance dental services through the Nevada AHEC Scholars program. Currently, our Scholars participate in Migrant Worker Clinics and Rural Outreach Clinics in Lovelock, Silver Springs, and Yerington.	
Priority Population(s): Rural and Underserved	
Lead Agency: High Sierra AHEC, on behalf of the Nevada AHEC Program **Contact (name/email):** Kailey Arington, Workforce Manager Kailey@highsierraahec.org Ricardo Rubalcaba, Program Coordinator Ricardo@highsierraahec.org Sarah Daniel, Program Director Sarah@highsierraahec.org Alexis Kirby, Education Coordinator alexissanchez@unr.edu Lea Pope, Rural Education Coordinator leap@unr.edu Maria Adams, IPE and Service Learning Coordinator mariaadams@med.unr.edu	**Supporting Partners:** Nevada AHEC Program (Desert Meadows, Las Vegas and Frontier AHEC, Elko), Nevada AHEC Scholars Program, UNR School of Medicine, Rural Nevada Health Network, Healthy Communities Coalition, Community Chest, TMCC, Project ECHO, Office of Medical Education DPBH Nevada Oral Health Program, Jobs 4 Nevada Graduates (J4NG), Nevadaworks, Workforce Connections, Governor's Office of Workforce Development, state workforce service providers; Community Chest, Community Services Agency, Join, Inc. etc. NDE ORLE; Dr. Higley, Dana Walburn, Nancy Khules

Strategies	Action Steps and Responsible Parties (optional)	Timeline	Target Results
1.3.1 Enhance recruitment and representation of dental profession students within the Nevada AHEC Scholars Program	• Establish partnerships with dental schools and academic institutions to enhance recruitment efforts and student representation within cohorts. • Engage dental faculty and student organizations to promote the benefits of participating in the Nevada AHEC Scholars Program.	FY 24-25 Ongoing	Increased representation of dental profession students within the Nevada AHEC Scholars Program, with a specific focus on

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ACCESS TO HEALTH CARE

			fostering workforce development in rural and underserved areas.
1.3.2 Collaborate with local health authorities and stakeholders to integrate dental outreach clinics and patient access points in underserved rural areas into the Nevada AHEC Scholars Program	• Discuss the benefits of integrating dental outreach clinics into the Nevada AHEC Scholars Program and garner support for the initiative. • Develop a framework for integrating dental outreach clinics and patient access points into the Nevada AHEC Scholars Program. • Define the roles and responsibilities of AHEC Scholars, faculty mentors, and community partners in operating the clinics.	Ongoing FY 24-25	Development of a comprehensive framework detailing the integration of dental outreach clinics and patient access points into the Nevada AHEC Scholars Program.
1.3.3	•		
Indicator (if applicable):			
Resources: (e.g. financial, human, organizational, etc. that can help support this work)			

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ACCESS TO HEALTH CARE

Priority: Access to Health Care	**Focus Area:** Oral Health		
Goal 1: Increase access to oral health care services in Nevada			
SMART Objective 1.4: By June 2024, build the infrastructure capacity of the Nevada Oral Health Program to improve access to oral health care for vulnerable and underserved populations statewide.			
Priority Population(s): Nevada residents			
Lead Agency: Nevada Oral Health Program **Contact:** Janette Gomez	**Supporting Partners:**		
Strategies	**Action Steps and Responsible Parties (optional)**	**Timeline**	**Target Results**
1.4.1 Build the AC4OH membership to full capacity of 13 members, thereby increasing the leadership needed to impact oral heath program, policy, and practice statewide.	• Recruit and maintain key stakeholders and leaders to the Committee to reach committee membership statutory requirement of 13 members, with a focus on Diversity, Equity and Inclusion (DEI) when recruiting individuals to serve on the committee.	June 2025	AC4OH Committee at full capacity
1.4.2 Utilize the State Oral Health Plan 2022-2023 to address objectives and strategies.	• Ensure that state Oral Health Plan objectives and strategies are linked to the oral health community through leadership, expertise, and resources of the AC4OH by utilizing an operations plan derived from the State Plan at each AC4OH quarterly meeting.	June 2025	Strategies, activities and evaluation plan for 2025-2025.
1.4.3 Submit applications for federal oral health grants that support state plan objective/strategies and oral health program capacity.	• The state oral health program coordinator will find federal requests for applications that relate to state-wide oral health improvement. • The Oral Health Program Staff will complete grant trainings through the Governor's Office of Federal Assistance	June 2025-ongoing	Grant applications submitted

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ACCESS TO HEALTH CARE

Priority: Access to Health Care	**Focus Area:** Oral Health
Goal 1: Increase access to oral health care services in Nevada	
SMART Objective 1.4: Build the infrastructure capacity of the Nevada Oral Health Program to improve oral health statewide by, High Sierra AHEC collaborating with the Nevada Oral Health Program to coordinate, implement, and evaluate an annual provider training for primary care providers, dental providers, doulas, and CHWs by June 2026. Using LMS platforms, High Sierra AHEC will deliver this training to staff from four clinical sites and aim to reach at least 100 participants statewide, contingent upon receiving the HRSA grant submitted on January 22, 2024.	
Priority Population(s): Rural and Underserved	
Lead Agency: High Sierra AHEC, on behalf of the Nevada AHEC Program **High Sierra AHEC was included within the *Maternal and Child Health-Improving Oral Health Integration Demonstration Projects* grant, submitted to HRSA by the DPBH Nevada Oral Health Program on January 22nd. **High Sierra AHEC intends to enhance dental profession representation in our pathway programs and will, contingent upon funding and resources, enhance our curriculum to include dental health career exploration into our K-12 programs. We are interested in exploring how k-12 prevention/interventions with the Nevada State Oral Health Program may also serve as an opportunity to highlight the various careers within oral health. **Contact (name/email):** Kailey Arington, Workforce Manager Kailey@highsierraahec.org Ricardo Rubalcaba, Program Coordinator Ricardo@highsierraahec.org Sarah Daniel, Program Director Sarah@highsierraahec.org Alexis Kirby, Education Coordinator alexissanchez@unr.edu Lea Pope, Rural Education Coordinator	**Supporting Partners:** Nevada AHEC Program (Desert Meadows, Las Vegas and Frontier AHEC, Elko), Nevada AHEC Scholars Program, UNR School of Medicine, Rural Nevada Health Network, Healthy Communities Coalition, Community Chest, TMCC, Project ECHO, Office of Medical Education DPBH Nevada Oral Health Program, Jobs 4 Nevada Graduates (J4NG), Nevadaworks, Workforce Connections, Governor's Office of Workforce Development, state workforce service providers; Community Chest, Community Services Agency, Join, Inc. etc. NDE ORLE; Dr. Higley, Dana Walburn, Nancy Khules

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leap@unr.edu Maria Adams, IPE and Service Learning Coordinator mariaadams@med.unr.edu			
Strategies	**Action Steps and Responsible Parties (optional)**	**Timeline**	**Target Results**
1.4.1 Work with the Nevada Oral Health Program to develop a customized training curriculum that addresses identified needs and incorporates best practices in oral health integration, cultural humility, and interprofessional collaboration.	• Coordinate logistics for virtual training sessions, including scheduling, participant recruitment, implementation, and evaluation. • Implement pre- and post-training assessments to measure knowledge gain, attitude change, and participant satisfaction. • Collect feedback from participants, trainers, and stakeholders to identify strengths and areas for improvement in the training program. • Use evaluation findings to refine and enhance subsequent iterations of the training program for sustained impact and effectiveness. • Develop a contingency plan in the event that the HRSA grant is not awarded, including alternative funding sources, scaled-down training options, or phased implementation strategies.	Contingent upon grant funding. If awarded, training will take place during YR3 of the 5 YR performance period.	*Maternal and Child Health-Improving Oral Health Integration Demonstration Projects* grant has been awarded. Virtual training sessions are scheduled and result in targeted attendance numbers High Sierra AHEC continues to work with the Nevada Oral Health Program to sustain collaborations and to support training needs.
1.4.2	•		

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ACCESS TO HEALTH CARE

*Priority: Access to Health Care	Focus Area: Behavioral Health Workforce		
Goal 2: Grow and diversify the behavioral health workforce in Nevada to improve access to mental health and substance use services			
SMART Objective 2.1: Establish a behavioral health workforce development center as outlined in Assembly Bill 37 (2023), by June 2024, to create a robust training pipeline for behavioral health professionals that: builds on existing successful programs; establishes new programs and training opportunities; and enhances connections through the educational system and professional licensing.			
Priority Population(s): K-12 students; adult learners; higher education institutions; early career professionals			
Lead Agency: Sara Hunt, Director, Executive Director, BeHERE NV (Behavioral Health Education, Retention, and Expansion Network of Nevada)	**Supporting Partners:** Nevada K-12 systems; Nevada System of Higher Education (NSHE); State Departments (e.g., Department of Education; Department of Health and Human Services)		
Strategies	**Action Steps and Responsible Parties (optional)**	**Timeline**	**Target Results**
2.1.1 Open the Behavioral Health Education, Retention, and Expansion Network of Nevada (BeHERE NV).	• Get approval from the NSHE Board of Regents to establish the BeHERE NV administrative hub at UNLV. • Begin operations in accordance with AB 37 with the hire of an Executive Director. • Recruit and hire additional program staff. • Develop BeHERE NV spokes connected to an NSHE institution in all 5 regional behavioral health policy board areas.	• Q3-4	• All positions filled • Campus contact identified in each region
2.1.2 Establish an advisory consortium for BeHERE NV in accordance with AB 37.	• Identify consortium members. • Convene regular meetings.	• Q3 • Q3	• Members confirmed • Meetings scheduled
2.1.3 Implement a 2 to 3-year strategic plan for delivering outreach and education about behavioral health careers in Nevada to K-12 students, adult learners, and NSHE students.	• Convene advisory consortium. • Create an initial strategic plan with mission, vision, and objectives. • Identify plan metrics and evaluation.	• Q3 • Q3-4 • Q3-4	• Meetings scheduled • Approved strategic plan • Plan operationalized
Resources: State general funds appropriated to UNLV for personnel and operating costs associated with the implementation of AB 37.			
Goal Indicators:			

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ACCESS TO HEALTH CARE

- Number and percentage of state population living in a behavioral health professional shortage area
- Number of licensed psychiatrists, psychologists, alcohol and drug counselors, clinical professional counselors, licensed clinical social workers, marriage and family therapists, and number of each per 100,000 residents

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ACCESS TO HEALTH CARE

Priority: Access to Health Care	**Focus Area:** Behavioral Health Workforce
Goal 2: Grow and diversify the behavioral health workforce in Nevada to improve access to mental health and substance use services	
SMART Objective 2.1: Establish the Behavioral Health Workforce Development Center of Nevada to create a robust pipeline for behavioral health professionals that builds on existing successful programs, establishes new programs and training opportunities, and enhances connections through the educational system and professional licensing	
Priority Population(s): Rural populations, medically underserved groups, health care facilities	
Lead Agency: UNR Med Nevada State Office of Rural Health. Nevada Health Service Corps, Be Here Nevada. **Contact (name/email):** Gerald Ackerman, Assistant Dean, Rural Programs gackerman@med.unr.edu, Keith Clark, Director, Rural Programs – Director, Nevada Area Health Education Centers Kclark@med.unr.edu Lea Pope Rural Education Coordinator leap@unr.edu Maria Adams, IPE coordinator mariaadams@med.unr.edu	**Supporting Partners:** Nevada State Office of Rural Health, 3R Net, Primary Care Office, Nevada Treasurer's Office, National Health Service Corps.

