

Sponsoring Member(s)	Recommendation	AB374 Section 10 requirements	Cross-cutting elements (B,C,H,Q)	Special Populations (Please cut and paste from the list below, include all that apply)	Justification	Research/Links	Action Step (e.g., BDR request, expend. of settlement funds, DHHS Policy, etc.)	Short Term or Long Term?	Fiscal Note? If yes, approximate amount.	Member Comments and Feedback	Urgency	Impact
EXAMPLE	Require K-12 prevention programming with evidence-based model	A. Reduce substance use	B, Q									
Presentation at February Interim Health - Dr. Stephanie Woodard	Expand access to MAT and recovery supports for OUD, limit barriers to individuals seeking treatment regardless of the ability to pay, encourage the use of hub and spoke systems, as well as recovery support	A. Reduce substance use	B	Other populations disproportionately impacted by substance use disorders.								
Presentation at February Interim Health - Dr. Stephanie Woodard	Establish a bridge MAT program in emergency departments	A. Reduce substance use	B,C									
Presentation at February Interim Health - Dr. Stephanie Woodard	Encourage waived prescribers to prescribe by providing incentives	G. Make recommendations to entities to ensure that controlled substances are appropriately prescribed	B									
Presentation at February Interim Health - Dr. Stephanie Woodard	Promote telehealth for MAT, considering the modifications that have been made under the emergency policies	A. Reduce substance use	C									
Presentation at February Interim Health - Dr. Stephanie Woodard	Encourage greater implementation of syringe services Naloxone Fentanyl testing strips Safer sex supplies Utilization/Distribution of public health vending machines Overdose prevention sites	J. Study the efficacy and expand the implementation of programs to educate and reduce harm associated with substance use.	B, C									
Presentation at February Interim Health - Dr. Stephanie Woodard	Encourage greater implementation of Screening, Brief Intervention, and Referral to Treatment (SBIRT) across primary care settings	A. Reduce substance use	B									
Presentation at February Interim Health - Dr. Stephanie Woodard	Ensure the use of housing first initiatives	A. Reduce substance use	B	g. Other populations disproportionately impacted by substance use disorders. g. Other populations disproportionately impacted by substance use disorders.								
Presentation at February Interim Health - Dr. Stephanie Woodard	Engage people who use drugs as subject matter experts	J. Study the efficacy and expand the implementation of programs to educate and reduce harm associated with substance use.	H	a. Veterans, elderly persons and youth								
Presentation at March Interim Health - Elyse Monroy and amie Ross	Funding for early intervention for SUD and substance specific funding	J. Study the efficacy and expand the implementation of programs to educate and reduce harm associated with substance use.	Q									
Presentation at March Interim Health - Mark Disselkoben, CASAT	Provide educational opportunities to increase competency of clinicians providing adolescent care	J. Study the efficacy and expand the implementation of programs to educate and reduce harm associated with substance use.	C	a. Veterans, elderly persons and youth a. Veterans, elderly persons and youth								
Presentation at March Interim Health - Catherine Lowden	Enable educators to build capacity to address psychological first aid for students	J. Study the efficacy and expand the implementation of programs to educate and reduce harm associated with substance use.	B	a. Veterans, elderly persons and youth								
Presentation at March Interim Health - Catherine Lowden	Co-locate integrated supports with mental health and SUD professionals working side by side in schools	J. Study the efficacy and expand the implementation of programs to educate and reduce harm associated with substance use.	B	a. Veterans, elderly persons and youth								
Presentation at March Interim Health - Dr. Megan Freeman, DCFS	Invest in a multi-disciplinary, cross Department School Based Behavioral Health team.	J. Study the efficacy and expand the implementation of programs to educate and reduce harm associated with substance use.	B				DHHS Policy					
Presentation at March Interim Health - Dr. Megan Freeman, DCFS	Expand Medicaid billing opportunities and allow blended and braided funding to facilitate services for system involved and at-risk youth	J. Study the efficacy and expand the implementation of programs to educate and reduce harm associated with substance use.	Q	a. Veterans, elderly persons and youth f. Children who are involved with the child welfare system								
Erik Schoen	Continue to invest in standing-up CHWs and Peer Recovery Specialists throughout Nevada	A.Reduce substance use J. Study the efficacy and expand the implementation of programs to: Educate youth and families about the effects of substance use and substance use disorders	B, Q	All – Rural, Youth, Families, Those at risk, Those already using, Those seeking treatment	Efficient, Effective, Cost Savings, Quick to Stand Up Eager Workforce		Unsure -- expenditure of settlement funds through grant dollars; change in Medicaid reimbursement to allow for reimbursement of CHWs affiliated with BH/SUD agencies	Both	Depends on scope -- in long term, should save monies from utilization of higher cost more intensive clinical services.		3-Urgent	3-High Impact
