

DEPARTMENT OF HEALTH AND HUMAN SERVICES Division of Public and Behavioral Health

Helping people. It's who we are and what we do.



Liquor Tax (3255/14)

The Division of Public and Behavioral Health (DPBH), Substance Abuse Prevention and Treatment Agency (SAPTA) oversees programming relating to prevention and treatment for substance use disorders. This Agency receives various federal grants to support this work. There are a few general fund accounts that support the Agency and its initiatives.

The *Alcohol Tax Program,* commonly referred to as *Liquor Tax,* is a general fund account that transfers money collected from tax on certain liquor to the *Tax on Liquor Program Account,* managed by SAPTA. Each month, the State Controller transfers the tax on liquor containing more than 22 percent of alcohol by volume, the portion of the tax which exceeds \$3.45 per wine gallon (NRS369.174). Per NRS 458.097, the *Alcohol Tax Program* must be used to increase services for the prevention of alcohol or other substance use disorders and for the detoxification and rehabilitation of persons with an alcohol or other substance use disorder. The Agency shall give priority to:

- 1. Shortage of services area for the treatment of alcohol use disorders. This need should be based on data available from state and local agencies, data contained in the comprehensive state plan for programs for alcohol or other substance use disorders, and other appropriate data.
- 2. The needs of counties to provide:
 - a. Civil protective custody, pursuant to <u>NRS 458.270</u>, for persons who are found in public places while under the influence of alcohol.
 - b. Secure detoxification units or other appropriate facilities for persons who are arrested or taken into custody while under the influence of a controlled substance.
 - c. Programs for alcohol or other substance use disorders that are primarily directed toward the prevention of such disorders.

Historically, these dollars have supported the Forensic Assessment Services Triage Teams (FASTT) and Mobile Outreach Safety Teams (MOST), providing interventions in various counties to persons in the community and to those that are incarcerated.

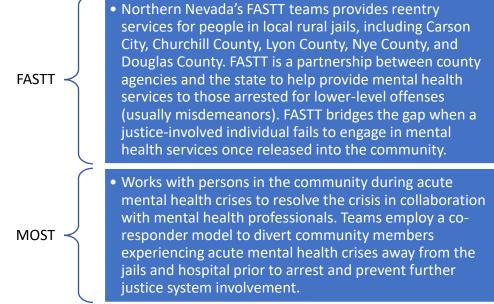


Table 7: Number of FASTT Clients with Self-Reported Drug Use

Self-Reported Drug Use	Carson	Churchill	Lyon	Nye
Cocaine	16	4	2	0
Alcohol	50	24	0	8
Heroin	26	16	31	8
Meth	58	56	147	14
Rx Abuse	15	4	0	0
Synthetic (including opioid)	5	0	0	0
THC	48	26	0	16
Other	8	0	10	0
Receiving Treatment (Enrollment Screen)	4	6	29	2

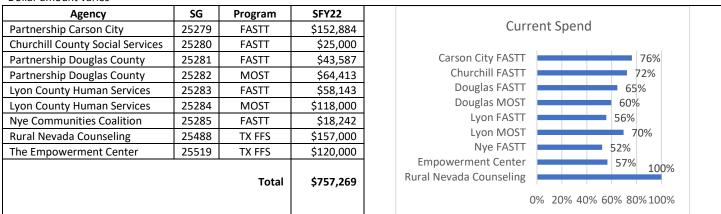
Snider, K., et al. (2022, May 9). Forensic Assessment Services Triage Team (FASTT) 2020-2021 Process Evaluation Report. University of Nevada, Reno. Submitted to Partnership Carson City and the Nevada Department of Public and Behavioral Health.

	Carson	Douglas	Lyon
Total Encounters	130	433	1415
Transported (N)	19	11	42
Transported (%)	14.62%	2.54%	2.97%
Jail	0.77%	0.00%	0.00%
Medical Facility	6.15%	2.54%	2.08%
Home or Shelter	3.08%	0.23%	0.35%
Other	4.60%	0.23%	0.07%
Referrals (N)	58	267	664
Referrals (%)	44.60%	61.70%	46.90%
Services	5.40%	25.64%	12.23%
Community Provider	17.69%	45.96%	11.10%
Case Manager	6.92%	0.00%	2.76%
CCBHC	6.15%	17.78%	31.24%
Outpatient Mental Health	14.62%	21.02%	4.24%
Rural Clinics	0.00%	5.77%	0.00%

Snider, K., et al. (2022, May 9). Mobile Outreach Safety Teams (MOST) 2020-2021 Process Evaluation Report. University of Nevada, Reno. Submitted to Partnership Carson City and the Nevada Department of Public and Behavioral Health

The current fiscal year supports the following: Average* Base Budget: SFY22/23 -- \$822,313

*Dollar amount varies



In previous fiscal years, Washoe County and Clark County have also been funded. For SFY23, the budget will include administrative dollars for staff for travel purposes, contracted staff position to manage the programs, and funding for partner activities (TBD).