Strategies	Action Steps and Responsible Parties (optional)	Timeline	Target Results
2.1.1 Work with BeHere Nevada to establish two positions located at UNR Med Office of Statewide Initiatives and Nevada AHEC Program. Existing pipeline (AHEC) programs. BeHere Nevada Partnership for AHEC pipeline program and Data Analyst for Behavioral Health Workforce.	• Recruit two positions located at OSI and AHEC • Develop pipeline activities and integrate into current AHEC system (statewide)	Ongoing	Collaborative program will be developed between BeHERE Nevada and Nevada AHEC and OSI.
2.1.2 Work with rural facilities to expand training opportunities and IPE opportunities for mental health students to participate in rural training.	• Have AHEC rural education coordinator and IPE coordinator work with mental health training programs for rural training opportunities	Ongoing	Collaborative program will be developed between

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ACCESS TO HEALTH CARE

			BeHERE Nevada and Nevada AHEC and OSI.
2.1.3	•		
Resources: University of Nevada Reno School of Medicine, Rural Education Coordinator, AHEC, IPE coordinator.			

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ACCESS TO HEALTH CARE

Priority: Access to Health Care	**Focus Area:** Behavioral Health Workforce		
Goal 2: Grow and diversify the behavioral health workforce in Nevada to improve access to mental health and substance use services			
SMART Objective 2.1: Collaborate with both professional licensing boards and Universities to provide training environments to enhance the skills of working professionals in the Behavioral Health workforce.			
Priority Population(s): Behavioral Health Professionals			
Lead Agency: Serenity Health **Contact (name/email):** Christina Gaglione, LCSW cgaglione@serenitymentalhealth.org	**Supporting Partners:** Foundations for Recovery, CCBHC		
Strategies	**Action Steps and Responsible Parties (optional)**	**Timeline**	**Target Results**
2.1.1 Provide access to education and trainings for all staff	•		Improve quality of training and encourage professional development for all staff under Serenity. Ensure competency and qualifications of professionals that are working with Serenity client population.
2.1.2	•		
2.1.3	•		

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ACCESS TO HEALTH CARE

Priority: Access to Health Care	**Focus Area:** Behavioral Health Workforce
Goal 2: Grow and diversify the behavioral health workforce in Nevada to improve access to mental health and substance use services	
SMART Objective 2.2: Improve behavioral health professional recruitment and retention by increasing the number of professionals who receive financial incentives, such as loan repayment, to practice in Nevada through Nevada AHEC increasing awareness and support the enhancement of participation in the Nevada Health Service Corp and AB45 loan repayment programs by presenting and highlighting these opportunities throughout our pathway programs by June 2025. Information will be included during events, outreach programs, and onboarding for both the Ambassador and Scholars Programs, as well as in a supportive capacity post program completion. This will lead to an increase in the number of behavioral health professionals applying for financial incentives to practice in Nevada.	
Priority Population(s): Healthcare providers	
Lead Agency: High Sierra AHEC, on behalf of the Nevada AHEC Program **Contact (name/email):** Kailey Arington, Workforce Manager Kailey@highsierraahec.org Sabrina Elvrum, CHW Program Coordinator Sabrina@highsierraahec.org Sarah Daniel, Program Director Sarah@highsierraahec.org Andrea Gregg, CEO andrea@highsierraahec.org Alexis Kirby, Education Coordinator alexissanchez@unr.edu Lea Pope, Rural Education Coordinator leap@unr.edu Maria Adams, IPE and Service Learning Coordinator mariaadams@med.unr.edu Edy Taylor, Desert Meadows AHEC Director ETaylor@comagine.org	**Supporting Partners:** NV AHEC Program (all centers), Behavioral Health Workforce Development Center of Nevada and their Advisory Consortium, Nevada Department of Education, Office of Safe and Respectful Learning, Community Health Worker Association, TMCC, WNC, ROC Foundation, Nevada Dept of Education, Career and Technical Education, Nevada Certification Board, Rural Nevada Health Network, NAMI
Strategies	**Action Steps and Responsible Parties (optional)** **Timeline** **Target Results**

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ACCESS TO HEALTH CARE

2.2.1 Incorporate information about the Nevada Health Service Corp and AB45 programs into all k-12 presentations, career exploration, and educational activities; Incorporate information about the Nevada Health Service Corp and AB45 programs into the onboarding materials and sessions for the Ambassador Program.	• Implement loan repayment information, eligibility criteria and application access into all AHEC pathway programs. • Add application accessibility and information on the newly developed HS AHEC website.	FY 24-25	All AHEC pathway programs include comprehensive information on loan repayment opportunities, including eligibility criteria and access to the application process. Trainees in AHEC pathway programs are well-informed about available loan repayment options and encouraged to pursue them.
2.2.2 Ensure that all new Scholars are informed about these financial incentive programs during their initial orientation and training sessions.	• Work within the Nevada AHEC network to directly connect Scholars with loan repayment programs.	FY 24-25	Scholars receive targeted assistance and resources tailored to their specific eligibility and application needs, increasing the likelihood of successful participation in

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			loan repayment programs.
2.2.3	•		

Indicator (if applicable):

-

Resources:

*** Increase awareness about the SHARE Act! This impacts ALL Interstate Compacts

States Handling Access to Reciprocity for Employment (SHARE) Act (H.R. 1310). It would ensure that state licensing authorities that are members of interstate compacts can receive confirmation that a background check has been completed, and whether the background check was satisfactory, so practice privileges can be issued.

- NV SHARE Act co-sponsors: Congressman Amodei
  - Need to ask Congresswoman Titus, Congresswoman Lee, and Congressman Horsford to co-sponsor H.R. 1310, SHARE Act
- A Senate version is needed; currently there are no Senators currently proposing a Senate version of the SHARE Act.
- Council of State Governments: https://www.csg.org/2024/01/25/federal-solution-introduced-to-resolve-barrier-for-occupational-licensure-compacts/
- SHARE Act background:
  - Nursing: https://www.journalofnursingregulation.com/article/S2155-8256(23)00094-7/abstract
  - ASHA: https://www.asha.org/advocacy/takeaction/

Become a Social Worker in Nevada

https://socialworklicensemap.com/social-work-licensure/become-a-social-worker-in-nevada/

Community Health Workers

USBLS – CHW yearly growth of need 12%

CHW career pathways

https://ca-hwi.org/resources/mental-behavioral-health-career-pathways/

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ACCESS TO HEALTH CARE

Priority: Access to Health Care	**Focus Area:** Behavioral Health Workforce
Goal 2: Grow and diversify the behavioral health workforce in Nevada to improve access to mental health and substance use services	
SMART Objective 2.2: Improve behavioral health professional recruitment and retention by increasing the number of professionals who receive financial incentives, such as loan repayment, to practice in Nevada	
Priority Population(s): Rural populations, medically underserved groups, health care facilities	
Lead Agency: UNR Med Nevada State Office of Rural Health. Nevada Health Service Corps, Be Here Nevada **Contact (name/email):** Gerald Ackerman, Assistant Dean, Rural Programs gackerman@med.unr.edu, Keith Clark, Director, Rural Programs – Director, Nevada Area Health Education Centers Kclark@med.unr.edu Lea Pope Rural Education Coordinator leap@unr.edu Maria Adams, IPE coordinator mariaadams@med.unr.edu	**Supporting Partners:** Nevada State Office of Rural Health, 3R Net, Primary Care Office, Nevada Treasurer's Office, National Health Service Corps

Strategies	Action Steps and Responsible Parties (optional)	Timeline	Target Results
2.2.1 Work with PCO, Nevada Educational institutions, 3R net, Nevada Rural Hospital Partners, etc. for recruitment, retention and loan repayment for applicants through Nevada's Loan Repayment Programs (Nevada State Treasurer's Office Program and Nevada Health Service Corps)	• Coordinate activities between partners, health training programs for loan repayment to graduating health care students to receive loan repayment. • Coordinate with facilities on recruitment and retention, utilizing tools with the Nevada State Office of Rural Health and 3R net.	Ongoing	The number of mental health and primary care providers will increase by 10% in retention of Nevada

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			graduates from instate training programs.
Resources: University of Nevada Reno School of Medicine, Rural Education Coordinator, AHEC, IPE coordinator			

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ACCESS TO HEALTH CARE

Priority: Access to Health Care	**Focus Area:** Behavioral Health Workforce		
Goal 2: Grow and diversify the behavioral health workforce in Nevada to improve access to mental health and substance use services			
SMART Objective 2.2: Improve behavioral health professional recruitment and retention by increasing the number of professionals who receive financial incentives, such as loan repayment, to practice in Nevada. Improve access to quality healthcare by improving the support and training for working professionals.			
Priority Population(s): Behavioral Health Professionals			
Lead Agency: Serenity Health **Contact (name/email):** Christina Gaglione, LCSW cgaglione@serenitymentalhealth.org	**Supporting Partners:** Foundations for Recovery, CCBHC		
Strategies	**Action Steps and Responsible Parties (optional)**	**Timeline**	**Target Results**
2.2.1 Complete application process to be enrolled as a CCBHC (Certified Community Behavioral Health Center)	•	By October 2024	To allow better compensation rates for providers, provide potential salary positions with benefits, and improve agency processes that align with federal level qualifications. To increase employee retention by providing a positive company culture and focus on professional development,

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			and decrease employee turn-over.

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ACCESS TO HEALTH CARE

Priority: Access to Health Care	**Focus Area:** Behavioral Health Workforce
Goal 2: Grow and diversify the behavioral health workforce in Nevada to improve access to mental health and substance use services	
SMART Objective 2.4: Increase use and integration of community health workers (CHWs) and peer recovery support specialists in clinical behavioral health settings and schools in Nevada by Increasing use and integration of community health workers and peer recovery support specialists in clinical behavioral health settings and schools in Nevada. **High Sierra AHECs CHW Training Program is currently being supported via a grant from the Office of Science, Innovation, and Technology (OSIT). The grant deliverables, in partnership with ROC Foundation, TMCC, and WNC will strengthen partnerships between secondary and postsecondary education institutions, Nevada STEM industries, and healthcare workforce development. Once the CHW training program is established it will provide dual credit to the participating students. In addition, we will work collaboratively to develop a comprehensive CHW apprenticeship program that will bridge the gap between CHW training completion and employment. 200 students will be trained during the performance period. Work supporting these initiatives have begun and are slated to be completed by June 30, 2025. **High Sierra AHEC is already on target to train over 65 CHWs for FY 2024-2025 and aims to see 20% of them become employed. Roughly 30 of these CHW trainees will represent rural.	
Priority Population(s): CHWs and Healthcare providers	
Lead Agency: High Sierra AHEC, on behalf of the Nevada AHEC Program **Contact (name/email):** Kailey Arington, Workforce Manager Kailey@highsierraahec.org Sabrina Elvrum, CHW Program Coordinator Sabrina@highsierraahec.org Sarah Daniel, Program Director Sarah@highsierraahec.org Andrea Gregg, CEO andrea@highsierraahec.org Alexis Kirby, Education Coordinator alexissanchez@unr.edu Lea Pope, Rural Education Coordinator leap@unr.edu Maria Adams, IPE and Service Learning Coordinator	**Supporting Partners:** NV AHEC Program (all centers), Behavioral Health Workforce Development Center of Nevada and their Advisory Consortium, Nevada Department of Education, Office of Safe and Respectful Learning, Community Health Worker Association, TMCC, WNC, ROC Foundation, Nevada Dept of Education, Career and Technical Education, Nevada Certification Board, Rural Nevada Health Network, NAMI