Erik Schoen	Co-certification of CHWs and PRSs	G.Recommendations to Boards	B, Q	All – Rural, Youth, Families, Those at risk, Those already using, Those seeking treatment	Efficient, Effective, Cost Savings, Quick to Stand Up Eager Workforce -- Also, could help to get those with lived experience on the front lines		Help the certification boards to make	Long	Don't think so.		3-Urgent	3-High Impact

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Erik Schoen	<p>Support secondary prevention (also termed intervention) through the below strategies:</p> <p>a. Early screening for substance misuse, mental health and suicide in schools and community based agencies (ie. Signs of Suicide, Climate Survey, Worry Survey, SBIRT).</p> <p>b. Motivational interviewing to enhance readiness for change, brief interventions to reduce risky or problematic substance use.</p> <p>c. Drug testing in schools.</p> <p>d. Expansion of Project Aware (evidence-based mode) statewide.</p> <p>e. Evidence-based intervention programming - ie. offer SEL curriculums in schools where students receive credit and intervention programs for youth before they enter the Juvenile Justice system.</p>	<p>A. Leverage and expand efforts by state and local governmental entities to reduce the use of substances which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants, and identify ways to enhance those efforts through coordination and collaboration.</p> <p>B. Assess evidence-based strategies for preventing substance use and intervening to stop substance use, including, without limitation, the use of heroin, other synthetic and non-synthetic opioids and stimulants. Such strategies must include, without limitation, strategies to: a. Help persons at risk of a substance use disorder avoid developing a substance use disorder; b. Discover potentially problematic substance use in a person and intervene before the person develops a substance use disorder.</p> <p>J. Study the efficacy and expand the implementation of programs to: Educate youth and families about the effects of substance use and substance use disorders.</p>	B, H, Q	<p>a. Veterans, elderly persons and youth;</p> <p>d. Lesbian, gay, bisexual, transgender and questioning persons;</p> <p>f. Children who are involved with the child welfare system, and</p> <p>g. Other populations disproportionately impacted by substance use disorders.</p>	<p>Current funding primarily supports "primary" prevention. The issues facing communities right now where resources are needed are considered "secondary prevention" or "intervention." Secondary prevention aims to reduce the impact of substance misuse that has already occurred. This is done by identifying risk factors and early warning signs through screening and early interventions to halt or slow the progress. The secondary prevention programs target those individuals who have already started using substances. Secondary prevention aims at controlling the degree of damage to the individual by preventing substance use from becoming a problem.</p>	<p>EB Programs</p> <p>https://socialwork.buffalo.edu/continuing-education/training-registration/EBP-mental-health/evidence-based-practices/ebp-interventions.html</p> <p>Project Aware</p> <p>https://socialwork.buffalo.edu/continuing-education/training-registration/EBP-mental-health/evidence-based-practices/ebp-interventions.html</p> <p>Motivational Interviewing</p> <p>https://www.ojp.gov/ncjrs/virtual-library/abstracts/motivational-interviewing-intervention-tool-child-welfare-cases#:~:text=Specific%20intervention%20techniques%20can%20facilitate%20clients%27%20movement%20through,develop%20internally%20motivated%20desires%20for%20change%20in%20clients</p>	<p>Expenditure from settlement funds</p> <p>Legislation added to prevention state general funds to increase \$\$ for secondary prevention/ intervention</p>	<p>Short Term: To address immediate secondary prevention needs through screening and interventions</p> <p>Long Term: To fill a gap in Nevada of no funding available to support intervention strategies long term</p>	<p>1.8 million to replace current funding federal funding source that will be expire in 2023 (state did not reapply for these funds).</p> <p>Currently the state provides somewhere around 2 million per year for prevention. Match this amount for intervention.</p> <p>\$6,000 - \$10,000 per year per high school for drug testing (includes followup program required by NV Interscholastic Activities Association)</p> <p>\$900,000 per school district per year for Project Aware in districts where it is not yet incorporated.</p>			
Erik Schoen	<p>Address workforce development for youth/young adults through scholarships, work study opportunities and training.</p> <p>Increase options for supervision of internships by supporting clinical supervisors such as LCSW.</p>	<p>E. Evaluate ways to improve and expand evidence-based or evidence-informed programs, procedures, and strategies to treat and support recovery from opioid use disorder and any co-occurring substance use disorder, including, without limitation, among members of special populations.</p> <p>J. Study the efficacy and expand the implementation of programs to: Educate youth and families about the effects of substance use and substance use disorders</p>	C, Q	<p>a. Veterans, elderly persons and youth;</p> <p>d. Lesbian, gay, bisexual, transgender and questioning persons;</p> <p>f. Children who are involved with the child welfare system, and</p> <p>g. Other populations disproportionately impacted by substance use disorders.</p>	<p>Workforce development has been a topic of discussion for years in the state. The below recommendations are doable and attainable now, with proper funding and support:</p> <p>a. Stipends for retired LCSW to supervise interns</p> <p>b. Support remote internships</p> <p>c. Scholarships</p> <p>d. Support AHEC's pipeline model in high schools</p> <p>e. Fund certifications in various fields</p> <p>f. Build youth into the prevention workforce through Prevention 101 and other trainings.</p> <p>g. Scholarships to engage youth and others into the prevention and social work fields.</p> <p>h. Loan forgiveness for serving in high need/underserved areas.</p>		<p>Policy change to create these systems</p>	<p>Short term - to build workforce opportunities leveraging partners who provide workforce pipeline programs.</p> <p>Long term - strong on-going workforce for Nevada</p>	<p>Ongoing funding to support the system that is created. Approximately \$750,000 per year.</p>			

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Erik Schoen Erik Schoen	Adverse Childhood Experiences are recognized by the CDC and throughout prevention as a fundamental risk factor for substance misuse, abuse, and overdose in our communities. Funding to address ACES mitigation in statewide efforts will include SEL, Safe Dating/Violence Prevention, Early Childhood Development, Parenting Programs, Trauma informed care, and Mentorship programs for children, youth, and young adults. ACES mitigation efforts involve systemic change in our communities. One evidence based solution is to provide supports for parents in our state. ACES mitigation will be integrated through the broader community through employer education, workplace SUD recovery support, and supportive measures for parents in the workplace.	Q. Recommend evidence-based funding across geographic and socio-economic sectors A. Leverage and expand efforts by state and local governmental entities to reduce the use of substances which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants, and identify ways to enhance those efforts through coordination and collaboration. C. Assess and evaluate existing pathways to treatment and recovery for persons with substance use disorders, including, without limitation, such persons who are members of special populations. Special populations includes, without limitation; b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems; D. Work to understand how residents of the State of Nevada who are involved in the criminal justice system access supports for treatment of and recovery from substance use disorders at various points, including without limitation, by reviewing existing diversion, deflection and reentry programs for such persons.	B, H, Q B, C, H, Q	a. Veterans, elderly persons and youth; b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems; c. Pregnant women and the parents of dependent children; d. Lesbian, gay, bisexual, transgender and questioning persons; e. People who inject drugs; (as revised) f. Children who are involved with the child welfare system, and g. Other populations disproportionately impacted by substance use disorders.	The CDC has recognized ACES as a major risk factor for Substance Use Disorder. ACES mitigation is upheld as a standard model for the prevention of substance misuse across the nation. This model is proven to mitigate the affect of ACES and has been brought up by leaders in DHHS within our state. UNR has just completed its first ACES special report drawn from the Nevada YRBS data. This is the only data available thus far in the state specific to youth, though there have been additional efforts to collect this data in childbearing people (PRAMS data). There is an important gap that must be recognized and dealt with proactively. In order to create change, we must look at ACs factors across the continuum of care and create meaningful systems as supports for the whole community. We must continue to go upstream and examine ACES which are at the very root of Substance Use Disorders. Funding to prevent ACES will allow us to address the issues facing us at the very beginning of the continuum of care. It will save lives, it will improve the quality of the communities in which we work and play, and it will transform the lives of all Nevadans. FASTT and MOST teams are designed to bridge the gaps to mental health and other supports, and aid in the reduction of recidivism. Using EBP models, the interventions include collaboration and integration of community supports such as mental health providers, community health workers and case management, law enforcement and families. This integration of supports is designed to reduce the number of crisis calls, increase wrap around care by securing connections to needed resources both in the jail and in the community. Training of officers in mental health awareness, CIT as well as EBP curriculum for inmates around changing offender behavior, financial literacy, peer motivation among others.	https://www.cdc.gov/violenceprevention/pdf/preventingACES.pdf https://scholarworks.unr.edu/handle/11714/7537 https://www.ncsl.org/research/health/adverse-childhood-experiences-aces.aspx https://pubmed.ncbi.nlm.nih.gov/31989435/ http://www.lbr.tcu.edu/pubs/trm anual/GettingMotivated.html http://nicic.gov/Library/024041 http://nicic.gov/Library/0231832 https://www.healthaffairs.org/doi/10.1377/hlthaff.2019.00981 https://ajph.aphapublications.org/doi/10.2105/AJPH.2015.302987	Expenditure from settlement funds. 