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ACCESS TO HEALTH CARE

mariaadams@med.unr.edu Edy Taylor, Desert Meadows AHEC Director ETaylor@comagine.org			
Strategies	**Action Steps and Responsible Parties (optional)**	**Timeline**	**Target Results**
2.4.1 Work with community organizations and advocacy groups to promote the roles of CHWs and Peer Recovery Support Specialists and integration of both roles within support teams.	•		
2.4.2 Leverage our employer partnership meetings to maintain collaboration with healthcare providers and clinics to create placement opportunities for CHWs and Peer Recovery Support Specialists.	• Integrate discussions about CHW and Peer Recovery Support Specialist placement opportunities into regular employer partnership meetings. • Provide information to healthcare providers and clinics about the benefits of incorporating CHWs and Peer Recovery Support Specialists into their teams. • Act as a facilitator to match CHWs and Peer Recovery Support Specialists with appropriate placement opportunities within healthcare settings.	FY 24-25 TBD Ongoing for CHWs, need to enhance partnerships for peers	High Sierra AHECs employer partners meeting will continue to expand and we will see an increase in placement of CHWs. Development of a tangible infographic for all partners to use
2.4.3 Work with partners to conduct workshops and seminars for healthcare administrators, school leaders, and policymakers to highlight the impact and cost-effectiveness of integrating CHWs and Peer Recovery Support Specialists.	•		Employer based trainings are developed to support greater utilization of both positions

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			within support teams.
2.4.4 Develop a CHW Apprenticeship Program	•		
2.4.5 Support the Nevada Healthcare Workforce Pipeline & Development Workgroup by developing clear career pathways for CHWs and Peer Recovery Support Specialists, including opportunities for advancement and professional growth.	• Collaborate with the Nevada Healthcare Workforce Pipeline & Development Workgroup to identify opportunities for career pathway development for CHWs and Peer Recovery Support Specialists and develop a tangible infographic for wide dissemination.	FY 24-25	
2.4.6 Medicaid school health services identify services provided by CHWs	• District provides qualified "under the direction of" supervisors per Medicaid Service Manual (MSM) Chapter 2800 • Increase *CHW knowledge of school-based services ○ Consider addressing specific training on covered services described MSM 2803.17A		Medicaid reimbursable services by CHWs
2.4.7 HR Department awareness of R&Rs of CHWs in schools (districts; SPCSA)	• Clear concise job description • *CHW applicant resume aligns with job description • District HR Departments flagging CHW applicants		Increase HR recruitment and hiring of CHWs in school-based settings
2.4.8 Use and integration of CHWs in schools through internship; volunteer experience opportunities	• Expand CHW II internship or volunteer experience placements education setting • Pair CHW with school social worker • Offer opportunities for career advancement (CHW to SW; Nursing)		CHW placements NV school districts; social workers; possibly school counselor NV PEP
Indicator (if applicable):			

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ACCESS TO HEALTH CARE

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Resources:

*** Increase awareness about the SHARE Act! This impacts ALL Interstate Compacts

States Handling Access to Reciprocity for Employment (SHARE) Act (H.R. 1310). It would ensure that state licensing authorities that are members of interstate compacts can receive confirmation that a background check has been completed, and whether the background check was satisfactory, so practice privileges can be issued.

- NV SHARE Act co-sponsors: Congressman Amodei
    - Need to ask Congresswoman Titus, Congresswoman Lee, and Congressman Horsford to co-sponsor H.R. 1310, SHARE Act
- A Senate version is needed; currently there are no Senators currently proposing a Senate version of the SHARE Act.
- Council of State Governments: https://www.csg.org/2024/01/25/federal-solution-introduced-to-resolve-barrier-for-occupational-licensure-compacts/
- SHARE Act background:
    - Nursing: https://www.journalofnursingregulation.com/article/S2155-8256(23)00094-7/abstract
    - ASHA: https://www.asha.org/advocacy/takeaction/

Become a Social Worker in Nevada

https://socialworklicensemap.com/social-work-licensure/become-a-social-worker-in-nevada/

Community Health Workers

USBLS – CHW yearly growth of need 12%

CHW career pathways

https://ca-hwi.org/resources/mental-behavioral-health-career-pathways/

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ACCESS TO HEALTH CARE

Priority: Access to Health Care	**Focus Area:** Behavioral Health Workforce		
Goal 2: Grow and diversify the behavioral health workforce in Nevada to improve access to mental health and substance use services			
SMART Objective 2.4: Increase use and integration of community health workers (CHWs) and peer recovery support specialists in clinical behavioral health settings and schools in Nevada by fully recognizing, elevating, and supporting the contributions of Peers and Prevention Specialists by ensuring Medicaid-billing parity with CHWs. The services of Peers and Prevention Specialists will be Medicaid reimbursable at a rate similar to that provided for CHWs by July 1, 2026.			
Priority Population(s): Any peers and prevention specialists working in Nevada.			
Lead Agency: Resilient Eight Coalition **Contact (name/email):** Erik Schoen, erik@communitychestnevada.net	**Supporting Partners:** Formidable Fourteen Consortium, NAMI, Statewide Coalition Partnership, Rural Nevada Health Network		
Strategies	**Action Steps and Responsible Parties (optional)**	**Timeline**	**Target Results**
2.4.1 Working with Medicaid and other vested parties, draft Medicaid-reimbursable Fully recognize, elevate, and support the contributions of Peers and Prevention Specialists by ensuring Medicaid-billing parity with CHWs language for Peers and Prevention Specialists that retains the flexibility of that adopted for Doulas, and monetarily equal to that of CHWs.	• Through regular meetings, develop a plan for drafting and adopting language relating to Medicaid-reimbursement for Peers and Prevention Specialists.	January 1, 2026	Peers and Prevention Coalitions will be Medicaid-reimbursable.
Indicator (if applicable): • Services rendered by Peers and Prevention Coalitions will be Medicaid-reimbursable.			

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ACCESS TO HEALTH CARE

Priority: Access to Health Care	**Focus Area:** Behavioral Health Workforce
Goal 2: Grow and diversify the behavioral health workforce in Nevada to improve access to mental health and substance use services	
SMART Objective 2.6: Increase the number of school-based mental health professionals to improve mental health provider-to-student ratios by Nevada AHEC collaborating with the Nevada Department of Education and the Office for a Safe and Respectful Learning Environment to develop and implement a Community Health Worker (CHW) pathway program for school-based settings, aiming to increase the number of school-based mental health professionals, thereby improving the mental health provider-to-student ratio across Nevada schools. This model can also support the development of a Peer Support Specialists pathway. *Social Worker Interstate Compact (SW IC): * All entities training and/or hiring CHWs support SW IC * BDR for 2025 Legislative Session * ALL entities training, hiring Social Workers support BDR for 2025 Legislative Session ** Nurses Interstate Compact: ** All entities training, hiring Nurses support BDR for 2025 Legislative Session ** Nurses support Nurses IC BDR *** Desert Meadows AHEC and Comagine Health is offering training to CHW's in partnership with UNR Sanford Center for Aging on the 4M's Framework Training will be open to CHW's across Nevada. ***Desert Meadows AHEC collaborates with the Clark County School District and the Career and Technical Education program to provide educational opportunities with a focus on health care careers with multiple Title 1 schools in the district. In addition to ongoing educational opportunities, we offer a once-a-year program open to all students in the district the opportunity to attend Operation Health Care Bound. It is a one day in person event hosted by hospitals in the Las Vegas Metro Area. This one-day experience for high school juniors and seniors gives students a behind the scenes glimpse at what it is like to work in many jobs within a hospital setting. They tour many areas of the hospital and are given the opportunities to do hands-on learning in multiple areas. 78% of students report they have an interest in pursuing a career in the medical field prior to the Operation Health Care event. After the event, 94% report they have an interest in pursuing a career in healthcare. The desire is to expand this program to be offered more than once a year and include other facilities beyond the hospital settings such as nursing/rehab facilities, dental clinics, out-patient surgical centers, radiology centers.	
Priority Population(s): CHWs, Healthcare providers, K-12 school-based partners	
Kailey Arington, Workforce Manager Kailey@highsierraahec.org	**Supporting Partners:**

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ACCESS TO HEALTH CARE

Sabrina Elvrum, CHW Program Coordinator Sabrina@highsierraahec.org Sarah Daniel, Program Director Sarah@highsierraahec.org Andrea Gregg, CEO andrea@highsierraahec.org Alexis Kirby, Education Coordinator alexissanchez@unr.edu Lea Pope, Rural Education Coordinator leap@unr.edu Maria Adams, IPE and Service Learning Coordinator mariaadams@med.unr.edu Edy Taylor, Desert Meadows AHEC Director ETaylor@comagine.org	NV AHEC Program (all centers), Behavioral Health Workforce Development Center of Nevada and their Advisory Consortium, Nevada Department of Education, Office of Safe and Respectful Learning, Community Health Worker Association, TMCC, WNC, ROC Foundation, Nevada Dept of Education, Career and Technical Education, Nevada Certification Board, Rural Nevada Health Network, NAMI

Strategies	Action Steps and Responsible Parties (optional)	Timeline	Target Results
2.6.1 CHW career ladder to Social Worker Robust leveling courses; preparatory courses UNLV, UNR, NSU – minor in mental health-pathway to school psychologist degree	• Incentivize CHWs to pursue degree in Social Work • please note: some school districts require a minimum of a masters level Social Worker; some districts require a minimum of a bachelor's level social worker) • Investigate leveling courses; preparatory SW courses • Hybrid - working as CHW, courses at night, and in the summer to pursue SW degree		CHWs pursuing degree in Social Work CHWs choosing a school-based practice setting Social Workers choosing a school-based practice setting
2.6.2 CHW to school nurse	• Incentivize CHWs to pursue degree in nursing • CHW to CNA (address scope of training) • CHW to LPN (address scope of training)		CHWs pursuing degree in nursing

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	• CHW to RN (must be RN to work in a school-based setting)		CHWs choosing a school-based practice setting Nurses choosing a school-based practice setting
2.6.3 CHW to school counselor	• Incentivize CHWs to pursue degree in school counseling • Investigate leveling courses; preparatory SW courses • Hybrid - working as CHW, courses at night, and in the summer to pursue School Counselor degree		CHWs pursuing degree in school counseling CHWs choosing a school-based practice setting
2.6.4 CHW to school psychologist	• Incentivize CHWs to pursue degree to be school psychologist • NSU minor in mental health to school psychologist • Investigate leveling courses; preparatory SW courses • Hybrid - working as CHW, courses at night, and in the summer to pursue School Psychologist degree		CHWs pursuing degree in school psychology CHWs choosing a school-based practice setting
Indicator (if applicable): •			
Resources: *** Increase awareness about the SHARE Act! This impacts ALL Interstate Compacts States Handling Access to Reciprocity for Employment (SHARE) Act (H.R. 1310). It would ensure that state licensing authorities that are members of interstate compacts can receive confirmation that a background check has been completed, and whether the background check was satisfactory, so practice privileges can be issued. ● NV SHARE Act co-sponsors: Congressman Amodei o Need to ask Congresswoman Titus, Congresswoman Lee, and Congressman Horsford to co-sponsor H.R. 1310, SHARE Act			

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ACCESS TO HEALTH CARE

- A Senate version is needed; currently there are no Senators currently proposing a Senate version of the SHARE Act.
- Council of State Governments: https://www.csg.org/2024/01/25/federal-solution-introduced-to-resolve-barrier-for-occupational-licensure-compacts/
- SHARE Act background:
    - Nursing: https://www.journalofnursingregulation.com/article/S2155-8256(23)00094-7/abstract
    - ASHA: https://www.asha.org/advocacy/takeaction/

Become a Social Worker in Nevada

https://socialworklicensemap.com/social-work-licensure/become-a-social-worker-in-nevada/