32 Teams Clark - 12 , Washoe - 5 Carson - 2, Douglas -1.5 Nye- 2, Lyon -1.5 Churchill -1, Lovelock -1 Elko- 1, Eureka -1 White Pine -1, Lincoln -1 Mineral -1, Pershing -1 Lander -1 Expenditures from Settlement Funds	Short Term: Collection and Evaluation of Community Level Data to inform programming needs. Community Education programs on ACES. Convening stakeholders (Law Enforcement, Primary Care, Pediatricians, Early Childhood Care, Counselors, School Districts, etc.) to establish common goals Long Term: Ongoing Programming, Training, and continuous work on ACES mitigation using the SPF Model applied to ACES strategies. Long term	Data Collection: Needs Assessment-Local Level \$20-25,000 for rural frontier areas \$75,000 for the two larger urban areas Long Term: Exact Unknown- Anticipated Minimum of 3 million across the state to fund each community's efforts to convene necessary stakeholders and together develop a comprehensive ACES approach in their community. Multi-year funding will be necessary to provide for data collection, the implementation of EB practices, the convening of stakeholders, and the implementation of community level evaluation. CIT Training OT officers \$3,000 x 20 officers x 32 teams = \$1,920,000 Vehicles - \$12,000 x 16 communities = \$192,000 Transportation - \$10,000 x 16 communities = \$160,000 Supplies - 32 teams x \$10,000 = \$320,000 Trainings - 16 communities x \$5,000 = \$80,000 CHW - 2 x 32 teams = \$3,238,400 Case Manager - 2 x 32 teams = \$4,266,240 LCSW - 32 teams = \$3,833,600 Officer - 32 teams = \$2,720,000 MHSUD Counselor - 32			

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	<p>Support training of key stakeholders statewide in the Collective Impact approach to affecting community change. This will establish an operating standard for community engagement and systems changes in Nevada's communities. DPBH leadership has indicated this is the approach /model they are now supporting.</p> <p>Training should be statewide, cross sector, and cross discipline so all are on same page. Training should be state level down to coalition/community level (multi-layered)</p>	<p>A. Leverage and expand efforts by state and local governmental entities to reduce the use of substances which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants, and identify ways to enhance those efforts through coordination and collaboration.</p> <p>H. Examine qualitative and quantitative data to understand the risk factors that contribute to substance use and the rates of substance use and substance use disorders, focusing on special populations.</p> <p>P. Evaluate the effects of substance use disorders on the economy of the State of Nevada.</p>		<p>a. Veterans, elderly persons and youth; b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems; c. Pregnant women and the parents of dependent children; d. Lesbian, gay, bisexual, transgender and questioning persons; f. Children who are involved with the child welfare system, and g. Other populations disproportionately impacted by substance use disorders.</p>	<p>Nevada has many "models" that followed to address a variety of issues (substance misuse, mental health, public health issues, etc.). The Collective Impact model reaches across behavioral health to affect lasting change. Systems in Nevada come and go as funding dictates, and this disrupts efforts to improve outcomes.</p> <p>Collective impact is a network of community members, organizations, and institutions who advance equity by learning together, aligning, and integrating their actions to achieve population and systems-level change.</p> <p>Collective impact describes an intentional way of working together and sharing information for the purpose of solving a complex problem.</p> <p>Most importantly, Collective Impact efforts center equity in the approach.</p> <p>Implement/sustain this approach through community coalitions as laid out in SB69, Youth organizations and school staff are inundated with requirements and should not be expected to implement prevention strategies without the assistance of a prevention professional.</p> <p>Certified Prevention Specialists (CPS) are credentialled through the IC&RC. This credential requires professionals to demonstrate competency through experience, education, supervision, and the passing of a rigorous exam.</p> <p>CPS will be placed in school districts and youth organizations via SAPTA Certified Prevention Coalitions, youth organizations, or school districts to provide a variety of services, including, but not limited to: evidence based substance use prevention programming, data collection, SBIRT screenings, and other needs in continuum of prevention framework that is best for each organization and school.</p> <p>CPS can also work with school Multi-Tiered Support System (MTSS) teams and advise them on policy and the infrastructure of systems that address youth behavioral health and substance use priorities. CPS will identify and help implement best practices in their reaching target populations.</p>	<p>https://ssir.org/articles/entry/collective_impact</p> <p>https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8352445/</p> <p>https://collectiveimpactforum.org/what-is-collective-impact/</p> <p>https://ssir.org/articles/entry/centering_equality_in_collective_impact?utm_source=newsletter&utm_medium=email&utm_content=Centering%20Equity%20in%20Collective%20Impact&utm_campaign=CF20220215SSIRLearningAgenda#</p> <p>https://www.cadca.org/prevention-works</p> <p>https://www.cadca.org/sites/default/files/coalitionhandbook102013.pdf</p> <p>https://ptcnetwork.org/sites/default/files/2022-04/2022.04.18%20PTTC_PreventionScience_Final.pdf</p> <p>https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf</p> <p>https://journals.sagepub.com/doi/abs/10.1177/109019819602300105</p> <p>https://www.positiveaction.net/research-outcomes#substance-use</p> <p>https://www.lifeskillstraining.com/eval-study/</p> <p>https://www.internationalcredentialing.org/creds/ps</p>	<p>Expenditure from settlement funds. Could become policy as tied to prevention programming across the state (procedural)</p> <p>Expenditure from settlement funds for primary and secondary prevention programming and efforts</p> <p>Establishment of partnership with Prevention Coalitions and NV Department Education 21st Century Grant</p>	<p>Short term - Trainings could start within the first year</p> <p>Long term - System changes take time so this will be a long-term goal</p> <p>Short term- Certify prevention staff working towards CPS credentialing.