Community Health Workers

USBLS – CHW yearly growth of need 12%

CHW career pathways

https://ca-hwi.org/resources/mental-behavioral-health-career-pathways/

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ACCESS TO HEALTH CARE

Priority: Access to Health Care	**Focus Area:** Health Care Workforce
Goal 3: Increase the number and diversity of health care providers in Nevada to better reflect the communities they serve and improve access to care	
SMART Objective 3.1: Enhance and diversify the health care career pipeline by increasing the number of young people who are aware of and receive information about health profession career options at an early age, with a focus on underrepresented communities and those in rural and frontier Nevada through the Nevada AHEC Program increasing the number of interactive career awareness sessions conducted in underrepresented communities and rural areas by 20% compared to the previous year by the end of the fiscal year. *High Sierra AHEC is already on target to serve over 200 students within our Project Prevent and Reach Out and Revitalize Rural (ROARR) programs. *91% of our k-12 participants have an interest in pursuing higher education after completion of our program. *67% of our program participants represent underserved and underrepresented Title I and/or rural communities. *76% of our program participants agreed that our programming motivated them to pursue a career in health care. *39% of our AHEC Scholars alumni are currently working in rural areas/high volume needs hospitals in NV. ** For over 40 years, the Nevada AHEC Program has been steadfast in addressing Nevada's health care workforce shortages through recruiting, training and retaining health professionals committed to increasing access to primary care, behavioral health, and public health in underserved urban and rural communities. We place diversity at the forefront of our priorities, aiming to enhance healthcare standards and cultivate our internal talent pool. By embracing the vibrant diversity of our communities, we are building the groundwork for a healthier and more equitable future for the people of Nevada. ***The purpose of AHEC is to serve as a critical convener between academic and employer-based partners to ensure workforce distribution and diversity. Through a variety of valuable partnerships, we develop and place future leaders within health care practice settings starting as early as 5th grade. Our intention is to inspire young students to pursue a career in health care, providing them with a paved and equitable pathway to their continued success. Upon the completion of our pathway, our students are highly trained, highly skilled, and employable assets to our partners.	
Priority Population(s): CHWs, Healthcare providers	
Lead Agency: High Sierra AHEC, on behalf of the Nevada AHEC Program **Contact (name/email):** Kailey Arington, Workforce Manager Kailey@highsierraahec.org Sabrina Elvrum, CHW Program Coordinator Sabrina@highsierraahec.org	**Supporting Partners:** Nevada Minority Health and Equity Coalition, NOMHE, Nevada State Medical Society DEI Commission, Nevada Commission of Minority Affairs, K-12 academic partners, NSHE, Nevada Health Service Corp, Community Health Worker Association, Nevada Certification Board, CBOs, Nevada Primary Care Association, Nevada Cultural Competency, Nevada AHEC Program

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ACCESS TO HEALTH CARE

Ricardo Rubalcaba, Program Coordinator / NVCC Trainer Ricardo@highsierraahec.org Sarah Daniel, Program Director Sarah@highsierraahec.org Andrea Gregg, CEO andrea@highsierraahec.org Alexis Kirby, Education Coordinator alexissanchez@unr.edu Lea Pope, Rural Education Coordinator leap@unr.edu Maria Adams, IPE and Service Learning Coordinator mariaadams@med.unr.edu	

Strategies	Action Steps and Responsible Parties (optional)	Timeline	Target Results
3.1.1 Customize outreach efforts to address the unique needs and characteristics of each community, ensuring relevance and engagement.	•	Ongoing	
3.1.2 Continue to incorporate career awareness sessions into existing programs like Project Prevent and Reach Out and Revitalize Rural (ROARR) to maximize outreach efforts.	•	Ongoing	
3.1.3 Continue to develop interactive and engaging content for career awareness sessions, including hands-on activities, guest speakers, practicing professionals, and informational resources.	•	Ongoing	
3.1.4 Offer participants access to additional resources, mentorship opportunities, and support networks to sustain their interest and exploration of healthcare careers.	•	Ongoing	
3.1.5 Foster ongoing engagement with underrepresented communities and rural areas through regular communication, newsletters, and follow-up events beyond the initial career awareness sessions.	•	Ongoing	

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ACCESS TO HEALTH CARE

Resources:

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ACCESS TO HEALTH CARE

Priority: Access to Health Care	**Focus Area:** Health Care Workforce
Goal 3: Increase the number and diversity of health care providers in Nevada to better reflect the communities they serve and improve access to care	
SMART Objective 3.2: Improve health care provider recruitment to Nevada through increasing the number of professionals who receive financial incentives, loan repayment, and graduate medical education opportunities	
Priority Population(s): CHWs, Healthcare providers	
Lead Agency: High Sierra AHEC, on behalf of the Nevada AHEC Program **Contact (name/email):** Kailey Arington, Workforce Manager Kailey@highsierraahec.org Sabrina Elvrum, CHW Program Coordinator Sabrina@highsierraahec.org Ricardo Rubalcaba, Program Coordinator / NVCC Trainer Ricardo@highsierraahec.org Sarah Daniel, Program Director Sarah@highsierraahec.org Andrea Gregg, CEO andrea@highsierraahec.org Alexis Kirby, Education Coordinator alexissanchez@unr.edu Lea Pope, Rural Education Coordinator leap@unr.edu Maria Adams, IPE and Service Learning Coordinator mariaadams@med.unr.edu	**Supporting Partners:** Nevada Minority Health and Equity Coalition, NOMHE, Nevada State Medical Society DEI Commission, Nevada Commission of Minority Affairs, K-12 academic partners, NSHE, Nevada Health Service Corp, Community Health Worker Association, Nevada Certification Board, CBOs, Nevada Primary Care Association, Nevada Cultural Competency, Nevada AHEC Program

Strategies	Action Steps and Responsible Parties (optional)	Timeline	Target Results

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ACCESS TO HEALTH CARE

Priority: Access to Health Care	**Focus Area: Health Care Workforce**
Goal 3: Increase the number and diversity of health care providers in Nevada to better reflect the communities they serve and improve access to care	
SMART Objective 3.3: Maximize the efficiency and effectiveness of Nevada's current health care workforce by increasing integration of community health workers (CHWs), who increase minorities' access to care and serve as liaisons between health care providers and the communities they serve through Nevada AHEC expanding employer representation within our partnership meetings and serve as a talent acquisition partner for employers looking to hire CHWs. During the next fiscal year, 10 of our CHWs will become employed.	
Priority Population(s): CHWs, Healthcare providers	
Lead Agency: High Sierra AHEC, on behalf of the Nevada AHEC Program **Contact (name/email):** Kailey Arington, Workforce Manager Kailey@highsierraahec.org Sabrina Elvrum, CHW Program Coordinator Sabrina@highsierraahec.org Ricardo Rubalcaba, Program Coordinator / NVCC Trainer Ricardo@highsierraahec.org Sarah Daniel, Program Director Sarah@highsierraahec.org Andrea Gregg, CEO andrea@highsierraahec.org Alexis Kirby, Education Coordinator alexissanchez@unr.edu Lea Pope, Rural Education Coordinator leap@unr.edu Maria Adams, IPE and Service Learning Coordinator mariaadams@med.unr.edu	**Supporting Partners:** Nevada Minority Health and Equity Coalition, NOMHE, Nevada State Medical Society DEI Commission, Nevada Commission of Minority Affairs, K-12 academic partners, NSHE, Nevada Health Service Corp, Community Health Worker Association, Nevada Certification Board, CBOs, Nevada Primary Care Association, Nevada Cultural Competency, Nevada AHEC Program

Strategies	Action Steps and Responsible Parties (optional)	Timeline	Target Results
3.3.1 Extend invitations to employers to participate in partnership meetings, providing them with	• Represent AHEC at job fairs and industry networking events to promote CHWs as valuable assets to potential employers.	Ongoing	More AHEC CHWs being hired

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	opportunities to engage directly with AHEC and learn about the benefits of hiring CHWs.		
3.3.2	Act as a liaison between CHWs and employers, facilitating connections and opportunities for employment.	• Establish partnerships with workforce development agencies, employment centers, and industry associations to expand outreach and connect CHWs with job opportunities.	Ongoing	More AHEC CHWs being hired
3.3.3	Offer guidance and support to CHWs throughout the employment process, including resume preparation, interview coaching, and job placement assistance.	• Provide CHWs with access to additional training and certification programs that enhance their skills and make them more attractive candidates to employers. • Track the number of CHWs who secure employment opportunities as a result of AHEC's efforts, documenting their job placements and employers.	Ongoing	Opportunities for CHW advancement/upward mobilization

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ACCESS TO HEALTH CARE

*Priority: Access to Health Care	Focus Area: Health Care Workforce
Goal 3: Increase the number of health care providers and diversity of the health care workforce in Nevada to better reflect the communities they serve and improve access to care	
SMART Objective 3.4: By July 2025 , increase the number of opportunities to improve health care professionals' wellbeing, address mental health needs, and reduce burnout by engaging 25% of Nevada and surrounding area physicians in Nevada Physician Wellness Coalition (NPWC) wellbeing programming, increasing the NPWC Physician and Physician Family Resource Line by 25%, and improving outreach to hospital systems throughout the state to educate and address the systematic and institutional root causes of physician burnout.	
Priority Population(s): MD's and DO's throughout the state of Nevada—we are prioritizing physicians in the first year because they represent the highest rate of dying by suicide.	
Lead Agency: Nevada Physician Wellness Coalition (NPWC)	**Supporting Partners:** UNR School of Medicine UNLV School of Medicine Alliance for the Washoe County Medical Society Alliance for the Clark County Medical Society Nevada State Board of Medical Examiners NV American College of Physicians Well-being Champions Washoe County Medical Society UNR MED CME Department Renown, Barton, Tahoe Forest, Northern Nevada Health Systems, Saint Mary's, Cancer Care Specialist, Nevada Urology, Carson Valley Medical Center, Valley Health System, UMC

Strategies	Action Steps and Responsible Parties (optional)	Timeline	Target Results
3.4.1 Engage 25% of physicians in the Nevada and surrounding regions in at least one wellbeing offering that can be accessed through the Nevada Physician Wellness Coalition.	• **To increase reach and engagement efforts throughout the state, develop relationships with the Rural Nevada Hospital Partners and in Southern Nevada: Dignity Health – St. Rose Dominican Neighborhood Hospitals and Sunrise Health System.** • Continue outreach and engagement efforts with supporting systems in northern Nevada.	**By July 2025**	**Increased our engagement by 15% from Dec 2024-July 2025.**

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ACCESS TO HEALTH CARE

3.4.2 Increase utilization of the Nevada Physician Wellness Coalition Physician and Physician Family Resource Line by 25%.	• Increase utilization by ensuring that Risk Management and HR departments in hospitals/healthcare organizations have brochures and education about NPWC Resource Line and other services and understand when and how they can be accessed. • Provide NPWC Resource Line information to physician alliance and family groups such as: Alliances to the State Medical Societies in southern and northern Nevada. • **Develop and launch a Peer Support Network that is utilized through the Physician Resource Line.**	**By July 2025**	Increased utilization of the NPWC Physician and Physician Family Resource Line by 25% from July 2023.
3.4.3 Addressing the root causes of physician burnout at institutional and systemic levels.	• Supporting the MD and DO state board licensing and renewal process to ensure that they are not using invasive mental health questions. With the goal that physicians can seek mental health care without fear of losing their license or experiencing other consequences. • **Partnering with hospital systems in Nevada to ensure use of NDOI 901 form for credentialing since it no longer has invasive mental health questions and is required by health care organizations. Also to ensure that systems do not have invasive mental health questions on Employment Applications.** • Educate hospital administrators about the systemic and cultural issues which contribute to health care provider burnout. • **Work with the Pharmacy Board to remove invasive mental health questions from their forms.**	**By July 2025**	Present at seven hospital Med-Exec Committee meetings. **Facilitate working group with high-level leaders to move through the AMA's Joy in Medicine recognition program to contribute to a workplace culture of wellbeing and reduce burnout.**

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ACCESS TO HEALTH CARE

Resources: NPWC Resources Line with two psychologists who specialize in physician wellbeing, NPWC Programming Series

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ACCESS TO HEALTH CARE

Priority: Access to Health Care	**Focus Area:** Health Care Workforce
Goal 3: Increase the number and diversity of health care providers in Nevada to better reflect the communities they serve and improve access to care	
SMART Objective 3.5: Improve cultural competence within the health care workforce to improve provider-patient communication, reduce health disparities, and improve health outcomes through the Nevada Cultural Competency Training program offered by AHEC will achieve a 20% increase in the number of healthcare professionals completing the training compared to the previous year by the end of the fiscal year. This increase will be assessed through participant enrollment and completion data collected through the training program's registration and evaluation processes.	
Priority Population(s): CHWs, Healthcare providers	
Lead Agency: High Sierra AHEC, on behalf of the Nevada AHEC Program **Contact (name/email):** Kailey Arington, Workforce Manager Kailey@highsierraahec.org Sabrina Elvrum, CHW Program Coordinator Sabrina@highsierraahec.org Ricardo Rubalcaba, Program Coordinator / NVCC Trainer Ricardo@highsierraahec.org Sarah Daniel, Program Director Sarah@highsierraahec.org Andrea Gregg, CEO andrea@highsierraahec.org Alexis Kirby, Education Coordinator alexissanchez@unr.edu Lea Pope, Rural Education Coordinator leap@unr.edu Maria Adams, IPE and Service Learning Coordinator mariaadams@med.unr.edu	**Supporting Partners:** Nevada Minority Health and Equity Coalition, NOMHE, Nevada State Medical Society DEI Commission, Nevada Commission of Minority Affairs, K-12 academic partners, NSHE, Nevada Health Service Corp, Community Health Worker Association, Nevada Certification Board, CBOs, Nevada Primary Care Association, Nevada Cultural Competency, Nevada AHEC Program

Strategies	Action Steps and Responsible Parties (optional)	Timeline	Target Results
3.5.1 Recalibrate a version of the training to focus on how cultural humility in the workplace assists in recruitment	•		Provide cultural humility

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and retention of diverse healthcare providers and improves patient care			training to 100-150 CHWs and providers embedded in or from underserved and remote communities
3.5.2 Develop a training specifically for Social Workers, Case Managers, Peer Support Specialists, and CHWs	• Working NV Cert board to get training identified as an area of emphasis/recognized as a special certificate	Dev: FY 24-25 Implementation: 25-26	
Resources: Nevada Cultural Competency (powered by High Sierra AHEC and Nevada Primary Care Association)			

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ACCESS TO HEALTH CARE

Priority: Access to Health Care	**Focus Area:** Health Care Workforce		
Goal 3: Increase the number and diversity of health care providers in Nevada to better reflect the communities they serve and improve access to care			
SMART Objective 3.5: Promote and encourage hiring of professionals of diverse backgrounds, experiences and qualifications to allow for wide range of access to serving clients.			
Priority Population(s): Behavioral Health Professionals, All clients served through Serenity Health			
Lead Agency: Serenity Health **Contact (name/email):** Christina Gaglione, LCSW cgaglione@serenitymentalhealth.org	**Supporting Partners:** Foundations for Recovery, CCBHC		
Strategies	**Action Steps and Responsible Parties (optional)**	**Timeline**	**Target Results**
3.5.1 Complete training to become a friendly recovery workspace	•	Within 30 days	To promote diversity in the workplace of individuals that may have lived experiences and/or history of diagnosis of SUD. Provide education to staff and increase awareness to take a supportive approach to those in recovery process and/or

*Action plan has been updated or is new this year

			remissions stages of their SUD.

*Action plan has been updated or is new this year

MENTAL HEALTH AND SUBSTANCE USE

The following action plans each outline a SMART objective as well as strategies, action steps, and timelines to make progress toward goals to improve mental health and substance use in Nevada. They also identify specific priority populations, the lead agency and supporting partners, and available resources and assets, and relate to the goals below.

GOAL 1: Increase access to children's behavioral health services, including school-based behavioral health services, in Nevada to ensure children are served in the most integrated settings appropriate to their needs

GOAL 2: Increase the number of individuals and families who access appropriate care when experiencing a behavioral health crisis by fully implementing Nevada's statewide crisis response system in alignment with national best practices

GOAL 3: Increase the number of individuals receiving appropriate services throughout the continuum of care by increasing and improving prevention, harm reduction, treatment and recovery services in Nevada

GOAL 4: Increase investment in the behavioral health system in Nevada—including federal, state, local, and private funding for mental health and substance use treatment and services to adequately support all components of the system

MENTAL HEALTH AND SUBSTANCE USE

Priority: Mental Health and Substance Use	**Focus Area:** Children's Behavioral Health		
Goal 1: Increase access to children's behavioral health services, including school based behavioral health services, in Nevada to ensure children are served in the most integrated settings appropriate to their needs			
SMART Objective 1.1: Eliminate barriers to access of quality healthcare by providing telehealth services throughout state of Nevada, and partner with programs that target the youth population and work on increasing access to care. Develop programming that supports whole-patient approach models, and supports the continuum of care by increasing and improving prevention, harm reduction, treatment and recovery services.			
Priority Population(s): Youth with Behavioral Health Disorders			
Lead Agency: Serenity Health **Contact (name/email):** Christina Gaglione, LCSW cgaglione@serenitymentalhealth.org	**Supporting Partners:** Project Aware, Magellan Healthcare		
Strategies	**Action Steps and Responsible Parties (optional)**	**Timeline**	**Target Results**
1.1.1 Collaborate with Project Aware to provide mental health services within the school district of Carson County, Nevada.	•	August 2024	Provide direct mental health and behavioral health care to the students directly at the school to eliminate barriers to access to care for both the client and families. Collaborate with the school social workers and administrative teams with Project Aware to provide prevention and early intervention to students that have emotional and/or behavioral impairments that are impacting their education.
1.1.2 Enroll with Magellan Healthcare to provide behavioral health services to youth and families that have entered into the CPS/DCFS systems.	•	January 2025	Provide prevention and early intervention services to those that enter into the CPS and/or DCFS system that are not subject to immediate removal from the parental care. Provide behavioral support to the child/youth, the parent, and family in efforts to decrease the likelihood of removal from the home and/or future DCFS involvement.

*Action plan has been updated or is new this year

MENTAL HEALTH AND SUBSTANCE USE

Priority: Mental Health and Substance Use	**Focus Area:** Crisis Response System		
Goal 2: Increase the number of individuals and families who access appropriate care when experiencing a behavioral health crisis by fully implementing Nevada's statewide crisis response system in alignment with national best practices			
SMART Objective 2.1: Manage 988 call center operations to meet national best practice standards (i.e. related to the ability to dispatch, bed registry, case management, data management system), and improve instate answer rates for those who access 988 by 5% within 3 years.			
Priority Population(s): LGBTQ+, Minority Populations, Rural Communities			
Lead Agency: The Bureau of Behavioral Health Wellness and Prevention: Crisis Response System Unit **Contact (name/email):**	**Supporting Partners:** Update (RFP Vendor)		
Strategies	**Action Steps and Responsible Parties (optional)**	**Timeline**	**Target Results**
2.1.1 Monitor Key Performance Indicators for the 988 call center with selected RFP vendor.	• CRS Unit will work with RFP vendor to develop and monitor Key Performance Indicators to track best practice standards	1 year	Annual Report for internal stakeholders
2.1.2 Provide selected RFP vendor with Technical Assistance on best practice standards.	• The Crisis Response Unit will work with RFP vendor monthly and quarterly to establish consistent monitoring and technical assistance standards.	3 years	Data reports produced annually for internal stakeholders.
2.1.3 Distribute bi-annual customer service survey to all Nevada citizens.	• The Crisis Response Unit will distribute two surveys throughout the year to gather feedback on the services provided by 988.	3 years	Survey results publicly published.
Indicator (if applicable): •			
Resources:			

*Action plan has been updated or is new this year

MENTAL HEALTH AND SUBSTANCE USE

Priority: Mental Health and Substance Use	**Focus Area:** Crisis Response System		
Goal 2: Increase the number of individuals and families who access appropriate care when experiencing a behavioral health crisis by fully implementing Nevada's statewide crisis response system in alignment with national best practices			
SMART Objective 2.2 Provide 80% of individuals seeking behavioral health crisis services through the Crisis Response System quality connections to accurate services through dispatched mobile crisis teams within 2 years.			
Priority Population(s): LGBTQ+, Minority populations, Rural communities			
Lead Agency: Bureau of Behavioral Health Wellness and Prevention: Crisis Response System Unit **Contact (name/email):**	**Supporting Partners:** NAMI Western Nevada, Avel eCare, MOST/FAST, Renown Health, Clark County, OpenBeds		
Strategies	**Action Steps and Responsible Parties (optional)**	**Timeline**	**Target Results**
2.2.1 BBHWP will fund selected RFP vendor	• The Crisis Response Unit will work with the state Purchasing Division to select a vendor to carry out services for behavioral health crisis throughout the state of Nevada.	2 years	Selected RFP vendor will have an executed subaward to carryout best practices in crisis response.
2.2.2 Crisis Response Unit will be creating certification standards for dispatching mobile crisis teams to individuals seeking behavioral health help via 988 Suicide and Crisis Lifeline.	• The Crisis Response Unit will work with community partners and other state agencies to receive input on certification standards content	2 years	Quarterly and annual reports monitoring the RFP vendors scope of work that will reflect an increase in Nevada residents receiving appropriate levels of care.
2.2.3	•		
Indicator (if applicable): •			
Resources:			

*Action plan has been updated or is new this year

MENTAL HEALTH AND SUBSTANCE USE

Priority: Mental Health and Substance Use	**Focus Area:** Crisis Response System		
Goal 2: Increase the number of individuals and families who access appropriate care when experiencing a behavioral health crisis by fully implementing Nevada's statewide crisis response system in alignment with national best practices			
SMART Objective 2.3: Develop and maintain two crisis stabilization centers in Nevada that provide individuals experiencing behavioral health crisis a safe environment to seek behavioral healthcare within year 3 years			
Priority Population(s): LGBTQ+, Minority populations, Rural Communities			
Lead Agency: The Bureau of Behavioral Health Wellness and Prevention: Crisis Response System Unit **Contact (name/email):**	**Supporting Partners:** Renown Health, Clark County, OpenBeds		
Strategies	**Action Steps and Responsible Parties (optional)**	**Timeline**	**Target Results**
2.3.1 BBHWP will award funds to two entities to create/ build/ refurbish and operate Crisis Stabilization Center.	• Crisis Response Unit will monitor and evaluate the implementation and outcomes of funded projects and adherence to evidence-based practices with selected RFP partner.	3 years	Annual report for internal stakeholders at DPBH (Department of Public and Behavioral Health)
2.3.2 BBHWP will work with partner to implement crisis stabilization services.	• Community support services will be offered onsite, including linkage to Medicaid enrollment, case management, primary care, outpatient therapy, housing, and more by selected RFP partner	3 years	Reduced long term behavioral health services in the state of Nevada reflected in Crisis Response data report.
2.3.3	•		
Indicator (if applicable): •			
Resources:			

*Action plan has been updated or is new this year

MENTAL HEALTH AND SUBSTANCE USE

Priority: Mental Health and Substance Use	**Focus Area:** Substance Use Prevention, Harm Reduction, Treatment, and Recovery
Goal 3: Increase the number of individuals receiving appropriate services throughout the continuum of care by increasing and improving prevention, harm reduction, treatment and recovery services in Nevada	
SMART Objective 3.2: Improve access to high-quality, evidence-based treatment options and make them affordable and equitable for all individuals in need by making the provision of Medication Assisted Treatment (MAT) throughout Nevada by all medical providers (doctors, PAs, nurse practitioners, etc.) the norm (not the exception). Increasing the number of medical providers providing MAT to 90+% by July 1, 2025.	
Priority Population(s): All medical providers with prescribing privileges throughout Nevada.	
Lead Agency: Resilient Eight Coalition **Contact (name/email):** Erik Schoen, erik@communitychestnevada.net	**Supporting Partners:** Formidable Fourteen Consortium

Strategies	Action Steps and Responsible Parties (optional)	Timeline	Target Results
3.2.1 Outreach campaigns will be developed to reach out to medical providers throughout the State and ascertain their current level of engagement with and stage of change vis-à-vis the provision of MAT services.	• In Rural Nevada, both the Resilient Eight Coalition and Formidable Fourteen Consortium have identified staff doing just this. • Need to identify other agencies who can do the same in Urban Nevada.	January 1, 2025	Increased awareness amongst medical personnel as to the benefits of MAT.
3.2.2 Information and training campaigns / opportunities will be developed for medical staff to increase receptivity to and confidence in providing MAT services.	• Utilizing the expertise of those already providing MAT services and/or those doing such outreach (Project Echo, Nevada's Opioid Center of Excellence), information and training will be developed / provided to medical providers.	July 1, 2025	Increased percentage, 90+%, of medical providers providing MAT.