</p> <p>Long term - In order for CPS programming and services to be effective, the positions cannot exist within limited grant funding alone, and needs to be sustained long-term through consistent funding.</p>	<p>\$300,000 - train a minimum of 7-10 key stakeholders in each coalition area in the Collective Impact model (inclusive of state and county level governments)</p> <p>\$2,000 (inclusive) per participant x 150 = \$300,000</p> <p>\$ 3,744,000:</p> <p>100 CPS employees throughout Nevada (\$18/80hours/week: \$37,440/year)</p>			
<p>Erik Schoen Erik Schoen</p>	<p>Provide Certified Prevention Specialists in Nevada schools, before and after school programs, and other youth serving organizations to provide appropriate prevention education and programming.</p>	<p>A. Leverage and expand efforts by state and local governmental entities to reduce the use of substances which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants, and identify ways to enhance those efforts through coordination and collaboration.</p> <p>B. Assess evidence-based strategies for preventing substance use and intervening to stop substance use, including, without limitation, the use of heroin, other synthetic and non-synthetic opioids and stimulants. Such strategies must include, without limitation, strategies to: a. Help persons at risk of a substance use disorder avoid developing a substance use disorder; b. Discover potentially problematic substance use in a person and intervene before the person develops a substance use disorder.</p> <p>H. Examine qualitative and quantitative data to understand the risk factors that contribute to substance use and the rates of substance use and substance use disorders, focusing on special populations.</p> <p>J. Study the efficacy and expand the implementation of programs to: Educate youth and families about the effects of substance use and substance use disorders.</p>	<p>B, H, Q</p>	<p>a. Veterans, elderly persons and youth; d. Lesbian, gay, bisexual, transgender and questioning persons; f. Children who are involved with the child welfare system, and g. Other populations disproportionately impacted by substance use disorders.</p>								

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	To establish and expand a formal youth mentor program offered in every community in Nevada. Each community is given authority to determine the mentoring program(s) utilized in their communities. Examples include: Big Brothers Big Sisters	A. Leverage and expand efforts by state and local governmental entities to reduce the use of substances which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants, and identify ways to enhance those efforts through coordination and collaboration. J. Study the efficacy and expand the implementation of programs to: a. Educate youth and families about the effects of substance use and substance use disorders; and b. Reduce the harms associated with substance use and substance use disorders while referring persons with substance use disorders to evidence-based treatment.	B, H, Q	a. Veterans, elderly persons and youth; c. Pregnant women and the parents of dependent children; d. Lesbian, gay, bisexual, transgender and questioning persons; f. Children who are involved with the child welfare system, and g. Other populations disproportionately impacted by substance use disorders.	Mentoring is proven to reduce Adverse Childhood Experiences (ACEs) for youth. Only Washoe and Clark currently have formal mentoring programs, which are not sufficiently funded to serve all youth in need. In the remaining 15 counties, there is no formal mentoring program. One-to-one mentoring relationships support the critical social and emotional development needed to help build resilience and promote the mental health and well-being of children. Now more than ever, agencies across the country are stepping up to find innovative ways in serving our communities to keep kids connected. While many agencies statewide offer informal mentoring, a formalized process will ensure adherence to all utilizing best practices, ensuring the safety of both youth and adults in these programs.	National Mentoring Resource Center. A Program of OJJDP. https://www.bbbs.org/community-based/ https://ojjdp.ojp.gov/library/publications/focus-mentoring-youth https://youth.gov/youth-topics/mentoring	Expenditure from settlement funds.	Long term - in order for mentoring to be effective, it can not live off grant funding alone, and needs to be sustained long-term through consistent funding.	Total \$2,700,000 annually plus startup cost of \$10,000 for each coalition area. According to Big Brothers, Big Sisters - the cost per child is approx \$2,000 and the belief is that this program should reach 50 youth per rural coalition, plus 1,000 for Clark and Washoe combined.			