Indicator (if applicable):

- The percentage of medical providers reporting an affirmative answer when asked if they provide MAT services.

Resources:

*Action plan has been updated or is new this year

MENTAL HEALTH AND SUBSTANCE USE

NEW in Year 2

*Priority: Mental Health and Substance Use	Focus Area: Substance Use Prevention, Harm Reduction, Treatment, and Recovery		
Goal 3: Increase the number of individuals receiving appropriate services throughout the continuum of care by increasing and improving prevention, harm reduction, treatment and recovery services in Nevada			
1. **Objective 3.3a**: Improve early intervention strategies by identifying locations with potential for substance use-related overdoses and shortage of harm reduction services by June 2025.			
Priority Population(s): ○ Adolescent youth ○ Persons who use drugs ○ Persons who work with persons who use drugs			
Lead Agency: DPBH **Contact (name/email):** Heather Kerwin h.kerwin@health.nv.gov	**Supporting Partners:** DPBH – Office of Epidemiology DBPH – Office of Analytics		
Strategies	**Action Steps and Responsible Parties (optional)**	**Timeline**	**Target Results**
3.3.1 Identify Xylazine and fentanyl test strip distribution locations and overlap with locations of need (high level of opioid overdose) to improve access and utilization.	• DPBH – Office of Epidemiology • DBPH – Office of Analytics	November 2024-March 2025	Xylazine and fentanyl test strip deserts identified through mapping and list of zip codes with no access within defined number of miles.
3.3.2 Increase knowledge of data from existing paraphernalia swabbing test results.	• SNHD • The Center • Trac-B		Number of visits to dashboard. https://www.healthysouthernnevada.org/stories/index/view?id=332174650792002765&pid=111685574255
3.3.3 Increase Narcan & naloxone training among Nevadans.	• CASAT	June 2025	1,000 Nevadans trained on dispensing Narcan/naloxone.

*Action plan has been updated or is new this year

MENTAL HEALTH AND SUBSTANCE USE

3.3.4 Reduction of stigma through education by increasing the number of people who complete evidence-based harm reduction trainings in Nevada.	• SNHD • Substance Prevention Coalitions • DBPH – Opioid Data 2 Action – OD2A		500 Nevadans trained in best practice evidence-based harm reduction approaches.
3.3.5 Identify harm reduction assets within each county.	• DPBH - Office of Epidemiology • DPBH – Office of Analytics	June 2025	
Indicator (if applicable): • 3.3.1 - Number of Xylazine and fentanyl test strips at baseline, and again at end of June 2025. – SNHD, Lori Brian to provide Clark County data, (*have not yet confirmed Lisa Lee for Washoe?*) • 3.3.4 Increase Narcan & naloxone training among Nevadans by 1,000 persons at end of June 2025. – CASAT			
Resources:			

*Action plan has been updated or is new this year

MENTAL HEALTH AND SUBSTANCE USE

Priority: Mental Health and Substance Use	**Focus Area:** Substance Use Prevention, Harm Reduction, Treatment, and Recovery		
Goal 3: Increase the number of individuals receiving appropriate services throughout the continuum of care by increasing and improving prevention, harm reduction, treatment and recovery services in Nevada			
SMART Objective 3.4: Develop programming that supports whole-patient approach models, and supports the continuum of care by increasing and improving prevention, harm reduction, treatment and recovery services			
Priority Population(s): Adults with Behavioral Health Disorders			
Lead Agency: Serenity Health **Contact (name/email):** Christina Gaglione, LCSW cgaglione@serenitymentalhealth.org	**Supporting Partners:** Project Aware, Magellan Healthcare		
Strategies	**Action Steps and Responsible Parties (optional)**	**Timeline**	**Target Results**
3.4.1 Provide Behavioral Health Services via Telehealth methods that are HIPAA compliant and ensure quality of care models.	•	Immediately	Provide access to care throughout the entire state of NV to mental health, addiction recovery services, psychiatric medication management, Medication assisted treatment, CHW and primary care support through telehealth platforms and methods, using a wide range of professionals with specific qualifications and licenses.
Indicator (if applicable): •			
Resources:			

*Action plan has been updated or is new this year

MENTAL HEALTH AND SUBSTANCE USE

NEW in Year 2

*Priority: Mental Health and Substance Use	Focus Area: Substance Use Prevention, Harm Reduction, Treatment, and Recovery
Goal 3: Increase the number of individuals receiving appropriate services throughout the continuum of care by increasing and improving prevention, harm reduction, treatment and recovery services in Nevada	
SMART Objective 3.4: By June 2025, identify 2 actionable options per county which could be implemented to increase access to harm reduction, treatment, and recovery services, to assist individuals in treatment and recovery to facilitate connection with resources to achieve stabilization.	
Priority Population(s): ○ Persons who use substances ○ Persons who are seeking treatment for substance use ○ Persons who are in recovery due to substance use ○ Persons who are incarcerated and have been identified to have an opioid use disorder	
Lead Agency: DPBH **Contact (name/email):** Heather Kerwin h.kerwin@health.nv.gov	**Supporting Partners:** DPBH - Office of Epidemiology DPBH - Office of Analytics DPBH - CMS DPBH - HCQC WestCare Foundation for Recovery

Strategies	Action Steps and Responsible Parties (optional)	Timeline	Target Results
3.4.1 Reduce stigma around MOUD and MAT as options for treatment and recovery through the development of a media campaign.	• DPBH - Office of Epidemiology • DPBH – Public Information Office • Local Health Departments – Public Information and Media teams	October 2024 - June 2025	2 media campaigns – 1 for social media and 1 print media
3.4.2 Identify opioid hot spots across the state and evaluate the distance to the nearest opioid treatment program offering MAT/MOUD.	• DPBH - Office of Epidemiology • DPBH - Office of Analytics	November 2024 – June 2025	Map of opioid hot spots and MAT treatment centers
3.4.3 Identify feasible incentives which support emergency departments to provide MOUD and link individuals to community-based providers.	• DPBH – CMS • DPBH – HCQC • DPBH - Office of Epidemiology	December 2024-June 2025	At least 2 feasible incentives identified

*Action plan has been updated or is new this year

3.4.4 Identify barriers to implementing mobile MAT/MOUD programs to serve rural and frontier communities.	• WestCare	October 2024 - June 2025	Documentation of barriers to setting up mobile MAT programs
3.4.5 Identify 10 communities with no Recovery Friendly businesses and actively engage with employers in occupational groups which are likely to benefit from being a Recovery Friendly business.	• Foundation for Recovery	January – June 2025	10 communities identified and outreach to those communities
3.4.6 Identify contacts in economics or business programs within institutions of higher education to conduct research on Nevada companies with a Recovery Friendly Designation to measure benefits to the business for employing persons in recovery.	• Foundation for Recovery	January – June 2025	Research pipeline identified
Indicator (if applicable): • 2 feasible options for each county have been identified and shared with county leadership, including but not limited to county commissioners, boards of health, local health authorities, hospitals, organizations working in harm reduction or delivering harm reduction services within communities.			
Resources:			

*Action plan has been updated or is new this year

MENTAL HEALTH AND SUBSTANCE USE

Priority: Mental Health and Substance Use	**Focus Area:** Investing in the Behavioral Health System		
Goal 4: Increase investment in the behavioral health system in Nevada—including federal, state, local, and private funding for mental health and substance use treatment and services to adequately support all components of the system			
SMART Objective 4.1: Increase overall State General Fund investment in Medicaid, and use these additional dollars to raise reimbursement rates for behavioral health services in order to improve the overall health of Nevadans by ensuring supported access to needed health and wellness support. Making a variety of health and wellness support, such as early childhood education tuition, mindfulness activities, and physical exercise, reimbursable through Medicaid.			
Priority Population(s): Any and all Nevadans regardless of age, gender, or race.			
Lead Agency: Community Chest, Inc. **Contact (name/email):** Erik Schoen, erik@communitychestnevada.net	**Supporting Partners:** Resilient Eight Coalition, Formidable Fourteen Consortium, NAMI, Statewide Coalition Partnership, Rural Nevada Health Network, Community Chest		
Strategies	**Action Steps and Responsible Parties (optional)**	**Timeline**	**Target Results**
4.1.1 Working with Medicaid and other vested parties, draft Medicaid-reimbursable language for health and wellness activities comparable to that for medical services.	• Through regular meetings, develop a plan for drafting and adopting language relating to Medicaid-reimbursement for health and wellness activities.	Current	Reimbursement for the provision of health and wellness activities.
Indicator (if applicable): • Medicaid will reimburse a robust array of health and wellness supports.			
Resources:			

*Action plan has been updated or is new this year

MENTAL HEALTH AND SUBSTANCE USE

Priority: Mental Health and Substance Use	**Focus Area:** Investing in the Behavioral Health System		
Goal 4: Increase the amount of State funding dedicated to Prevention (for SUD)			
SMART Objective 4.5: Pursue / encourage implementation of strategies to increase sustainable funding and reimbursement in Nevada's behavioral health system, as outlined in the Behavioral Health Community Integration Strategic Plan: Nevada's 2023 update to the Strategic Plan for Behavioral Health Community Integration by increasing the amount of State funding dedicated to Prevention (for SUD) from $12 million to $24 million beginning July 1, 2026			
Priority Population(s): Any and all Nevadans regardless of age, gender, or race			
Lead Agency: SURG Committee **Contact (name/email):** Erik Schoen, erik@communitychestnevada.net	**Supporting Partners:** Resilient Eight Coalition, Formidable Fourteen Consortium, NAMI, Statewide Coalition Partnership, Rural Nevada Health Network, Community Chest		
Strategies	**Action Steps and Responsible Parties (optional)**	**Timeline**	**Target Results**
4.5.1 Information about this priority will be shared with any and all affinity (and other) groups.	• SURG Committee representatives will make the needed presentations.	Current	People will understand the importance of increasing the Prevention dollars.
Indicator (if applicable): • State funding for Prevention services (for SUD) will double from $12 million to $24 million.			
Resources:			

*Action plan has been updated or is new this year

PUBLIC HEALTH INFRASTRUCTURE

The following action plans each outline a SMART objective as well as strategies, action steps, and timelines to make progress toward goals to improve Nevada's public health infrastructure. They also identify specific priority populations, the lead agency and supporting partners, and available resources and assets, and relate to the goals below.

GOAL 1: Invest in the public health system, with funding levels that are appropriate, flexible, and sustainable to better meet current challenges and ongoing needs

GOAL 2: Improve recruitment and retention of a diverse and inclusive governmental public health workforce

GOAL 3: Strengthen the collection of timely and actionable public health data to improve efficiency, operations, and services; enhance interoperability; guide programs; respond to emergencies; and address health inequities

GOAL 4: Improve and strengthen governance and quality of Nevada's public health system—ensuring a minimum set of public health services for all—and improve partnerships and community engagement to communicate the value and availability of these services in all Nevada communities

PUBLIC HEALTH INFRASTRUCTURE

Priority: Public Health Infrastructure	**Focus Area:** Funding Challenges		
Goal 1: Invest in the public health system, with funding levels that are appropriate, flexible, and sustainable to better meet current challenges and ongoing needs			
SMART Objective 1.1: Increase flexible, non-categorical State General Funds and local government funding provided to state and local public health authorities and counties			
Priority Population(s):			
Lead Agency: Public Health stakeholders	**Supporting Partners:** Nevada Association of Counties, state and local public health agencies Nevada Public Health Association, UNR School of Public Health		
Strategies	**Action Steps and Responsible Parties (optional)**	**Timeline**	**Target Results**
1.1.1 Educate state and local elected officials on current Nevada public health landscape and investment through FPHS benchmarks and in comparison with other like states	• NACO, Presentation of results to all local Boards of Health / County Commissions (September 2024-June 2025)	August 2024-June 2025	Broader knowledge of public health landscape by Nevada's elected officials
1.1.2 Identify opportunities to create efficiencies in the local and state public health system in Nevada maximizing current resources through improved communication, coordination and resource sharing	• NACO in partnership with DPBH and local partners	Ongoing	Planning and coordination available to maximize use of available resources and current investment
1.1.3 Testify before legislative committees and provide information to local boards of health to encourage additional funding for public health	NACO in partnership with DPBH and local partners	Ongoing	Increased knowledge of public health and need for funding

*Action plan has been updated or is new this year

PUBLIC HEALTH INFRASTRUCTURE

*Priority: Public Health Infrastructure	Focus Area: Funding Challenges		
Goal 1: Invest in the public health system, with funding levels that are appropriate, flexible, and sustainable to better meet current challenges and ongoing needs			
SMART Objective 1.1: Increase flexible, non-categorical State General Funds for state and local public health authorities and counties by $30 million per biennium			
Priority Population(s): All communities in Nevada			
Reporting Agency: UNR School of Public Health **Contact (name/email):** Megan Comlossy mcomlossy@unr.edu	**Partners:** Local Health Authorities, Nevada Association of Counties, Schools of Public Health, Nevada Public Health Association		
Strategies	**Action Steps and Responsible Parties (optional)**	**Timeline**	**Target Results**
1.1.1 Support the flexible, non-categorical, and sustainable funding for public health agencies outlined in BDR 40-349	• **Coordinate with public health partners to support additional funding**	**June 2025**	**Approved legislation for $30 million in new and sustainable funding for public health agencies**
1.1.2 Increase communication with legislators regarding what the field of health is, does, and why it matters to the health of Nevadans; explain why additional funding is needed and how it will affect their constituents	• **Develop 3-5 one-pagers that explain key public health issues and the importance of public health** • **Meet with legislators to provide information about the field of public health and public health services** • **Testify before legislative committees about what public health is/does, how it is important, and what the funding will do for the health of Nevadans during the 2025 Legislative Session**	**June 2025**	**3-5 one-pagers or other written materials to share with legislators** **Meetings/conversations with legislators regarding the importance/value of public health**
Resources: Partner coordination, written materials about public health, time to connect with legislators			

*Action plan has been updated or is new this year

PUBLIC HEALTH INFRASTRUCTURE

Priority: Public Health Infrastructure	**Focus Area:** Workforce Challenges		
Goal 2: Improve recruitment and retention of a diverse and inclusive governmental public health workforce			
SMART Objective 2.1: Improve ongoing data collection to identify strengths and needs of the public health workforce statewide by conducting annual workforce development assessments			
Priority Population(s): CHWs, healthcare providers, public health institutions and facilities			
Lead Agency: High Sierra AHEC **Contact (name/email):** Ricardo Rubalcaba- Paredes, NVCC Program Coordinator Ricardo@highsierraahec.org Sabrina Elvrum, Community Health Worker Coordinator Sabrina@highsierraahec.org Sarah Daniel, Program Director Sarah@highsierraahec.org Andrea Gregg, CEO Andrea@highsierraahec.org	**Supporting Partners:** DHHS, School of Public Health		
Strategies	**Action Steps and Responsible Parties (optional)**	**Timeline**	**Target Results**
2.1.1 Provide a cultural humility lens to the assessments and data collection by serving as DEIA+ consultant for the coalition.	• AHEC / NVCC to be included within the statewide annual workforce development assessments	TBD	NVCC to create best practices documents for the hiring, promotional and retention strategy within a cultural humility/responsive framework.

*Action plan has been updated or is new this year

PUBLIC HEALTH INFRASTRUCTURE

Priority: Public Health Infrastructure	**Focus Area:** Workforce Challenges
Goal 2: Improve recruitment and retention of a diverse and inclusive governmental public health workforce	
SMART Objective 2.2: Improve access to free, high-quality public health training that meets identified needs of state and local public health professionals in Nevada to improve retention and career advancement through High Sierra AHEC aiming to forge a transformative talent acquisition partnership with the Department of Health and Human Services (DHHS), revolutionizing the pathway to employment for AHEC Ambassadors, Scholars, and School of Public Health (SPH) interns within the next two years. This visionary collaboration will seamlessly connect our dedicated learners with prestigious employment opportunities within DHHS and affiliated agencies. By integrating DHHS trainings into our Learning Management System (LMS), we aspire to empower our scholars with essential knowledge and skills, propelling them towards impactful careers in public health.	
Priority Population(s): CHWs, healthcare providers, public health institutions and facilities	
Lead Agency: High Sierra AHEC **Contact (name/email):** Ricardo Rubalcaba- Paredes, NVCC Program Coordinator Ricardo@highsierraahec.org Sabrina Elvrum, Community Health Worker Coordinator Sabrina@highsierraahec.org Sarah Daniel, Program Director Sarah@highsierraahec.org Andrea Gregg, CEO Andrea@highsierraahec.org	**Supporting Partners:** DHHS, School of Public Health

Strategies	Action Steps and Responsible Parties (optional)	Timeline	Target Results
2.2.1 HS AHEC would like to work with DHHS to develop a talent acquisition partnership, directly connecting AHEC Ambassadors and Scholars, representing the public health fields, to employment opportunities. This partnership could also include our SPH Interns. In addition, we could incorporate your trainings into our LMS for the Scholars as prerequisite coursework/preparation for hire (Goal 2, Objective 2.2).	• Arrange initial meetings with key stakeholders at DHHS to discuss the potential partnership, objectives, and mutual benefits	TBD	Option to expand partnership, offering a CCT training supporting DHHS needs

*Action plan has been updated or is new this year

PUBLIC HEALTH INFRASTRUCTURE

2.2.2 Provide Cultural Competency Training and/or develop new training to support public health professionals working within the state.	• Opportunity to review and provide input on best practices	FY 24-25	Direct hire to support high vacancy rates and complex HR systems and waiting periods

*Action plan has been updated or is new this year

PUBLIC HEALTH INFRASTRUCTURE

Priority: Public Health Infrastructure	**Focus Area:** Workforce Challenges		
Goal 2: Improve recruitment and retention of a diverse and inclusive governmental public health workforce			
SMART Objective 2.3: Elevate and support implementation of the Public Health Workforce Pipeline Development Plan created by the Nevada Health Care Workforce and Pipeline Development Workgroup to strengthen and diversify public health workforce pipelines; expand internships, fellowships, loan-repayment, and other career on-ramp programs; and improve hiring and promotion policies/procedures to ensure diversity and high-quality public health services by AHEC standing ready to support and collaborate with the Nevada Health Care Workforce and Pipeline Development Workgroup to implement key components of the Public Health Workforce Pipeline Development Plan.			
Priority Population(s): CHWs, healthcare providers, public health institutions and facilities			
Lead Agency: High Sierra AHEC **Contact (name/email):** Ricardo Rubalcaba- Paredes, NVCC Program Coordinator Ricardo@highsierraahec.org Sabrina Elvrum, Community Health Worker Coordinator Sabrina@highsierraahec.org Sarah Daniel, Program Director Sarah@highsierraahec.org Andrea Gregg, CEO Andrea@highsierraahec.org	**Supporting Partners:** DHHS, School of Public Health		
Strategies	**Action Steps and Responsible Parties (optional)**	**Timeline**	**Target Results**
2.3.1 AHEC to provide an active participant within the workgroup to support the plans	• Need to determine capacity and appoint the most appropriate team member	Ongoing support	Collaborative approach to facilitating, addressing and expanding plans

*Action plan has been updated or is new this year

PUBLIC HEALTH INFRASTRUCTURE

Priority: Public Health Infrastructure	**Focus Area:** Workforce Challenges		
Goal 2: Improve recruitment and retention of a diverse and inclusive governmental public health workforce			
SMART Objective 2.3: By November 30, 2026, strengthen and diversify public health workforce pipelines by providing ARPA funding to expand internships, fellowships, loan-repayment, and other career programs, by supporting the implementation of the Public Health Workforce Pipeline Development Plan created by the Nevada Health Care Workforce and Pipeline Development Workgroup.			
Priority Population(s): Diverse Public Health Professionals and Students			
Lead Agency: Public Health Infrastructure and Improvement (PHII) Section DPBH **Contact (name/email):** Dana Roscom droscom@health.nv.gov	**Supporting Partners:** High Sierra AHEC, Nevada Primary Care Association, University of Nevada, Reno (UNR), University of Nevada, Las Vegas (UNLV), Healthy Communities Coalition, Birth Collaborative LV, NyE Community Coalition		
Strategies	**Action Steps and Responsible Parties (optional)**	**Timeline**	**Target Results**
2.3.1 Draft and publish a Request for Applications (RFA) to find subaward recipients who can provide support to increasing the public health workforce.	• Draft RFA • Review internally • Send RFA to partners and potential partners • Hold "Pipeline Listening Session" to provide information on the different funding components	December 2023	Fully drafted and publicized RFP
2.3.2 Review applications and choose subaward recipients	• Assemble the review committee • Provide Q and A session to potential recipients • Review submitted applications • Award funding	February 2024	Review committee in place
2.3.3 Collaborate with the Nevada System of Higher Education (NSHE) to elevate the careers or education of local and state public health employees in epidemiology and biostatistician fields statewide	• Partner with UNLV and UNR to offer a 12-credit Epidemiology and Biostatistics Certificate. • Provide two cohorts offered to nine working professionals •	By November 30, 2026	Eighteen employees receiving certification
2.3.4 Partner with NSHE or non-profit agencies to increase the number of lactation support providers in Nevada	• Conduct recruitment efforts for lactation specific training programs and provide scholarships to members of rural and impacted urban communities • Offer scholarships to community members to sponsor either the International Board of	By November 30, 2026	Eighty-seven Scholarships offered

*Action plan has been updated or is new this year

	Lactation Consultants track or the Certified Lactation Counselor or Peer Support Counselors. • Provide mentorship to scholarship recipients and		
2.3.5 Partner with NSHE to increase the number of Community Health Workers (CHWs), mental health providers, Alcohol and Drug Counselor Interns, medical assistants, and doulas.	• Recruit CHW students to integrate into rural outreach clinics • Provide a clinical setting to meet the Nevada State Training requirements of closely supervised experience in CHW competency areas • Integrate CHW trainees into medical student outreach clinics, rural and underserved environments and primary care clinics • Provide scholarships to bilingual certified doulas and CHWs • Create a new scholarship program for students entering master's level mental health training programs. • Provide funding to Alcohol and Drug Counselor program to provide supervision of interns •	June 30, 2024-ongoiing By November 30, 2026	Sixteen to thirty-two CHWs trained Thirty Spanish bilingual Certified birth doulas Twelve Scholars Ninety interns
2.3.6 Increase the number of student participants in the AHEC Ambassadors and Scholars programs.	• Recruit students via promotion to student organizations and social media campaigns • Provide scholarships to eligible students	June 30, 2024 – November 30, 2026	Sixty-seven students provided with scholarships
2.3.7 Upskill the current public health workforce by offering the opportunity to pursue various levels of formal academic public health training	• Recruit currently employed public health staff with various degrees of formal public health education to provide scholarships in public health. •	June 30, 204 – November 30, 2026	Two-hundred and eleven total scholarship recipients
Resources: Utilize monthly check-in meetings to observe receive updates			