Erik Schoen Erik Schoen	Contract a company that specializes in data collection, evaluation, analysis, and assessment, and provide consultation to entities across Nevada to help improve internal local data collection systems and create a comprehensive statewide data sharing system that includes all State dashboards and public data.	A. Leverage and expand efforts by state and local governmental entities to reduce the use of substances which are associated with substance use disorders, including, without limitation, heroin, other synthetic and non-synthetic opioids and stimulants, and identify ways to enhance those efforts through coordination and collaboration. B. Assess evidence-based strategies for preventing substance use and intervening to stop substance use, including, without limitation, the use of heroin, other synthetic and non-synthetic opioids and stimulants. Such strategies must include, without limitation, strategies to: a. Help persons at risk of a substance use disorder avoid developing a substance use disorder; b. Discover potentially problematic substance use in a person and intervene before the person develops a substance use disorder; c. Treat the medical consequences of a substance use disorder in a person and facilitate the treatment of the substance use disorder to minimize further harm; and; d. Reduce the harm caused by substance use, including, without limitation, by preventing overdoses. C. Assess and evaluate existing pathways to treatment and recovery for persons with substance use disorders, including, without limitation, such persons who are members of special populations. Special populations includes, without limitation; a. Veterans, elderly persons and youth; b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems; c. Pregnant women and the parents of dependent children; d. Lesbian, gay, bisexual, transgender and questioning persons;	B, C, H, Q	a. Veterans, elderly persons and youth; b. Persons who are incarcerated, persons who have committed nonviolent crimes primarily driven by a substance use disorder and other persons involved in the criminal justice or juvenile systems; c. Pregnant women and the parents of dependent children; d. Lesbian, gay, bisexual, transgender and questioning persons; e. People who inject drugs; (as revised) f. Children who are involved with the child welfare system, and g. Other populations disproportionately impacted by substance use disorders.	All grant funding requires local level data to be deemed valid and fundable, often times there are gaps in specific data and national data is used. On a local level, many county agencies and organizations lack the capacity to build and maintain comprehensive data collection systems including entities like law enforcement, EMS, hospitals, social services, coalitions, harm reduction agencies, and other essential agencies. On a state level, many data collection systems and dashboards exist that are not accessible to all entities and sectors. This makes it difficult to review the extensive level of data and analysis needed to appropriately assess current substance use, overdose, treatment and recovery trends in each county. Current data systems that are standardized way. It would benefit Nevada to contract a company that specializes in data collection, evaluation, analysis, and assessment, and provide consultation to entities across Nevada to help build or improve internal data collection systems. The company would also create a comprehensive data sharing system that includes all State dashboards and public data, and is accessible to all entities. This will allow for a standardized data analysis system that will aid in identifying the causes of risk and harm in communities and ensure existing data is not duplicated. Each agency will be trained on how to maintain and utilize these systems. Doing so will create a sustainable hub to help inform public health	https://ori.hhs.gov/education/products/n_illinois_u/datamanagement/dtopic.html https://www.americanprogress.org/article/measure-matters-connecting-dots-among-comprehensive-data-collection-civil-rights-enforcement-equality/ https://www.ahrq.gov/research/findings/final-reports/omracereport/reldata5.html https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4515757/	Expenditure from settlement funds	Short Term- Create local data collection and statewide sharing systems Long Term- Data systems maintenance and TA	\$200,000 to contract company to create systems and provide TA			