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PUBLIC HEALTH INFRASTRUCTURE

Priority: Public Health Infrastructure	**Focus Area:** Workforce Challenges		
Goal 2: Improve recruitment and retention of a diverse and inclusive governmental public health workforce			
SMART Objective 2.4: Advance health equity by assessing organizational culture within state and local public health authorities and making organizational changes to improve cultural awareness/competence, create an inclusive workplace, and improve staff retention and the quality of services			
Priority Population(s): CHWs, healthcare providers, public health institutions and facilities			
Lead Agency: High Sierra AHEC **Contact (name/email):** Ricardo Rubalcaba- Paredes, NVCC Program Coordinator Ricardo@highsierraahec.org Sabrina Elvrum, Community Health Worker Coordinator Sabrina@highsierraahec.org Sarah Daniel, Program Director Sarah@highsierraahec.org Andrea Gregg, CEO Andrea@highsierraahec.org	**Supporting Partners:** DHHS, School of Public Health		
Strategies	**Action Steps and Responsible Parties (optional)**	**Timeline**	**Target Results**
2.4.1 Work with NVCC to provide assessment and evaluate the hiring, promotion, and retention strategies for public health facilities and programs using a cultural humility framework **This is a newly identified direction for NVCC strategic plans	• Research and existing best practices in hiring, promotion, and retention in public health. Identify and work with practitioners with expertise in subject matters related to health equity and HR		Create best practices documents for the hiring, promotional and retention strategy with a cultural humility/responsive framework

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PUBLIC HEALTH INFRASTRUCTURE

*Priority: Public Health Infrastructure	Focus Area: Workforce Challenges		
Goal 2: Improve recruitment and retention of a diverse and inclusive governmental public health workforce			
SMART Objective 2.5: Establish new, reestablish, or enhance implementation of existing academic health departments between academic institutions, state and local health authorities, and technical training programs (WPHTC?) to build a cross-disciplinary workforce and provide students with experiential opportunities in public health			
Priority Population(s):			
Lead Agency: SNHD **Contact (name/email):**	**Supporting Partners:**		
Strategies	**Action Steps and Responsible Parties (optional)**	**Timeline**	**Target Results**
2.5.1-Establish new and/or reestablish AHD agreements with Nevada public and private universities to create more opportunities for applied public health student experiences.	• Reestablish AHD agreement with UNLV, Roseman University of Health Sciences, and Touro University Nevada. • Establish AHD agreement with UNR and NSU, if possible.	**- April 2025**	• **On track to finalize agreements with UNLV, Roseman, and Touro by April 2025**
2.5.2-Increase the number of applied public health practice experiences for students in other disciplines outside of medicine, nursing, and public health.	• SNHD will increase cross-disciplinary internships to at least 6 opportunities an academic year.	June 2025	• **1 Human Services in Spring 2024 and 1 in Fall 2025, possible architecture student.**
2.5.3-Increase the number of students in applied public health practice experiences in behavioral health and oral health	• UNLV School of Dental Medicine public health fellow will complete public health rotation at SNHD. Provide at least one intern opportunity in the new SNHD behavioral health clinic.	December 2025	• Completion of Dental Medicine Public Health rotation **by**

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PUBLIC HEALTH INFRASTRUCTURE

			December 2025 • Completion of behavioral health rotation in **Spring or Fall 2025**
2.5.4	• SNHD AHD Joint Advisory will meet at least once. • SNHD AHD Joint Advisory will complete strategic plan.	December 2025	• AHD JAC will meet and finalize the strategic plan. **Meeting will be planned for second quarter 2025 as soon as agreements are signed.**
Indicator (if applicable): •			
Resources:			

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PUBLIC HEALTH INFRASTRUCTURE

*Priority: Public Health Infrastructure	Focus Area: Workforce Challenges		
Goal 2: Improve recruitment and retention of a diverse and inclusive governmental public health workforce			
SMART Objective 2.5: Establish and begin implementing an academic health department (AHD) between the state's Department of Health and Human Services (DHHS) and the University of Nevada, Reno (UNR) during FY 23-24			
Priority Population(s):			
Lead Agency: UNR School of Public Health **Contact (name/email):** Megan Comlossy mcomlossy@unr.edu	**Supporting Partners:** Schools/colleges at UNR and all divisions of DHHS		
Strategies	**Action Steps and Responsible Parties (optional)**	**Timeline**	**Target Results**
2.5.1 – Convene the Joint Advisory Committee at least three times by the end of July 2025	• **Convene JAC, develop agenda, provide meeting notes**	**July 2025**	**Three JAC meetings**
2.5.2 – Establish four AHD subcommittees – one each on policy and advocacy, research and data access, faculty-staff partnerships, and workforce pipeline – to develop recommendations to improve collaboration on the specific topic for the JAC to consider	• **Solicit appointments to each subcommittee from DHHS and UNR** • **Convene subcommittees for the first time** • **Reconvene subcommittees to continue conversations/develop recommendations for the JAC**	**September 2024** **November 2024** **July 2025**	**Four subcommittees and a list of recommendations from each**
2.5.3 – Develop a data use agreement (DUA) between DHHS and UNR regarding access to DHHS data.	• **Pilot an initial DUA for one data set** • **Improve the process; build out to include other data sets** • **Work with the DHHS Office of Analytics to streamline project-specific DUAs and develop a process that makes requesting a DUA easier/faster**	**July 2024**	**Pilot data sharing project for one dataset** **Streamlined form on UNR Libraries' webpage for UNR faculty to request DHHS data**
2.5.4 – Enhance connections and collaboration between UNR faculty/staff and DHHS staff to build workforce pipeline and other opportunities	• **Facilitate at least 4 connections between DHHS and UNR to build relationships, collaboration, and workforce pipelines**	**July 2025**	**4 connections**

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PUBLIC HEALTH INFRASTRUCTURE

Priority: Public Health Infrastructure	**Focus Area:** Data and Information Technology Modernization		
Goal 3: Strengthen the collection of timely and actionable public health data to improve efficiency, operations, and services; enhance interoperability; guide programs; respond to emergencies; and address health inequities			
SMART Objective 3.1: Modernize the foundation and invest in efficient, interoperable data collection and IT systems to improve and enhance the collection, analysis, accuracy, and timeliness of public health data statewide to address health inequities in communities. Manage change, governance and compliance to ensure the strategic goals are met.			
Priority Population(s):			
Lead Agency: DPBH **Contact (name/email):** Huy Trinh h.trinh@health.nv.gov	**Supporting Partners:** Nevada state, local, territorial health departments and tribal/ Indian organizations		
Strategies	**Action Steps and Responsible Parties (optional)**	**Timeline**	**Target Results**
3.1.1 Support Foundational Capabilities	• Implement new or replacement information systems. • Enhance existing information systems with new or improved features and functionalities. • Adopt interoperability standards between information systems. • Plan and implement modern infrastructure to consolidate core data streams • Develop data governance and oversight. • Strengthen compliance and security posture.		
3.1.2 Core Data Modernization Initiatives	• Assess and report the current capacity, gaps and opportunities. • Assess current data systems and applications to identify baseline level of data security • Prioritize systems needing enhanced data security. • Upskill current technical staff to support data modernization initiatives.		
3.1.3 Data Modernization Acceleration	• Recruitment of a data modernization director • Develop a DMI advisory committee • Modernize and develop a cloud-based data-warehouse solution to support enterprise data and analytics needs.		
Resources:			

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PUBLIC HEALTH INFRASTRUCTURE

*Priority: Public Health Infrastructure	Focus Area: Quality, Governance, and Community Engagement		
Goal 4: Improve and strengthen governance and quality of Nevada's public health system—ensuring a minimum set of public health services for all—and improve partnerships and community engagement to communicate the value and availability of these services in all Nevada communities			
SMART Objective 4.1: Assess expertise, capacity, and level of implementation of Foundational Public Health Services across 15 counties in Nevada (rural, frontier, and suburban counties); provide complete datasets to counties and stakeholders to utilize in public health infrastructure planning			
Priority Population(s): county governments and county government partners, including health departments and districts			
Lead Agency: Nevada Association of Counties **Contact (name/email): Amy Hyne-Sutherland ahynesutherland@nvnaco.org**	**Supporting Partners:** UNR Extension, Nevada Division of Public and Behavioral Health		
Strategies	**Action Steps and Responsible Parties (optional)**	**Timeline**	**Target Results**
4.1.1 Develop process and timeline to assess FPHS for rural and frontier counties in Nevada; Complete assessment	• Utilize modified FPHS tool and community survey + verification process to assess FPHS in Nevada's 15 suburban, rural, and frontier Counties; Amy Hyne-Sutherland, NACO	Spring 2023-Fall 2024	Completed FPHS Assessment
4.1.2 Communicate results of FPHS assessment	• Develop communication plan to share results with county governments and partners; Amy Hyne-Sutherland, NACO	**Jan-June 2025**	Completed Communications Plan
4.1.3 Develop and complete process to share results with DPBH and coordinate on plans to address gaps in access to DPBH statewide services; coordinate local efforts as requested to develop additional needed services	• Develop and complete process to share results with DPBH and coordinate on plans to address gaps in access to DPBH statewide services; Amy Hyne-Sutherland, NACO	**Nov 2024-June 2025**	DPBH knowledge of county-identified gaps; partnership to address gaps
Indicator (if applicable): • Completion of FPHS Assessment process, Summary Report, communication plan to share results, action plans to improve public health based on results			
Resources:			

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PUBLIC HEALTH INFRASTRUCTURE

*Priority: Public Health Infrastructure	Focus Area: Quality, Governance, and Community Engagement		
Goal 4: Improve and strengthen governance and quality of Nevada's public health system—ensuring a minimum set of public health services for all—and improve partnerships and community engagement to communicate the value and availability of these services in all Nevada communities			
SMART Objective 4.3: Continue progress toward enhancing public health services in the 11 rural counties that do not have health districts, including opportunities to regionalize, create efficiencies, and/or share resources			
Priority Population(s): County governments, State Public Health Infrastructure			
Lead Agency: Nevada Association of Counties **Contact (name/email): Amy Hyne-Sutherland, ahynesutherland@nvnaco.org**	**Supporting Partners:** UNR Extension		
Strategies	**Action Steps and Responsible Parties (optional)**	**Timeline**	**Target Results**
4.3.1 Provide Technical Assistance to county governments seeking to improve public health services	• Utilizing FPHS results and other resources, NACO will provide technical assistance to counties to improve services and create efficiencies, including coordinating communications to state teams to improve state-delivered services and county-by-county coordination to share services and expertise	Ongoing	Counties supported to improve public health services in partnership with state and local health authorities.
4.3.2 Develop local Boards of Health	• NACO Board of Health Workshop for Counties • **NACO will support CHOs with Board of Health development,** sharing **resources from the Summer 2024 Local Public Health Governance Workshop and continuing to coordinate presentations and data for local BOH meetings.**	Summer 2024 **Ongoing**	County governments supported to have effective Board of Health governance structure.
Indicator (if applicable): •			
Resources:			

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